Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

A MEETING OF THE INTEGRATION JOINT BOARD WILL BE HELD ON THURSDAY 21 JUNE 2018 AT 10.00 AM IN CONFERENCE ROOMS 2/3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES, FIFE, KY7 6BN

		Presented By	Page No
1	**CHAIRPERSON'S WELCOME AND OPENING REMARKS**		
2	**DECLARATION OF MEMBERS' INTERESTS**		
3	**APOLOGIES FOR ABSENCE**		
4	**MINUTES OF PREVIOUS MEETINGS**		1-10
5	**MATTERS ARISING**		
6	**PERFORMANCE**		
6.1	Finance Report 2017-18	Jen McPhail	11-23
6.2	Issue of Additional Directions by the Integration Joint Board	Jen McPhail	24-30
6.3	Performance Report	Fiona McKay	31-72
7	**STRATEGY**		
7.1	Community Transformation Programme	Claire Dobson / Seonaid McCallum	To Follow
7.2	Improving the Cancer Journey	Julie Paterson	73-173
7.3	GMS Contract	Seonaid McCallum	174-177
7.4	Fife Advocacy Strategy	Louise Bell	178-252
7.5	Carers Strategy for Fife 2018-2021	Louise Bell	253-298
8	**GOVERNANCE**		
8.1	Pharmaceutical Care Services Plan	Evelyn McPhail	299-370
8.2	Public Health Assurance	Margaret Hannah	371-378
8.3	Code of Corporate Governance	Jen McPhail	379-397

9	**MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING**		

9.1	Confirmed Clinical & Care Governance Committee Minute from 4 April 2018		398-400
9.2	Confirmed Clinical & Care Governance Committee Minute from 18 April 2018		401-408
9.3	Unconfirmed Clinical & Care Governance Committee Minute from 9 May 2018		409-418
9.4	Unconfirmed Finance & Performance Minute from 11 May 2018.		419-423
9.5	Unconfirmed Local Partnership Forum Minute from 16 May 2018		424-431
9.6	Schedule of Work		432-437
10	**AOCB**		
11	**DATE OF NEXT MEETINGS** **IJB Meeting** – Thursday 30 August 2018 – 10.00 am - Fife Voluntary Action, 16 East Fergus Place, Kirkcaldy, Fife, KY1 1XT **IJB Development Session** - Wednesday 19 September 2018 – 2.00 pm – Fife Renewables Innovation Centre, Ajax Way, Methil Docks, KY8 3RS		

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.

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Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

UNCONFIRMED - MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON THURSDAY 26 APRIL 2018 AT 10.00 AM IN CONFERENCE ROOMS 2 & 3, GROUND FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES

Present	Simon Little (Chair) NHS Fife - Martin Black, Eugene Clarke, Margaret Wells, Helen Wright, Wilma Brown Fife Council - Councillors Rosemary Liewald (Vice-Chair), David Alexander, Tim Brett, David Graham, Fiona Grant, Mary Lockhart, David J Ross and Richard Watt Carolyn McDonald, Associate Director, Allied Health Professionals Eleanor Haggett, Staff Representative, Fife Council Ian Dall, Chair of Public Engagement Network Karen Mack, Independent Sector Representative Morna Fleming, Carer Representative Simon Fevre, Staff Representative, NHS Fife
Professional Advisers	Michael Kellet, Director of Health and Social Care/Chief Officer Jen McPhail, Chief Finance Officer Nicky Connor, Associate Nurse Director Dougie Dunlop, Chief Social Work Officer Dr Susie Mitchell, General Medical Practitioner Representative Dr Katherine Paramore, Medical Representative
Attending	Steve Grimmond, Chief Executive Fife Council Claire Dobson, Divisional General Manager (West) David Heaney, Divisional General Manager (East) Julie Paterson, Divisional General Manager (Fife Wide) Margaret Hannah, Director of Public Health Evelyn McPhail, Director of Pharmacy Fiona McKay, Head of Strategic Planning, Performance & Commissioning Seonaid McCallum, Associate Medical Director, NHS Fife Connie Flint, Communications Officer H&SCP Louise Bell, Service Manager, Residential & Day Services, Fife Council Scott Fissenden, Change & Improvement Manager, Fife Council Paul Short, Service Manager, Housing Service, Fife Council Norma Aitken, Head of Corporate Services Wendy Anderson, H&SCP Co-ordinator (Minute)

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

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

The Chair congratulated the Care at Home Team for winning the Success Through Innovation Category at the Fife Business Awards 2018 on Friday 23 March 2018 in the Glen Pavilion in Dunfermline. .

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

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

The Chair introduced Michael Kellet, who along with Claire Dobson and Seonaid McCallum gave a verbal update on Primary Care Emergency Services (PCES).

Moving PCES to overnight contingency between the hours of Midnight and 8am was a difficult decision to reach. The decision was taken with short notice to ensure patient safety which is always our primary concern and on the basis of clear clinical advice.

Primary Care Emergency Service has had staffing challenges for some time. However, before the end of March through careful planning and strenuous efforts of the service we managed to sustain the existing service which involved 3 centres being open for PCES appointments overnight between 12 midnight and 8am. As the board knows we have – prompted by the Sir Lewis Ritchie review - been considering the future of broader urgent care services in Fife. We plan on bringing those proposals for public consultation to the IJB on 22 May 2018. We had planned on maintaining the existing service pending that consultation and final decision but the position we faced at the end of March meant that wasn't possible.

At the end of March, looking into April only 4 of the 28 overnights were fully staff with GPs. Clinical advice was clear that in the face of those challenges seeking to maintain 3 overnight centres wasn't sustainable and would compromise patient safety.

Decision was discussed with colleagues in NHS Fife and the Clinical and Care Governance Committee on 4 April 2018 were informed of the need to move to contingency. The Committee supported the plan. Clinical & Care Governance having supported the decision the Partnership then set about communicating the decision to staff, to the board, to local and national elected members and to the public.

PCES will run normally between 18:00 and 00:00 weeknights and at weekends and public holidays, with delivery over 4 bases in Fife at Queen Margaret Hospital, Dunfermline; Victoria Hospital Kirkcaldy; Glenrothes Hospital and St Andrews Community Hospital.

The contingency arrangements, whereby the service is delivered from the Victoria Hospital, take place from 00:00 to 08:00 overnight.

NO	HEADING	ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)

The chair fully supports this decision and it was based on clinical need and patient safety using all the data available to the service.

Michael concluded by saying he was grateful to Claire and Seonaid for that input and their work during this challenging period.

The Board expressed their thanks to the staff and managers within the service who had done a great job adapting to the change which was implemented at short notice.

2 PERSONAL STORY

Evelyn McPhail introduced Fiona Allan, Senior Clinical Pharmacist - Polypharmacy who told Linda's story.

Fiona was commended on her the excellent presentation and the work which is being undertaken in Fife.

Simon Little asked Fiona to pass on the thanks of the Board to Linda for sharing her experience of polypharmacy.

3 DECLARATION OF MEMBERS' INTERESTS

Cllr Brett declared that he was a Director of Fife Alcohol Support Service.

Simon Little declared an interest regarding the Improving the Delivery of Disability Adaptations paper as he worked recently with Aberdeen H&SC Partnership.

On a personal note, Simon Little advised that he will be joining Dundee Drugs commission.

4 APOLOGIES FOR ABSENCE

Apologies had been received from Dr Frances Elliott and Christina Cooper.

5 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on Tuesday 20 March 2018 were approved as an accurate record.

NO	HEADING	ACTION

6 MATTERS ARISING

There were no matters arising. An Action Note had been produced following the meeting and the Chair confirmed that these had all be completed. Norma Aitken can provide a copy of this Action Note if required.

7 PERFORMANCE

7.1 Finance Report

Jen McPhail, Chief Finance Officer (CFO) presented the Finance Report and gave a verbal update on the financial position. Following discussion the Board:-

1 Noted the financial position as reported at 31 January 2018 and as updated by CFO.

2 Noted the next steps and key actions.

3 Approved the updated Directions to NHS Fife and Fife Council.

7.2 Performance Report

Fiona McKay, Head of Strategic Planning Performance and Commissioning presented this report which was for information.

Discussion took place around various items in the report including delayed discharges, pharmacy, adult care packages and smoking cessation.

In summing up the Chair expressed that by 2019 the IJB should be reporting on patient and carer feedback on services provided. **FM**

Cllr David Graham, Cllr Fiona Grant, Helen Wright, Dougie Dunlop and Simon Fevre left the meeting after this item.

7.3 Integrated Care Fund

Jen McPhail, Chief Finance Officer presented this Report which had been taken previously to Finance and Performance, The Board:-

1 Noted all budget virements below £500k.

2 Approved all budget virements above £500k.

NO HEADING **ACTION**

8 STRATEGY

8.1 Carers (Scotland) Act 2016

David Heaney introduced Louise Bell and Scott Fissenden who spoke to this report. Action started on 1 April 2018. Fife is well placed due to work previously undertaken.

The Board:-

- Noted progress in implementation and preparedness of the Carers Act.
- Noted the working group which will be set up by Scottish Government in May 2018 specifically to reviewing waiving of charges and replacement care sections of the Act.
- Noted that work is currently underway on Carers Act implementation plans and financial resource requirements for 2018-19.
- Noted the financial risk regarding funding allocation as longer term funding is not yet specified.
- Noted that the Carers Strategy for Fife 2018 – 2021 will be presented for the Board's consideration and decision in June 2018.

8.3 Implementation of Equitable Access to Funded Transport Policy: Update Report

Julie Paterson, Divisional General Manager spoke to this report. The initial report came to the IJB in March 2017. The Board noted the progress of the Implementation of Equitable Access to Funded Transport policy.

8.4 Improving the Delivery of Disability Adaptations

Paul Short, Service Manager, Housing, Fife Council joined the meeting at this point and presented this report. Following discussion and questions the Board:-

- Examined and considered the implications of the proposed improvements.

- Agreed that further discussion would be held regarding the establishment of an Integrated Housing Adaptations Team.

NO **HEADING** **ACTION**

Carolyn McDonald, Katherine Paramore and Martin Black left the meeting following this item.

9 MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING

9.1 Unconfirmed Audit & Risk Committee Minute from 14 March 2018.

9.2 Unconfirmed Clinical & Care Governance Minute from 13 March 2018.

9.3 Confirmed Finance & Performance Committee Minute from 27 October 2017 (missed from 20 March 2018 agenda).

9.4 Unconfirmed Finance & Performance Committee Minute from 16 March 2018.

9.5 Unconfirmed Local Partnership Forum Minute from 21 March 2018.

9.6 Schedule of Work

The Board noted the above items.

10 AOCB

None.

11 DATE OF NEXT MEETINGS

Development Session – Wednesday 16 May 2018 at 2.00 pm in Fife Voluntary Action, Flemington Road, Glenrothes

Special IJB Meeting – Tuesday 22 May 2018 at 2.00 pm in Committee Rooms 1 & 2,5th Floor, Fife House, North Street, Glenrothes

IJB Meeting – Thursday 21 June 2018 at 10.00 am in Conference Rooms 2 & 3, Ground Floor, Fife House, North Street, Glenrothes

UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD ON TUESDAY 22 MAY 2018 AT 2.00 PM IN COMMITTEE ROOMS 1 & 2, 5TH FLOOR, FIFE HOUSE, NORTH STREET, GLENROTHES

Present	Simon Little (Chair) Non-Executive Members - Martin Black, Eugene Clarke, Margaret Wells, Christina Cooper - NHS Fife Frances Elliott, Medical Director NHS Fife Helen Wright, Director of Nursing, NHS Fife Wilma Brown, Employee Director, NHS Fife Councillors Rosemary Liewald (Vice-Chair), David Alexander, Tim Brett, David Graham, Fiona Grant, David J Ross, Mary Lockhart and Tony Miklinski - Fife Council Carolyn McDonald, Associate Director, Allied Health Professionals Debbie Thompson, Joint TU Secretary Ian Dall, Chair of Public Engagement Network Karen Mack, Independent Sector Representative Kenny Murphy, Third Sector Representative Morna Fleming, Carer Representative Simon Fevre, Staff Representative, NHS Fife
Professional Advisers	Michael Kellet, Director of Health and Social Care/Chief Officer Jen McPhail, Chief Finance Officer Evelyn McPhail, Director of Pharmacy Nicky Connor, Associate Nurse Director Dr Susie Mitchell, General Medical Practitioner Representative Dr Katherine Paramore, Medical Representative
Attending	Steve Grimmond, Chief Executive Fife Council Claire Dobson, Divisional General Manager (West) David Heaney, Divisional General Manager (East) Seonaid McCallum, Associate Medical Director, NHS Fife Margaret Hannah, Director of Public Health Fiona McKay, Head of Strategic Planning, Performance & Commissioning

NO	HEADING	ACTION
1	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (the Partnership Board).	
2	**DECLARATION OF MEMBERS' INTERESTS** Cllr Brett declared that he was a Director of Fife Alcohol Support Service.	
3	**APOLOGIES FOR ABSENCE** Apologies had been received from Eleanor Haggett, Dougie Dunlop, Paul Hawkins and Julie Paterson.	

NO	HEADING	ACTION

4 STRATEGY

4.1 Community Transformation Programme

Michael Kellet informed the Board of the journey the consultation proposals have taken to date. The Local Partnership Forum, Clinical and Care Governance Committee, NHS Clinical Governance Committee, Finance and Performance Committee and the Strategic Planning Group have all been consulted. Suggestions for improvement were received and have been incorporated into the report. Suggestions for change included simplifying the language throughout and, as a result, a glossary has been added. Comment was passed that there was too much focus on supporting the elderly population. The report now clearly outlines that the proposals support the population of Fife as a whole, including Mental Health and Learning Disabilities. It was raised that there was not a clear enough alignment with existing work on redesign. Links are now evident within the report.

Claire Dobson advised the Committee of existing pressures upon the service which are effectively drivers for change. These include an increase in demand for services, workforce challenges in terms of retention and recruitment and ageing demographics within the population of Fife. The reform of urgent care is necessary in order to ensure a proactive and preventative approach rather than reactionary.

The Chair tabled a letter from Tricia Marwick, Chair of NHS Fife Board, for information. The letter read that, as there was no opportunity for the NHS Fife Board to meet to consider the proposal prior to today, they share the concerns raised by the Clinical Governance Committee who had sight of the proposal and sufficient opportunity to scrutinise.

Dr Frances Elliott explained that the NHS Fife Board support the general direction of travel but share the concerns of the Clinical Governance Committee around the urgent care element of the report, the inclusion of potentially confusing language and the need for virtual hubs and physical hubs to be clarified as virtual or actual. She said it is the view of the NHS Fife Board that the document is not yet ready for public consultation. The Chair replied that the letter contains only the extract from the minutes and not the responses received at the Clinical Governance Committee.

Discussion followed around the need for better IT solutions. It was recognised that there is a definite need for the IT infrastructure to develop. Claire Dobson clarified that eHealth within the NHS are already looking into this and detailed proposals are being worked up. It was confirmed that the system which will replace SWIFT will be a partnership

NO **HEADING** **ACTION**

4 STRATEGY (CONT)

4.1 Community Transformation Programme (Cont)

system. Cllr David J Ross asked whether data protection can be guaranteed. Claire Dobson delivered assurance that safe and secure servers and interfaces are utilised at all times. Councillor Fiona Grant and Doctor Susie Mitchell requested that further consideration be given to information governance, in particular in relation to primary care.

The IJB agreed with the broad direction of the "Joining Up Care" consultation proposals presented. Discussion focussed on the readiness of the consultation summary document and the following updates were noted as required to be updated prior to Board approval:

- The document must be written in clear plain English throughout.
- Explanatory flow diagrams are added to provide clarity.
- Patient story examples require to be enhanced.
- Detailed amendments discussed are incorporated eg links with neighbouring Boards to North and West Fife are made clear.
- Consultation questions are objective and informed by the Scottish Health Council.
- Clarity is provided regarding the options for Out of Hours. The current status requires to be included as an option.

The following amendments were tabled:

Amendment 1:
Proposer - Martin Black seconded by David Graham
Propose suspend moving to consultation process for 4 months to ensure all areas of concern can be taken account of prior to approval by the Board. This was subsequently amended by Martin Black (seconded by Cllr David Graham) to 3 months and this was voted on by the IJB – 10 voted in favour of the change

5 - In Favour
8 - Against
3 - Non votes

NO	HEADING	ACTION

4 STRATEGY (CONT)

4.1 Community Transformation Programme (Cont)

Amendment 2

Proposer - Tony Miklinski seconded by Eugene Clark

Propose suspend moving to consultation process for 1 month to ensure all areas of concern can be taken account of prior to approval by the Board. Updated consultation summary and questionnaire document, taking account of amendments required, to be brought to the next Board meeting for approval.

11 - In Favour
5 - Against

Motion 3

Proposer Tim Brett seconded by David Ross

Propose that another option be considered in the Out of Hours Options North East Fife Out of Hours Service is reinstated

4 - In Favour
8 - Against
4 - Non votes

The Board approved Amendment 2 and the principles of the consultation proposal. The consultation summary and questionnaire document will be presented for approval at the IJB on 21 June 2018 taking into consideration of all points.

The original recommendation, Amendment 1 and Amendment 3 were rejected.

5 DATE OF NEXT MEETING

IJB Meeting – Thursday 21 June 2018 at 10.00 am in Fife House, North Street, Glenrothes

AGENDA ITEM NO:	6.1
DATE OF MEETING:	21 June 2018
TITLE OF REPORT:	Finance Report 2017-2018
EXECUTIVE LEAD:	Michael Kellet
REPORTING OFFICERS / CONTACT INFO:	Jennifer McPhail, Chief Finance Officer 03451 55 55 55 ext 444715 jen.mcphail@fife.gov.uk

Purpose of the Report (delete as appropriate)		
	For Discussion	**For Information**

SBAR REPORT

Situation

The attached report details the draft outturn financial position (pre external audit) of the delegated and managed services based on 31 March 2018 financial information.

Recommendation

- Note the financial position as reported at 31st March 2018
- Note the next steps and key actions
- Approve the updated Directions to NHS Fife and Fife Council

Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration 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 and financial management of these services.

Assessment

Financial Position

At 31 March 2018 the combined Health & Social Care Partnership delegated and managed services are reporting a draft outturn overspend of £8.841m. The reasons for the projected overspend are described within the report. An update on savings is provided with a RAG status for each saving.

Objectives: (must be completed)	
Health & Social care Standard(s):	Integration Planning and Delivery Principles.
IJB Strategic Objectives:	All

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Finance & Performance Committee

Impact: (must be completed)
Financial / Value For Money The financial impact of the report impacts on the funding partners and the risk share agreement in place. The report details the risk share to the partners. Movements in projections have impacted on risk share funding by each partner.
Risk / Legal: The Directions are required to ensure compliance with legislation and are update din line with the report
Quality / Patient Care: There are no Quality/Customer Care implications for this report.
Workforce: There are no workforce implications to this report.
Equality Impact Assessment: An EqIA has not been completed and is not necessary as there are no EqIA implications arising directly from this report.
Consultation: None
Appendices: 1. Finance Report – March 2018 2. Direction to NHS Fife 3. Direction to Fife Council 4. Flow of Funds 5. Savings Tracker

Appendix 1

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Fife Health & Social Care Partnership

Finance Report

May 2018

NHS Fife

Supporting the people of Fife together

Fife Council

Financial Monitoring

Financial Position as at 31st March 2018

1. Introduction

The Resources available to the Health and Social Care Partnership (H&SCP) Board 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 £475m for delegated and managed services was approved at the 23rd March 2017 H&SCP Board. The net budget requirement exceeded the funding available and a savings target of £23.6m was set to balance the budget position. Savings and funding proposals of £21.5m were approved leaving a budget gap of £2.1m.

The revenue budget of £31.8m for acute set aside was agreed at the 22nd June H&SCP Board. This includes savings of £1.966m.

2. Financial Reporting

In order to inform the Finance and Performance Committee on the financial position of the Services in scope the 31st March 2018 information has been used to produce this financial report. A summary of the projected overspend is provided in Table 1 below.

3. Allocations for Year and Directions

Health budget allocations are received throughout the financial year. The total budget for the delegated and managed services at 31st March 2018 are £51.571M, an increase of 1.867M since the January report. The main increases in budget are £0.518 Housing adaptions monies from Fife Council, £0.458M allocation of winter monies from NHS Fife and additional immunisations funding of £0.3M. This does not impact on the savings required. The total budget for Acute Set Aside at 31st March 2018 is £34.285m. As the budget has changed since the H&SCP Board approved the directions in March, updated directions are provided at Appendix 2 and Appendix 3. The Directions direct payment for delegated and managed services to Fife Council and Fife Health Board. The flow of funds is detailed in Appendix 4.

4. Financial Performance Analysis as at 31st March 2018

At 31st March 2018 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £8.841m. This is an decrease on the deficit position reported in January of £1.731m compared to the projected out-turn position at 31st January 2017 of £10.572m reported at the March 2018 meeting.

Table 1 Summary Financial Position

Fife Health & Social Care Partnership					
As at 31st March 2018	**2017/18 budget**				
Objective Summary	**Budget**	**Draft Final Outturn Mar 2018**	**March Variance**	**January Variance**	**Movement in Variance Jan to March 2018**
	£m	**£m**	**£m**	**£m**	
Community Services	93.001	92.237	-0.764	-1.207	0.443
Hospitals and Long Term Care	49.256	54.51	5.254	5.033	0.221
GP Prescribing	72.227	75.744	3.517	3.8	-0.283
Family Health Services	86.641	86.627	-0.014	-0.047	0.033
Children's Services	15.035	13.715	-1.320	-1.115	-0.205
Social Care	193.333	195.501	2.168	4.108	-1.940
Housing	2.078	2.078	0	0	0
Total Health & Social Care	**511.571**	**520.412**	**8.841**	**10.572**	-1.731
Acute Services-Set Aside Delegated but managed by Health Board	34.285	36.916	2.631	3.019	-0.388

4.1 The main areas of variances are as follows:

Community Healthcare

There is a draft outturn position of £0.764m underspend within Community Healthcare a swing from a projected underspend at January of £1.207m. This position includes the unmet savings target (£0.640m 2017/18 and £0.022m legacy), the cost pressure of complex care patients within the community plus HSE cost of £60k. These overspends, however, are offset by significant forecast budget underspends across a range of areas, including vacancies in Community Nursing, Community and General Dental Services, and administrative posts; plus forecast underspends in Sexual Health and Rheumatology drugs costs.

Movement since last reported period (January position)

The movement in outturn by £0.443 reduction in underspend from the January forecast is predominantly due to a reduction recurring vacancies as detailed above and a decrease in underspends across the service.

4.2 Hospital Services

The draft outturn overspend within Hospital Services of £5.033M relates to non-delivery of the Community Redesign project £3.1M, the additional cost of complex care patients, along with the use of bank and agency nursing to provide safe staffing levels. There is a significant shortage of

Medical staffing due to recruitment difficulties within Mental Health and Older People services. This has resulted in high level usage of Medical Locum cover at significant cost.

Movement since last reported period (January position)

The movement in the draft outturn by an increased overspend of £0.233m relates to addition complex care costs along with continued use of locum, bank and agency to provide safe staffing levels.

4.3 Prescribing

There is a forecast outturn of £3.517m overspend within Prescribing Underpinning this, the prescribing efficiencies work delivered the £6m savings target at year end. The GP prescribing position is based on informed estimates from January and February, and has been discussed with, and informed and endorsed by the Director of Pharmacy. The final March position will not be known until later in May. The estimate reflects the assumptions on known future increases in the average costs and volumes of medicines, due to the price impact of a national shortage in supply of some medicines, resulting in significant price increases of commonly prescribed medicines for which there is no suitable cost-effective alternative. This adverse impact is reflected in the position and sees a change to the positive trend on both the volume and cost per item in respect of GP prescribing to the half year.

In Feb 2018, NHS Fife had the 5th lowest cost per patient for GP prescribing in Scotland and was only 16p higher than Scottish average, compared to 78p higher in February 2017. Fife has also seen a slight reduction in the volume of prescriptions during 2017/18, which equates to an avoidance of spend of £0.6M. In addition, by procuring wound-care products via central supply, instead of individual patient prescription, this has reduced the spend on wound-care products by approximately £0.4M to end Feb 2018. Work is ongoing during 2018/19 to improve formulary compliance, reduce medicines waste and ensuring realistic prescribing of medicines.

The final March position on spend will not be provided until later in May.

Movement since last reported period (January position)

The reduction in forecast overspend of £0.283m is due a movement in the national shortage in supply of some medicines, resulting in fluctuating changes in pricing having a positive impact in month.

4.4 Family Health Services

The draft outturn underspend of £0.014M is a marginal swing of £0.033M from January.

4.5 Children's Services

The Children's Service shows a draft outturn underspend of £1.320m, this position comprises a number of over and underspends in Children's services overall. The underspend is predominantly due to vacancies within Health Visiting/School Nursing as a direct result of difficulty in recruiting to Health Visiting posts (this is a national issue). School Nursing vacancies are under recruitment. The Children and Young Persons District Nursing Service (CYPDNS) is overspent due in the main to high cost emergency placement. The service also now have 1:1 overnight nursing need to address for child discharged from Sick Kids.

Movement since last reported period (January position)

The draft March out-turn figure highlights an increase in the under-spend of £0.205M this is predominantly due to the receipt of the immunisation monies from Scottish Government £0.300M. This is the subject of an urgent investigation and is the subject of separate paper to the Committee

4.6 Social Care

The draft out-turn overspend position of £1.940m, is predominately due to client demand and complexity of care. There are overspends on home care primarily due to demand for care packages. Within the Older People fieldwork teams, purchased care has an overspend due to growth in the use of Self Directed support (SDS) payments. SDS monitoring is being developed to provide detail of services provided through SDS. Overall this is a positive endorsement of our commitment to Self-Directed Support, although there is a recognition that there is a need to realign budgets to meet this growth which is currently underway. There are overspends on adult placements due to increasing demand. Within the Adult Fieldwork teams continuing increased demand has resulted in overspends on respite and client transport.

The projected overspends are partly offset by underspends on Supported living mostly due to staff vacancies and Local Authority Homes due to reduced employee costs and increased income. There are also underspends on Older People nursing and residential placements and intermediate care.

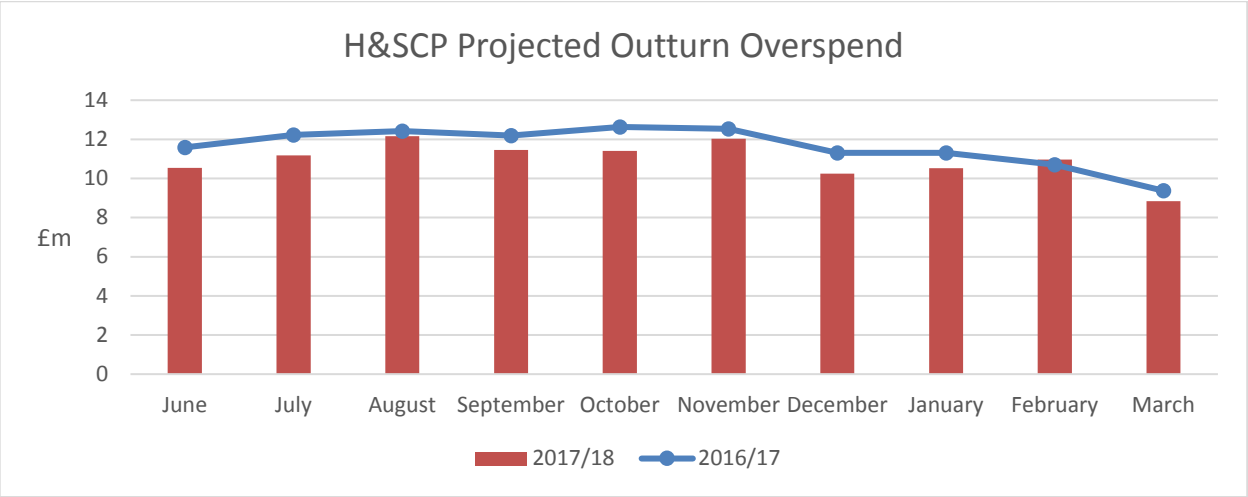
Movement since last reported period (January position)

There has been a significant movement of a £1.940m reduction in the draft outturn position to the last projected outturn reported in January. The key movement has been in adult packages and homecare along with receipt of monies into Social Care in March for Winter Funding of £0.360m.

4.7 Acute Set Aside Services

The in scope delegated but not managed Acute Services are showing a draft outturn position of £2.631m at 31st March , predominantly within A&E and Elderly Medicine. The forecast overspend has decreased by £0.388m which is predominantly due to a outturn below forecast in A&E spend.

4.8 The graph below provides a comparison of the forecast overspend per month in 2017/18 to the forecast overspend throughout 2016/17.



4.3 **Savings**

A range of proposals to meet the budget gap were approved by the IJB on 23rd March, these comprised savings and funding proposals. Savings linked to the strategic priorities and investment from integration funding were approved by IJB on the 4th August 2016 and 22nd June 2017. The approved investment is now part of operational budgets and savings related to the investment are included in the savings tracker at Appendix 5.

The total savings for the 2017/18 financial year are £16.914m. The amount forecast to be achieved is £13,084m, a shortfall of £3.866m. The main reasons for the shortfall in savings achieved are delays in implementation of the community service redesign saving, and the personal outcomes approach project for community support along with unidentified savings not materialising in full. This is offset by an overachievement of the START programme saving as a result of the success of this programme ensuring that the service user is enabled with a subsequent reduction in care needs. As at 31st January it is projected that the unidentified savings will not be fully achieved.

The unidentified savings totalled £2.109m and were allocated to East, West and Fifewide division on the basis of current budget and a number of options were considered. Across the divisions there is a focus on achieving part of this saving through naturally occurring CRES e.g. staff vacancies and it is estimated that £1.469m will be achieved. These are temporary savings.

Appendix 5 provides a RAG status saving tracker and provides details for each saving proposal.

The funding element of the proposals to meet the budget gap total £7.9m. This included earmarked funding from the Council which has now been allocated to the Fife H&SCP board.

At the November IJB Board the HSCP proposed a Financial Recovery Plan to implement savings in 17-18 £0.452m in 17-18 the following were approved :

November 2017 Financial Recovery Plan Savings Approved	£m	Projected Savings £m	Under/ (Over) £m
Assessment Beds: Client Contribution	0.03	0.03	0
Randolph Weymss Hospital :temporary bed capacity reduction	0.039	0.027	0.012
Adult Accommodation Services: Communal furniture/white good costs	0.015	0.015	0
Rationalisation of provision of small pieces of equipment	0.018	0.018	0
Total	**0.102**	**0.09**	**0.012**

The management actions as detailed in the financial recovery plan were approved also totalling £1.200m these are forecast to be achieved by the financial year end

5. Next Steps

The Integration Scheme advises that where there is a forecast overspend the Director of Health and Social Care, the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife' Director of Finance must agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the Integration Joint Board.

6 Key Actions

6.1 If it is not possible to deliver a breakeven position in 2017/18 the Integration Scheme advises how any overspend position will be treated:

Any remaining overspend will be funded by the Parties based on the proportion of their current year contributions to the Integration Joint Board.

Extract from Fife Integration Scheme

The contribution ratio using the June budget allocations is 72% Health Board and 28% Council. This ratio will be subject to change as additional allocations are received and is based on origin of funding. Applying this contribution to the forecast overspend, the split is £6.366m Health Board and £2.475m Fife Council. On this basis and based on the January forecast position this would result in a cash payment by Fife Council to Fife Health Board to of £0.307m.

This is a significant swing on risk share of £1.4m from that reported in January to our partners due to the forecasting issues in Social Care and is of significant concern. An urgent working group has been set up to resolve the issues and is subject of Paper 6- Financial Forecasting on the agenda

Jen McPhail
Chief Finance Officer
4 May 2018

Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

DIRECTION

TO FIFE HEALTH BOARD BY FIFE INTEGRATION JOINT BOARD
ISSUED UNDER S26 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

FIFE HEALTH BOARD is hereby directed to deliver for the Fife IJB the functions detailed below in accordance with the following conditions:-

The functions in question are:-
All functions listed in Annex 1, Part 1 of the Fife Health and Social Care Integration Scheme dated 19 August, 2015 that are delegated and managed by the IJB.

CONDITIONS

(1) The functions will be carried out in a manner consistent with the Fife IJB's Strategic Plan 2016-2019.

(2) No material change will be made to the service provision relating to the functions unless agreed in writing by the Fife IJB.

(3) The Fife IJB will make payment of £316.2m to the Health Board to carry out the functions. This baseline payment will be subject to change, for example, when additional resources are allocated.

(4) This direction is effective from 4th May, 2018 and will remain in force until revoked or amended by the Fife IJB.

Fife Integration Joint Board
Financial Year 2017/18

Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

DIRECTION

TO FIFE COUNCIL BY FIFE INTEGRATION JOINT BOARD
ISSUED UNDER S26 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

FIFE COUNCIL is hereby directed to deliver for the Fife IJB the functions detailed below in accordance with the following conditions:-

The functions in question are:-
Functions listed in Annex 2, Part 1A and Part 1B of the Fife Health and Social Care Integration Scheme dated 19 August, 2015 that are delegated and managed by the IJB.

CONDITIONS

(1) The functions will be carried out in a manner consistent with the Fife IJB's Strategic Plan 2016-2019.

(2) No material change will be made to the service provision relating to the functions unless agreed in writing by the Fife IJB.

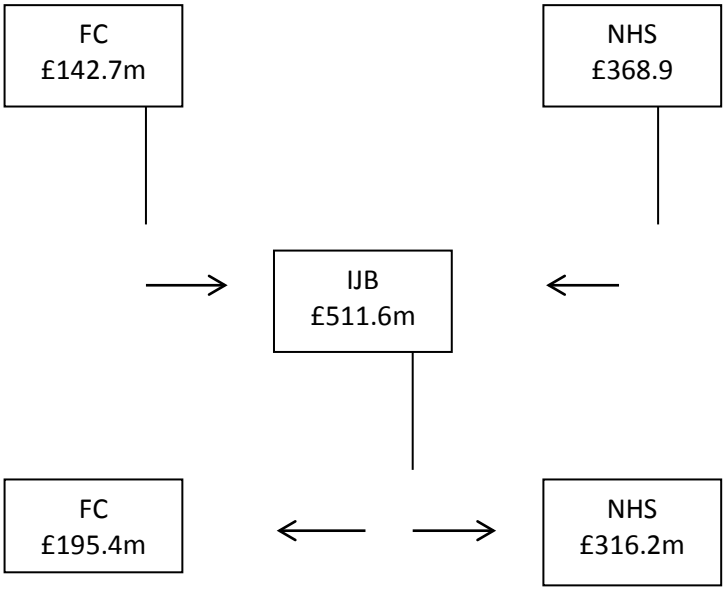
(3) The Fife IJB will make payment of £195.4m to Fife Council to carry out the functions. This baseline payment will be subject to change, for example, when additional resources are allocated.

(4) This direction is effective from 4th May, 2018 and will remain in force until revoked or amended by the Fife IJB.

Fife Integration Joint Board
Financial Year 2017/18

Fife Health and Social Care Partnership Board Flow of Funds

Contributions:



Payment:

Notes

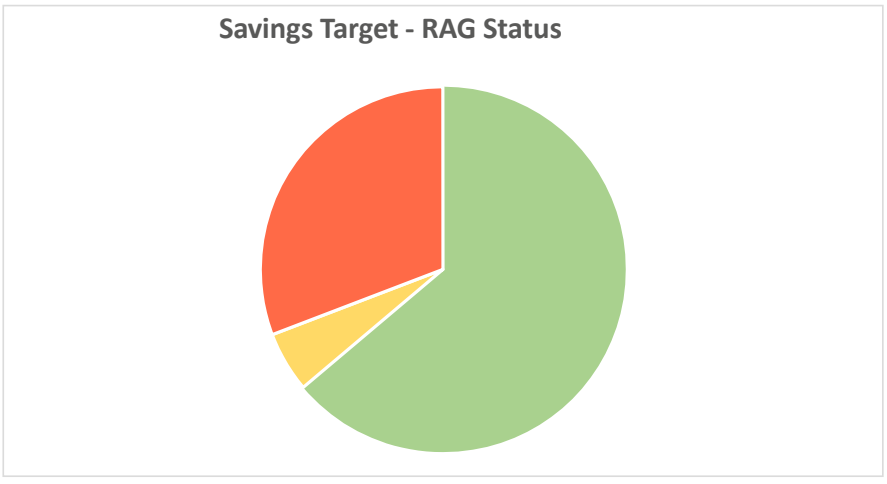
1. The contribution to the budget of £511.6m from Fife Council is £142.7m and from NHS is £368.9m
2. £5m funding from the Council has been added to the contribution and payment and is covered in the direction.
3. After savings proposals are taken into account the payment to Fife Council is reduced by £0.481m and the payment to NHS is increased by £0.481m. This applies to 2017/18 only.
4. Resource Transfer and Other Funding payments are part of the NHS contribution and are then directed by the IJB to Fife Council
5. Payment for the Grants to voluntary organisations budget is directed to Fife Council
6. Payments for the Fife Community Equipment Store budget is directed to Fife Council

FIFE HEALTH AND SOCIAL CARE PARTNERSHIP
2017-18 SAVINGS

Approved Budget Year	Title of Savings Proposal		Savings Target £m	Savings Forecast to be Achieved as at 31st March	(Under)/ over £m	Rag Status
2016-17	Community Service Redesign	*	3.100	0.000	(3.100)	Red
2016-17	Mental Health Redesign	*	0.300	0.300	0	Green
2016-17	Legacy CRES		2.222	2.222	0	Green
2016-17	Modernising Older peoples Day Services		0.320	0.152	(0.168)	Red
2016-17	Review of long term care	*	0.430	0.430	0	Green
2016-17	Shared Lives Adults & Older People		0.150	0.000	(0.150)	Red
2016-17	START Programme expansion	*	0.125	0.752	0.627	Green
2016-17	Telecare & Nightlink	*	0.125	0.125	0	Green
2017-18	Mental Health Redesign		0.200	0.200	0	Green
2017-18	Prescribing		6.000	6.000	0	Green
2017-18	2017-18 CRES		1.183	1.183	0	Green
2017-18	Unidentified Savings		2.109	1.469	(0.640)	Red
2017-18	Personal Outcomes Approach - Community Support		0.435	0.000	(0.435)	Red
2017-18	Personal Outcomes Approach - Housing Support		0.150	0.150	0	Green
2017-18	Other Efficiencies		0.065	0.065	0	Green
Grand Total			**16.914**	**13.048**	(3.866)	

* savings linked to investment (savings approved by IJB on 4th August 2016 and 22nd June 2017)

Summary			
	Savings Target £m	Overall Forecast £m	(Under)/ over £m
Green	10.800	11.427	0.627
Amber	0.905	0.152	(0.753)
Red	5.209	1.469	(3.740)
Total	16.914	13.048	**(3.866)**



Rag Status Key:-

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

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

Red - Major issues require to be addressed before any saving can be realised

AGENDA ITEM NO.:	**6.2**	
DATE OF MEETING:	21 June 2018	
TITLE OF REPORT:	Issue of Additional Directions by the Integration Joint Board	
EXECUTIVE LEAD:	Michael Kellet, Director of Health and Social Care	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Jennifer McPhail
	DESIGNATION:	Chief Finance Officer
	WORKPLACE:	Rothesay House
	TEL. NO.:	03451 555555 Ext.444715
	EMAIL:	Jen.mcphail@fife.gov.uk

Purpose of the Report (delete as appropriate)		
For Decision		

REPORT

Situation

(The Integration Joint Board is required, by virtue of the terms of Section 26 of the Public Bodies (Joint Working) (Scotland) Act 2014, to give directions to Fife Council and Fife Health Board to carry out each function delegated to the IJB. A further direction is required as the IJB have a 2017/18 provisional outturn overspend of £8.841m.

Recommendation

Recommendations

The Board are asked to agree that:-

(i) the further direction addressed to Fife Health Board and attached as Appendix 1 be approved and issued to the Health Board; and

(ii) the further direction addressed to Fife Council and attached as Appendix 2 be approved and issued to Fife Council.

Background

Integration Authorities require a way to action their strategic commissioning plans and this is set out in Sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This takes the form of binding directions from the Integration Authority to the Health Board and the Local Authority.

Section 26(1) of the Act is in the following terms:-

“Where the Integration Authority is an Integration Joint Board, it must give a direction to a constituent authority to carry out each function delegated to the Integration Authority”.

Each direction must set out how each integrated health & social care function is to be exercised

and the budget associated with that function.

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 payment, or an amount made available) is to be used. The financial resource allocated to each function in the direction is a matter for the Integration Joint Board to determine. The Act makes particular provision in relation to the allocation of budgets for the sum "set aside" in relation to large hospital functions, which gives flexibility for the Integration Joint Board for planning purposes, these services are delegated but not managed by the Integration Joint Board.

The legislation does not set out fixed timescales for directions. This flexibility allows directions to ensure that 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 relation to particular functions (and the associated services). Directions issued at the start of the year should be revised during the year in response to developments.

Directions were issued by the Integration Joint Board on 22nd June 2017. These were based on the budget approved by the IJB on 17th March 2017. The budget totalled £475m and the directions directed a payment to Fife Health Board of £296m and a payment to Fife Council of £179m. There have been changes to the budget due to additional allocations since this date and the total IJB budget at 31st March 2018 is £511.571.

Assessment

The Directions at Appendix 1 and Appendix 2 details the payment the IJB made to Fife Health Board, £316.160 and Fife Council, £195.411 from the total budget of £511.571m.

The Integration Joint Board has a provisional outturn of £520.412m compared to the budget of £511.571. The overspend is £8.841m.

If recovery plans and any additional resources are insufficient to deliver a breakeven position in 2016/17 the Integration Scheme advises how any overspend position will be treated:

The Integration Joint Board may increase the payment to the affected body, by either:

1. *Utilising an underspend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or*
- *Utilising the balance on the integrated general fund, if available, of the Integration Joint Board in line with the reserves policy.*

If the recovery plan is unsuccessful and there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the Integration Joint Board shall have the option to:

- *Make additional one-off payments to the Integration Joint Board; or*
- *Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.*

Any remaining overspend will be funded by the Parties based on the proportion of their current year contributions to the Integration Joint Board.

The contribution ratio based on the current year contribution is 72% NHS and 28% Council. The financial contribution to the overspend is £6.366m NHS and £2.476m Council.

The table below shows the provisional outturn overspend of each partner, the share of the total overspend and the difference.

	Budget	Provisional Outturn	Overspend	Share of total overspend	Difference
	£m	£m	£m	£m	£m
Fife Council	142.659	144.827	2.169	2.475	0.307
Health Board	368.912	375.585	6.673	6.366	-0.307
IJB Total	511.571	520.412	8.842	8.842	0.000

In summary Fife Council have made a further contribution to the IJB of £2.475m and Fife Health Board have made a further contribution to the IJB of £6.366m.

The Directions detail the additional payment by the IJB to Fife Health Board, £6.673m and Fife Council, £2.169.

As a result of the funding arrangements for the Integration Joint Board overspend a cash payment will be made by Fife Council to NHS Fife of £0.307m.

Some of the funding for Social Care Services is made to the IJB through the Health Board budget contribution, this includes integration funding, integrated care fund, social care fund and delayed discharge funding, resource transfer, voluntary organisations and other payments. At 31st March the funding transferred totals £52.752m. The direction to Fife Council includes this £52.752m

Appendix 3 details the flow of contributions and payments to and from the IJB.

Objectives: (must be completed)	
Health & Social care Standard(s):	
IJB Strategic Objectives:	To ensure compliance with the legislative requirement that directions must be issued by the IJB.

Further Information:	
Evidence Base:	

Glossary of Terms:	
Parties / Committees consulted prior to H&SC IJB meeting:	

Impact: (must be completed)
Financial / Value For Money The Directions state the additional payment to Fife Council and Fife Health Board. This payment is funded by contributions from Fife Council and NHS Fife and there is no financial impact for the IJB.
Risk / Legal: The Directions are required to ensure compliance with legislation.
Quality / Customer Care: Directions are required in order to ensure that the objectives of the Strategic Commissioning Plan are achieved.
Workforce: There are no significant workforce implications arising from the terms of this report.
Equality Impact Assessment: An Equality Impact Assessment has not been completed and is not necessary as this report does not propose any change to any existing IJB policy.
Consultation:
Appendices: (list as appropriate) 1. Direction for Issuing to Fife Health Board by Fife IJB. 2. Direction for Issuing to Fife Council by Fife IJB. 3. Integration Joint Board Flow of Funds

Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

DIRECTION

TO FIFE HEALTH BOARD BY FIFE INTEGRATION JOINT BOARD
ISSUED UNDER S26 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

The Fife IJB made a payment of £316.160m to the Health Board to carry out the functions listed in Annex 1, Part 1 of the Health and Social Care Integration Scheme for Fife dated 19 August, 2015 that are delegated and managed by the IJB

The Fife IJB will make an additional payment of £6.673m to the Health Board offset the overspend incurred in carrying out the functions listed in Annex 1, Part 1 of the Health and Social Care Integration Scheme for Fife dated 19 August, 2015 that are delegated and managed by the IJB

This direction is effective from 21st June, 2018 and will only be effective for the 2017/18 financial year.

Fife Integration Joint Board
Financial Year 2017/18

Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

DIRECTION

TO FIFE COUNCIL BY FIFE INTEGRATION JOINT BOARD
ISSUED UNDER S26 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

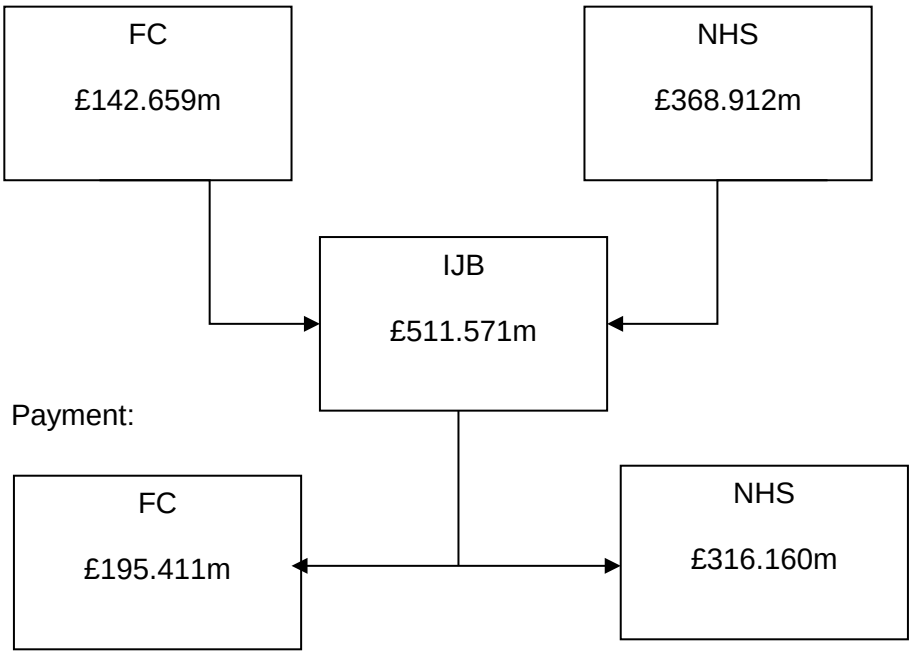
The Fife IJB made a payment of £195.411m to Fife Council to carry out the functions listed in Annex 2, Part 1A and Part 1B of the Health and Social Care Integration Scheme for Fife dated 19 August, 2015 that are delegated and managed by the IJB

The Fife IJB will make an additional payment of £2.169m to Fife Council to offset the overspend incurred in carrying out the functions listed in Annex 2, Part 1A and Part 1B of the Health and Social Care Integration Scheme for Fife dated 19 August, 2015 that are delegated and managed by the IJB

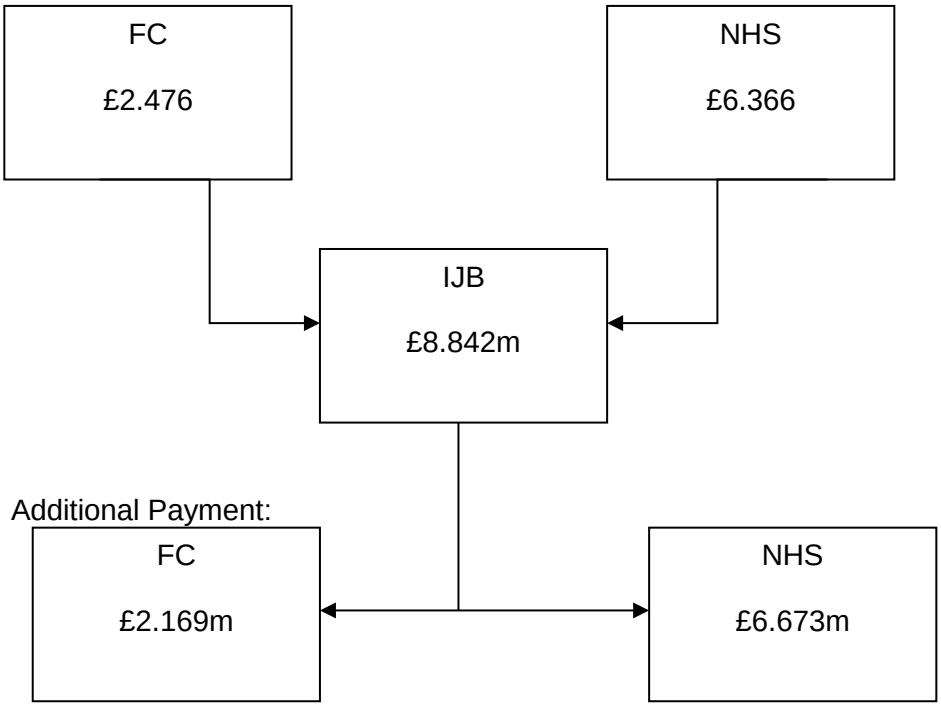
This direction is effective from 21st June, 2018 and will only be effective for the 2017/18 financial year.

Fife Integration Joint Board
Financial Year 2017/18

Contributions:



Additional Contributions:



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA ITEM NO:	6.3	
DATE OF MEETING:	21 June 2018	
TITLE OF REPORT:	Performance Report	
EXECUTIVE LEAD:	Michael Kellet	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Fiona McKay
	DESIGNATION:	Head of Strategic Planning, Performance and Commissioning
	WORKPLACE:	Rothesay House
	TEL NO:	03451 555555 x445978
	EMAIL:	Fiona.mckay@fife.gov.uk

Purpose of the Report (delete as appropriate)		
		For Information

REPORT

Situation

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

Recommendation

- **For Information**

Background

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

Assessment

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

- Performance against National Outcomes;
- Health and Social Care – Performance Information; and
- Health and Social Care - Management Information.

Objectives: (must be completed)	
Health & Social care Standard(s):	Integration Planning and Delivery Principles.
C&CG Strategic Objectives:	All

Appendices: (list as appropriate)

1. Performance Report - June 2018

www.fifehealthandsocialcare.org

ITEM 6.3 – APPENDIX 1

Fife Health & Social Care Partnership

Performance Report

June 2018

NHS Fife

Supporting the people of Fife together

Fife Council

Contents

Executive Summary

National Health and Social Care Outcomes

Over the last few weeks we continue to work with NHS colleagues to update and verify the Government targets, locally work has been successful in giving a more up to date picture in respect of emergency admission. Meetings are ongoing.

Local Performance Information

We continue to develop the STAR beds in Fife with another 12 coming on stream in the new Care home in Lumphinnians – Lindsay House.

The Partnership has also commissioned further Assessment Beds in Levenmouth in a newly opened private care facility in Leven, this has given the opportunity to further extend our complement of beds across Fife.

Further to this development, work is ongoing to secure dedicate "short break" beds within East of Fife area in line with the commitments made in the Carers strategy.

Over the last weeks further work has been discussed in respect of the target for smoking cessation, while the Partnership recognises the Scottish Government target, a local target has been set of 550 quits to allow staff to work towards a realistic target for Fife. Work is underway to ensure that staff are in place to deliver this target.

The Partnership continues to make good progress with delay discharge our March Census indicates that Fife has the lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards.

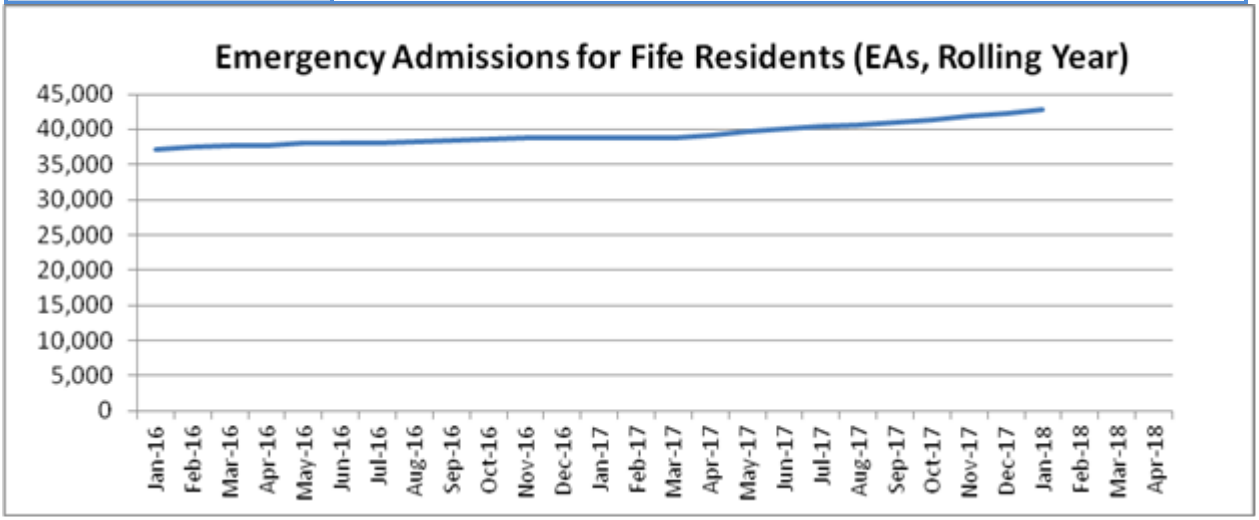
Fiona McKay
Head of Strategic Planning, Performance and Commissioning.

Performance Matrix & Information

Performance to Six National Outcomes	Data Frequency
Number of Emergency Admissions	Monthly
Number of unscheduled hospital bed days	Monthly
A & E Attendances	Monthly
Delayed Discharge Bed Days	Monthly
Percentage of last six months of life by setting	Annually
Balance of care: Percentage of population in community or institutional settings	Annually
Local Performance Information	**Data Frequency**
Assessment Units	Monthly
Short Term Assessment and Rehabilitation (STAR) Beds	Monthly
Short Term Assessment and Review Team (START)	Monthly
Nursing & Residential Care Population	Monthly
Front Door Discharge Support Model	Monthly
Weekly hours of Care at Home for Older People (Externally Commissioned)	Monthly
Weekly hours of Care at Home (Internal Services)	Monthly
Adult Packages of Care	Monthly
Technology Enabled Care	Monthly
Provision of Disability Adaptations	Six Monthly
Prescribing – Cost per patient	Monthly
Prescribing – Formulary compliance	Monthly
Prescribing – Medicines Efficiencies	Monthly
LDP Standards	**Data Frequency**
Delayed Discharges	Monthly
Drugs & Alcohol Treatment Waiting Times	Quarterly
CAMHS Waiting Times	Monthly
Psychological Therapies Waiting Times	Monthly
Alcohol Brief Interventions	Quarterly
Smoking Cessation	Monthly
Dementia (Diagnosis and Post-Diagnostic Support) **In development**	Quarterly
Management Information	**Data Frequency**
Health & Social Care Absence	Monthly
Complaints	Monthly
Information Requests	Quarterly

National Health & Social Care Outcomes

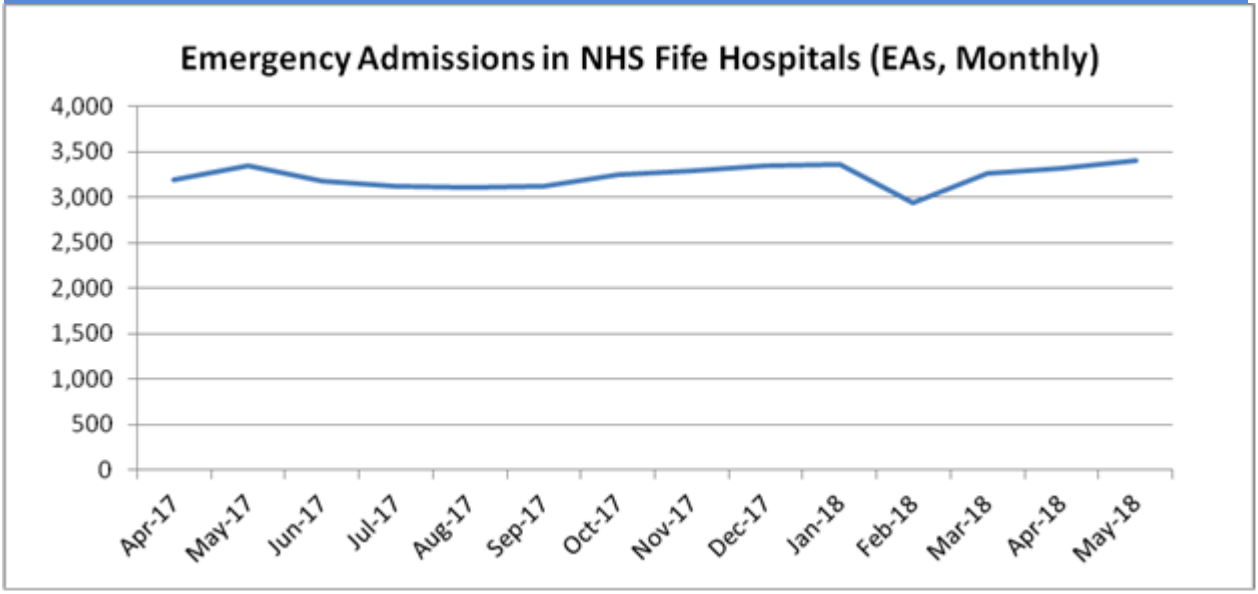
Title – Number of Emergency Admissions for Fife Residents (EAs, Rolling Year)	
Measure or Stretch Aim	Preventing unnecessary hospital admissions
Scotland Performance (if appropriate)	Not applicable
H & WB Outcome/s	5
Fife H & SC Strategic Plan Priority Area	Prevention and early intervention
Current Performance	In January 2018 there were 3,711 emergency hospital admissions for Fife residents, this compares to 3,224 in January 2017.
Contextual review of data (presented below)	Over the period shown in the chart below, the number of emergency admissions annually for Fife residents has increased. Number of EAs in YE January 2018 – 42,797 Number of EAs in 2016/17 – 38,734 **Note: data completeness for January 2018 is 96% at time of report* *Data from February 2018 onwards should be available from July 2018 and will be presented in the next Performance Report*



Current Issues
No issues to report

Improvement / Spread & Sustainability	Due By	Status
A plan will be produced with work undertaken jointly with IMPACT and the Partnership to further understand the reason for emergency admissions, with an aim to reduce these. The work that will begin 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	March 2019	Ongoing

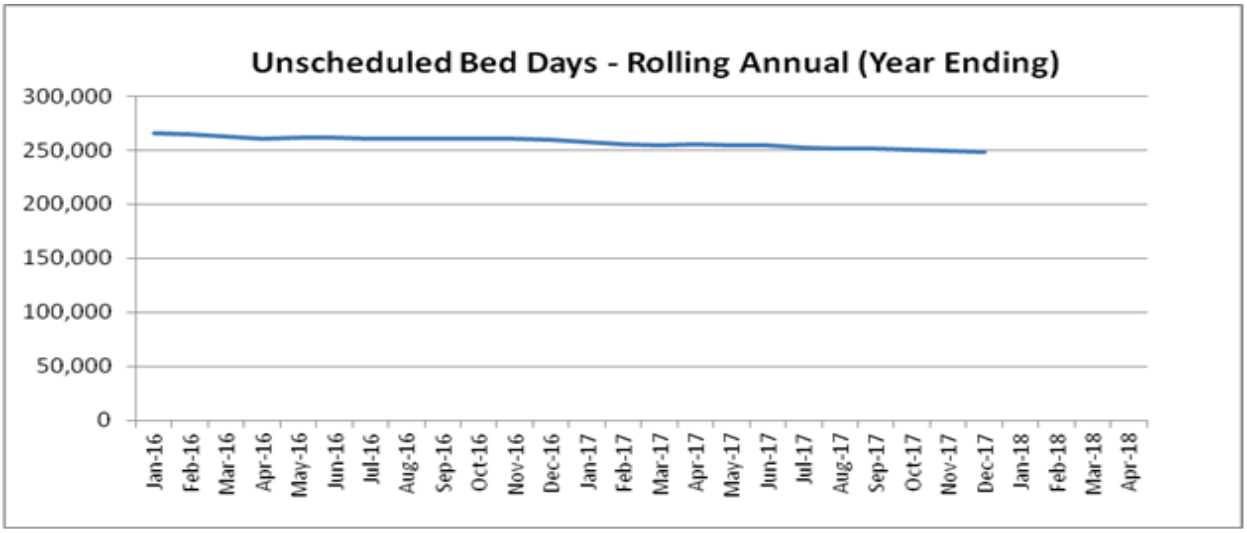
Title – Number of Emergency Admissions in NHS Fife Hospitals (EAs, Monthly)	
Measure or Stretch Aim	Preventing unnecessary hospital admissions
Scotland Performance (if appropriate)	Not applicable
H & WB Outcome/s	5
Fife H & SC Strategic Plan Priority Area	Prevention and early intervention
Current Performance	Number of emergency admissions in May 2018 – 3,342 Number of emergency admissions in May 2017 – 3,405
Contextual review of data (presented below)	Over the period shown in the chart below, the number of emergency admissions in NHS Fife Hospitals has increased slightly, with a brief drop and rise between February and March 2018. *Note: Data are for those treated in Fife only and may include individuals not resident in the partnership. Fife residents treated in another NHS Board are not included in the data.* *Data are not validated and may differ from those published by ISD in the future, and are shown here to be indicative of trend.*



Current Issues
No issues to report

Improvement / Spread & Sustainability	Due By	Status
A plan will be produced with work undertaken jointly with IMPACT and the Partnership to further understand the reason for emergency admissions, with an aim to reduce these. The work that will begin 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	March 2019	Ongoing

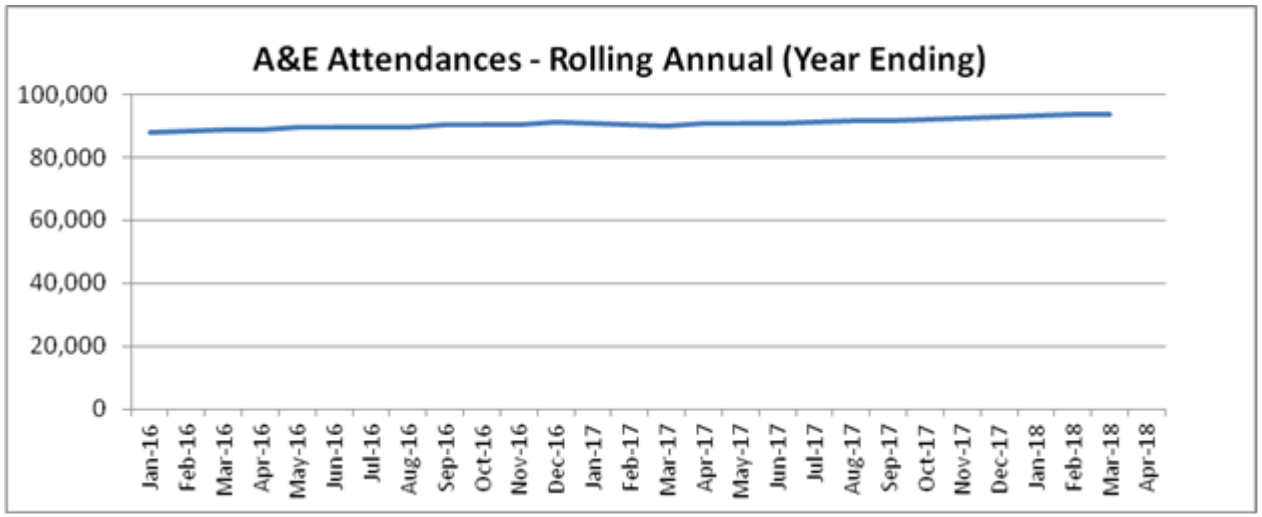
Title – Number of Unscheduled hospital bed days	
Measure or Stretch Aim	Reduction in the number of unscheduled hospital bed days
Scotland Performance (if appropriate)	Not applicable
H & WB Outcome/s	9
Fife H & SC Strategic Plan Priority Area	Prevention and early intervention
Current Performance	In December 2017 there were 21,351 unscheduled bed days for Fife residents, this compares to 21,662 in December 2016.
Contextual review of data (presented below)	Over the data period in the chart, the number of unscheduled bed days has reduced. Number of unscheduled bed days YE December 2017 – 248,734 Number of unscheduled bed days 2016/17 – 254,542 *Note: Unscheduled bed days from January 2018 cannot be show as they rely on the completeness of the subsequent month's data which is 92%* *Data from February 2018 onwards should be available from July 2018 and will be presented in the next Performance Report*



Current Issues
No issues to report

Improvement / Spread & Sustainability	Due By	Status
In recognition of the Scottish Government Delivery Plan we will aim to reduce unscheduled bed days in hospital care by up to 10%. We have significant input from hospital at home to reduce bed days associated with unscheduled care. 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.	March 2019	Ongoing

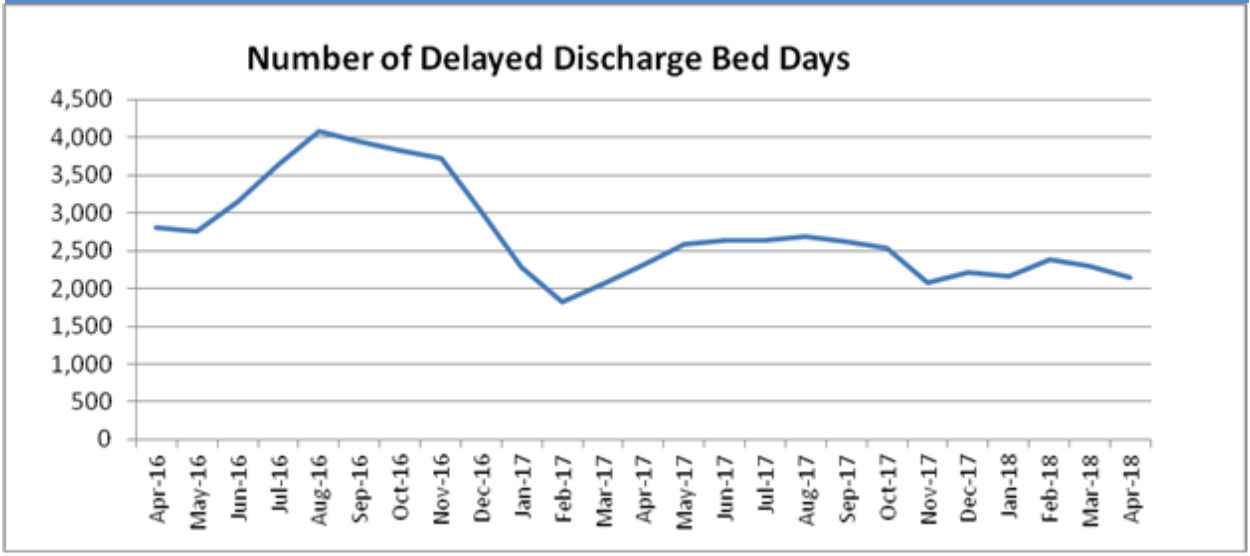
Title – Number of A&E attendances	
Measure or Stretch Aim	To reduce the number of unnecessary A&E attendances
Scotland Performance (if appropriate)	Not applicable
H & WB Outcome/s	5
Fife H & SC Strategic Plan Priority Area	Prevention and early intervention
Current Performance	Number of attendances March 2018 – 7,668 Number of attendances March 2017– 7,759
Contextual review of data (presented below)	The overall number of A&E attendances annually for Fife residents has risen from 90,128 in 2016/17 to 93,565 in the year ending March 2018.



Current Issues
These data exclude the MIUs at St Andrews and Adamson Hospitals. This is because data for these have only been submitted to ISD for recent months, and are not available for the duration of the chart above. The data are for Fife H&SCP residents so will include A&E attendances out with Fife.

Improvement / Spread & Sustainability	Due By	Status
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	Ongoing	Ongoing

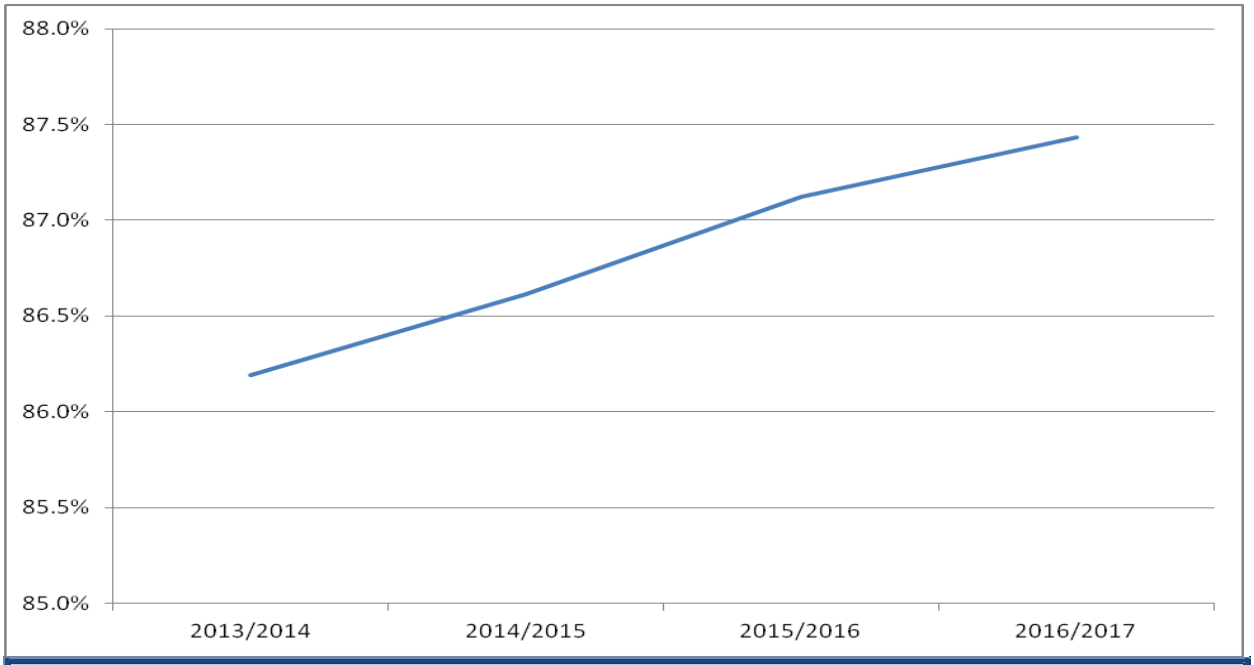
Title – Number of delayed discharge bed days (all reasons)	
Measure or Stretch Aim	To reduce the number of bed days lost to delayed discharge
Scotland Performance (if appropriate)	Not applicable
H & WB Outcome/s	9
Fife H & SC Strategic Plan Priority Area	Prevention and early intervention
Current Performance	Number of bed days in April 2018 – 2,139 Number of bed days in April 2017 – 2,320
Contextual review of data (presented below)	Following a sharp downward trend from November 2016 to February 2017 there was an upward trend to May 2017, after which the number of bed days lost to delay levelled off before falling again in November. From then up to April, the number of bed days has levelled. The number of bed days lost to delay for Fife residents in April 2018 of 2,139 compares to a high of 4,074 in August 2016.



Current Issues
No issues to report

Improvement / Spread & Sustainability	Due By	Status
There has been significant work undertaken within Fife to reduce both the number of delays and the number of bed days lost to them. In Fife a range of programmes, projects and new models of care have been developed by the partnership such as: ● Short Term Assessment and Reablement (STAR) ● Short Term Assessment and Review Team (START) ● Assessment Beds – supporting discharge to assess model. Work is currently underway to evaluate the effectiveness of these models and the impact this has had on improving delays. It is hoped that the emerging efficiency of these models will lead to shown improvement in the data going forward. 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.	Ongoing	Ongoing

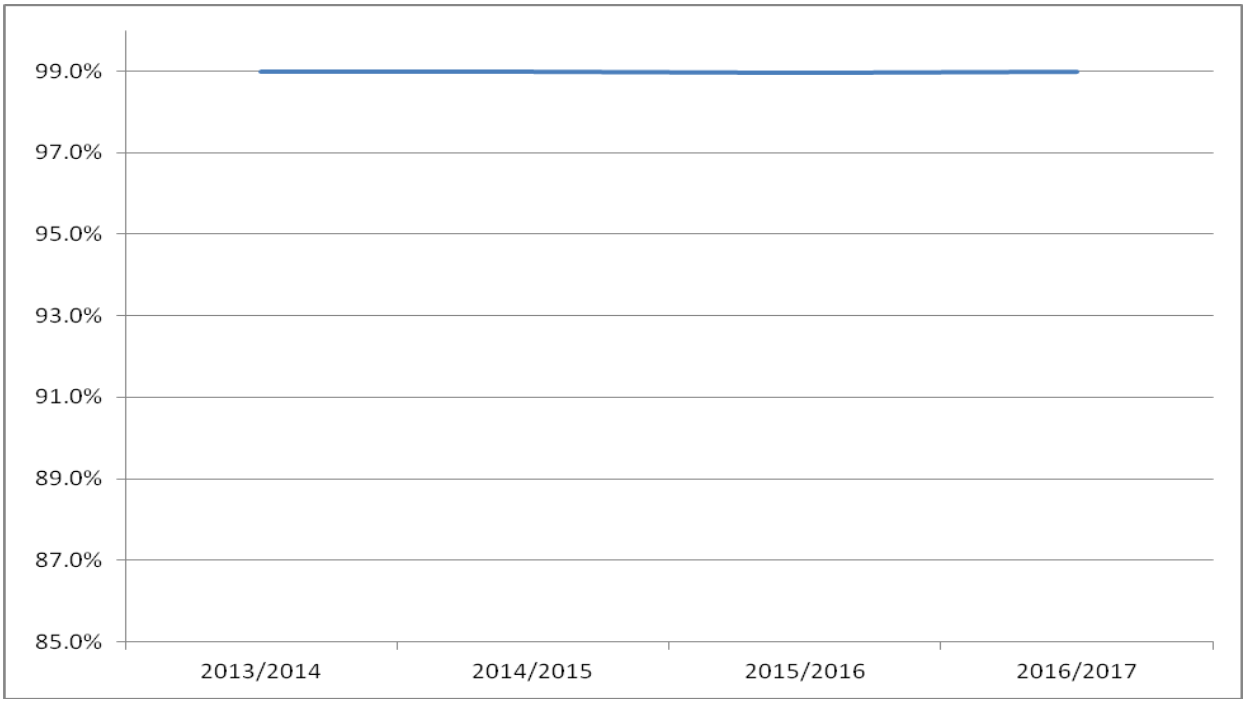
Title – Percentage of last six months of life in a Community setting	
Measure or Stretch Aim	To increase the percentage of the last six month of life spent in a community setting
Scotland Performance (if appropriate)	% in 2016/17 – 87.3% Average % over previous 3 years – 86.4%
H & WB Outcome/s	2
Fife H & SC Strategic Plan Priority Area	1 & 2
Current Performance	% in 2016/17 – 87.4% Average % over previous 3 years – 86.6%
Contextual review of data (presented below)	There has been a consistent increase in the proportion of people within a community setting during the last 6 months of life over the previous 3 years with an overall difference of 1.2%. The 2016/17 figure in Fife is slightly higher than the Scotland figure in the same year.



Current Issues
Please note that these figures have been revised from previous versions of the performance report.

Improvement / Spread & Sustainability	Due By	Status
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. Through service redesign, the partnership will consider the capacity and delivery of new models. The partnership is currently tendering for a contract for care & support services. Within the contract there is a specific Lot for palliative and end of life care. The partnership will work with the palliative and end of life providers to target people who wish to die at home or in a setting of their choice.	Ongoing	Ongoing

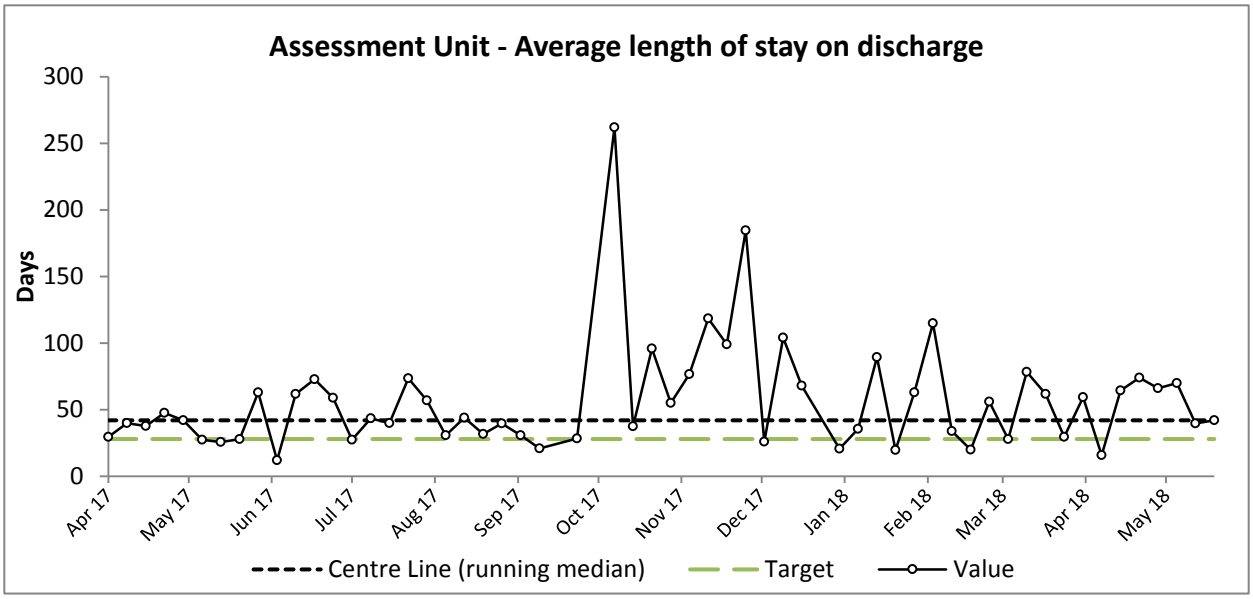
Title – Percentage of population in a Community setting	
Measure or Stretch Aim	To maintain a high percentage of individuals in a community setting
Scotland Performance (if appropriate)	99.02% in 2016/17
H & WB Outcome/s	2
Fife H & SC Strategic Plan Priority Area	1 & 2
Current Performance	% in 2016/17 – 98.97% Average % over previous 3 years – 98.98%
Contextual review of data (presented below)	To maintain a high percentage of individuals in a community setting



Current Issues		
No issues.		
Improvement / Spread & Sustainability	**Due By**	**Status**
Work is being undertaken in the partnership which will highlight the capacity and demand for services in the community as well as institutional services. Investment monies will shift the balance of care from an institutional setting to community resources, which will support people at home or in a homely setting.	Ongoing	Ongoing

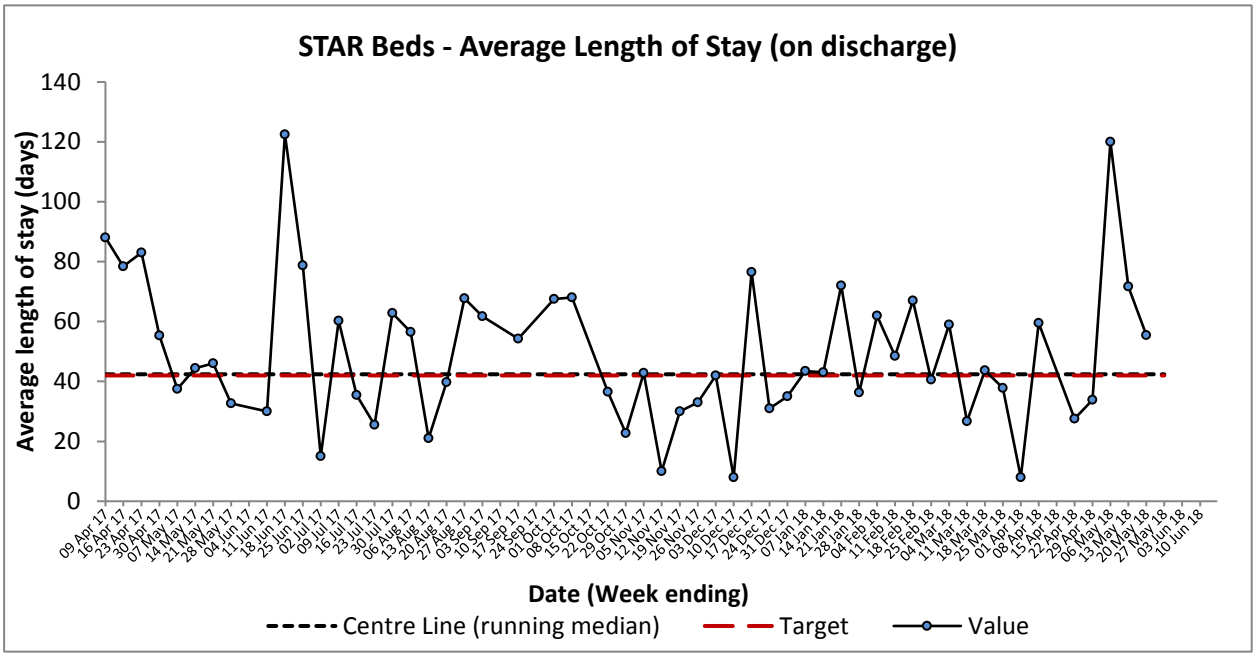
Local Performance Information

Title: **Assessment Units**	
Measure or Stretch Aim	Service Expectation – Average length of stay on discharge of 28 days
Scotland Performance	Not applicable
H & WB Outcome/s	1 & 2
Fife H & SC Strategic Plan Priority Area	Prevention and Early Intervention
Current Performance	Average Length of Stay on Discharge for individuals at the end of the last week in May was 42.1 days. This is higher than the service expectation, which is that an individuals' stay in an assessment unit on discharge does not exceed 28 days.
Contextual review of data (presented below)	This model supports people to leave hospital and finalise their assessment within a Care Home. Currently eight care homes offer 49 Assessment Beds in Fife. The peak in October and higher than target values throughout October to March were due to the disproportionate effect of clients being discharged who had been waiting on permanent placements in their preferred care home.



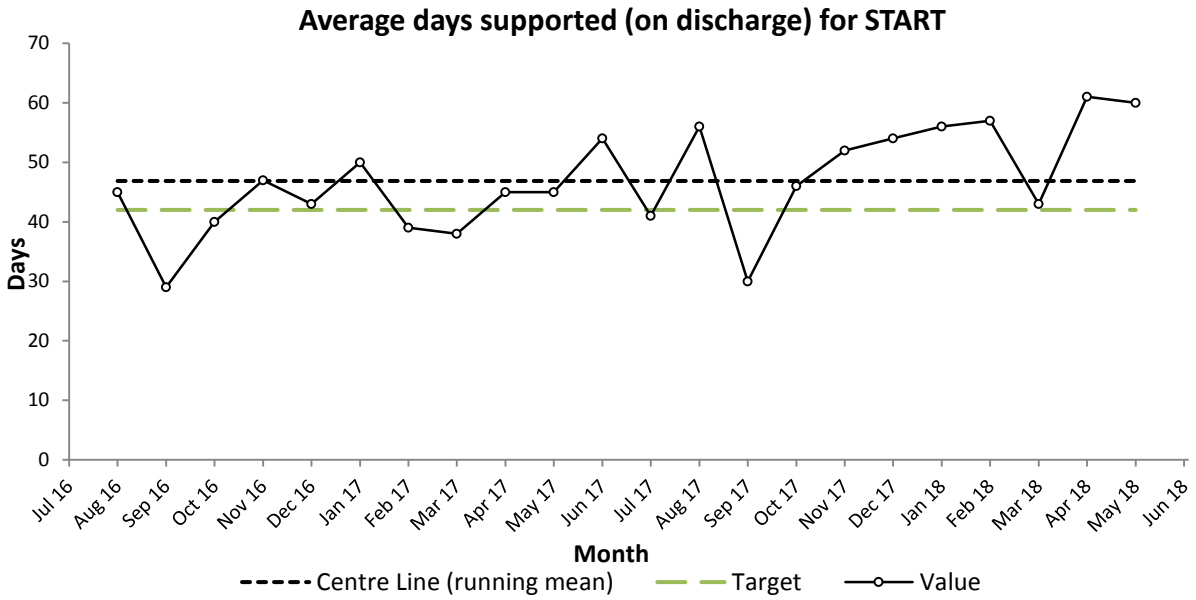
Current Issues		
Since May 2017 the average length of stay on discharge has fluctuated. This is due to a number of individual's first choice Care Home not having capacity to admit and resulting on a wait in this becoming available. It is always the intention to provide an individual's first choice Care 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.		
Improvement / Spread & Sustainability	**Due By**	**Status**
Continue to monitor average length of stay to ensure the service expectation is achieved	Ongoing	In progress

Title : **Short Term Assessment and Reablement (STAR) Beds**	
Measure or Stretch Aim	Service Expectation - Average length of stay on discharge of 42 days
Scotland Performance	Not applicable
H & WB Outcome/s	1,2 & 4
Fife H & SC Strategic Plan Priority Area	Prevention and Early Intervention
Current Performance	Average Length of Stay on discharge at the end of the last week in March 2018 was recorded at 8 days, well below the target. The average length of stay on discharge was generally below target between October and January, however between January and early March the average was fluctuating generally above the target.
Contextual review of data (presented below)	These Intermediate care units enable individuals to be discharged to a registered care home from hospital, or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home. There is currently 36 STAR Beds offered across three care homes.



Current Issues		
No issues to report		
Improvement / Spread & Sustainability	**Due By**	**Status**
The introduction of the START Service (Short Term Assessment and Review Team) to individuals in STAR units assisted in reducing the length of stay on discharge. There was nine consecutive weeks where the service expectation was achieved or exceeded. On instances where there are a higher number of days recorded on discharge, this is primarily as a result of changing circumstances for the individual within a STAR bed. Continue to monitor average length of stay to ensure that the service expectation is achieved.	Ongoing	In progress

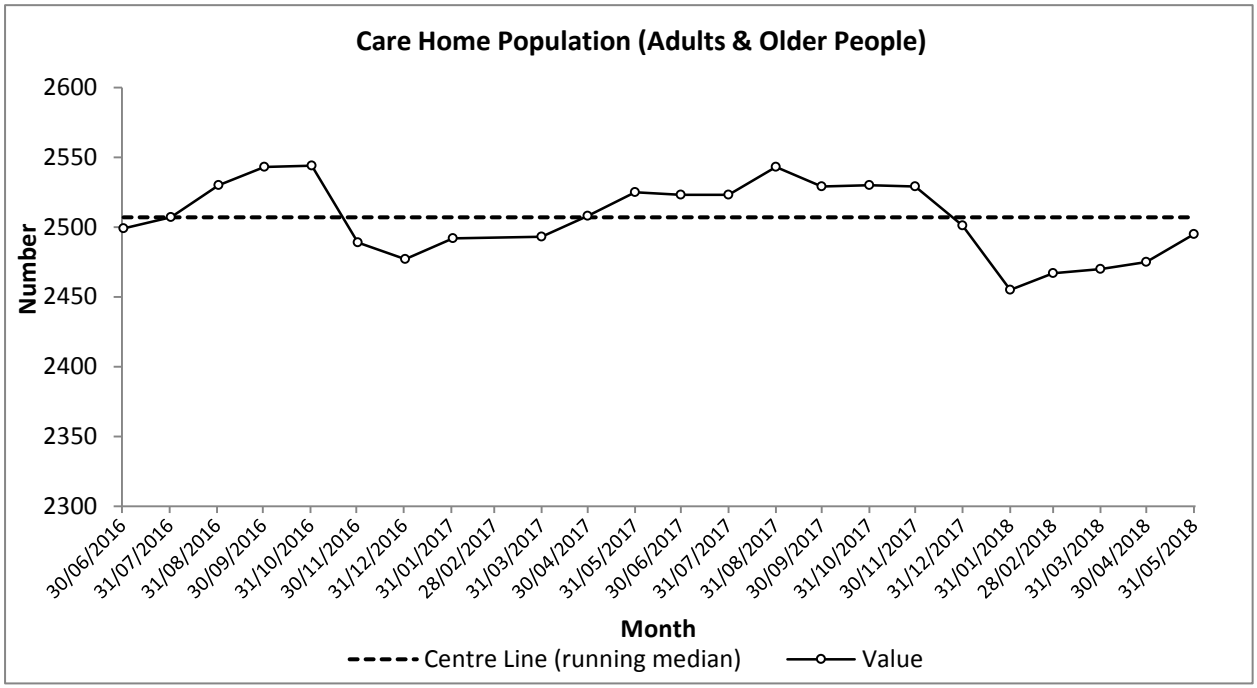
Title - **START (Short Term Assessment and Review Team)**	
Measure or Stretch Aim	Service Expectation - Average Days Supported of 42 days.
Scotland Performance	Not applicable
H & WB Outcome/s	1,2, 3 & 4
Fife H & SC Strategic Plan Priority Area	Integrated and Coordinated Care
Current Performance	In May 2018, START recorded 60 days for an average period of support to individuals who finished their involvement with the service. This is above the service expectation level. In May 2018 there were 132 new services started, compared to the previous month which was 105.
Contextual review of data (presented below)	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.



Current Issues
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.

Improvement / Spread & Sustainability	**Due By**	**Status**
Continue to monitor average days supported on discharge to ensure service performance expectations are achieved.	Ongoing	In progress

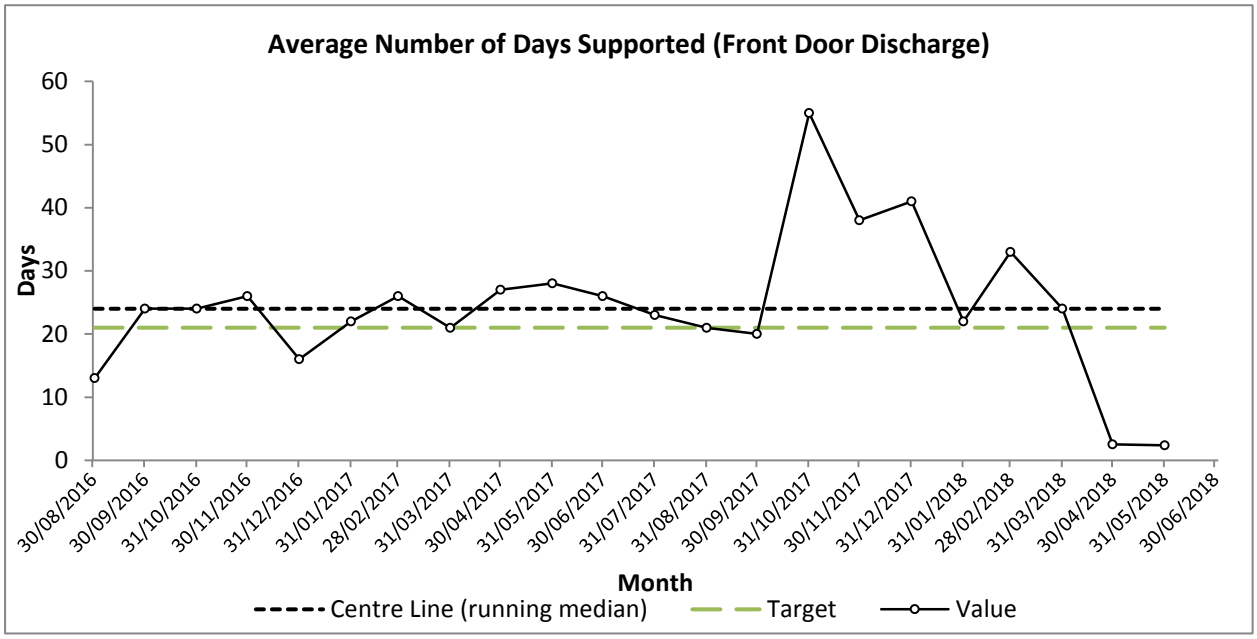
Title: Nursing & Residential Care Population	
Measure or Stretch Aim	Continue to commission Care Home placements within available budget.
Scotland Performance	No national performance measure.
H & WB Outcome/s	1 & 2
Fife H & SC Strategic Plan Priority Area	Integrated and Coordinated Care
Current Performance	The total number of Adults and Older People who reside in either Fife Health & Social Care Partnership or Independent Care Homes was 2,495 individuals as at the end of May 2018.
Contextual review of data (presented below)	Nursing and Residential Care is provided across Fife through a mixture of Fife Health & Social Care Partnership and Independent care homes. The partnership aims to reduce the need for Long Term Care by supporting people in their own homes and in local communities for longer.



Current Issues
No issues at present

Improvement / Spread & Sustainability	Due By	Status
Continue to monitor Independent Care Home sector to ensure occupancy levels are maximised.	Ongoing	In Progress
Reduce the average length of stay for all Care Home population	Ongoing	In Progress

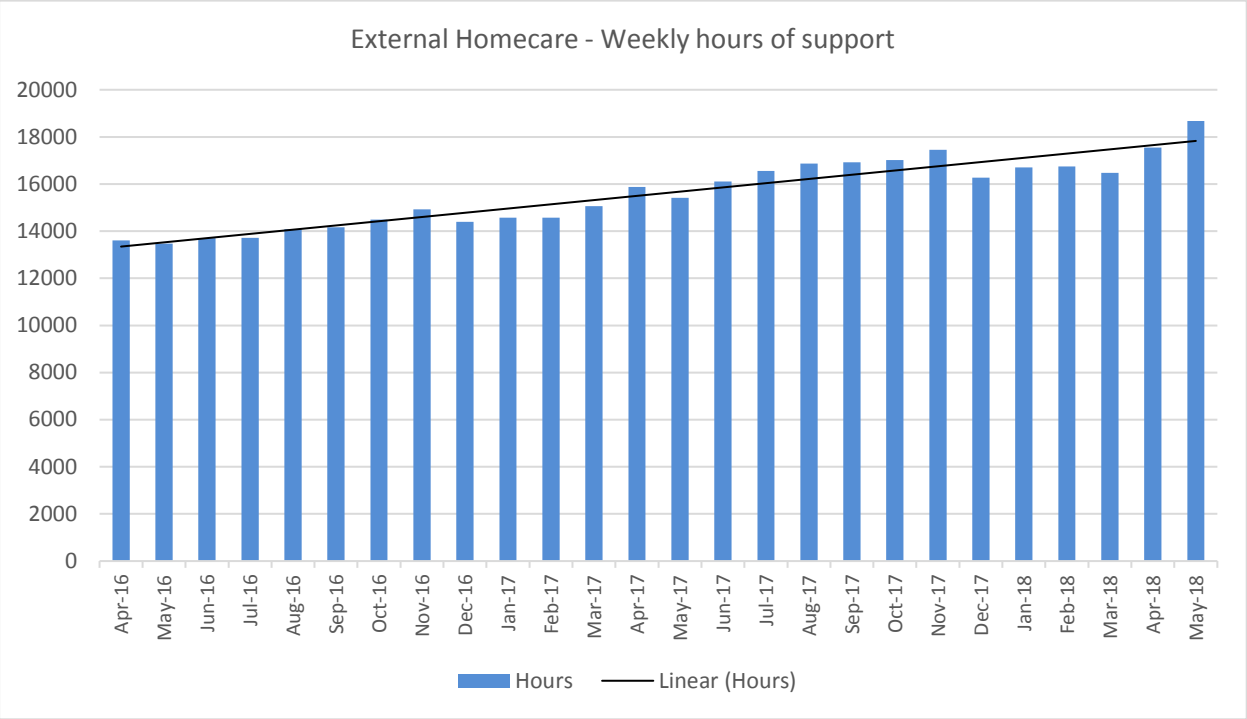
Title: Short Term Support Service (formally **Front Door Discharge Support Model)**	
Measure or Stretch Aim	Average days supported for service – 21 days
Scotland Performance	Not applicable as locally commissioned service
H & WB Outcome/s	2
Fife H & SC Strategic Plan Priority Area	Prevention and Early Intervention
Current Performance	The service expectation level is 21 days for the provision of this service Since October 2017 the target number of days was exceeded, due to the discharge of clients who had remained in the service while waiting on Care at Home services.
Contextual review of data (presented below)	The short term support is designed to support people to recover from illness or accident at home rather than in hospital. Since it was established and has achieved positive outcomes for those patients who accessed the service and removed the need for unnecessary hospital admission. This service was provided by Avenue Care Services however in April 2018, this service transferred from Avenue and is now delivered as part of the Partnership's care at home service.



Current Issues
Since the service transferred to the Partnership's care at home service, no issues to report

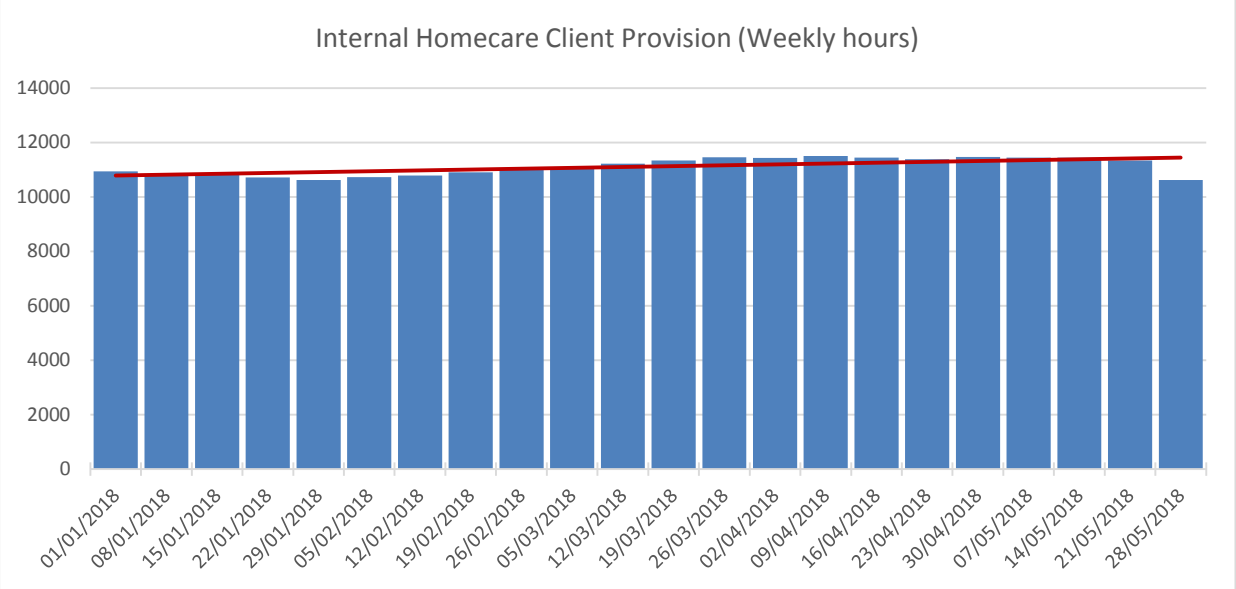
Improvement / Spread & Sustainability	Due By	Status
Review of the Front Door Service was undertaken due to the reducing level of referrals for this service. The plan to integrate this service within the Partnership's care at home service (START Team) is now complete		Complete
Performance Target to be reviewed given the change in arrangements since April.	August 2018	

Title: **Weekly hours of Care at Home for Older People – Externally Commissioned Services**	
Measure or Stretch Aim	Weekly hours of support for older people commissioned through external care at home providers.
Scotland Performance	Not applicable
H & WB Outcome/s	2
Fife H & SC Strategic Plan Priority Area	2
Current Performance	This indicator is collated from Commissioning information and is a point in time indicator based on the 'active' packages, agreed for clients, as at the 15th of the following month. Between April 2018 and May 2018 the weekly hours of support commissioned through external care at home providers increased by 6.44% from 17,545 to 18,675.
Contextual review of data (presented below)	Over the past year, from May 2017 to May 2018 the hours of externally commissioned support has increased by 21.2%, from 15,408 hours to 18,675 hours. During the month of May 2018 there were 106 new placements and 47 placements that ceased.



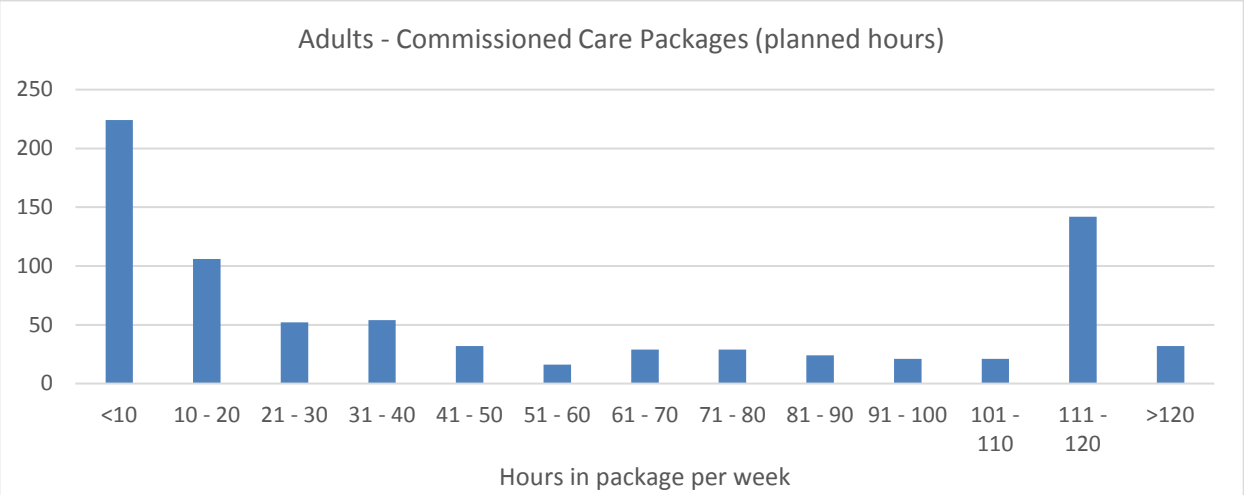
Current Issues		
No current issues regarding the provision of care at home services from external commissioned care providers The Partnership has recently tender for a contract for care & support services which commenced on 29th May 2018. The Partnership will work with the care providers who are accepted onto the contract to maximise capacity and availability of care services throughout Fife.		
Improvement / Spread & Sustainability	**Due By**	**Status**
Nothing to report at present	N/A	N/A

Title: **Weekly hours of Care at Home – Internal Services**	
Measure or Stretch Aim	Weekly hours of support which are planned to be delivered by the Health & Social Care Partnership's Care at Home Service
Scotland Performance	Not applicable
H & WB Outcome/s	2
Fife H & SC Strategic Plan Priority Area	2
Current Performance	As at week commencing 28/5/2018 the planned weekly hours for care at home services was 10627 hours, supporting 1,575 service users and delivering 25,475 visits.
Contextual review of data (presented below)	This is a new indicator with limited history due to the move to Total Mobile. This indicator is collated from active packages within our information system (SWIFT/AIS) which feed the Total Mobile schedule for care at home provision. This indicator is reporting on the planned weekly provision per service user as would be reported nationally through the Social Care / SOURCE submission.



Current Issues		
The Partnership's care at home service is currently going through a re-design. This re-design will see an enhancement of the START service and will see the partnership's care at home service working closer with the external care providers The hours noted above will be less than the actual hours which are delivered by care at home carers, given that some service users require double carers for visits.		
Improvement / Spread & Sustainability	**Due By**	**Status**
Nothing to report at present	N/A	N/A

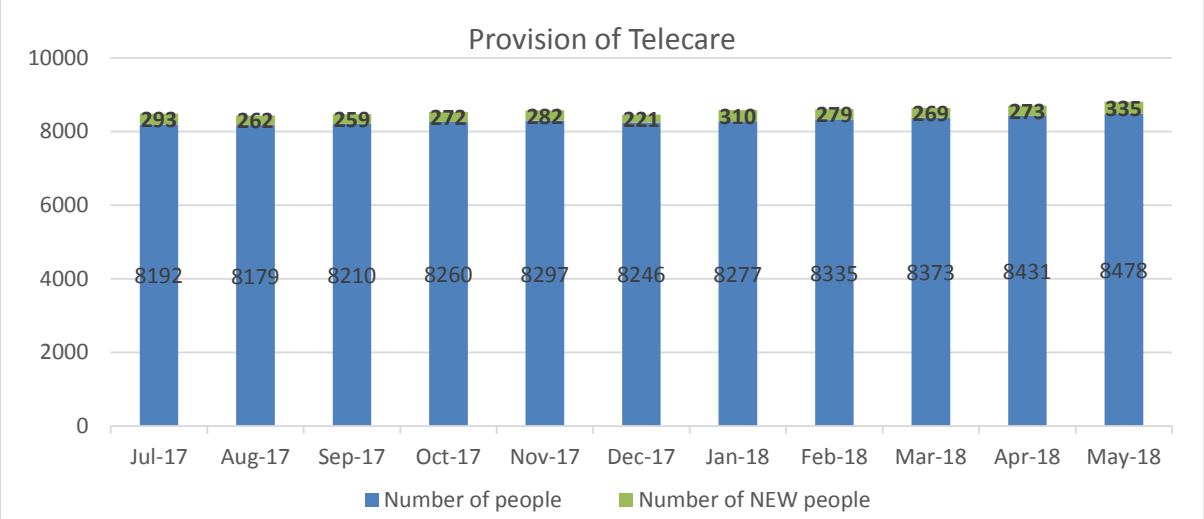
Title: **Adult Packages of Care**	
Measure or Stretch Aim	The number of Adult packages of care delivered through externally commissioned packages of care.
Scotland Performance	Not applicable
H & WB Outcome/s	1,2,4
Fife H & SC Strategic Plan Priority Area	2
Current Performance	This indicator is collated from Commissioning information and is a point in time indicator based on the 'active' planned packages as at the 15th of the following month. As at the end of May 2018 there were 782 commissioned packages in place. The graph below shows these packages by number of hours in this element of the package. During the month of March 2018 there were 22 new placements and 20 placements that ceased
Contextual review of data (presented below)	Adult placements are agreed through the fortnightly Adults Service Placement Panel meetings. Finite resources are targeted at who meet the critical band of published eligibility criteria. These packages of care include more than the care at home packages detailed for Older People (65+) which cover homecare/personal care. This is because individuals accessing adult services tend to have a range of complex needs for example learning, physical disabilities, mental health difficulties, sensory impairment and require assistance with all aspects of care to enable them to live at home; this can include outreach and housing support.



Current Issues
Demand for services for adults with complex and challenging needs continues to rise. Eligibility criteria is applied to ensure that resources are targeted to those with most critical needs however these services require significant financial resources, due to the complexity of need. The Partnership has tender for a contract for care & support services which commenced on 29th May 2018 The Partnership will work with the care providers who are accepted onto the contract to deliver services for adults with complex and challenging needs

Improvement / Spread & Sustainability	**Due By**	**Status**
	N/A	N/A

Title: **Technology Enabled Care**	
Measure or Stretch Aim	The number of people receiving Telecare (including community alarms) at month end. The number of NEW people receiving Telecare (including community alarms) at month-end.
Scotland Performance	Not applicable
H & WB Outcome/s	1,2,7
Fife H & SC Strategic Plan Priority Area	1
Current Performance	This monthly information is reported quarterly to the National Service Scotland Technology Enabled Care Programme. As at the end of May 2018 the number of clients with Telecare (this includes community alarms) was 8478, of which 335 were new clients.
Contextual review of data (presented below)	Technology can help vulnerable people of any age live safely and independently in their own home by making it quicker and easier to get help in an emergency. In Fife we provide this in 2 key ways. **Community Alarms** - When a person needs help, a single press of a pendant button will connect them with a specialist call handler at our Alarm Receiving Centre. The call handler will have immediate access to their emergency response protocol, will provide reassurance to them and will coordinate an appropriate response such as contacting a family member, key-holder, support worker or our 24/7 Mobile Emergency Care Service. **Telecare** - Telecare is an enhancement of the community alarm service that uses sensors and monitors in the home to automatically raise the alarm in an emergency. This provides a higher degree of support to people with a cognitive impairment or learning disability who might not otherwise have capacity to seek help.



Current Issues		
No current issues to report		
Improvement / Spread & Sustainability	**Due By**	**Status**

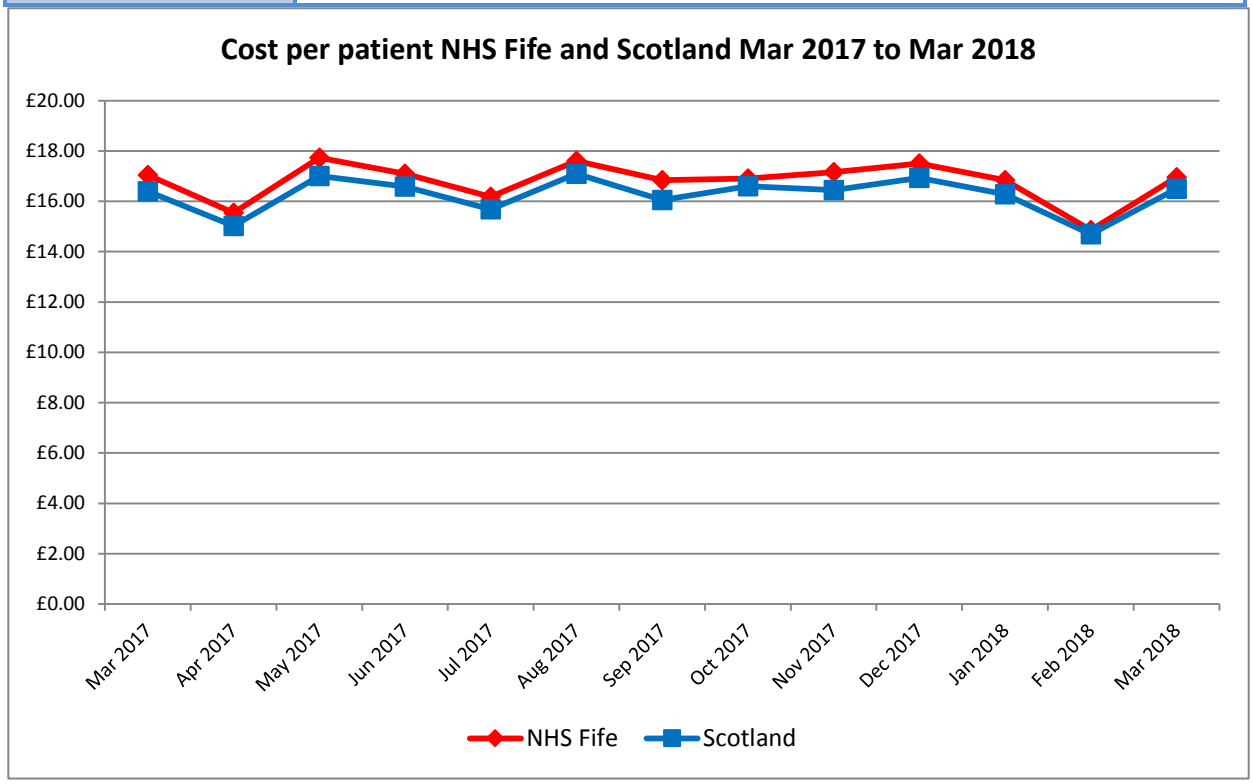
Title: Provision of Disability Adaptations	
Measure or Stretch Aim	Average Number of Days to complete following referral from Occupational Therapist
Scotland Performance	Not applicable
H & WB Outcome/s	1, 2, 4, 7.
Fife H & SC Strategic Plan Priority Area	1
Current Performance	On Target There have been improvements in the Average Days taken to carry out adaptations over the past 3 years and this will continue as housing improve processes and the Customer Journey. Targets for 17/18 – 26 Days - Local Authority 20 Days – Private *Information is collated 6-monthly therefore the next update should be available for committee reporting around May/June 2018.*
Contextual review of data (presented below)	These are the adaptations with a value over £1000, will include, wet floor bathrooms, door widening, ramps, stair lifts etc. Once assessed the case is passed to Housing Services to arrange for the work to be ordered and project managed. The targets are different for Local Authority compared to Private because the Local Authority adaptations are managed through Building Services who contract out to one main contractor, whereas the Private adaptations are managed through the Kingdom Housing Association Care & Repair service who use a matrix of contractors meaning the work can be split across these and scheduled more quickly.

Quarters 1 and 2 - 1st April to 30th September 2017

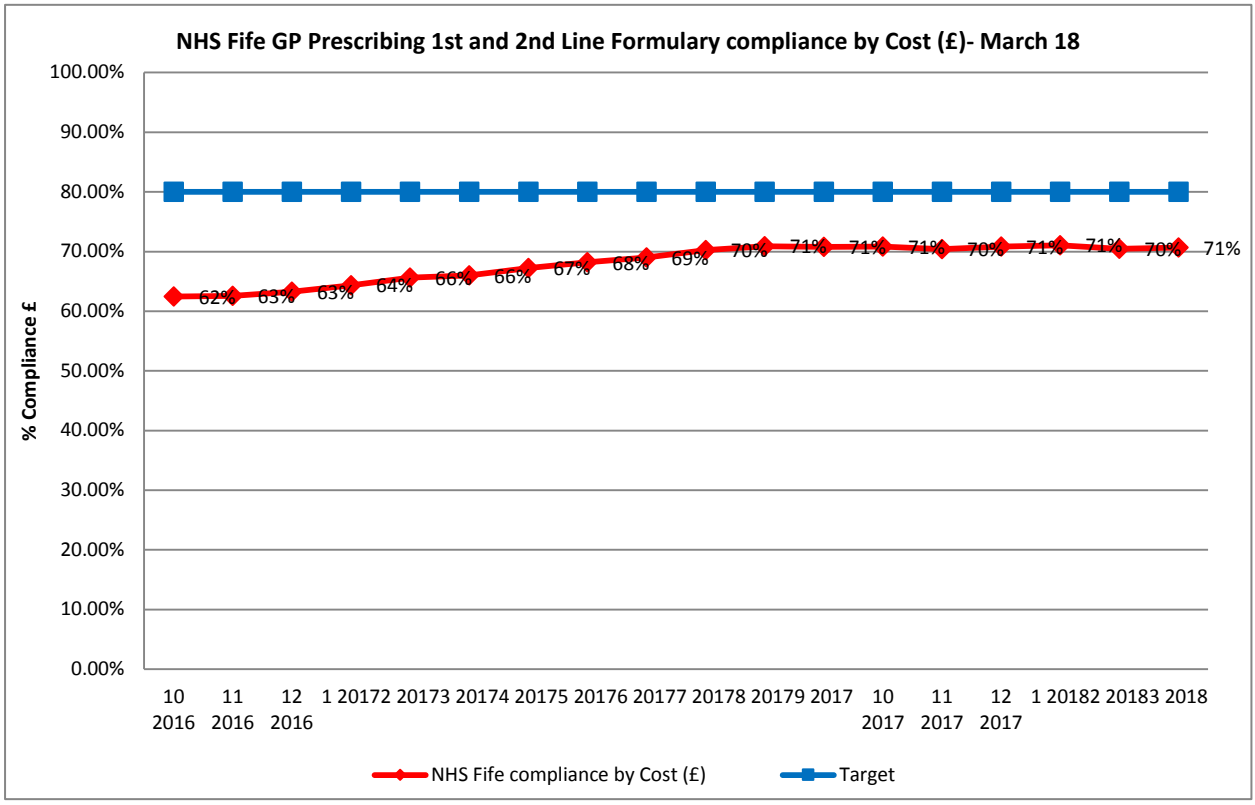
	No. Cases Completed	Total No. Days Taken	Average Days
Local Authority	1037	27743	26.75
Private	1996	46074	23

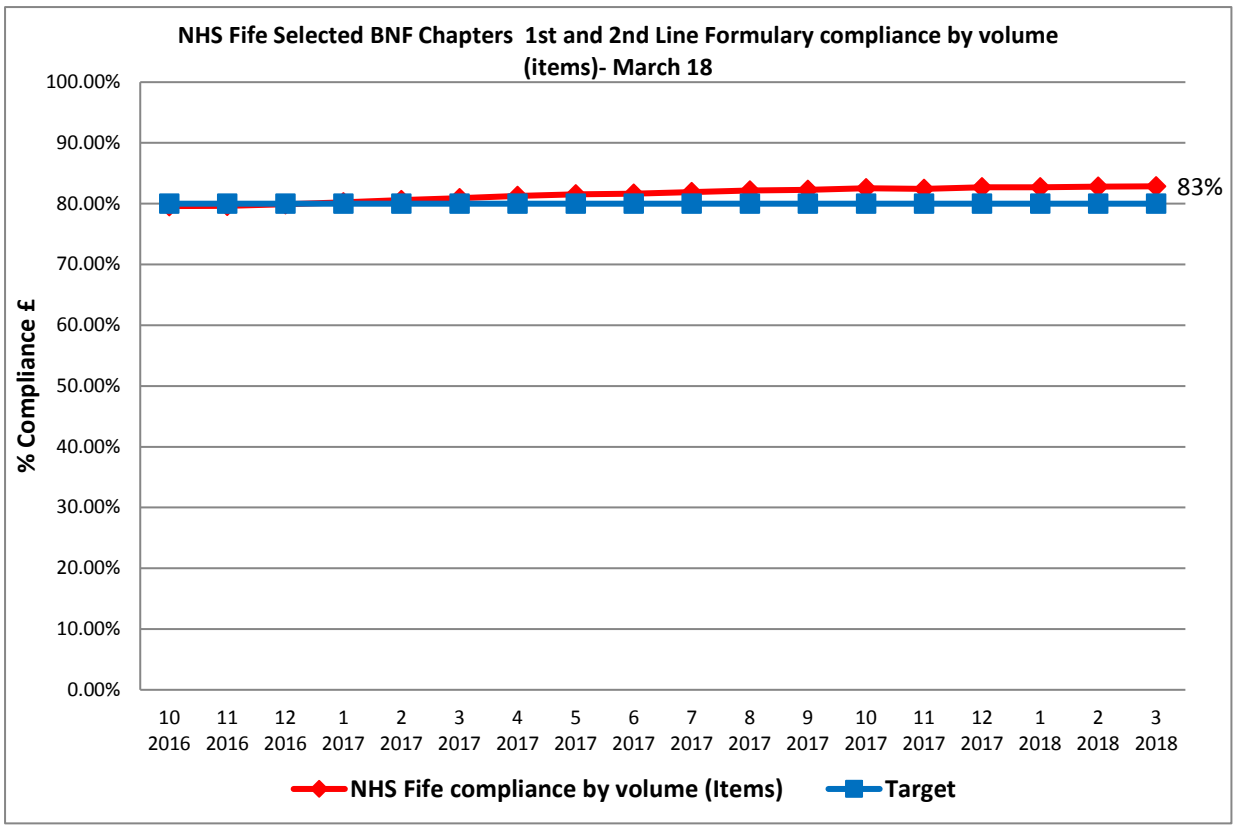
Current Issues		
Information collected is statistical to fulfil the requirements of the Scottish Housing Regulator, does not reflect the outcomes for the client or the length of time from initial request for a service.		
Improvement / Spread & Sustainability	**Due By**	**Status**

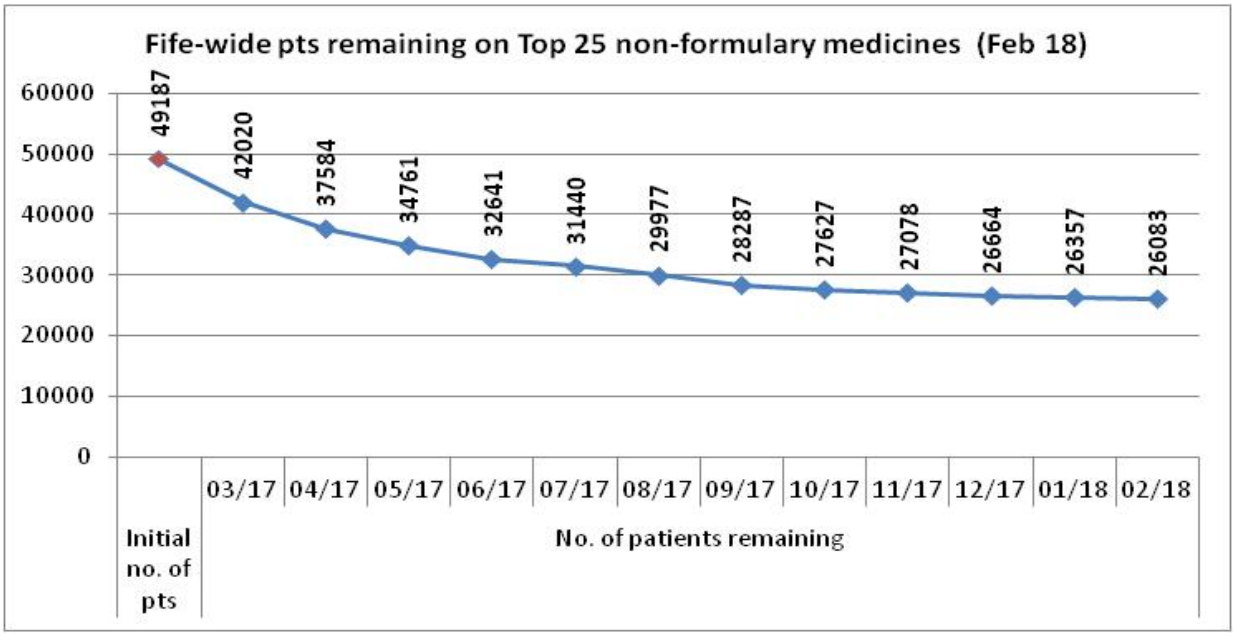
Title: Prescribing – Cost per Patient	
Measure or Stretch Aim	Cost per patient per month for GP prescribing in Fife achieves Scottish average
Scotland Performance	The Scottish average cost per patient was £16.49
H & WB Outcome/s	9
Fife H & SC Strategic Plan Priority Area	Medicines efficiency
Current Performance	Fife's cost per patient as at March 2018 was £16.96 *There is a 3-month data lag due to the GP prescribing data being processed externally by ISD and returned with national comparative data.*
Contextual review of data (presented below)	Fife now has the 5th lowest cost per patient in Scotland and is moving closer to Scottish average Fife's difference in cost per patient, compared to Scottish average, has reduced from £0.85 in Oct 16 to £0.46 in March 2018



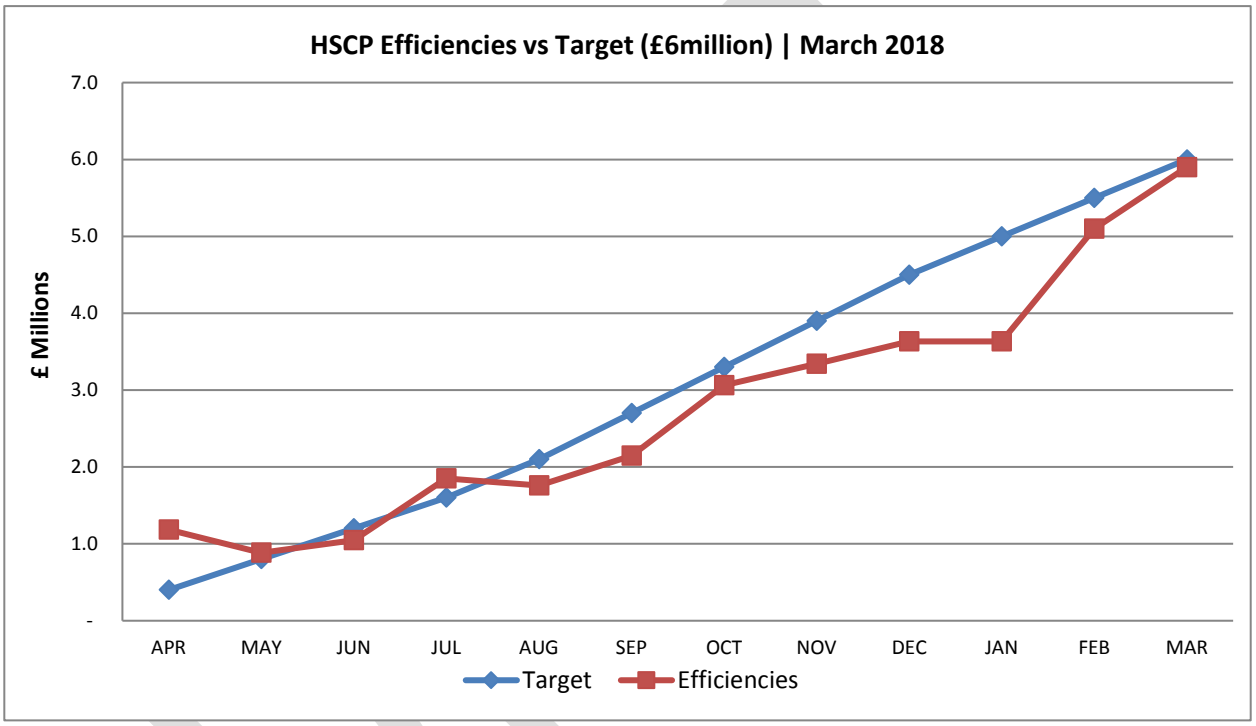
Title: Prescribing – Formulary Compliance	
Measure or Stretch Aim	1. GP prescribing to achieve 80% compliance by spend and by volume (no. of prescriptions) for 1st and 2nd line formulary choices of medicines 2. 50% of patients prescribed non formulary prescriptions are changed to formulary medicine
Scotland Performance	N/ A
H & WB Outcome/s	9
Fife H & SC Strategic Plan Priority Area	Medicines efficiency
Current Performance	Compliance by cost (£) in March 2018 is 71% (additional charts on next page) *Due to the nature of this indicator there is a lag in data availability.*
Contextual review of data (presented below)	Fife has improved its formulary compliance by spend from 62% in Oct 2016 to 71% in Jan 2018 and by volume from 79% to 83%. The increase in prices of some medicines (out with Fife's control) is impacting on achievement of the target for compliance by spend. Fife has changed 23,000 patients' (47%) medicines from a non-formulary medicine to a formulary choice of medicine. There is ongoing work to review the remaining patients prescribed non formulary medicines, however as these patients are more complex, it is anticipated that there will be minimal further changes.




NHS Fife Selected BNF Chapters 1st and 2nd Line Formulary compliance by volume (items)- March 18
% Compliance £
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
83%
10 2016
11 2016
12 2016
1 2017
2 2017
3 2017
4 2017
5 2017
6 2017
7 2017
8 2017
9 2017
10 2017
11 2017
12 2017
1 2018
2 2018
3 2018
NHS Fife compliance by volume (Items)
Target

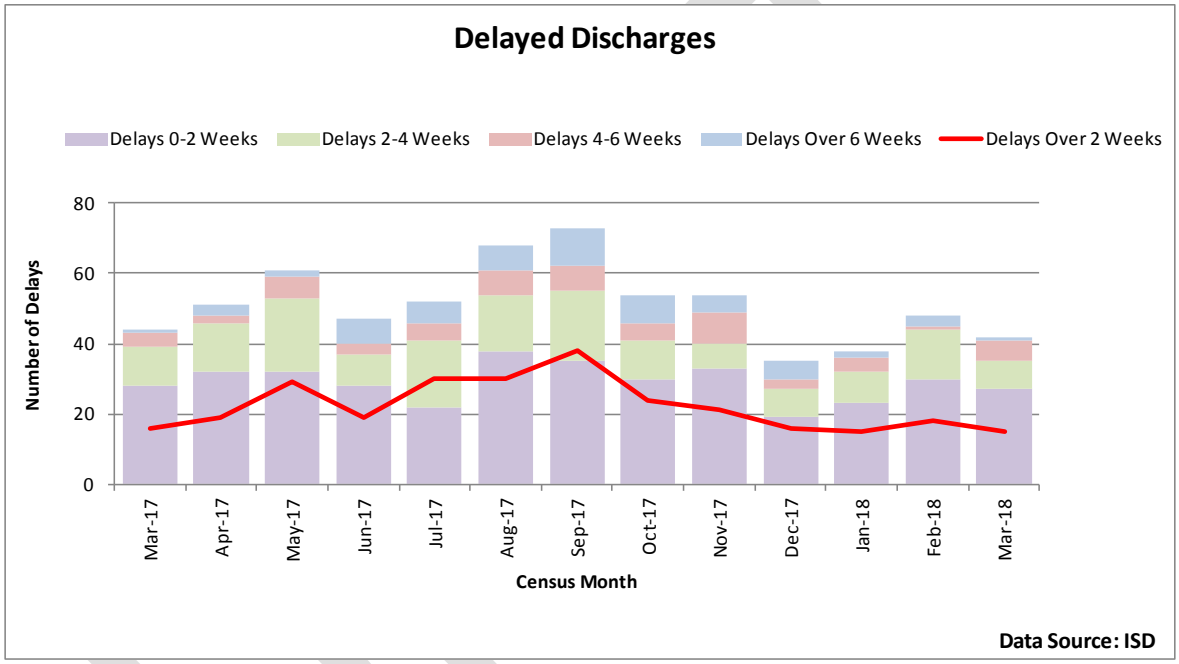

Fife-wide pts remaining on Top 25 non-formulary medicines (Feb 18)
60000
50000
40000
30000
20000
10000
0
49187
42020
37584
34761
32641
31440
29977
28287
27627
27078
26664
26357
26083
Initial no. of pts
03/17
04/17
05/17
06/17
07/17
08/17
09/17
10/17
11/17
12/17
01/18
02/18
No. of patients remaining

Title: Prescribing – Medicines Efficiencies	
Measure or Stretch Aim	To deliver £6M medicines efficiencies in HSCP during 2017/18
Scotland Performance	N/ A
H & WB Outcome/s	9
Fife H & SC Strategic Plan Priority Area	Medicines efficiency
Current Performance	The efficiencies achieved in March 18 were £5.9m against a target of £6m
Contextual review of data (presented below)	Fife HSCP has delivered £6M medicines efficiencies during 2017/18. However, due to national cost pressures arising from medicines shortages and increased prices of medicines (outwith Fife's control), there is a projected overspend at year end of approx £3.5-4M (after £6M efficiencies have been removed from the budget). As at 6th June 2018, awaiting final figures from ISD.



LDP Standards

Title: Delayed Discharges	
Measure or Stretch Aim	No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge
Scotland Performance	9.83 patients per 100,000 population at March 2018 census
H & WB Outcome/s	3, 4 & 5
Fife H & SC Strategic Plan Priority Area	2
Current Performance	15 patients in delay for more than 14 days at March Census, out of a total of 42 patients overall in delay – this equates to 4.04 patients per 100,000 population in NHS Fife
Contextual review of data (presented below)	Never met 14-day target Lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at March Census

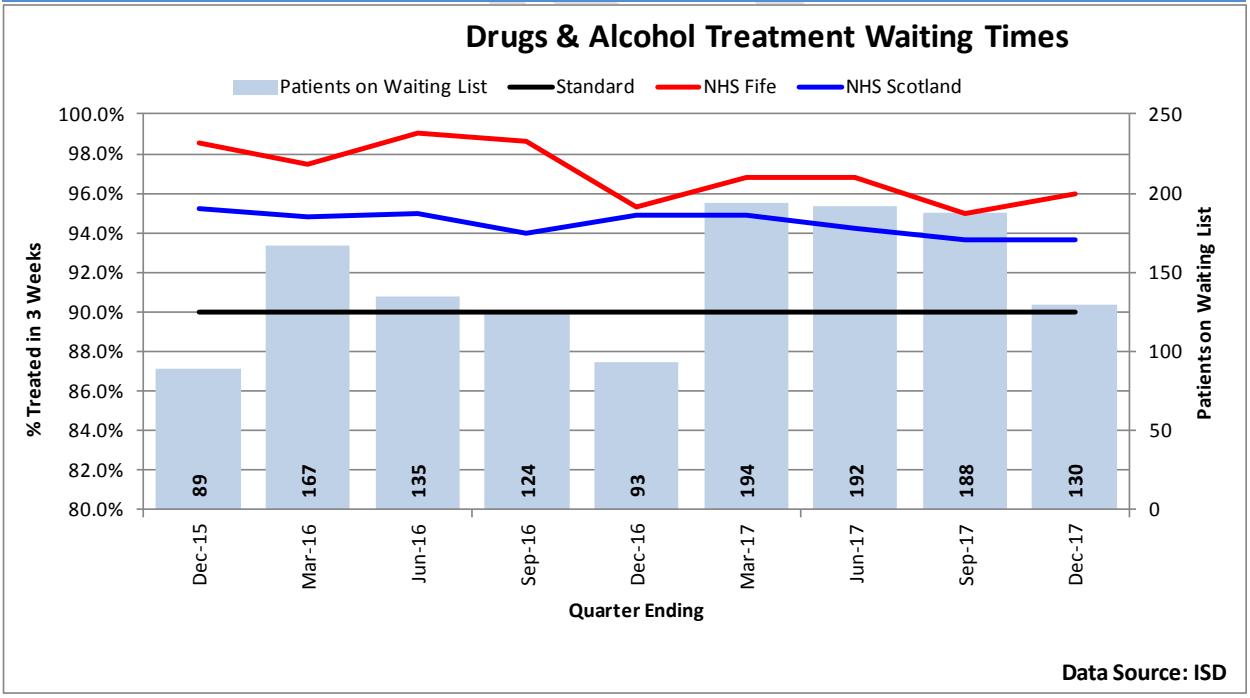


Current Issues		
Complexity of assessments		
Improvement / Spread & Sustainability	**Due By**	**Status**
Review of workforce involved in direct discharge planning (SW and PFC) **Planned Benefits:** Optimal staff teams to ensure the demand in workload is managed effectively	Apr 2018	Complete
Develop and test a model to reduce emergency admissions, focusing on High Health Gain individuals **Planned Benefits:** Reduce delayed discharges; reduce length of stay from emergency admissions; earlier pro-active patient centred support	Jul 2018	On Track
Support hospital flow by supporting daily dynamic discharge approach focussing on clear communication across all disciplines **Planned Benefits:** Reduce length of stay; clear communication to support appropriate patient pathways	Jun 2018	On Track
Direct targeted support to patients who require additional assistance to leave hospital for needs to support carers needs, homeless individuals or veterans **Planned Benefits:** Reduce Length of stay; increased patient centred support	Aug 2018	On Track

Title: Drugs and Alcohol Treatment Waiting Times	
Measure or Stretch Aim	At least 90% of clients will wait no longer than 3 weeks from referral to treatment
Scotland Performance (if appropriate)	Data for all Health Boards is published quarterly. In Q3 of FY 2017-18, the NHS Fife performance figure was 96.0%. The table shows the NHS Fife ranking compared to the other Mainland Health Boards over the last 5 published quarters.

q/e	Dec 2016	Mar 2017	Jun 2017	Sep 2017	Dec 2017
NHS Fife	95.3%	96.8%	96.8%	95.0%	96.0%
Scotland	94.9%	94.9%	94.2%	93.6%	93.6%
NHS Fife Ranking	7th	7th	3rd	7th	6th

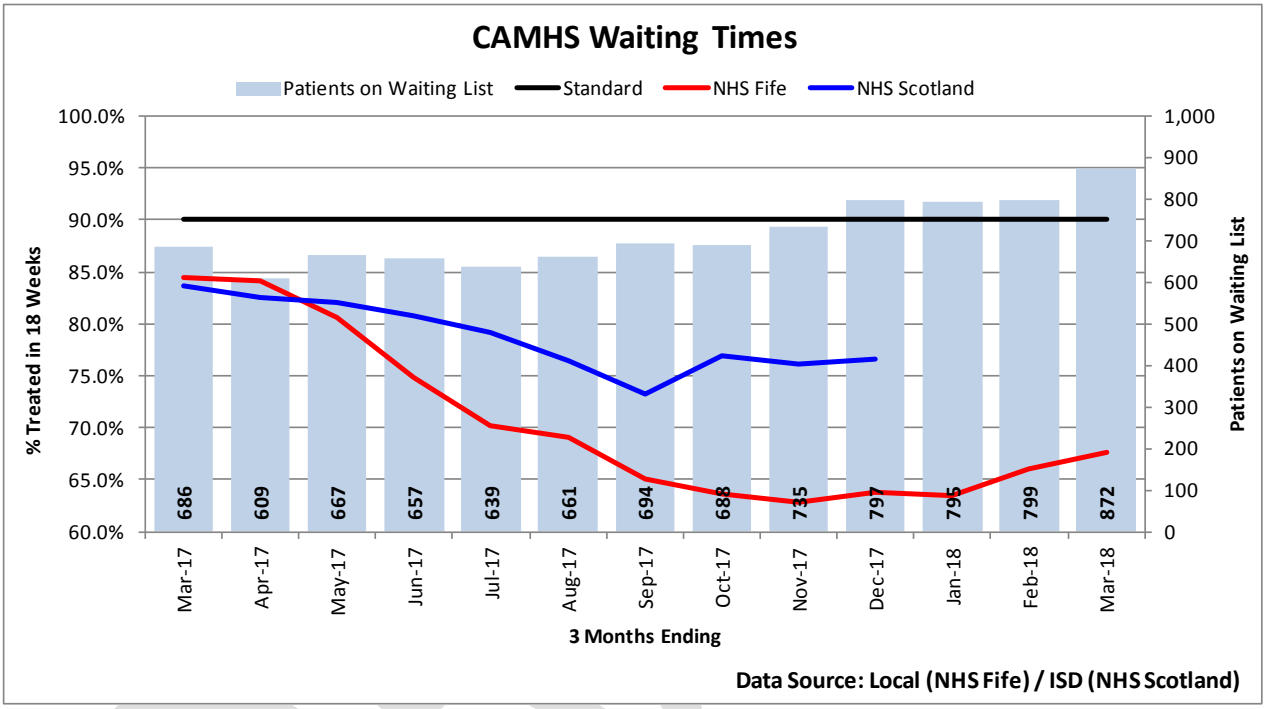
H & WB Outcome/s	1,4,5
Fife H & SC Strategic Plan Priority Area	1,3,4
Current Performance	Measured on a quarterly basis, 3 months in arrears (for improved accuracy) i.e. the data for each month of a quarter is aggregated.
Contextual review of data (presented below)	Services for people are recovery focused, good quality and can be accessed when and where they are needed NHS Fife has consistently returned a performance level significantly above the 90% standard, for Drugs and Alcohol Treatment Times.



Data Source: ISD

Current Issues		
No current issues		
Improvement / Spread & Sustainability	**Due By**	**Status**

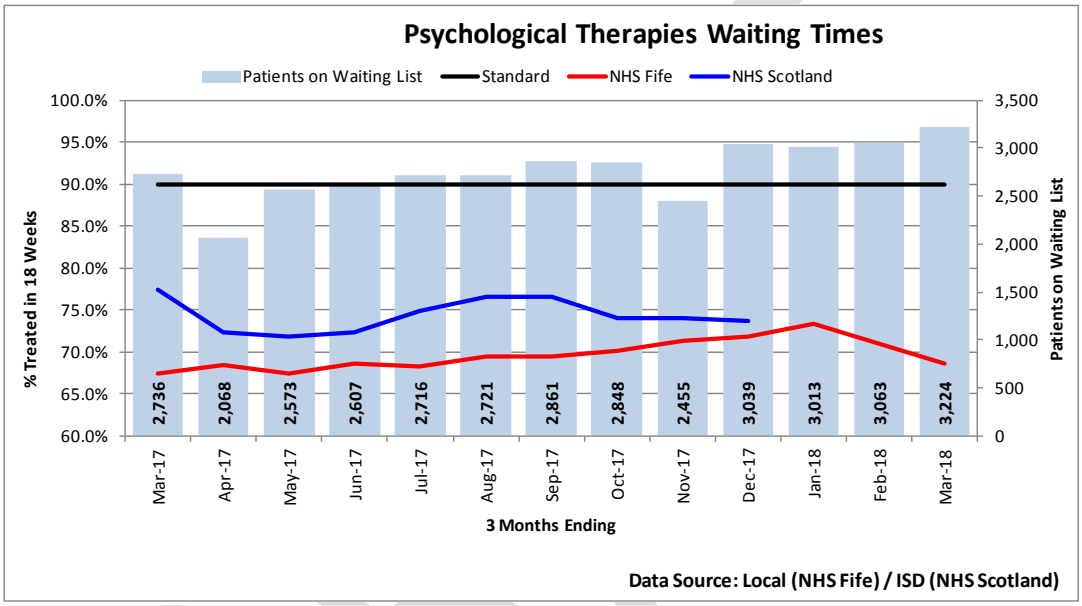
Title: CAMHS Waiting Times	
Measure or Stretch Aim	At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services
Scotland Performance	76.6% of patients treated within 18 weeks for 3 months ending Dec 2017
H & WB Outcome/s	1,4
Fife H & SC Strategic Plan Priority Area	1,3
Current Performance	67.7% of patients treated within 18 weeks for 3 months ending March
Contextual review of data (presented below)	Below Standard since May 2014 6th out of the 11 Mainland Health Boards for the quarter ending Dec 2017



Current Issues
Referral numbers continue to be significant compared to available new appointments Significant increase of Children & Young People presenting with urgent/priority needs Due to limited staffing numbers any absence has significant impact on activity levels due to the workforce consistently working at full capacity

Improvement / Spread & Sustainability	Due By	Status
Implementation of additional clinical Psychology Staff (1.5 wte) **Planned Benefits:** Reduce number of patients with longest waits; Substantive staff will have capacity to provide appointments to urgent/priority/under 18 weeks	Jun 2018	On Track
SCI Gateway referral pathway for GPs **Planned Benefits:** Improved quality of referrals ensuring better signposting and appropriate referrals	May 2018	On Track

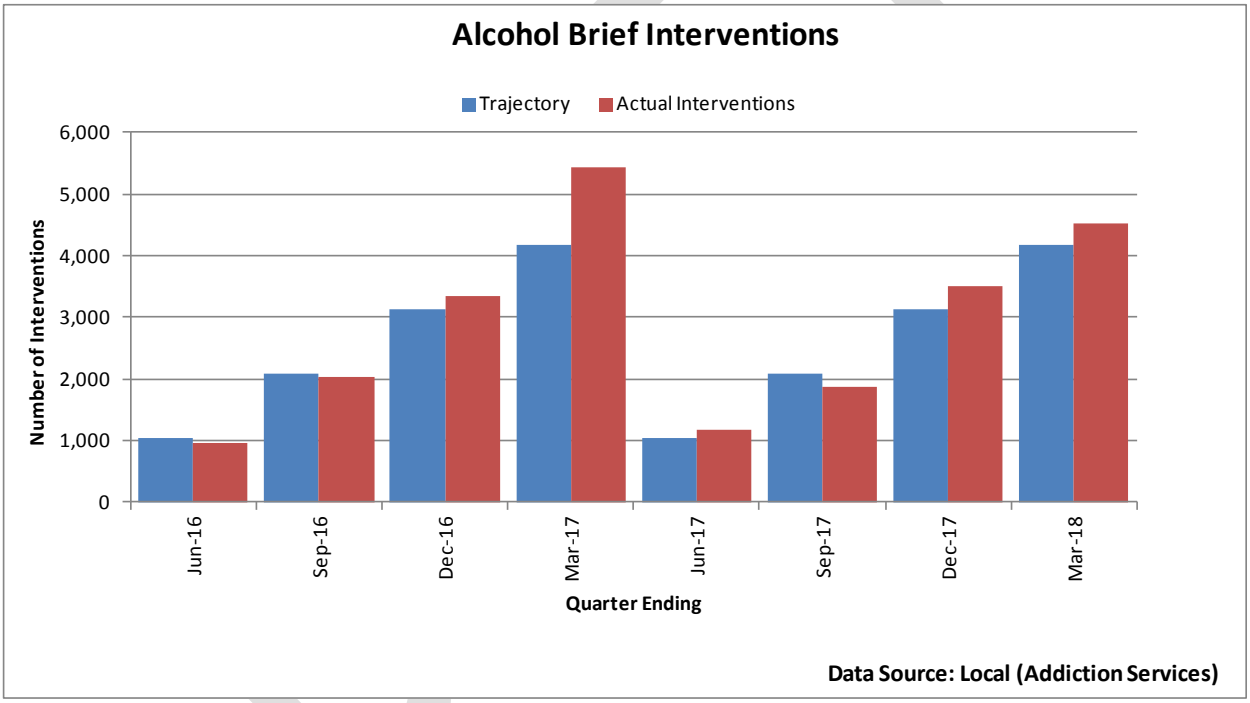
Title: Psychological Therapies Waiting Times	
Measure or Stretch Aim	At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies
Scotland Performance	73.7% of patients treated within 18 weeks for 3 months ending Dec 2017
H & WB Outcome/s	1,4
Fife H & SC Strategic Plan Priority Area	1,4
Current Performance	68.7% of patients treated within 18 weeks for 3 months ending March
Contextual review of data (presented below)	Never met Standard, rolling 3-month performance has declined in the last two months; monthly performance normally between 65% and 75% Inconsistency across Health Boards in activity counted towards target – i.e. referrals for PT only / all mental health referrals. 6th out of the 11 Mainland Health Boards for the quarter ending Dec 2017



Current Issues
Delivery of PTs across services requires further integration to enhance efficiency; Psychology and Mental Health are in transition to TIARA and Trakcare which is likely to produce challenges in reporting for a limited period

Improvement / Spread & Sustainability	Due By	Status
Service development and redesign to increase access and options in primary care (e.g. new group programmes; new referral & self-referral pathways for PTs). SG team assisting with this work. **Planned Benefits:** Offer early interventions matched to patients' needs; reduce pressure on specialist services	1st tranche of development complete by 03/18	Complete
Development of Community Mental Health Teams across Fife being progressed through the Rebalancing Care work **Planned Benefits:** Allows comprehensive multidisciplinary approach to patients with complex needs including most efficient and effective use of highly specialist PTs within individual Care Programmes	Mar 2018 (Teams Fully Functional)	Complete
Second phase of service redesign to increase access to PTs in primary care through launch of new website to be portal for self-referral & information for referrers & service users **Planned Benefits:** Reduce bottle-neck at assessment stage by enabling people where appropriate to self-manage/ self-refer/be directed to services via telephone triage	Jun 2018	On Track

Title: Alcohol Brief Interventions	
Measure or Stretch Aim	In FY 2017-18, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings
Scotland Performance (if appropriate)	Data for all Health Boards is published annually. One Mainland Health Board failed to achieve its target for 2016-17, and NHS Fife was 5th highest when considering interventions in terms of % against targets (the only way to compare given that Health Boards are set different targets).
H & WB Outcome/s	1,4,5
Fife H & SC Strategic Plan Priority Area	1,3,4
Current Performance	The number of interventions delivered during FY 2017-18 was 4,538, 8% more than the target. Approximately 66% of the interventions were delivered in a 'priority setting' (Primary Care, A&E and Antenatal services).
Contextual review of data (presented below)	NHS Fife was required to deliver the same number of ABI in 2017-18 as in the previous 2 years (4,187). Performance data is cumulative, from the start of the financial year, and is reported quarterly, one month in arrears.

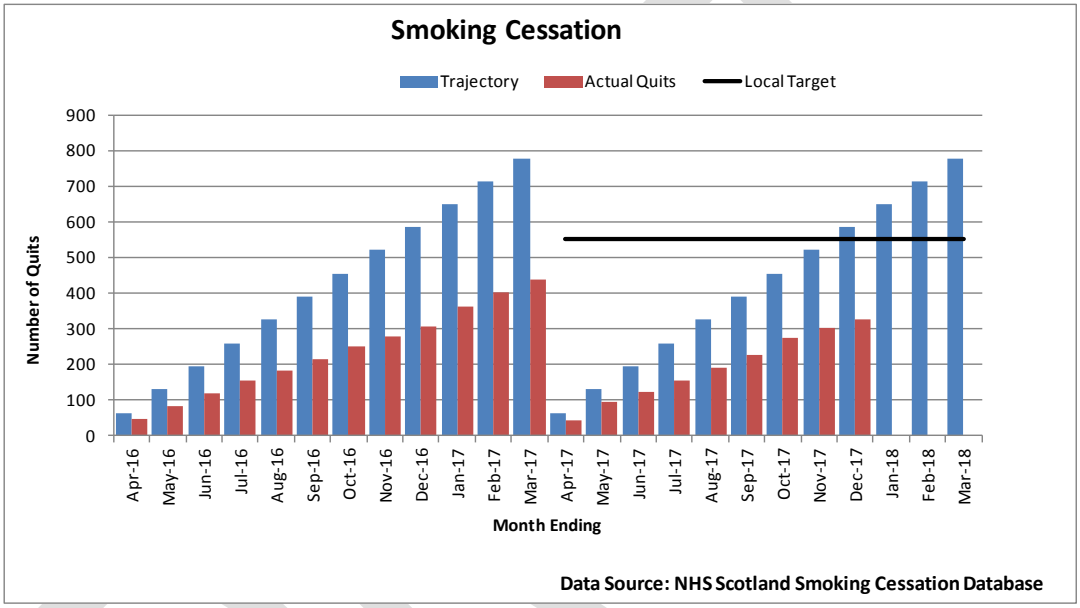


Data Source: Local (Addiction Services)

Current Issues
There are no current issues. The % of interventions delivered in 'priority settings' was less than 80% of the total due to re-categorising interventions delivered by Sexual Health from Primary Care to 'other'.

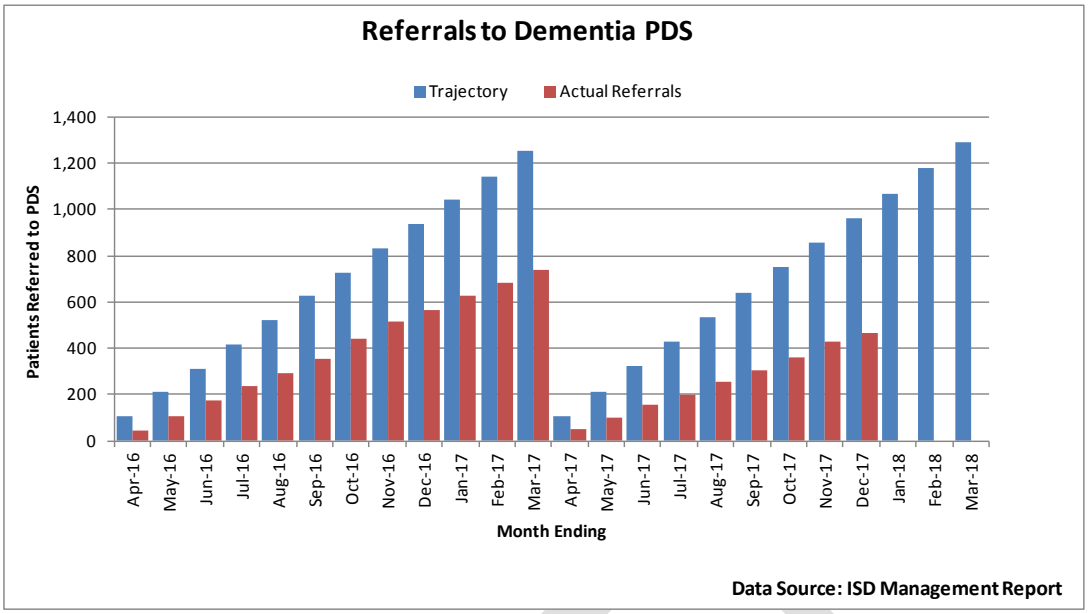
Improvement / Spread & Sustainability	Due By	Status

Title: Smoking Cessation	
Measure or Stretch Aim	In FY 2017-18, we will deliver a minimum of 779 post 12 weeks smoking quits in the 40% most deprived areas of Fife
Scotland Performance (if appropriate)	No data available
H & WB Outcome/s	1,4,5
Fife H & SC Strategic Plan Priority Area	1,4
Current Performance	327 successful quits in first 9 months of 2017/18
Contextual review of data (presented below)	327 quits in the 40% most deprived communities of Fife in the first 9 months of 2017/18; 510 quits across **all** Fife in the first 9 months of 2017/18 **Non-pharmacy service**: 182 quits, 40% quit rate (Scottish average is 31%) **Pharmacy service**: 145 quits, 17% quit rate (Scottish Average is 17%) The Partnership has set a local target to achieve 550 quits



Current Issues		
Staffing levels have dropped and Pharmacy data showing no improvements		
Improvement / Spread & Sustainability	**Due By**	**Status**
National Branding to be adopted across all service and resources (non pharmacy, maternity and community pharmacies) **Planned Benefits:** Increase awareness of integrated services across Fife to increase engagement with service	Apr 2018	Complete (subject to some further local work)
Temporary abstinence model in the Acute for inpatients (development of pathway, toolkit, staff training etc) **Planned Benefits:** Support individuals to manage their addiction whist in hospital and to motivate change of behaviour	Jul 2018	On Track
Quarterly stop smoking service newsletter to raise awareness of service provision opportunities across internal and partner organisations **Planned Benefits:** Increased awareness of the variety of support available in Fife, and where to access	Jun 2018	On Track
Ongoing management of long term absence and vacancies to ensure stability within the team **Planned Benefits:** Increase capacity to deliver evidenced-based stop smoking support within the 40% most deprived communities in Fife	Aug 2018	On Track

Title: Dementia (Diagnosis and Post-Diagnostic Support)	
Measure or Stretch Aim	There are two key measures, which are defined as: LDP Standard 1 The number of new patients diagnosed as suffering from dementia each FY (which should be in accordance with Scottish Government estimates of prevalence – report published in December 2016) LDP Standard 2 The number and % of patients diagnosed with dementia who then receive 12 months of Post-Diagnostic Support (PDS)
Scotland Performance (if appropriate)	The first published data for Dementia PDS was issued by ISD in February 2018, and covered FY 2015/16. The figures for LDP Standard 2 are provisional. For LDP Standard 1, the Scotland performance was 42%; NHS Fife's performance was 64%, the best of all Mainland Health Boards For LDP Standard 2, the Scotland performance was 85%; NHS Fife's performance was 90%, the 5th best of all Mainland Health Boards
H & WB Outcome/s	1, 2, 4,
Fife H & SC Strategic Plan Priority Area	1, 2, 3
Current Performance	Management information is available quarterly, 3 months in arrears. The data includes information on patient referrals to Dementia PDS, the number of patients receiving/completing 1 year of PDS and the number of patients waiting for contact by a Link Worker, following referral. For LDP Standard 1, NHS Fife is expected to refer 1,289 patients to the service in FY 2017/18. At the end of Q3, the number referred was 465 (36% of the requirement). For LDP Standard 2, no target has yet been specified by the Scottish Government. By its very nature (patients are not counted until at least 1 year after referral), it is not currently practical to consider performance data beyond the end of FY 2016/17. For that year, 87.5% of patients referred to the service completed 1 year of support.
Contextual review of data (presented below)	Published information shows that NHS Fife performed better than the Scottish average on both measures in FY 2016/17.Management information for FY 2017/18 shows that this trend has continued. Although not a formal measure, it is also worth reporting that NHS Fife has one of the lowest rates for patients waiting more than 3 months for initial contact with a Link Worker, following referral. At the end of December, 87.5% of patients on the Waiting List had waited less than 3 months for contact, against a Scottish average of 54.4%. The charts on the next page show NHS Fife performance against referrals and waiting lists up to the end of December 2017.


Referrals to Dementia PDS
Trajectory
Actual Referrals
Patients Referred to PDS
1,400
1,200
1,000
800
600
400
200
0
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
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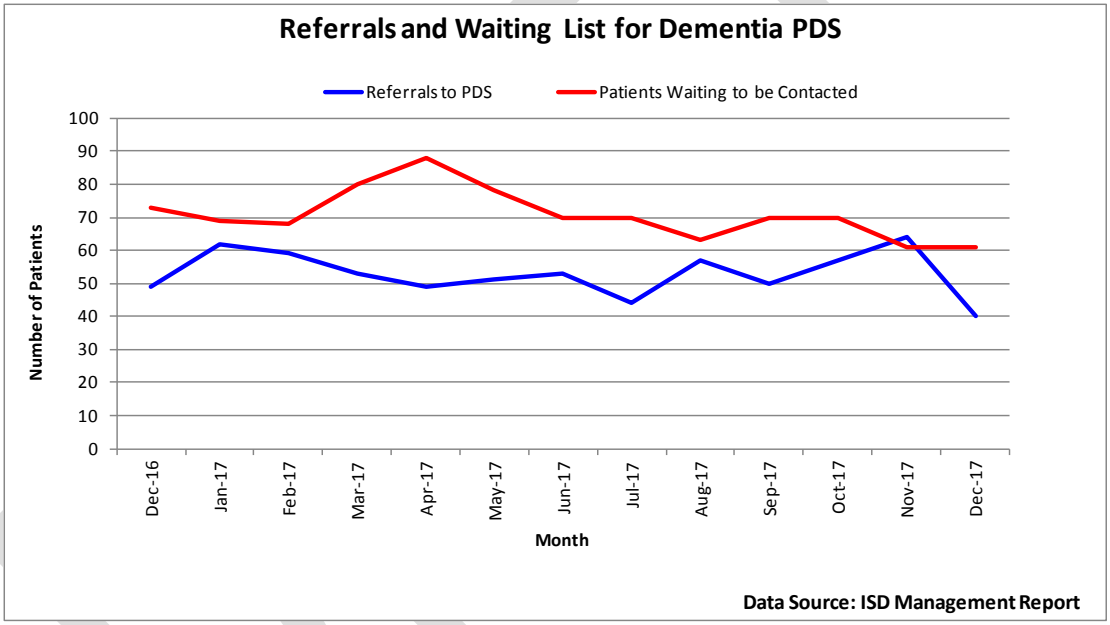
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Month Ending
Data Source: ISD Management Report

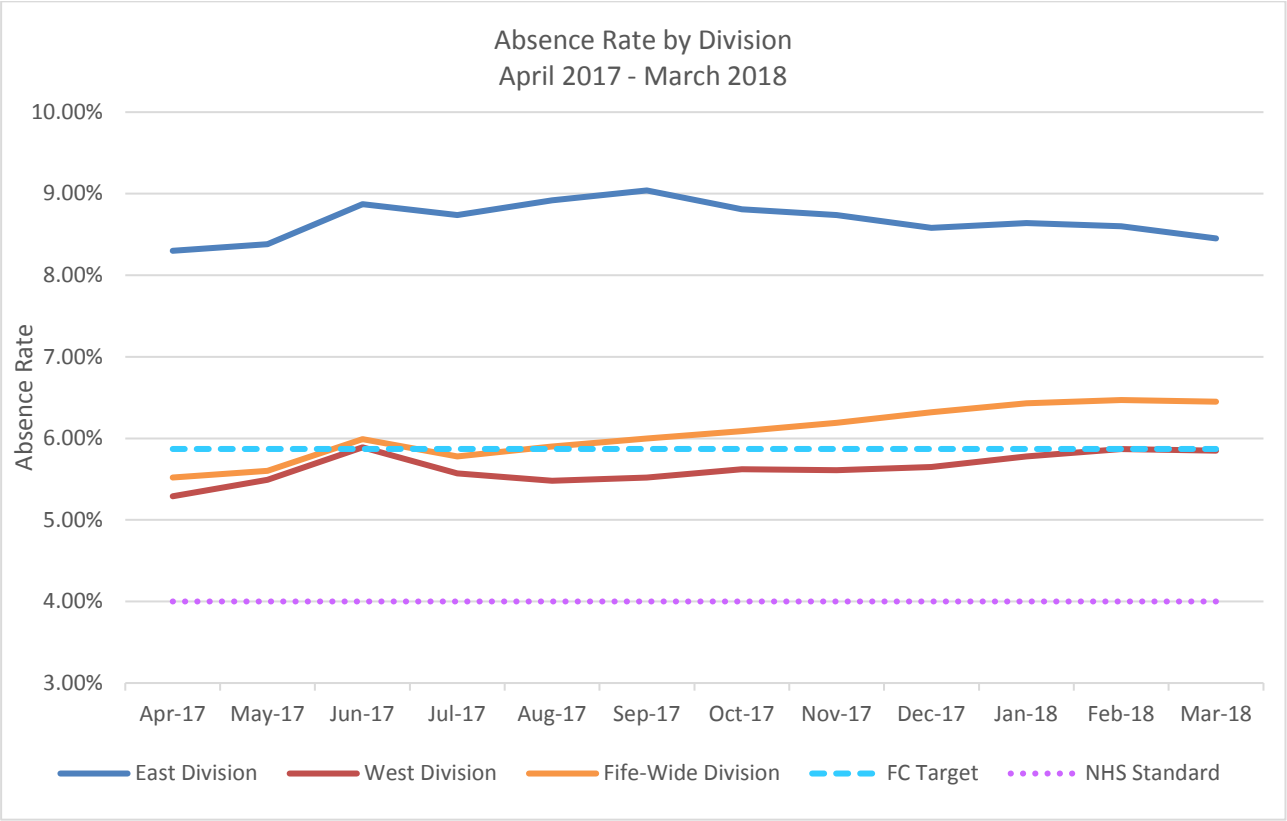

Referrals and Waiting List for Dementia PDS
Referrals to PDS
Patients Waiting to be Contacted
Number of Patients
100
90
80
70
60
50
40
30
20
10
0
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Month
Data Source: ISD Management Report

Management Information

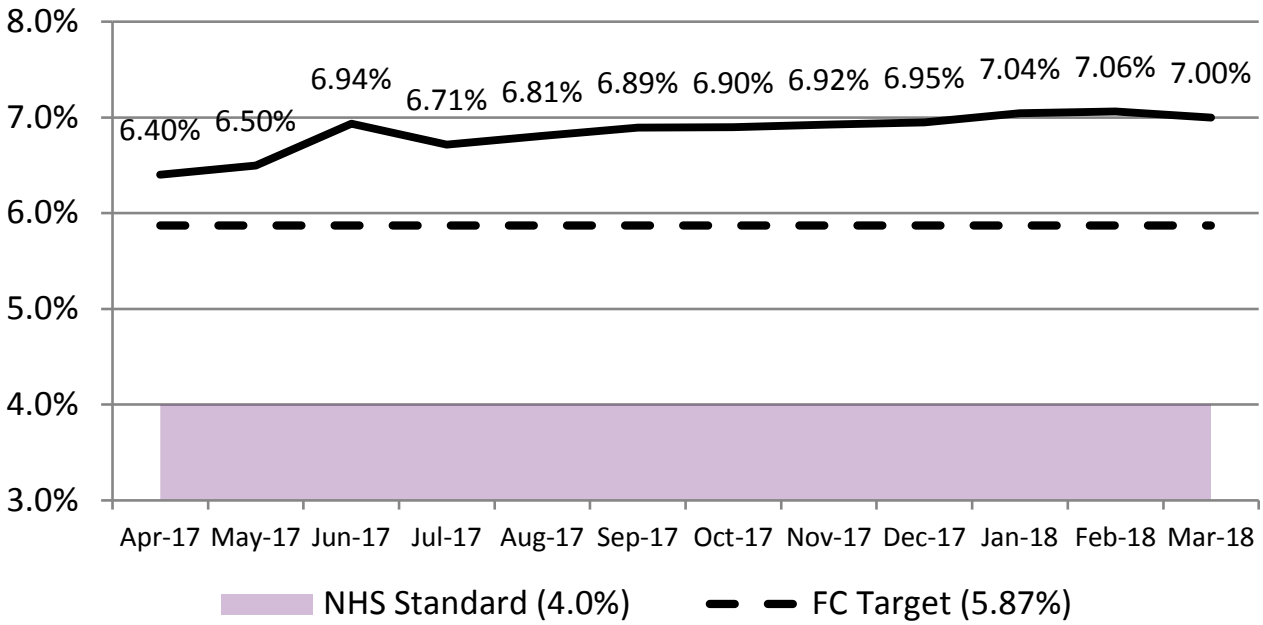
<table>
<tr><th colspan="2">Title: Health and Social Care Absence</th></tr>
<tr><td>Measure or Stretch Aim</td><td>Rolling 12 month absence % for employees of the Health and Social Care Partnership</td></tr>
<tr><td>Scotland Performance (if appropriate)</td><td>Not applicable</td></tr>
<tr><td>H & WB Outcome/s</td><td>8,9</td></tr>
<tr><td>Fife H & SC Strategic Plan Priority Area</td><td>All</td></tr>
<tr><td>Current Performance</td><td>All Absences
<table>
<tr><th></th><th>Result (Apr 17 – Mar 18)</th></tr>
<tr><td>East Division (NHS – 555.8 FTE’s; FC – 1,064.0 FTE’s)</td><td>8.45%</td></tr>
<tr><td>West Division (NHS – 658.2 FTE’s; FC – 74.2 FTE’s)</td><td>5.85%</td></tr>
<tr><td>Fife Wide Division (NHS – 1,784.9 FTE’s; FC – 830.6 FTE’s)</td><td>6.45%</td></tr>
<tr><td>TOTAL (NHS – 2,998.89 FTE’s; FC – 1,968.8 FTE’s)</td><td>7.00%</td></tr>
</table>
• Absence rate has increased to 7.00% for the rolling year to March 2018.
• East Division has decreased from 8.58% in December to 8.45% in March.
• West Division increased from 5.65% in December to 5.85% in March.
• Fife Wide Division increased from 6.32% in December to 6.45% in December.</td></tr>
<tr><td>Contextual review of data (Presented below)</td><td>Fife Council H&SC Partnership Absences
• There were 3,387 occasions of absence in the rolling year to March 2018.
• 32.45% of all days lost due to absence were for Musculoskeletal reasons, 21.63% were due to Stress.
• Long term absence (over 4 weeks) equated to 73.83% of total hours lost.

NHS H&SC Partnership Absences
• There were 501 occasions of absence in March 2018.
• 30.17% of all hours lost due to absence were for Anxiety / Stress / Depression reasons, 10.2% were due to Other Musculoskeletal problems, and 8.37% were due to Injury, Fracture.
• Staff in the 50-54 Age group lost the most hours, 23.91% of all hours lost and accounted for the greatest proportion of absence. This age group accounts for 19.72% of the headcount.
• The split between short and long term absence (over 4 weeks) was 58.59% and 41.41% respectively.</td></tr>
</table>

% Combined Absence Rate by Division to March 2018



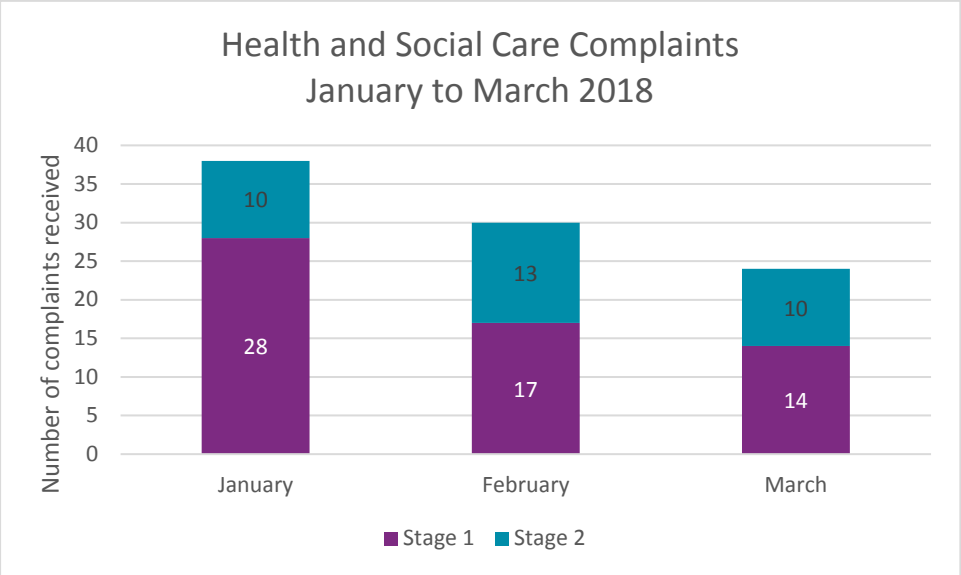
% HSCP Absence Rate - Mar 7.00%

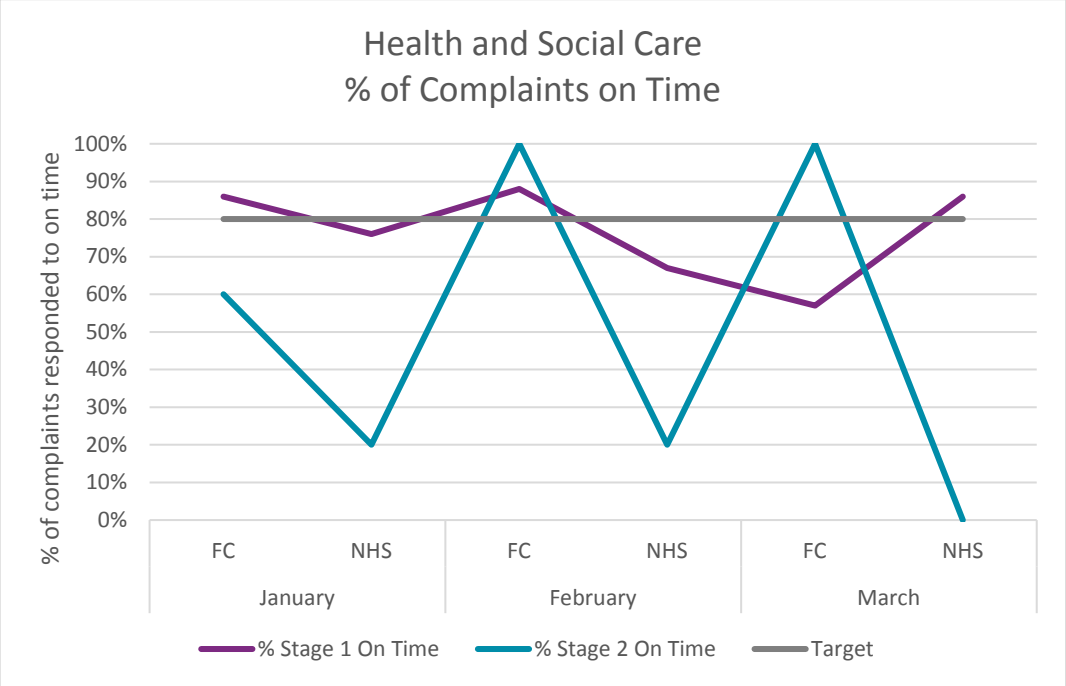


Complaints	
Measure or Stretch Aim	At least 80% of complaints will be responded to within the required statutory timescales
Scotland Performance (if appropriate)	n/a
H & WB Outcome/s	All
Fife H & SC Strategic Plan Priority Area	Prevention and Early Intervention
Current Performance	The Partnership received 92 complaints during January to March 2018. This included 33 complaints received by Social Care, and 59 received by NHS Fife. Of these 59 were identified as Stage 1 complaints and 33 were classified as Stage 2 complaints. During this period, on average 76% of Stage 1 complaints, and 36% of Stage 2 complaints, were responded to within the statutory timescales.
Contextual review of data (presented below)	Previously, complaint reporting was based on the date that the complaint was received by the Partnership (either NHS Fife or Fife Council). To reduce delays in complaint reporting, from January 2018 the Partnership is using the complaint closed date for complaint reporting. The figures in this report are based on the date that the complaints were closed – this is why the complaints figures are only provided for January onwards. **Stage 1 complaints** (frontline resolution) – should be completed within 5 working days. **Stage 2 complaints** (investigation) – should be completed within 20 working days. In some cases complaints will be escalated from a Stage 1 complaint, in others, due to the nature of the case, complaints will be immediately identified as Stage 2 complaints. **SPSO Requests** are complaints which have been escalated to the Scottish Public Sector Ombudsman because the customer is unhappy with the response provided by the Partnership.

Health and Social Care Partnership

Includes complaints received, either by Fife Council or NHS Fife, in relation to health and social care (delegated functions only).

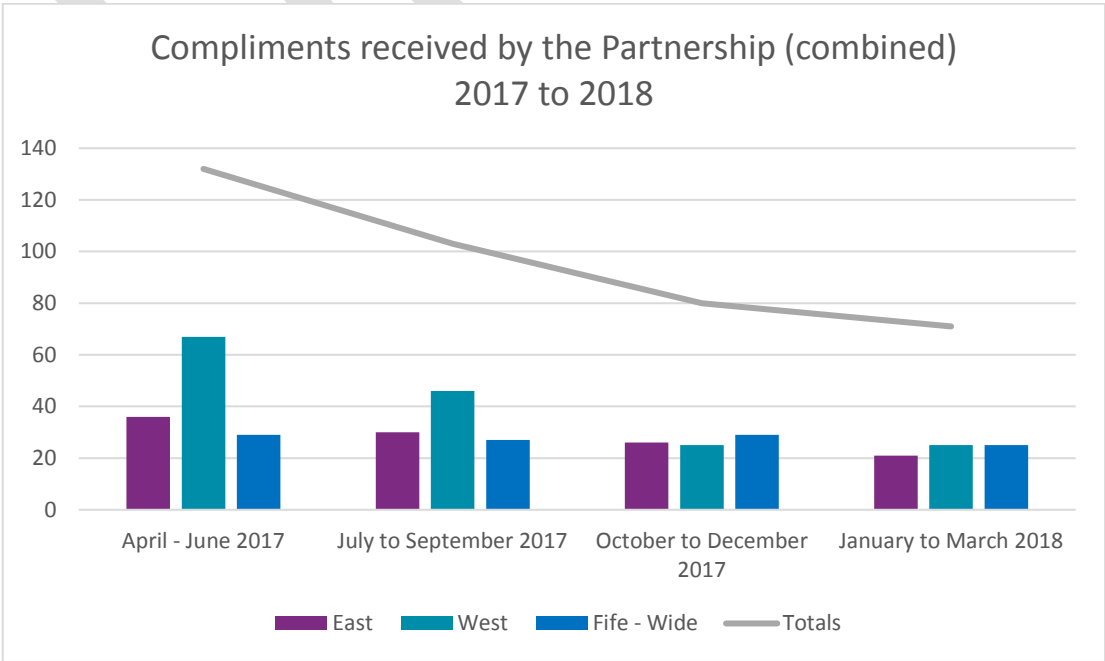




Compliments

The compliments received by the Partnership from April 2017 to March 2018 are shown below (figures combined by division).

Compliments received by the Partnership (combined)	April - June 2017	July to September 2017	October to December 2017	January to March 2018
East	36	30	26	21
West	67	46	25	25
Fife - Wide	29	27	29	25
Totals	132	103	80	71



Integration Joint Board

Includes complaints received in relation to the policies and decisions of the IJB.

Month	Stage 1	Stage 2	SPSO Requests
Q1 (April to June 2017)	0	0	0
Q2 (July to September 2017)	0	0	0
Q3 (October to December 2017)	0	0	0
Q4 (January to March 2018)	0	0	0
Totals	0	0	0

Current Issues
The Partnership responded to 76% of Stage 1 complaints within the required timescales for complaints during January to March 2018. However in a significant number of Stage 2 complaints (64%) a response was not provided to the customer within the required timescales.

Improvement / Spread & Sustainability	Due By	Status
Further improvements in complaint reporting are planned over the next 6 months including complaint breakdown by division, and the inclusion of themes and outcomes.	Dec 2018	On Track

Information Requests	
Measure or Stretch Aim	At least 80% of information requests will be responded to within the required statutory timescales
Scotland Performance (if appropriate)	n/a
H & WB Outcome/s	All
Fife H & SC Strategic Plan Priority Area	Prevention and Early Intervention
Current Performance	63% of information requests received by the Partnership were responded to within required timescales. 75% of reviews were completed within the required timescale.
Contextual review of data (presented below)	Fife Health and Social Care Partnership receives and manages a wide range of information requests. Depending on the content of the request, different legislation will apply, including the Freedom of Information (Scotland) Act 2002, Environmental Information (Scotland) Regulations 2004, and the Data Protection Act 1998. There are different requirements and timescales for each of the Act's. The table below identifies types of request including: • DPA – Section 29 is a request from an authorised body such as the Police for personal data about an individual. Very specific conditions apply and the information must be necessary for the purposes of prevention and detection of crime. • DPA – Section 35 is a request required by law or in connection with legal proceedings (specific conditions apply). • DPA – SAR (Subject Access Request) is a request from an individual, or their representative, for personal data about the individual. As a public body the Integration Joint Board is also covered by information legislation, however the IJB has not yet received any information requests. Where individuals are unhappy with the response that they have received to their original information request, they have the right to request a review. Individuals may request a review because their original request was received late, or because they are unhappy with the content of the response. These are the combined figures for the reviews.

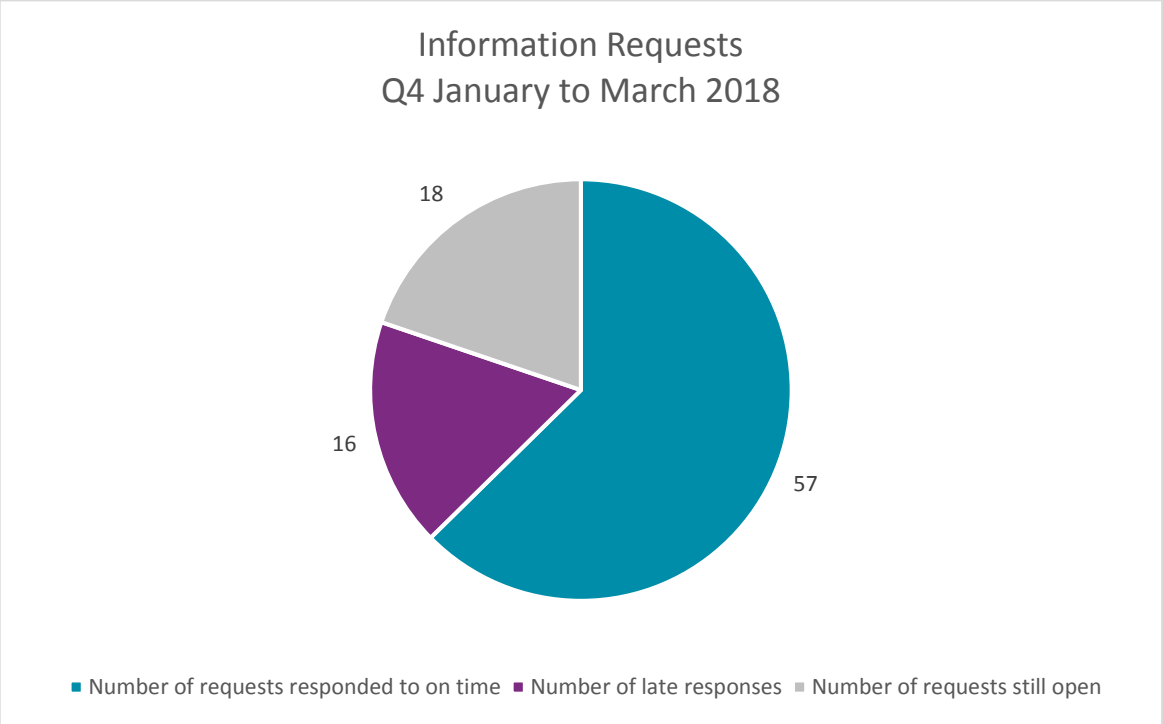
Q4 January to March 2018	**Health**	**Social Care**			**IJB**
Request Type	**NHS Fife***	**Adults Service**	**Older Peoples Service**	**Resources**	**IJB**
FOISA	22	7	4	17	0
EIR's	-	0	0	0	0
DPA - S29	-	0	0	1	0
DPA - S35	-	1	3	1	0
DPA - SAR	-	22	9	1	0
Business-As-Usual	-	1	0	2	0
Total number of requests received	**22**	**31**	**16**	**22**	0
Number of late responses to requests	**16**	**3**	**2**	**5**	0
Number of requests still open	**2**	**14**	**0**	**2**	0

NHS Fife* - includes delegated functions only.

Partnership Requests

These are the combined performance figures for information requests to the Partnership.

2017 - 2018	Q1	Q2	Q3	Q4
Total number of requests received	143	154	121	91
Total number of requests responded to on time	121	122	86	57
% of requests on time	85%	79%	71%	63%



Partnership Reviews

These are the combined performance figures for the Partnership.

2017 - 2018	Q1	Q2	Q3	Q4
Total number of requests for review received	1	6	2	4
Total number of reviews still open	-	-	1	0
Total number of reviews responded to on time	1	5	1	3
% of reviews on time	100%	83%	50%	75%

Current Issues
We are developing processes that will enable us to report monthly, rather than quarterly – this will support the earlier inclusion of data in the performance reports provided to committees.

Improvement / Spread & Sustainability	**Due By**	**Status**
Moving to a monthly reporting format will enable more-up-to-date reporting on the information requests received by the Partnership.	July 2018	On Track

Appendices

APPENDIX 1 – Background to NHS LDP Standards Performance Information

LDP Standards refer to a suit of Targets/Standards which are set annually by the Scottish Government Health & Social Care Directorate (SGHSCD), and which define performance levels which all Health Boards are expected to either sustain or improve to achieve.

A number of the LDP Standards whose delivery historically fell under the responsibility of the Health Board have moved to the Fife Health & Social Care Partnership (or, in the case of Sickness Absence, are managed by both parties). These are as follows:

- Drugs & Alcohol Treatment Waiting Times *
- Sickness Absence
- CAMHS Waiting Times
- Psychological Therapies Waiting Times
- Dementia (Diagnosis and Post-Diagnostic Support)
- Alcohol Brief Interventions *
- Smoking Cessation
- Delayed Discharges

Performance reporting against these is provided at NHS Corporate Level via the Integrated Performance Report (IPR). From the start of FY 2017/18, the IPR has been presented at the bi-monthly meetings of the three Standing Committees of NHS Fife – the Finance, Performance & Resources Committee, the Clinical Governance Committee and the Staff Governance Committee. An Executive Summary of the overall report (including any performance issues which require to be escalated to the NHS Fife Board) has then been presented at each NHS Fife Board meeting.

Reporting differs according to whether or not performance against a Target/Standard meets or fails to meet its required level.

In the above list, those items marked with an asterisk are areas where performance is consistently above the required level. Their performance data is shown in the Performance Summary Table on the following page, and trend charts are also supplied further down.

For performance areas which require improvement, reporting consists of a 'drill-down' which provides the following:

- A Summary box, which defines the target measure and reports on the most recent performance of NHS Fife (generally local management data) and NHS Scotland (published data only)
- A Chart, which plots performance against the Target/Standard over the previous year, for both NHS Fife and NHS Scotland (subject to the same restrictions on use of data as above)
- An Issues box, which reports on performance over the previous 3 months, identifies the current performance issues and provides some context around performance
- An Actions box, which lists the remedial actions being taken to address the issues, the expected benefits, the timescales for the improvement actions to be effective and their current status – this latter section can change during the year as actions are completed and new initiatives identified.

MEETING TITLE:	Fife H&SCP Integration Joint Board (IJB)	
AGENDA ITEM NO:	7.2	
DATE OF MEETING:	Thursday 21 June 2018	
TITLE OF REPORT:	Fife Macmillan Improving the Cancer Journey (ICJ)	
EXECUTIVE LEAD:	Michael Kellet, Director of Health and Social Care	
REPORTING OFFICER/ CONTACT INFO:	**NAME:**	Julie Paterson
	DESIGNATION:	Divisional General Manager, Fife wide
	WORKPLACE:	Rothesay House
	TEL NO:	Ext 441180
	E-MAIL:	Julie.paterson@fife.gov.uk

Purpose of the Report (delete as appropriate)		
	For Discussion	**For Information**

REPORT

Situation:

Fife Macmillan Improving the Cancer Journey (ICJ) is a service of change intended to support people affected by cancer (PABC). The success of the Integrated Community Cancer Care Project, (TCAT), has contributed to the decision by Macmillan Cancer Support to invest further in Fife, providing funding for an additional three years to enable Fife Health and Social Care Partnership to develop the "Improving Cancer Journey" service.

The ICJ Service aims to provide Holistic Needs Assessment (HNA), Care Planning and Support for people affected by cancer in the Fife area. This includes people who have received a cancer diagnosis, carers and family members.

Over 40% of people in Scotland will be diagnosed with cancer during their lifetime. Around 1 in 13 men and 1 in 9 women will develop cancer before the age of 65. The number of people being diagnosed with cancer continues to increase (Beating Cancer: Ambition and Action, 2016).

The effect that cancer has on emotional and mental health receives less attention than the effects on physical wellbeing. This is despite existing evidence on the emotional stress of living with cancer and its treatment being a major source of distress (Mental Health Foundation, Scotland, 2018). Almost half of people with cancer identify that the emotional effects of cancer are more difficult to cope with than the physical effects (Adler, 2008).

The cancer journey is the pathway that encompasses a person's cancer experiences from diagnosis through survivorship, or death (Jacobs et al. 2015). No two journeys are exactly the same because no two individuals are the same. Therefore a person-centred approach to analysis and research is required.

The aims of the ICJ service is:

- To develop and deliver clear, seamless and accessible pathways of care and support for people affected by cancer that are accessed timeously and appropriately, across organisational and professional boundaries, based upon a robust holistic assessment of need.
- To bring about change in the way cancer care is delivered in Fife, through utilising the expertise of the H&SCP and their remit to support citizens in their own communities and working with local partners.
- To bring about a change in attitudes and behaviours of not only practitioners, but also all other professionals and citizens themselves who have responsibility for treatment, support and information and advice to people with a cancer diagnosis, their families and carers.

ICJ Objectives:

- Develop an integrated holistic needs assessment and post treatment care-planning framework and promote early, targeted, planned intervention and support from diagnosis.
- Develop re-enablement and rehabilitation packages to ensure health and wellbeing continues beyond acute care.
- Access financial, welfare benefit and housing support.
- Involve local communities in developing community led solutions for PABC and ultimately other long term conditions.
- Work across organisational boundaries with partners in Fife to ensure the best possible outcomes for people affected by cancer.

Strategic Context

- Health & Social Care Partnership Strategic Plan 2016-2019.
- Beating Cancer: Ambition and Action 2016.
- NHS Fife Clinical Strategy 2016-2021.
- The Equality Act 2010.
- The Empowerment Act 2015 (part 2).

Recommendation:

This report is being brought for information to the Integration Joint Board:

Background:

The Scottish Government, Northern Ireland and Welsh Assemblies and the UK Government have recognised that cancer has, in large part, become a **long term health condition**. In line with many other forms of disability, the long term survival and quality of life of people affected by cancer will, to a great extent, be shaped by the ability of support services beyond the NHS to respond to their needs. For Health & Social Care Partnerships, the challenge will be ensuring the well-being of this growing section of their local population and for those at the end of life.

- Many people living with and beyond cancer have unmet needs including personal, practical, financial and emotional, particularly after treatment.
- With medical advances cancer has become one of the many long term conditions (LTCs) that individuals, their families and communities have to manage. The challenge is surviving and living well. Alongside this, many people affected by cancer have one or more other LTCs.

The ICJ project is governed by a Project Board, chaired by the Fife Wide Divisional General Manager and comprises of senior representatives from H&SCP, Macmillan Charity, Fife Voluntary Action, Fife Council and NHS Fife.

There are **main themes for this strategic reform** and service development for people affected by cancer (PABC) in Fife:

- Planning a non-clinical cancer journey from diagnosis to survivorship/end of life that aims to provide holistic (social, physical, psychological, emotional, practical, financial and spiritual) support to all people and carers with a diagnosis or suspected/potential diagnosis of cancer in Fife.
- Identifying areas of good practice and areas requiring improvement which are led by people affected by cancer.
- Encouraging preventive models for health and well-being support that promote self-management and self-directed support solutions to care and advice.
- Creating clear pathways for people affected by cancer - that are designed around the user and streamlined for convenience, efficiency and accessibility. Transitions are anticipated, planned, fully supported, co-ordinated and integrated. Early targeted intervention at point of diagnosis – including holistic needs assessments at key points from diagnosis which is led by PABC and not by statutory time points.
- Tackling cancer poverty through services designed to increase access to benefits, mitigating the worst effects of welfare reform, and strengthening people's ability to sustain employment through supporting major employers.
- Creating communities of interest that can act as a resource to support statutory agencies and other providers through volunteering opportunities; and workforce development supported by Macmillan resources that increase mainstream services' ability to respond to the needs of people affected by cancer.

Issues of significance to H&SC

The Partnership has developed a Strategic Plan with four high level objectives. These are to reduce health inequalities, improve early intervention and prevention, improve mental wellbeing and reduce resource duplication. The intention within these high level objectives is to work across Fife's seven localities. The ICJ service links with locality planning to ensure this is progressed in a collaborative way in Fife.

Assessment:

ICJ work in Fife will begin with three test sites.

Overview

Fife ICJ carried out a scoping exercise from October 2017 to March 2018 to inform the test sites and identify any gaps in service provision. Testing of the proposed service will take place from June 2018 to August 2018. The ICJ service will be launched Fife wide September/October 2018.

The information below informed the recommendation report which was presented to the ICJ project board on the 15th May:

ISD Analysis

- There were 11,239 incidences of cancer in Fife in 2011-15.
- The cancers are broadly similar to those of Scotland as a whole.

- The top ten cancers made up over 70% of all the cancers diagnosed during this time period. Lung, Breast, Colorectal and Prostate cancer alone made up over half (53%) of all cancers diagnosed during this period.
- 65% of all cancers in Fife were in the over 65 age group varying from 62% in Dunfermline to 69% in North East Fife.
- The highest number of lung cancers are in more deprived quintiles in Cowdenbeath, Kirkcaldy and Levenmouth.
- The largest incidence of lung cancer - over 46% is diagnosed at Stage 4.
- Unadjusted figures show total incidence is highest in Cowdenbeath and Levenmouth.
- In Fife, over 13,000 people are alive following a cancer diagnosis within the last 20 years. Amounting to approximately 3.6% of the total population.
- Kirkcaldy, Levenmouth and Cowdenbeath have the highest number of deaths due to cancer in SIMD 1&2 quintiles.
- North East Fife has the highest incidence of cancer in Fife. Although 192 of those diagnosed are from SIMD 1&2 compared to 989 from SIMD 1&2 in Kirkcaldy.

Overarching themes from the PABC engagement events and survey:

- Lack of information, signposting and awareness of where to get help with finances and welfare being mentioned as particularly lacking.
- Emotional concerns, especially the feelings of abandonment and isolation once treatment had finished, as well as uncertainty about the future.
- Physical concerns, including the ongoing side effects of treatment.
- Family members were not supported during the cancer journey.

Improving the Cancer Journey Project Board agreed that the test localities would be Kirkcaldy, Levenmouth and Cowdenbeath.

Further information

The ICJ team will utilise a holistic needs assessment (concerns checklist), to undertake a meaningful conversation with the person affected by cancer. It covers various aspects of the person's life – from their physical symptoms to emotional issues or practice concerns, such as working during treatment, or money worries. Through this conversation a care plan is then developed that sets out the actions. An evaluation of Macmillan's HNA showed that 89% of cases involved simply discussing someone's concerns and providing written information. It is far less common for people to be given a further appointment (30%) or referred for further treatment (18%) although this is an option for individuals with complex needs (Maher et al. 2018).

Objectives: (must be completed)	
Health & Social care Standard(s):	• People are supported to live at home or in the community for as much time as they can. • They have a positive experience of health & social integrated services. • Health and Social Care Services are working together to help maintain or improve the quality of life of the people who use the Service. • People who provide unpaid care are supported to look after their own health and well-being. • Resources are used effectively and efficiently in the provision of health and social care support.

C&CG Strategic Objectives:	• Integrated and Co-ordinated Care; Reducing Inequalities.
Further Information:	
Evidence Base:	• Scottish Cancer Patient Experience Survey 2015-16 (NHS Scotland). • TCAT Final Evaluation (Napier University). • Evaluation of the Glasgow RTS programme – Improving the Cancer Journey (Napier University).
Glossary of Terms:	
Parties / Committees consulted prior to H&SC Committee meeting:	None to date

Impact: (must be completed)

Financial / Value For Money:

Macmillan Cancer Support have awarded Fife H&SCP £1.1m over 3 years.
It has been agreed if there is an underspend the funding may continue after the 3 years.

Risk / Legal:

- **Risk:** recruitment of staff; ICJ needs the right level of expertise but recognises it may be difficult to recruit to temporary contracts given the currently economic climate.
  Mitigation: secondment should be considered as an option.

- **Risk:** Full engagement of key staff groups; learning from other sites and programmes is integral to making sure PABC are signposted and referred on for support to non-clinical needs and ultimately reshaping and joining up pathways.
  Mitigation: The ICJ project needs senior representation from all partners including NHS Fife clinicians.

- **Risk:** Continued financial constraints affecting all statutory organisations as well as redesign within Fife H&SCP and could result in reduced capacity to support the management of this programme.
  Mitigation: The strong commitment from Fife Integrated Joint Board to developing this service as a model for interagency working and integrated care focussed on the expressed needs and improved outcomes for people with long-term conditions.

Quality / Customer Care:

Fife ICJ will commission Information Services Division (ISD) to send an invitation letter to people living in Fife who have received a cancer diagnosis. This will ensure that regardless of postcode and circumstances the individual will have access to the Fife wide service. ISD will carry out the following checks before issuing the letter:

- ISD will conduct “fieldwork” to establish case ascertainment of true ‘new’ people with a confirmed cancer diagnosis.
- Introduce additional checks to verify diagnosis via the National Cancer Registry system.
- Perform death checks prior to issuing letters to patients, to ensure a letter is not sent to the home of a person who has died.

Workforce:

The workforce required to drive forward the objectives of the Improving Cancer Journey Service is in place and comprise of 1 FTE Service Manager, 1 FTE Business Support Officer, (both funded from the ICJ budget), and 1.5 Local Area Co-ordinator posts (funded by Fife H&SCP). The service will require additional workers as demands on the service increase. The ICJ budget reflects this in year 2 and 3.

ICJ Service Manager will work in partnership with Fife Council and Macmillan Learning and Development Teams to identify training requirements for the ICJ Team.

Equality Impact Assessment:

Completed part one of the EqIA (attached)

ICJ is a Macmillan funded national programme that has evolved to ensure that as the number of people living with cancer increases, they have support to deal with the physical, emotional and financial impact of cancer. Also by promoting a person centred approach within the ICJ service, people affected by cancer are able to take control of their care and receive services that are co-ordinated, tailored and responsive to their individual needs.

Fife Health & Social Care Partnership submitted a bid for funding for this programme following the success of the TCAT project. Developing the ICJ fits with the vision of the strategic plan of the Health and Social Care Partnership of, "Accessible, seamless, quality services and support that are personalised and responsive to the changing needs of individuals designed with and for the people of Fife". The aim of using any funding secured by Fife H&SCP is to continue to create new pathways, therefore creating new opportunities. Therefore there is no risk that in improving outcomes for people affected by cancer, that there will be an impact on other groups which would lead to discrimination, impact negatively on the advancement of equality of opportunity or have a negative impact on the fostering of good relationships.

One of the long term objectives of Improving the Cancer Journey is to build a foundation for service redesign for other long term health conditions in Fife.

For further information on EqIAs, click here (Fife Council link) and/or click here (NHS Fife link).

Consultation:

A scoping exercise was undertaken between November 17 and March 18:

- People's panel survey (appendices 1).
- Fife Cancer analysis – Information Services Division (appendices 2).
- Three engagement events for People Affected by Cancer (appendices 3).
- Developed an ICJ co-production workstream.
- Twelve one to one telephone calls undertaken by the ICJ Team.
- Macmillan Mobile Information and Support Service (MISS) Survey.
- Theory of Change workshop with the wider stakeholder group to identify outcomes for the evaluation framework (appendices 4).
- Draft process map of emerging ICJ service (appendices 5).
- TCAT final evaluation (appendices 6).
- Glasgow ICJ evaluation (appendices 7).

Additional information

An important part of the Health and Social Care Integration Legislation includes the creation of Localities with Locality Plans as a way of bringing decision making about Health and Social care Services closer to communities allowing decisions to be made by communities and those working in them about health and social care priorities and how these can be addressed. An overarching goal of the community planning is to provide local people with face to face information points that are designed to support the health & wellbeing of people living in Fife. The ICJ Service is represented at key locality planning groups and included in the planning process. This will minimize any duplication of service, and maximize the opportunity to raise the profile of the service at a local and strategic level.

Appendices:

1. People ‘s Panel Survey
2. ISD profile of cancer in Fife
3. Engagement report
4. Theory of Change
5. ICJ Process Map
6. TCAT Final Evaluation
7. Glasgow ICJ Evaluation

Macmillan

Improving the cancer journey

FIFE COUNCIL RESEARCH TEAM

Fife Council

Fife People's Panel

Background

In 2015, NHS Fife registered 2138 diagnoses of cancer. This equates to 0.58% of the population, very close to the Scottish average of 0.59%.

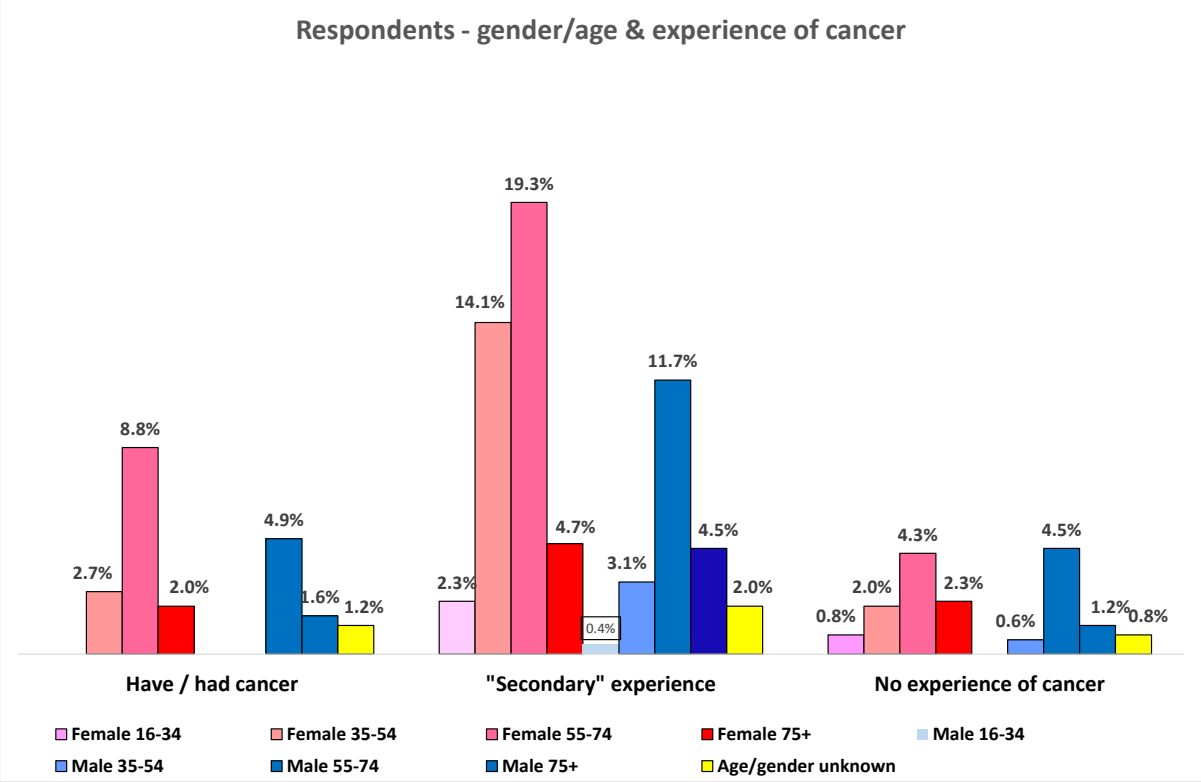
Fife Health & Social Care Partnership is working with Macmillan Cancer Support to improve the experience of patients suffering from cancer, and that of the family members who are also affected by the patient's illness.

The questionnaire, which was sent to members of Fife People's Panel (and made available to the general public online), was designed to find out about the experiences of people who had either had cancer themselves or had been close to someone who had cancer.

As well as identifying which services and support mechanisms had been used, the questionnaire sought opinions on what had been good about the services – and where improvements could be made.

Who responded to the survey?

1893 members of Fife People's Panel were invited to participate in this consultation, resulting in 494 responses (26%). Of the 494 respondents, 413 stated that they had experience of cancer - the figures quoted in this report are based on those respondents.

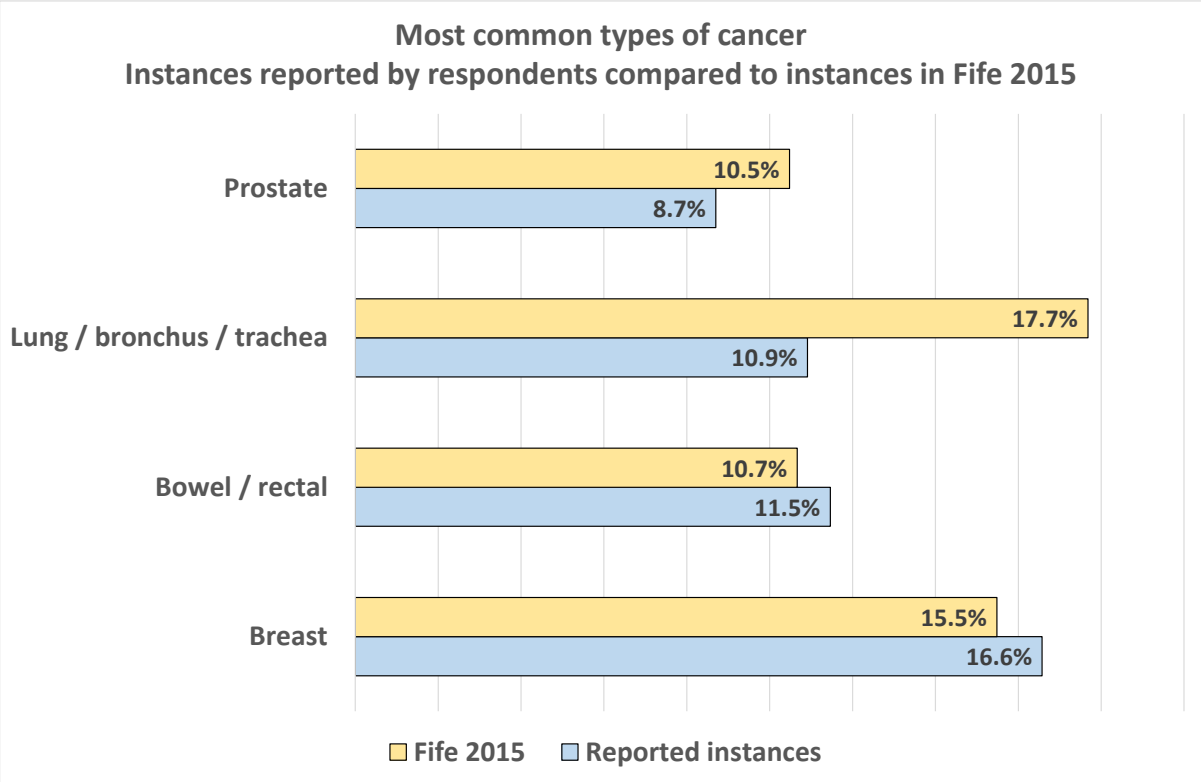


Although an estimated 50% of UK citizens born since 1960 will suffer from cancer at some time in their lives[1], only 21% of respondents to the survey reported that they currently had cancer or had it in the past. This may be due to the demographics of the respondents differing from the population of Fife:

- Lower numbers living in areas of multiple deprivation
- Higher numbers born before 1960

The 413 respondents who had some experience of cancer reported 724 instances of cancer type:

- Some people had personally suffered from more than one type of cancer – e.g. breast cancer being followed by bone cancer several years later
- Several respondents who had suffered from one type of cancer themselves had also cared for (or knew of) someone with a different type of cancer
- Instances where people cared for (or knew of) more than one person with cancers of different types



As can be seen from the above table, the profile of cancers reported by respondents is fairly close to the instances reported in Fife in 2015, with the exception of cancers of the lung, bronchus and trachea.

[1] Cancer Research UK - http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence

*Based on current rates of disease, an estimated **1 in 12 men** and **1 in 13 women** develop lung cancer during their lifetime. Of these, approximately **1 in 3** (31%) are from the most deprived quintile (20% of the population).*[2]
As the incidence of lung cancer in the most deprived areas in Scotland is more than double that in the least deprived areas, it is likely that the relatively low level of instances reported by respondents is due to an under-representation of the SIMD 20% most deprived areas in Fife. (9.2% of respondents live in the 20% most deprived areas - 17.9% of the Fife population live in these areas)

Six of the seven Fife Council areas were fairly well represented in the responses to the survey – the exception being North East Fife, which accounted for only 5% of respondents (population is 22% of Fife total). As the People's Panel members in North East Fife are normally amongst the most active in consultations, it is possible that they have not responded because they (and/or their family/friends) receive treatment outwith Fife because of their close proximity to Ninewells.

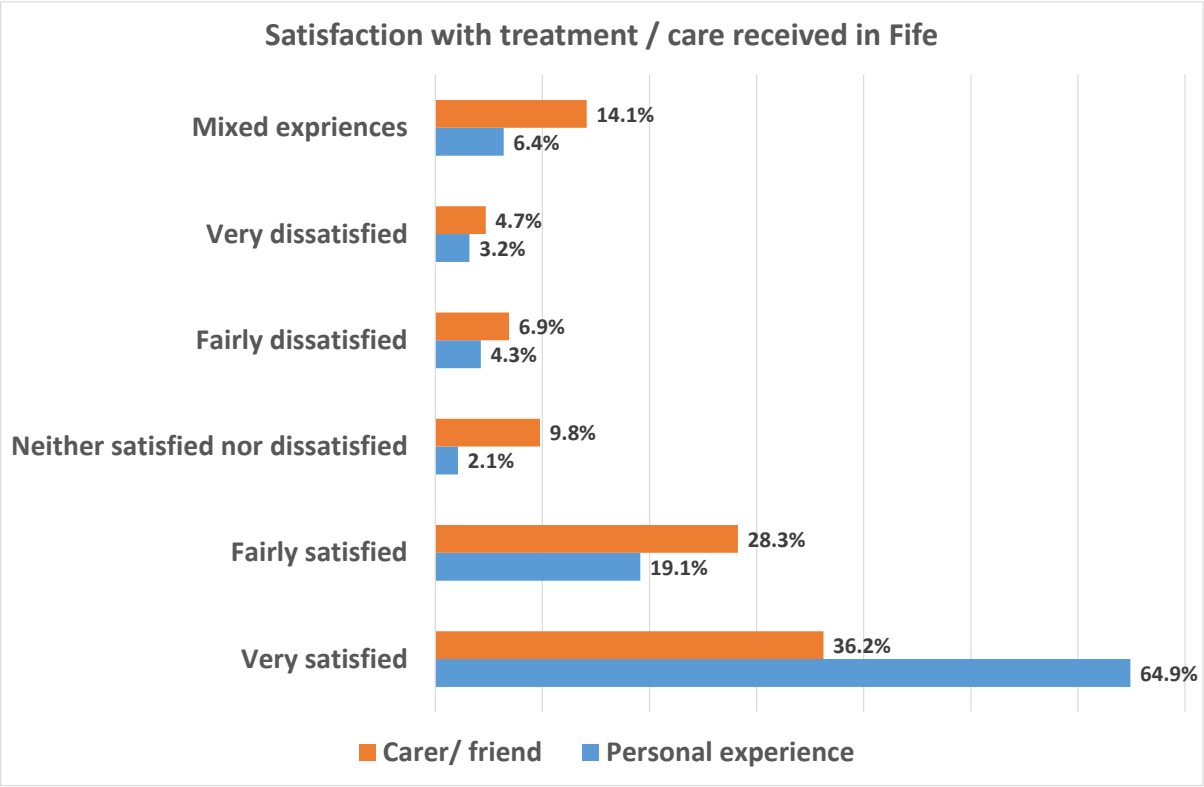
Satisfaction with treatment/care

When asked about their satisfaction with the treatment and care they (or the person(s) close to them who had suffered from cancer) had received, 69% stated that they were either satisfied or very satisfied, with only 10% stating that they were either dissatisfied or very dissatisfied.

However, there was a marked difference in the responses from people who had themselves had treatment and those who had been carer/friend to someone with cancer.

The chart below demonstrates that those with personal experience of the illness were considerably more satisfied with treatment and care than people whose experience was "second-hand".

[2] Macmillan Cancer Support - https://www.macmillan.org.uk/_images/Lung-Cancer-Survival-and-Deprivation-Brief_tcm9-308842.pdf



What was good about the treatment?

Respondents cited 346 positive aspects of the treatment they (or their family member/friend) received.

The aspects which were mentioned most often were:

- **Staff / nurses / doctors** (32% of comments)
  - *"Incredibly friendly, professional staff, for whom nothing was too much trouble."*
  - *"The attitude of all staff involved in care is excellent."*
  - *"Excellent staff at hospital - felt confident and reassured."*

- **Being treated with care and compassion** (18% of comments)
  - *"Caring, compassionate and friendly staff."*
  - *"I was treated as an individual and shown care and understanding."*
  - *"One really wonderful, caring nurse made the experience much better than it would have otherwise been."*

- **Prompt treatment** (10% of comments)
  - *"As soon as we entered the NHS system we were treated swiftly."*
  - *"Once diagnosed - my treatment was swift and all-embracing."*
  - *"Quick and effective. Could not have had better care for my wife."*

There were differences between the views of respondents who had personal experience of cancer and those who were carers/friends:

What was good about the treatment / care?	All comments	Personal Experience	Carer/ friend
Staff / nurses / doctors	31.8%	22.9%	35.2%
Care/compassion/dignity	17.5%	25.0%	14.6%
Prompt treatment	10.3%	19.8%	6.7%

What could have made the experience better?

Respondents made 262 comments on how the experience could have been improved.

The aspects which were mentioned most often were:

- **Getting results / treatment faster** (13% of comments)
  - *"The time from diagnosis to treatment was worrying."*
  - *"Had to wait 6 months for a surgical review. Appointment was cancelled 3 times - then I saw a locum who did not have my notes."*

- **Having treatment locally** (12% of comments)
  - *"Travelling 102 miles each day for radiotherapy (with no public transport) put huge strain on family members and friends."*
  - *"Why no Fife radiotherapy centre?"*
  - *"Coping with radiotherapy on top of having to travel from Fife to Edinburgh every day for several weeks added to an already very stressful situation."*

- **Earlier diagnosis** (9% of comments)
  - *"I am still left with the feeling of "what if?" - if a quicker diagnosis was completed would my mother in law be here today?"*
  - *"The diagnosis process both by the GP and the cancer specialist was very slow and laborious."*

As with the previous question, there were differences between the views of respondents who had personal experience of cancer and those who were carers/friends as to what could have improved the experience:

What could have made the experience better?	All comments	Personal Experience	Carer/ friend
Faster results/treatment	13.0%	21.7%	10.4%
Having services locally	12.2%	16.7%	10.9%
Earlier diagnosis	8.8%	6.7%	9.4%

Main concerns when cancer was diagnosed

When asked about the main concern(s) when the diagnosis of cancer was made, four of those listed were mentioned by at least 50% of respondents:

- Concern for family 55%
- Treatment 52%
- Dying 51%
- Side effects of treatment 51%

Lower levels of concern were reported for the other issues:

- Financial worries 22%
- Mental health 13%
- Housing 3%

The very low level of respondents who expressed concern about housing may be due to the high percentage (72%) of respondents who were aged 55 or older, as it is likely that people in this age group will be mortgage-free.

As only 1% of respondents cited “Employment issues” as a main concern, it is possible that the cost of travel to radiotherapy appointments (mentioned in several comments) may have contributed to the 22% who were concerned about finances.

Accessing services outwith the NHS

204 respondents stated that they, or the person who had cancer, had accessed services other than those provided by the NHS.

Of the 104 respondents who had personal experience of cancer, only 51 had used services outwith the NHS.

Maggie’s Centre was mentioned by most respondents, with 116 respondents stating that they/their friend had used this service.

Support

Only 13% of respondents with personal experience had been visited by someone who looked at their needs and helped them get support, 29% of the group who had a friend/family member with cancer stated that the person had been visited.

47% of those who had been visited mentioned Macmillan or Macmillan nurses, other visitors being from a variety of organisations – NHS nurses, GPs, Social Workers etc.,

168 respondents stated that post-treatment support had been offered. The two main providers of this support were Macmillan (47) and Maggie's (27), but a variety of other sources of support were also mentioned – mostly provided by NHS Fife or Fife Council.

Information

How much information did you / your friend or family member have about each of the following?	More than enough	Enough	Not enough	None	Responses
Emotional support	6%	41%	22%	31%	340
Employment advice	2%	20%	13%	64%	267
Local charities who could help	4%	27%	20%	49%	309
Money advice	3%	23%	14%	60%	283
Side effects of treatment	14%	50%	19%	18%	324
Support groups	4%	36%	23%	37%	308

The above table indicates that the only area where a majority of respondents felt they had received sufficient information was related to the side effects of treatment. However, it should be noted that the questionnaire did not offer a "not required" option. This could be particularly significant when asking about employment and money advice – respondents may have stated that they not received any information, but that could be because they did not need any. Again, the demographics of the respondents makes this a distinct possibility.

Although removing the "None" responses changes the overall picture quite considerably, this would be statistically unsafe, as there is no way of knowing how many of these respondents would actually have wanted information.

When asked about their preferred method of receiving information, the most popular were:

- Face to face (29%)
- E-mail (24%)
- Websites (17%)
- Leaflets by post (11%)

Going forward

This survey was undertaken with a view to finding out about people's experience of the cancer journey – whether it be their own or that of a close family member or friend,

It should not be regarded as a comprehensive study, it is intended to be a starting point for further work.

124 respondents returned "notes of interest" stating that they would like to be involved in future projects with Macmillan and the Fife Health & Social Care Partnership. This will allow the Macmillan Cancer Team to get more in-depth information in order to identify the reasons for some of the opinions expressed in the survey.

Although there may be Data Protection limitations in terms of sample size, further analysis of the results of this survey may be possible, if required.

Author

Betsy Wójcik, Research Advisor

Research Team Reports

Fife Council Research Team was formed by the centralization of staff who worked across Fife Council and Police Scotland in April 2016 to create a focus for research work in Fife Council.

Our research remit spans all areas of public sector involvement and we would normally work in partnership with subject experts. We are not data providers but instead provide analytical and other expertise to help generate genuine insight and identify ways to make a difference.

Contact

We very much encourage you to contact us if you have genuine queries or need assistance. We are always happy to speak to you about your own research work and either provide guidance, mentoring or more formal support depending on what is required. The priority we can give this, may change depending on what else we have on, so contact us early if you can.

Contact in the first instance should be via the Research Manager.

Dr William Penrice, Research Manager
William.penrice@fife.gov.uk

Fife Macmillan Improving the Cancer Journey
494 respondents - this report only includes the 413 respondents with experience of cancer

What is your experience of cancer? (Some respondents had experience in more than one capacity)

Have cancer, or have had it in the past	104	25.2%		Experienced "second-hand" / not specified	309	74.8%

What type(s) of cancer did you / your friend or family member have?
(Percentage of instances - some respondents reported more than one type)

	All respondents			Have/had cancer		Carer/friend	
Breast	120	16.6%	0.58111	37	24.2%	83	14.5%
Bowel	83	11.5%		19	12.4%	64	11.2%
Lung	79	10.9%		4	2.6%	75	13.1%
Prostate	63	8.7%		19	12.4%	44	7.7%
Melanoma / skin cancer	35	4.8%		8	5.2%	27	4.7%
Brain tumour	32	4.4%		3	2.0%	29	5.1%
Non-hodgkin lymphoma	29	4.0%		6	3.9%	23	4.0%
Ovary	29	4.0%		6	3.9%	23	4.0%
Oesophagus	27	3.7%		4	2.6%	23	4.0%
Liver	25	3.5%		1	0.7%	24	4.2%
Stomach	24	3.3%		2	1.3%	22	3.9%
Bladder	22	3.0%		6	3.9%	16	2.8%
Kidney	21	2.9%		4	2.6%	17	3.0%
Pancreas	21	2.9%				21	3.7%
Head and neck	17	2.3%		6	3.9%	11	1.9%
Leukaemia	17	2.3%		3	2.0%	14	2.5%
Cervix	14	1.9%		4	2.6%	10	1.8%
Other /not stated	66	9.1%		21	13.7%	45	7.9%

Where did you / your friend or family go for treatment?

(Percentages of respondents - some had treatment in more than one location)

	All respondents		Have/had cancer		Carer/friend	
Edinburgh	218	52.8%	56	53.8%	162	52.4%
Kirkcaldy	130	31.5%	41	39.4%	89	28.8%
Dundee	78	18.9%	21	20.2%	57	18.4%
Dunfermline	62	15.0%	28	26.9%	34	11.0%
England	24	5.8%	4	3.8%	20	6.5%
No treatment/not answered	23	5.6%			23	7.4%
Glasgow	22	5.3%	3	2.9%	19	6.1%
Scotland - other	22	5.3%	4	3.8%	18	5.8%
Fife - other	9	2.2%	2	1.9%	7	2.3%
Abroad	4	1.0%	1	1.0%	3	1.0%

In terms of the treatment and care you / your friend or family member got in Fife, how satisfied are you?

(Respondents who answered this question)

	All respondents		Have/had cancer		Carer/friend	
Very satisfied	161	43.5%	61	64.9%	100	36.2%
Fairly satisfied	96	25.9%	18	19.1%	78	28.3%
Neither satisfied nor dissatisfied	29	7.8%	2	2.1%	27	9.8%
Fairly dissatisfied	23	6.2%	4	4.3%	19	6.9%
Very dissatisfied	16	4.3%	3	3.2%	13	4.7%
Mixed expriences	45	12.2%	6	6.4%	39	14.1%

What could have made the experience better?

(262 suggestions - some respondents made more than one)

	All respondents		Have/had cancer		Carer/friend	
Attitude of medical staff	15	5.7%	5	8.3%	10	5.0%
Automatic referral to support	3	1.1%	1	1.7%	2	1.0%
Better care in hospital	7	2.7%	1	1.7%	6	3.0%
Better communication	13	5.0%	2	3.3%	11	5.4%
Better end of life/palliative care	6	2.3%			6	3.0%
Better home care / support	8	3.1%	1	1.7%	7	3.5%
Better transport / parking	3	1.1%			3	1.5%
Better ward cleanliness	2	0.8%	1	1.7%	1	0.5%
Earlier diagnosis	23	8.8%	4	6.7%	19	9.4%
Faster results/treatment	34	13.0%	13	21.7%	21	10.4%
Having services locally	32	12.2%	10	16.7%	22	10.9%
Honesty / openness - doctors	4	1.5%	1	1.7%	3	1.5%
Improve continuity of care	3	1.1%			3	1.5%
Improve discharge process	3	1.1%			3	1.5%
More / better aftercare	6	2.3%	1	1.7%	5	2.5%
More / better hospice facilities	4	1.5%			4	2.0%
More information	16	6.1%	4	6.7%	12	5.9%
More medical staff	5	1.9%			5	2.5%
More support	3	1.1%			3	1.5%
Nothing	12	4.6%	5	8.3%	7	3.5%
Nothing - happy with all	10	3.8%	1	1.7%	9	4.5%
Reduce waiting time in clinics	4	1.5%	2	3.3%	2	1.0%
Someone to talk to/counselling	7	2.7%	2	3.3%	5	2.5%
Support from Macmillan	4	1.5%			4	2.0%
Treatment in specialist ward	2	0.8%			2	1.0%
Other	33	12.6%	6	10.0%	27	13.4%

What was good about the treatment and care you / your friend or family member received?

(346 suggestions - some respondents made more than one)

	All respondents		Have/had cancer		Carer/friend	
Aftercare	2	0.6%			2	0.8%
Cancer treatment helpline	3	0.9%	1	1.0%	2	0.8%
Care/compassion/dignity	61	17.5%	24	25.0%	37	14.6%
Consultant	4	1.1%	2	2.1%	2	0.8%
End of life / palliative care	7	2.0%	1	1.0%	6	2.4%
Everything	5	1.4%	1	1.0%	4	1.6%
Excellent treatment / care	6	1.7%	2	2.1%	4	1.6%
Good care at all times	3	0.9%	1	1.0%	2	0.8%
Honesty	2	0.6%			2	0.8%
Hospice	13	3.7%	1	1.0%	12	4.7%
Hospital	17	4.9%	3	3.1%	14	5.5%
Kept informed about treatment	19	5.4%	7	7.3%	12	4.7%
Macmillan	4	1.1%			4	1.6%
Nothing	7	2.0%			7	2.8%
Ongoing monitoring	3	0.9%	3	3.1%	0	0.0%
Prompt treatment	36	10.3%	19	19.8%	17	6.7%
Recovery	13	3.7%	2	2.1%	11	4.3%
Staff / nurses / doctors	111	31.8%	22	22.9%	89	35.2%
Surgery	3	0.9%	1	1.0%	2	0.8%
Treated locally	3	0.9%	1	1.0%	2	0.8%
Other	24	6.9%	5	5.2%	19	7.5%

Did you / your friend or family member access any other services, apart from the NHS treatment you got through hospitals, your GP etc?

(Percentages based on 204 respondents who had accessed services - some had accessed several)

	All respondents		Have/had cancer		Carer/friend	
Maggie's centre	116	56.9%	37	72.5%	79	51.6%
Local council	30	14.7%	3	5.9%	27	17.6%
Macmillan Move More	29	14.2%	8	15.7%	21	13.7%
Support groups	27	13.2%	4	7.8%	23	15.0%
Macmillan (other)	20	9.8%	3	5.9%	17	11.1%
Local charities	12	5.9%	2	3.9%	10	6.5%
Hospice	10	4.9%			10	6.5%
Marie Curie	9	4.4%			9	5.9%
Family / friends	5	2.5%	1	2.0%	4	2.6%
Cancer charity	4	2.0%			4	2.6%
Other	11	5.4%	3	5.9%	8	5.2%

When you / your friend or family member got the cancer diagnosis, what were the main concerns you had?

(407 respondents answered this question - many reported multiple concerns)

	All respondents		Have/had cancer		Carer/friend	
Concern for family	225	55.3%	59	61.5%	166	53.4%
Dying	209	51.4%	53	55.2%	156	50.2%
Financial worries	90	22.1%	24	25.0%	66	21.2%
Housing	11	2.7%	1	1.0%	10	3.2%
Mental health	55	13.5%	11	11.5%	44	14.1%
Side effects	207	50.9%	60	62.5%	147	47.3%
Treatment	214	52.6%	62	64.6%	152	48.9%
Employment issues	4	1.0%	1	1.0%	3	1.0%
Coping alone	3	0.7%	1	1.0%	2	0.6%
Coping with diagnosis	3	0.7%			3	1.0%
Homecare	3	0.7%			3	1.0%
Living far away from patient	3	0.7%			3	1.0%
Other	14	3.4%	4		10	3.2%

Were you / your friend or family member offered support after treatment? (358 respondents)

	All respondents		Have/had cancer		Carer/friend	
Yes	168	46.9%	42	44.7%	126	47.7%
No	190	53.1%	52	55.3%	138	52.3%

Who provided support?

(168 respondents answered this question - some reported multiple concerns)

	All respondents		Have/had cancer		Carer/friend	
Macmillan (inc nurses)+A170	47	28.0%	10	23.8%	37	29.4%
Maggie's	27	16.1%	5	11.9%	22	17.5%
GP	18	10.7%	4	9.5%	14	11.1%
Consultant / hospital	16	9.5%	6	14.3%	10	7.9%
Nurses (inc district)	12	7.1%	2	4.8%	10	7.9%
Cancer nurses	10	6.0%	8	19.0%	2	1.6%
Breast care nurses	5	3.0%	4	9.5%	1	0.8%
Family / friends	5	3.0%	2	4.8%	3	2.4%
Fife Council	4	2.4%			4	3.2%
Homecare services	4	2.4%			4	3.2%
Marie Curie	4	2.4%			4	3.2%
Hospice	3	1.8%			3	2.4%
Fife Carers	2	1.2%			2	1.6%
Other	20	11.9%	3	7.1%	17	13.5%

How much information did you / your friend or family member have about each of the following?

(respondents who answered this question)

		All respondents		Have/had cancer		Carer/friend	
Emotional support	More than enough	20	5.9%	3	3.2%	17	6.9%
	Enough	139	40.9%	38	40.9%	101	40.9%
	Not enough	76	22.4%	12	12.9%	64	25.9%
	None	105	30.9%	40	43.0%	65	26.3%
Employment advice	More than enough	6	2.2%	1	1.3%	5	2.7%
	Enough	53	19.9%	15	19.0%	38	20.2%
	Not enough	36	13.5%	3	3.8%	33	17.6%
	None	172	64.4%	60	75.9%	112	59.6%
Local charities who could help you	More than enough	13	4.2%	3	3.4%	10	4.5%
	Enough	84	27.2%	20	22.7%	64	29.0%
	Not enough	62	20.1%	10	11.4%	52	23.5%
	None	150	48.5%	55	62.5%	95	43.0%
Money advice	More than enough	8	2.8%	1	1.2%	7	3.5%
	Enough	65	23.0%	14	17.1%	51	25.4%
	Not enough	41	14.5%	3	3.7%	38	18.9%
	None	169	59.7%	64	78.0%	105	52.2%
Side effects of treatment	More than enough	44	13.6%	13	14.6%	31	13.2%
	Enough	162	50.0%	47	52.8%	115	48.9%
	Not enough	61	18.8%	13	14.6%	48	20.4%
	None	57	17.6%	16	18.0%	41	17.4%
Support groups	More than enough	12	3.9%	0	0.0%	12	5.4%
	Enough	112	36.4%	32	37.6%	80	35.9%
	Not enough	71	23.1%	15	17.6%	56	25.1%
	None	113	36.7%	38	44.7%	75	33.6%

At any point, were you / your friend or relative visited by someone who looked at your needs and helped you to get support? (381 responded)

	All respondents		Have/had cancer		Carer/friend	
Yes	96	25.2%	13	13.4%	83	29.2%
No	200	52.5%	79	81.4%	121	42.6%
Don't know	85	22.3%	5	5.2%	80	28.2%

Who visited?

(96 respondents answered this question - some reported multiple visitors)

	All respondents			Have/had cancer		Carer/friend	
Macmillan nurses	27	28.1%		4	30.8%	23	27.7%
Macmillan	18	18.8%		2	15.4%	16	19.3%
End of life / palliative care	8	8.3%	46.9%	2	15.4%	6	7.2%
Community / district nurses	8	8.3%				8	9.6%
GP	6	6.3%				6	7.2%
Social Work	5	5.2%		1	7.7%	4	4.8%
Cancer nurses	4	4.2%		1	7.7%	3	3.6%
Marie Curie	4	4.2%				4	4.8%
Occupational therapist	4	4.2%				4	4.8%
Fife Council	5	5.2%				5	6.0%
Homecare services	3	3.1%				3	3.6%
Breast care nurses	1	1.0%		1	7.7%	0	0.0%
Citizens Advice	1	1.0%				1	1.2%
CPN	1	1.0%		1	7.7%	0	0.0%
Dietician	1	1.0%		1	7.7%	0	0.0%
Family / friends	1	1.0%				1	1.2%
Health visitor	1	1.0%				1	1.2%
Hospice nurse	1	1.0%				1	1.2%
Hospital nurse	1	1.0%				1	1.2%
Maggie's	1	1.0%				1	1.2%
Physio	1	1.0%				1	1.2%
Other	6	6.3%				6	7.2%

What is your preferred method of getting information?

	All respondents		Have/had cancer		Carer/friend	
Books	7	1.8%	2	2.0%	5	1.7%
E-mail	95	24.5%	23	23.2%	72	24.9%
Face to face	114	29.4%	27	27.3%	87	30.1%
Leaflets - by post	41	10.6%	11	11.1%	30	10.4%
Picking up leaflets	21	5.4%	6	6.1%	15	5.2%
Websites	67	17.3%	20	20.2%	47	16.3%
Multiple methods selected	43	11.1%	10	10.1%	33	11.4%

Which area of Fife do you live in?

	All respondents		Have/had cancer		Carer/friend	
City of Dunfermline	76	18.4%	18	17.3%	58	18.8%
Cowdenbeath	29	7.0%	6	5.8%	23	7.4%
Glenrothes	75	18.2%	20	19.2%	55	17.8%
Kirkcaldy	60	14.5%	17	16.3%	43	13.9%
Levenmouth	51	12.3%	12	11.5%	39	12.6%
North East Fife	21	5.1%	6	5.8%	15	4.9%
South West Fife	68	16.5%	16	15.4%	52	16.8%
Unknown	33	8.0%	9	8.7%	24	7.8%

Gender

	All respondents		Have/had cancer		Carer/friend	
Female	267	64.6%	66	63.5%	201	65.0%
Male	132	32.0%	32	30.8%	100	32.4%
Unknown	14	3.4%	6	5.8%	8	2.6%

Do you consider yourself to be disabled?

	All respondents		Have/had cancer		Carer/friend	
Yes	56	13.6%	21	20.2%	35	11.3%
No	322	78.0%	72	69.2%	250	80.9%
Unknown	35	8.5%	11	10.6%	24	7.8%

Which age group are you in?

	All respondents			Have/had cancer		Carer/friend	
16 - 24	5	1.2%		0	0.0%	5	1.6%
25 - 34	8	1.9%		0	0.0%	8	2.6%
35 - 44	27	6.5%		3	2.9%	24	7.8%
45 - 54	71	17.2%		10	9.6%	61	19.7%
55 - 64	106	25.7%		25	24.0%	81	26.2%
65 - 74	116	28.1%	236	43	41.3%	73	23.6%
75+	67	16.2%		18	17.3%	49	15.9%
Unknown	13	3.1%		5	4.8%	8	2.6%

What is your ethnic background?

	All respondents		Have/had cancer		Carer/friend	
White Scottish	324	78.5%	75	72.1%	249	80.6%
Other White background	14	3.4%	4	3.8%	10	3.2%
Other White British	53	12.8%	19	18.3%	34	11.0%
Asian, Asian British	1	0.2%			1	0.3%
Caribbean or Black	1	0.2%			1	0.3%
Mixed or multiple background	1	0.2%			1	0.3%
Other ethnic background	2	0.5%			2	0.6%
Unknown	17	4.1%	6	5.8%	11	3.6%

Macmillan Improving the Cancer Journey (ICJ) in Fife:

Baseline Statistics: Summary

This Summary document is to be viewed in association with the accompanying Excel spreadsheets and highlights aspects of the work done, rather than covering all analysis. This information seeks to provide baseline statistics to support and help shape Macmillan's programme of work with cancer patients in Fife.

Baseline statistics are provided for the most recent 5 year period available (2011-2015) unless otherwise stated.

When considering this information in relation to the roll-out of ICJ services in the area it may be useful to consider not only the numbers of cancers diagnosed in the different localities, but also the rates of cancer in these areas. Considerations should also be made based on the demographics of the people getting cancer in the differing areas, and on where those cancers with poorer survival/greater mortality are most common, as the potential impact or uptake for ICJ services may differ based on all these factors.

Incidence

(Fife Level Spreadsheet: Tab 1): There were 11,239 cancers (excluding Non-melanoma skin cancer - C44) diagnosed in Fife between 2011 and 2015 (5,584 in men and 5,655 in women). The most common cancers for both sexes combined (in order) were:

- Trachea, Bronchus and Lung Cancer (C33-C34)
- Breast Cancer (C50)
- Colorectal Cancer (C18-C20)
- Prostate Cancer (C61)
- Head and Neck Cancer (C00-14, C30-32)
- Malignant melanoma of skin (C43)
- Non-Hodgkin Lymphoma (C82-C85)
- Kidney Cancer (C64-C65)
- Bladder Cancer (C67)
- Oesophagus Cancer (C15)

These cancers (and their order) are very similar to those for Scotland as a whole. These ten cancers made up over 70% (73%) of all the cancers diagnosed during this time period. Lung, Breast, Colorectal and Prostate cancer alone made up over half (53%) of all cancers diagnosed during this period.

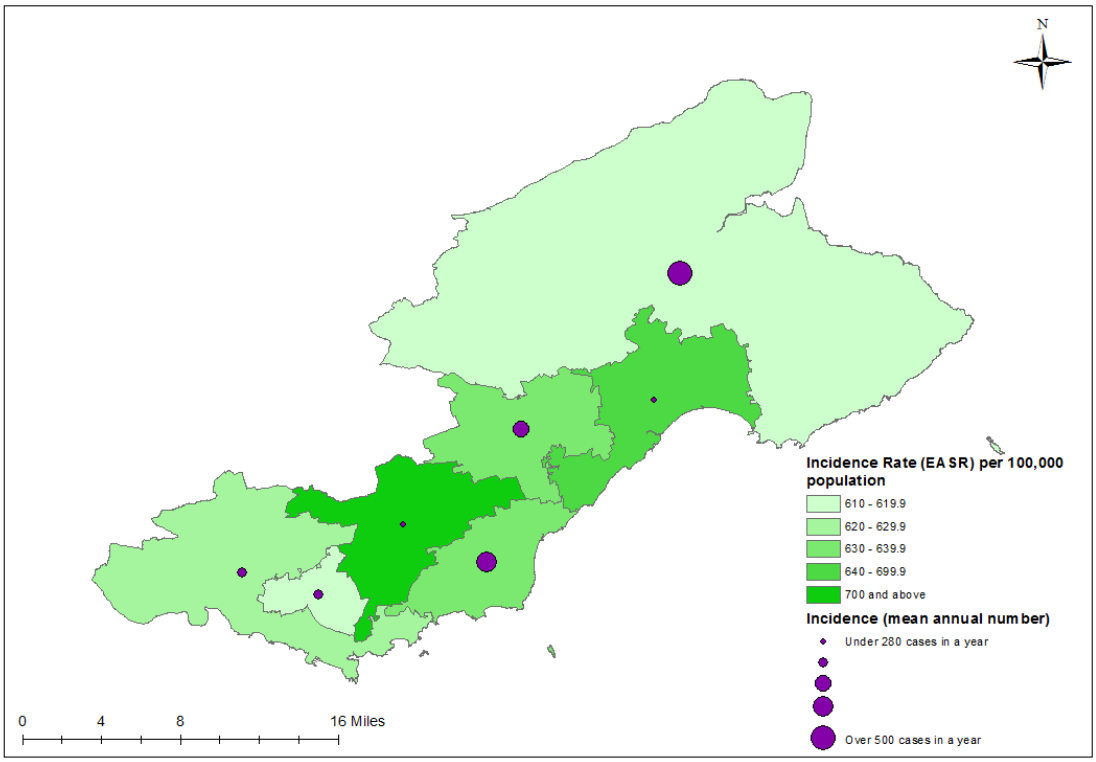
Deprivation[1] *(Fife Level Spreadsheet: Tab 3)*: Numbers of total cancers across SIMD1, 2 and 3 were broadly similar, with 2,507 cases diagnosed in patients residing in SIMD2 – this amounts to 22% of all cancers diagnosed in Fife within the time period. This compares to SIMD5 (the least deprived quintile) where 2,024 (18%) of cancers in Fife were diagnosed.

Locality (Locality Level Spreadsheet: Tab 4): Twenty percent of all cancers diagnosed in Fife were in the North East Fife locality, compared to approximately 12% of all cancers

[1] Scottish Government: Scottish Index of Multiple Deprivation 2016 (http://www.gov.scot/Topics/Statistics/SIMD)

diagnosed in each of City of Dunfermline, Cowdenbeath, Levenmouth and South West Fife localities. The highest percentage of lung cancers diagnosed was in Kirkcaldy (18%) whereas for all of the other most common cancers this was North East Fife – for example: breast cancer (20%) and colorectal cancer (24%).

European age-sex-standardised incidence rate and mean annual number of cancers by Fife locality for all malignant cancers (excluding C44): 2011-15



(Locality Level Spreadsheet: Tab 1): The total number of cancers diagnosed by locality varied between 1,313 in Levenmouth to 2,293 in North East Fife. When considering the number of cancers as a proportion of the population in each area however, the lowest rate was in City of Dunfermline (512 per 100,000 population) and the highest was actually in Levenmouth (the locality with the smallest number of cancers diagnosed) -703 per 100,000 population. So although numbers are lowest, as a proportion of all people in the area, this area has the highest rate.

However, when we consider the age and sex composition of the populations in the different areas in the calculation of the rates, a different picture emerges again with the lowest EASR (European age-sex standardised rate) in North East Fife (the area with the largest number of cancers diagnosed) with 610 per 100,000 population and the highest rate in Cowdenbeath of 725 per 100,000 population.

This means that although there are more cancers in North East Fife than other areas of Fife, if each area had the same age-sex structure as one another it would in fact have the lowest rate.

Urban Rural Index[2] *(Fife Level Spreadsheet: Tab 5):* The majority of cancers within Fife (6,959) were diagnosed in those living in 'other urban areas' with similar numbers diagnosed in 'accessible small towns' and 'accessible rural' areas (around 2,100). EASRs for all cancers varied from 610 per 100,000 population in 'accessible rural' areas to 648 per 100,000 in 'other urban areas'. Cancer specific rates in the 'accessible rural' areas were low (87 per 100,000 population) for lung cancer and higher for colorectal cancer (82 per 100,000 population) compared to the other areas.

Age (Locality Level Spreadsheet: Tab 3): 65% of all cancers in Fife were in the over 65 age group varying from 62% in Dunfermline to 69% in North East Fife. For lung cancer the population was older, 77% of all lung cancers were in those aged 65 and over – varying from 76% in Cowdenbeath and South West Fife to 79% in North East Fife. This differs to breast cancer where over half (53%) were under 65, varying from 48% in Cowdenbeath to 62% in Dunfermline.

Just under 70% (69%) of all cancers diagnosed in those living in North East Fife were over 65, this is the highest proportion across the localities. This compares with City of Dunfermline where 62% of cancers were in the over 65s.

Cancer Stage

(Fife Level Spreadsheet: Tab 4): Staging of cancers in Fife were broadly similar to those in Scotland as a whole with almost half of all lung cancer cases (46%) being diagnosed at late stage (stage 4). This contrasts with breast cancer where almost three quarters (73%) were diagnosed with stage 1 or 2. Similarly, over half of the malignant melanoma of skin diagnoses (53%) were made where tumour thickness <=1mm (Breslow).

A third of prostate cancers diagnosed between 2013-15 had unknown or missing staging information, higher than in Scotland as a whole.

Cancer Screening

Bowel Screening (Locality Level Spreadsheet: Tab 6): The uptake rate in Fife for bowel cancer screening was 57%, compared to 56% in Scotland as a whole[3]. This varied from 53% in Levenmouth to 61% in North East Fife. Positive test results varied between 1.5% in North East and South West Fife to 2.4% in Kirkcaldy. Of those who had a positive test result followed by a colonoscopy, 39% of patients were found to have an adenoma or colorectal cancer in Fife, compared to 44% in Scotland as a whole. This varied from 34% in City of Dunfermline to 50% in South West Fife.

Cervical Cancer Screening (Locality Level Spreadsheet: Tab 7): Both 3.5 year and 5.5 year uptake rates for cervical screening are very similar for Fife and for Scotland (3.5 year uptake: 71% Scotland, 72% Fife; 5.5 year uptake: 77% Scotland, 76% Fife)[4]. At 3.5 years, the uptake rate in Fife varied between 68% in North East Fife to 75% in City of Dunfermline and

[2] Scottish Government: Urban Rural Classification (6 fold) 2013-2014 (http://www.gov.scot/Publications/2014/11/2763)
[3] between 1st November 2014 and 31st October 2016
[4] Data for the reporting period of 1st April 2016 to 31st March 2017

South West Fife localities. At 5.5 years this varied less, between 74% in Cowdenbeath and 78% in City of Dunfermline, North East Fife and South East Fife.

Treatment outwith Fife

(Fife Level Spreadsheet: Tab 7): Of the 11,239 cancers diagnosed in Fife residents between 2011-15, 42% had evidence of treatment outwith Fife NHS Board recorded on their cancer (SMR06) record (first treatment of surgery, radiotherapy, chemotherapy or hormonal therapy).

55% of all cancers had no *surgery* recorded on SMR6, 28% had surgery within Fife and 10% within Lothian. This varies by cancer type with almost 70% of patients with colorectal cancer having surgery in Fife (the next most common NHS board for surgery was Tayside). For breast cancer, 44% of patients had surgery within Fife with 24% having surgery in Lothian NHS board.

Radiotherapy in breast cancer was predominantly in Lothian NHS board with almost 50% of patients having their first radiotherapy there, this was followed by 15% of patients having radiotherapy in Tayside. A very similar breakdown is observed for Head and Neck cancer. The most common site specific radiotherapy location was Lothian NHS board, following by Tayside.

For breast, colorectal and lung cancers first *chemotherapy* mostly occurred within Fife NHS Board, however this was not the case for Head and Neck cancer where this tended to be in Lothian NHS board (30% of all patients).

Fife predominantly undertook first *hormonal therapy* for prostate (50%) and breast cancer (41%) although some first treatments were in Lothian or Tayside.

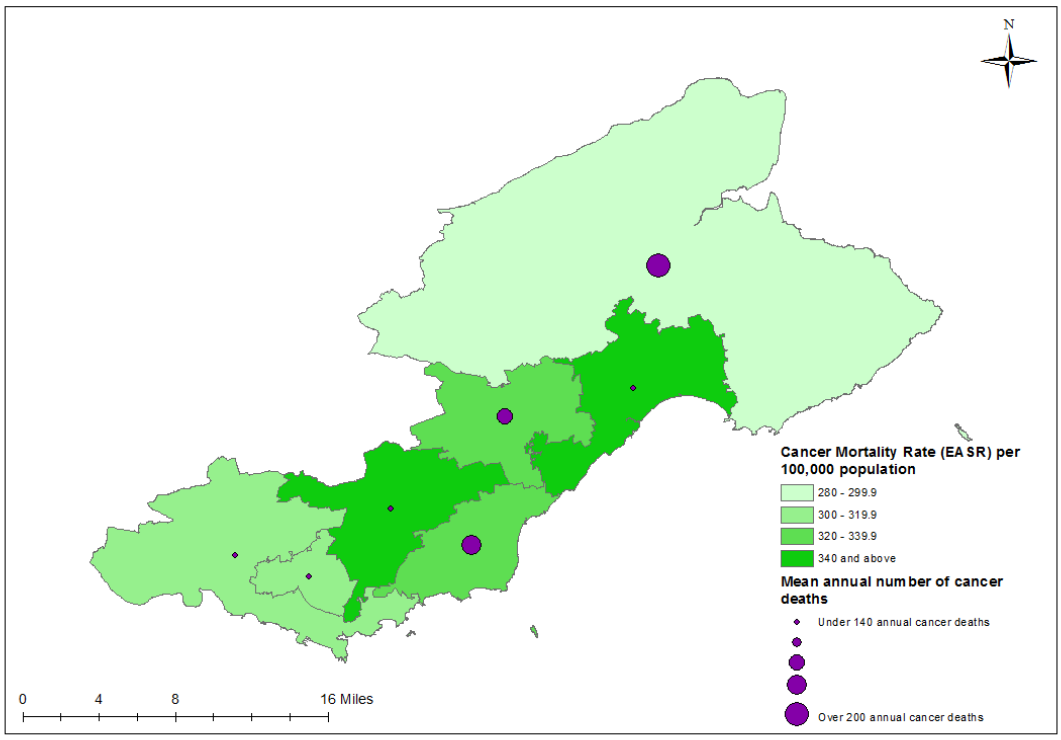
Prevalence

(Locality Level Spreadsheet: Tab 5): The apparent prevalence of cancers will increase with the length of lookback period used, up to the point where number of deaths of persons diagnosed with cancer equals the number of new diagnoses in the period. Some cancers level off towards this point more rapidly than others, indicating lower survival rates (which in some cases may reflect older average age at diagnoses) – for example lung cancer which remains relatively static with 5 years of lookback and longer. For breast cancer prevalence continues to increase over time, reflecting good survival rates and relatively young age at diagnosis.

The most prevalent of the common cancers across all look back periods in Fife were breast and prostate cancers. Lung cancer appeared relatively prevalent with one year lookback reflecting the common incidence of this cancer, however by 5 years this had become one of the least prevalent of the common cancers due to the low survival rates.

Mortality

European age-sex-standardised cancer mortality rate and mean annual number of cancers by Fife locality for all malignant cancers (excluding C44): 2014-16

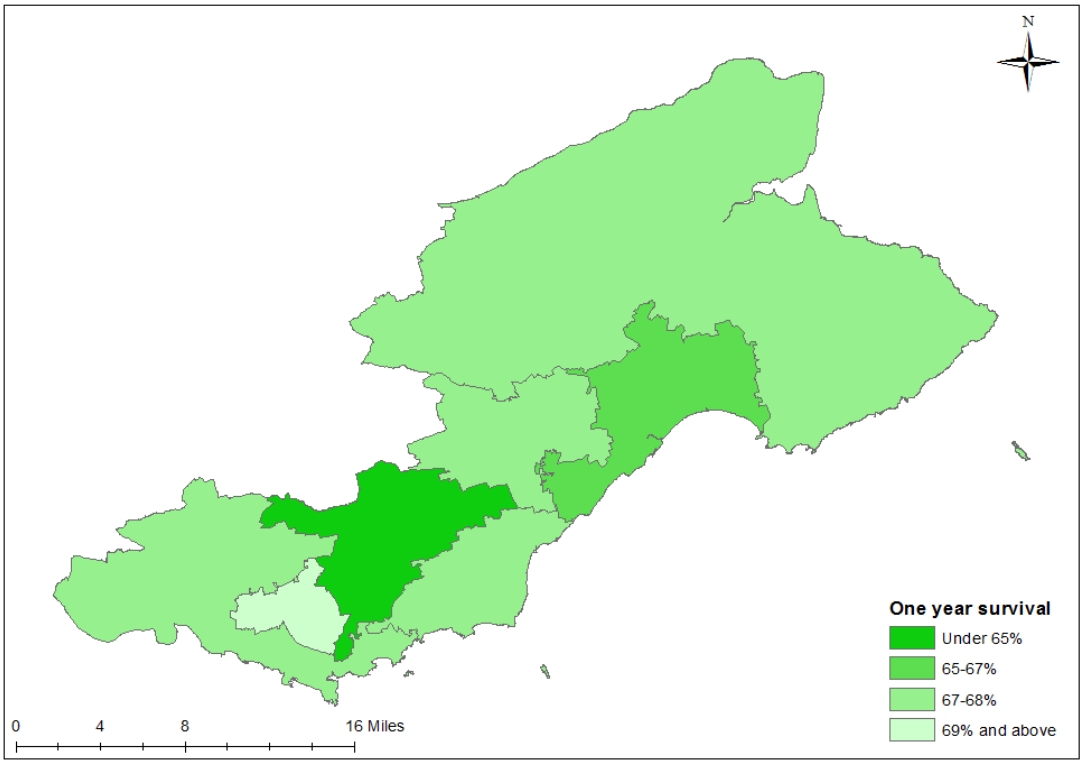


(Locality Level Spreadsheet: Tab 8): The age-sex standardised rate of cancer mortality in Fife has decreased marginally over the period 2011-13 to 2014-16 from 336 to 318 per 100,000 population, although in numbers this looks fairly static (1089 to 1182). The trend of cancer mortality varies by area with some looking relatively static over the time period (e.g. Glenrothes), others look to have decreased (e.g. South West Fife and Cowdenbeath) and for others there is a suggestion of a recent increase in cancer mortality (e.g. Levenmouth – although this is only for the latest available time period and so may be as a result of fluctuations due to small numbers).

For most of the most common cancers the numbers of cancer deaths per year between 2011 and 2016 remained reasonably static across Fife although standardised rates for all but malignant melanoma of skin have reduced at least marginally between 2011-2013 and 2014-2016. For both head and neck cancer and malignant melanoma of skin, numbers have dropped. Caution should be taken when using the mortality figures by locality as these can be based on very small numbers and hence vulnerable to data fluctuation.

Survival

One year cancer survival in Fife by locality for all malignant cancers (excluding C44): 2011-15



(Locality Level Spreadsheet: Tab 9): In Fife, and in all localities within Fife survival for all cancers has increased over time, regardless of the survival period considered. For example, one-year survival has increased from 55% in 1991-1995 to 68% in 2011-2015. The survival trend for Fife mirrors that seen in Scotland as a whole. There is a small difference in the increase in one-year survival across the different localities from an increase of 11% over the time period in South West Fife and Cowdenbeath to a 15% increase in Levenmouth, although one year survival in the period 1991-1995 were the lowest of the localities areas at that time (52%). Five year survival in Fife as a whole has increased from 32% for cancers diagnosed in 1991-1995 to 44% for those diagnosed in 2006-2010 (an increase of 12% over the time period), this varied within locality area from an increase of 6% in Glenrothes to an increase of 15% in City of Dunfermline.

There have been large increases in 1 year survival for lung cancer over the time period analysed with one year survival increasing from 22% for those diagnosed between 1991-1995 in Fife to 36% for those diagnosed in 2011-2015, this is very similar to Scotland survival rates. One year lung cancer survival across the Fife localities varied from 33% in City of Dunfermline to 38% in Cowdenbeath. Survival rates for Breast cancer for Fife also remain similar to Scotland level rates and, although the increase in survival is low, the survival rate generally is very high, for Fife this has increased from 88% to 93% one-year survival (an increase of 5%). By locality, one-year survival varies between 91% in Cowdenbeath for cancers diagnosed between 2011-2015 and 95% in Kirkcaldy.

Note:

Please note small numbers are presented in the associated tables. Caution should be taken when using small numbers as they may be subject to large fluctuation. Should there be a requirement to make small numbers from this analysis publicly available, permission and advice should be sought from ISD.

January 2018

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Improving the Cancer Journey in Fife

Engagement Summary Report

Introduction

The Fife Macmillan Improving the Cancer Journey service in Fife is a partnership between Fife Health and Social Care Partnership and Macmillan Cancer Support. The service aims to improve the lives of people affected by cancer in Fife. The Health & Social Care Partnership are committed to developing the new Improving the Cancer Journey (ICJ) service to ensure that the voices of people affected by cancer are at the centre of everything we do. The initial aim is to offer all people in Fife affected by cancer the opportunity to receive a holistic needs assessment (a one to one meaningful conversation about what matters to the person).

Aim

The aim of the engagement is to find out about people's experiences of cancer in Fife. The ICJ service aims to design and facilitate a process for co-production whereby people affected by cancer, carers and partners agree on actions and innovations to improve integrated care pathways for the future, making sure people have the best chance of living well independently, and being a part of resilient communities.

The scoping of the Improving the Cancer Journey service wants to explore the needs of people affected by cancer in Fife and identify what is working well and any gaps in service provision.

About the engagement activities

The engagement for the Improving the Cancer Journey service has five strands; a survey, three events, one-to-one phone calls, mobile information service engagement, and a co-production group.

Fife Council's People's Panel survey

The survey was sent out at the end of 2017, to 1,893 people (not necessarily people affected by cancer – the People's Panel are a group of people who have said they will participate in regular surveys for Fife Council), and 494 people responded.

Engagement events

Three engagement events took place in Cowdenbeath, Kirkcaldy and Cupar. The sessions were open to anyone affected by cancer, whether they had a diagnosis, or a carer of someone affected by cancer. The events were publicised through Fife Health & Social Care Partnership and Macmillan networks, social media, flyers and posters. The Macmillan Engagement Lead and the ICJ Team facilitated the events. The topic guide was developed to help the facilitator guide discussions.

The discussions had 4 main themes:

- **Information** – where did they / would they like to get information, in what format etc
- **Services** – what services did people use / are they aware of
- **Experience** – good and bad
- **Gaps** – areas for improvement, what could have made the experience better

Overall around 20 people affected by cancer attended the events to tell us their views, and four of these were members of the Macmillan fundraising committee in Cupar.

One-to-one phone calls

12 one to one telephone calls were carried out by the ICJ Team, to people who had responded to the People's Panel survey and requested an in depth one-to-one conversation about their experience.

A short survey of users of the Mobile Macmillan Information and Support Service

Whilst the Mobile Service was in Fife in April, staff on board the bus asked service users some questions at the end of their interaction.

A co-production group

During the engagement events, people affected by cancer were offered the opportunity to join this group, to influence the development of the service. Ten people were recruited.

What people affected by cancer told us:

Please note – this is a very condensed summary of the findings from these engagements. Much more detailed notes are used by the service manager when developing the new service. This summary is only designed to give a very brief overview (detailed notes available on request)

Fife Council's People's Panel

- 69% of respondents stated that they were either satisfied or very satisfied with the treatment / care received in Fife, and 10% were either dissatisfied or very dissatisfied

- Positive aspects included things such as nurses, doctors and medical staff, being treated with care and compassion, and prompt treatment
- Things which could have made the experience better included getting results/treatment faster, earlier diagnosis, and having treatment locally
- The main concerns (all mentioned by over 50% of respondents) people had about the cancer diagnosis were concern for family, treatment, dying and side effects of treatment
- Respondents said that their preferred method of receiving information were face to face (29%) or email (24%)

Engagement events in Cowdenbeath, Kirkcaldy and Cupar

- The need for emotional support – both for the person with a cancer diagnosis, and their family. And this support needs to be available at any stage in the journey
- It would be really good to have a single point of contact for someone with a cancer diagnosis, who they can speak to and ask for help
- A drop in service where people could go for a holistic needs assessment
- Lack of services in Fife – almost all attendees at events talked about how valuable Maggie's is, and it was noted that Macmillan does not have a similar presence in Fife
- Lack of communication between doctors, nurses, consultants, hospitals, across health boards – patients assume a medical professional will understand their situation and often they don't
- Confusion about Macmillan – many people think the charity only provides end of life nursing care
- Language – much of the language used in hospitals and by charities is full of jargon and medical terminology. There needs to be more plain English and less jargon so that people can easily understand information being given to them
- Information – many attendees said they didn't know where to go for information, some went to Maggie's, others relying on internet searches. There is much awareness of the fact that doctors and nurses are very busy, which can often leave patients feeling like they don't want to bother them, or the medical professional will not have the time to speak to them
- Differing experiences of care depending on which hospital a patient was at. At the events we heard numerous stories of good or bad experiences at various hospitals across Scotland
- Lack of understanding of more unusual cancers
- Honesty and respect for patients is hugely important and not something everyone experiences

One-to-one phone calls

- Having to travel for treatment
- Differences in experiences between different medical staff and hospitals
- Some people felt they had been treated poorly, not been listened to or respected
- Patients can be overwhelmed with information (and it is hard to digest on diagnosis as there's so much to take in), or not given enough
- The need for practical help as well as emotional support – and everyone's support needs are different – it is about the individual and what they require

- Gaps included a lack of support, rare cancers not getting as much help as more common ones, concerns about family members, services being reactive rather than proactive, and the need for a drop-in where people can access support
- Positive experiences mentioned were generally about staff members

A short survey of users of the Mobile Macmillan Information and Support Service

- Of the people spoken to, over half were aware of or had used the Maggie's centre
- There were a variety of information sources, including GPs, Macmillan nurses and hospital staff
- A lot of the people spoken to said that the best place to access cancer information and support would be their GP, or hospital staff
- Gaps in cancer support included waiting time for treatment, lack of information about benefits, the need for a support group for men, and lack of support from medical staff

What next?

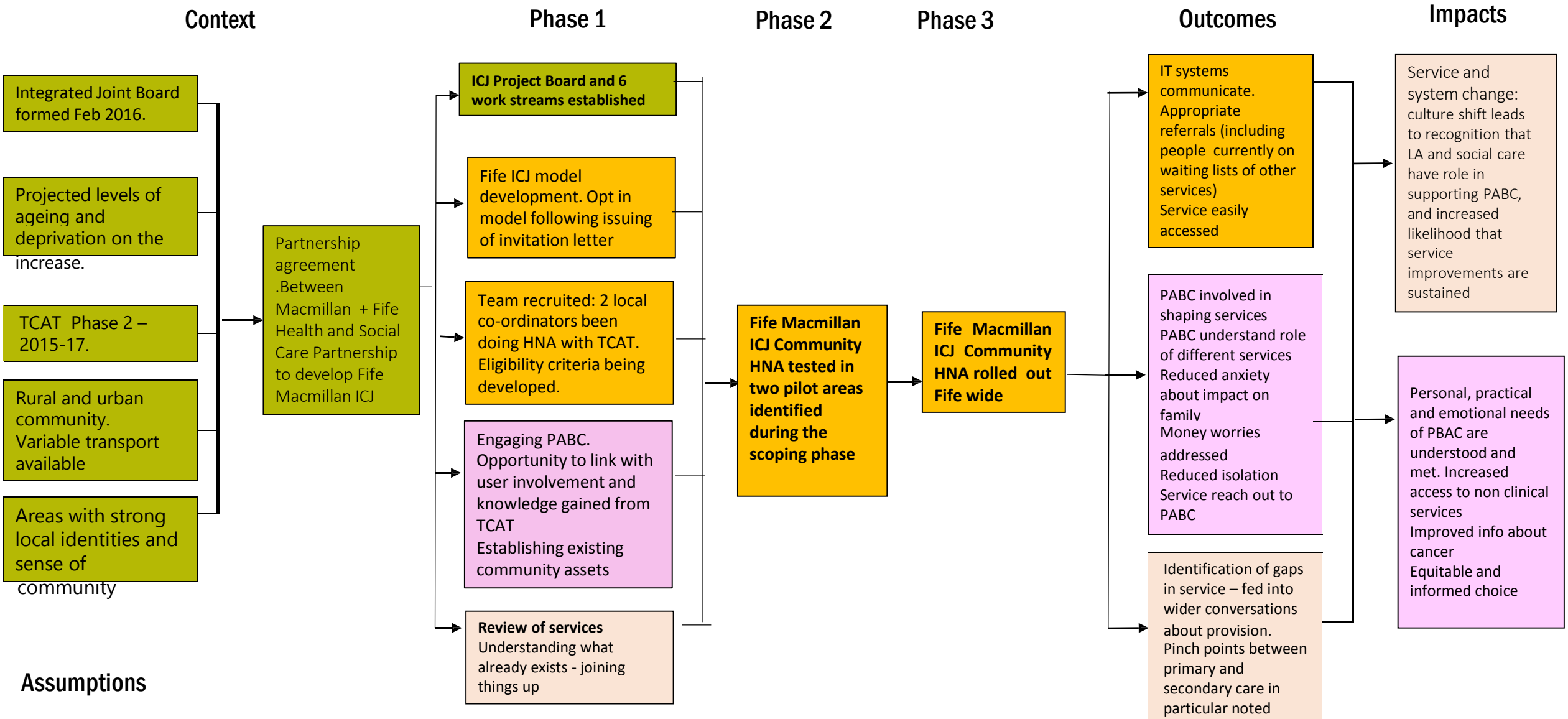
During the engagement events people affected by cancer were offered the opportunity to join the co-production group. Ten people were recruited and the group is now operational.

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with lived experience of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done effectively, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

The Fife ICJ co-production group will influence the following key aspects

- Invitation letter to the service
- Marketing of the ICJ service
- Representation on the project team and project board
- Create an action plan to reflect the findings from the engagement events

Fife Theory of Change model



Assumptions

PABC will know about and want to engage with Fife Macmillan ICJ

A community based HNA will be more appealing to people in areas of high deprivation

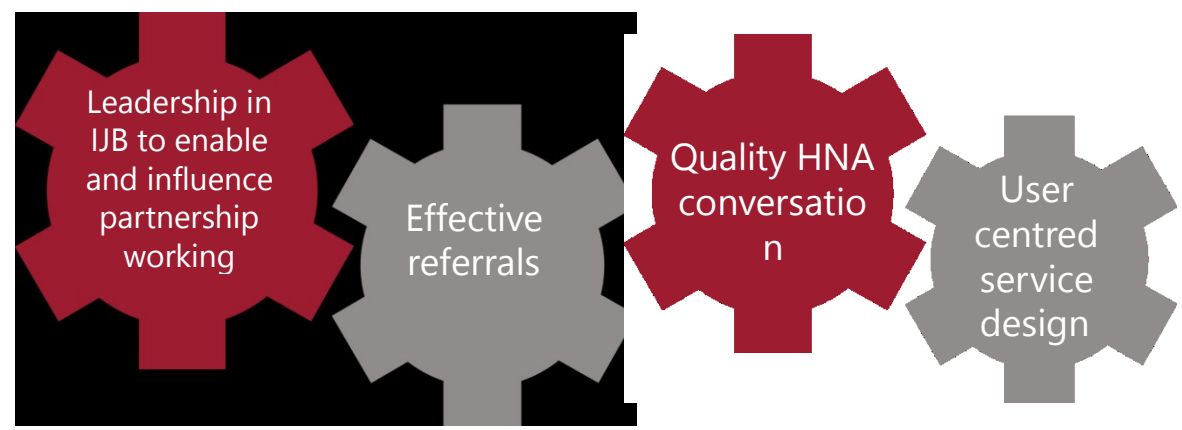
That local services are willing to adopt systemic and structural changes to support Fife Mac ICJ

That HNA process will lead to care plans and support for PABCs to enable these to access a wider range of services to address their needs

That there are services to which the local area co-ordinators can refer PABCs which have the capacity to support these people, and in which there are no insurmountable accessibility challenges

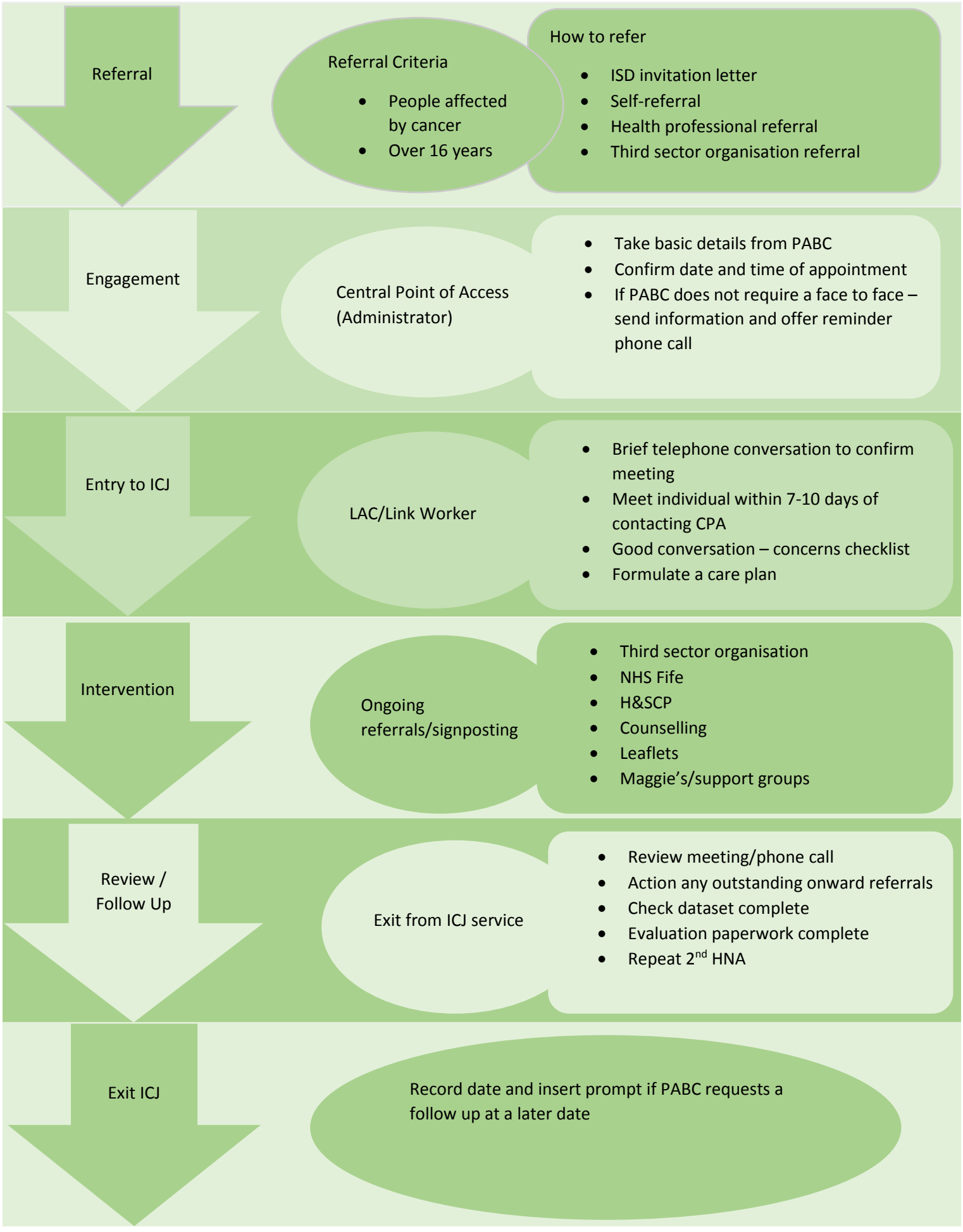
That the programme Board influences to address gaps in provision

Services are willing to become involved in activities (consultation processes, training for staff etc.) that enhance their understanding of the needs of PABC



Mechanisms

Fife Macmillan Improving the Cancer Journey - Process Map



Transforming Care After Treatment (TCAT) Phase 2

Integrated Community Cancer Care (ICCC) Project

Final report

May 2017

Executive Summary

The purpose of this report is to outline the aims, findings and recommendations of the Integrated Community Cancer Care (ICCC) Project, funded by Macmillan Cancer Support as part of the Transforming Care After Treatment (TCAT) programme, which started in 2013.

The aims of the project were;

- To develop an integrated pathway for people affected by cancer and their carers.
- To test the role of the Local Area Co-ordinator, (LAC) role in supporting people affected by cancer and their carers, within the integrated pathway.
- To develop a Cancer Champion network.
- To raise the profile of cancer care within the Health and Social Care Partnership
- To identify how to sustain a successful integrated pathway after funding from Macmillan Cancer has ended.
- To provide data to Napier University so they can complete an independent evaluation of the whole TCAT programme for Macmillan Cancer Support. To provide that data it was necessary to use the Holistic Needs Assessment, (which is a Concern Checklist and associated care plan which Macmillan Cancer Support sanctioned us to use).
- The Holistic Needs Assessment is used more commonly in a clinical setting. Using it in a community setting provided the opportunity to test how effective it was to have one form that could be used and shared by clinical and non-clinical staff, if the person affected by cancer or their carer, consented to that.

In year two of the ICCC Project there were further discussions with Macmillan Cancer Support on further investment in Fife as part of the Macmillan Improving Cancer Journey (ICJ). Fife Health and Social Care Partnership, (H&SCP) has been awarded further investment from Macmillan. The ICJ Fife Service will start subsequently summer 2017, for 3 years.

The vision for the Fife ICJ service is to build on the success of the ICCC project and ensure that everyone diagnosed with cancer in Fife can easily access all the support they need, as soon as they need it, to enable them to live as well and as independently as possible.

The ICCC Project collected data via questionnaires from people aged 16 years and over who are or have been affected by cancer and also from those caring for a family member with a cancer diagnosis. The project team broadened the remit of the project by opening referral routes to people who were at any stage in their cancer journey instead of those who had

completed their cancer treatment as it became evident that individuals could benefit from the LAC role whenever required thus offering a more tailored and responsive service.

The main findings from the evaluation of the ICCC project were as follows;

- Referral routes were opened from the beginning of April 2016 and the project team received 183 referrals in the first year which ran from April 2016 until the end of March 2017. 165 Service Users referrals and 18 Carer referrals were made to the service. Of those referrals, 113 Service Users and 18 Carers were seen by a Local Area Co-ordinator (LAC). The 52 Service Users who did not see a LAC were either too ill, in hospital, deceased or did not feel they required the service at the time of referral.
- The LAC role has been proven to be a valuable asset within the Cancer Care Pathway by offering time, supported navigation and a strength based, person centred approach which has enabled people affected by cancer to use their increasing confidence to progress into a more self-managed cancer journey and carers to find the information and support which is right for them.
- The Holistic Needs Assessment has been a valuable person centred tool and when used in the community setting by non-clinical professionals has offered people affected by cancer the opportunity to consider their whole situation and wellbeing with the focus on social, financial, emotional and other every day concerns which are not necessarily medical concerns.
- The Cancer Champions network has developed during the life of the project to be an integrated network of sharing and learning with a clear aim of improving services for People Affected by Cancer. The group are working towards a sustainable future through the hosting skills of Fife Voluntary Action and the inclusion of third sector cancer organisations.
- The integrated framework of the Fife TCAT projects has allowed a collective approach to raising the profile of cancer and has developed a good foundation for the continual development of the cancer strategy in Fife.

The Recommendations, based on the outcomes from the ICCC project, are as follows;

1. The ICJ Project will build on the successful outcomes and learning from testing the role of the LAC within the TCAT ICCC project. Therefore the ICJ service will include LAC's and the principles of the LAC approach.
2. The transition from the TCAT ICCC project to the ICJ service will need to be as seamless as possible to reduce the risk of disruption to the established pathway.
3. Development of an effective communication strategy is crucial to achieve this.
4. That the ICJ service continue the LAC Carer work as this has been a successful element of the TCAT ICCC project and the level of information and supported navigation, specifically for Carers whose family member has cancer, has been valued.
5. That the ICJ identify meeting points/clinics in each locality of Fife, or different localities across Fife. This will allow the LAC's to see more people at a central, easily accessed point, (a benefit for people affected by cancer who cannot travel long

distances) and thereby increase the amount of people the LAC's can see. Home visits will still be necessary for some Service Users but this can be worked out on a case by case basis.

6. Introduce more follow up phone contacts to increase capacity of the LAC role. This approach will need be monitored to ensure that it does not detrimentally impact the highly valued person centred approach, which has been evidenced in testing the LAC role with people affected by cancer.
7. People affected by cancer were able to self-refer ICCC Project. Otherwise they had to give consent for a third party to refer on their behalf, (ie clinical nurse specialist, allied health professionals). This is described as an "opt in" referral system. The preferred option would be an "opt out" referral systems and it is recognised that this will be explored as part of ICJ. It is recommended to continue with the current "opt in" referral route until any further enhancements to referral pathways are agreed.
8. Work has begun to add the local knowledge of community cancer services into Fife's local information website, "On Your Doorstep". This will extend to include this information on the national NHS Inform website and directory to ensure that the wider population and networks can access this information. However, further expansion of the LAC role into community capacity building will further increase knowledge of services and assets within communities and identify gaps that might exist within different localities.
9. Continuation and development of the work achieved through the Fife TCAT Patient/Carer Reference Group. While this group will no longer exist as TCAT phases 1 and 2 come to an end in Fife, it is recommended that the group's legacy helps shape the inclusion of "User Representative" involvement in the ICJ project.
10. Continued involvement in the Cancer Champion Network, which will sit within the third sector, to promote sharing and learning in Fife within an integrated Cancer network.
11. Continuation of integrated partnership working at a strategic and operational level with a commitment from all parties to work towards permanent long term vision for the transformation and integration of Cancer services in Fife.

Contents

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People Affected by Cancer who have been involved with the project and given permission to use their conversations in the project reporting.

Sharon Breeze and Mary Lynch (ICCC LACs)

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Introduction

Setting the scene

In 2015 there were 2.5 million people living with cancer in the UK. Also, according to the Macmillan Cancer Support 2015 Statistics Fact Sheet, "the number of cancer survivors in the UK is projected to increase by approximately one million per decade from 2010 to 2040; resulting in four million people living with cancer in 2030". Figures released by Cancer research UK in 2016, report that 1 in 2 people born after 1960 in the UK will be diagnosed with some form of cancer during their lifetime.

The Scottish Government set out their priorities for the predicted increase in cancer diagnosis and survivorship by publishing the Cancer Strategy "Beating Cancer; Ambition and Action". This strategy identifies that, "over 40% of people in Scotland will be diagnosed with cancer during their lifetime….the number of people being diagnosed with cancer continues to rise". The t rate of cancer diagnosis is on the increase as are the number of people aged 75 and older however, the survival rates of cancer and other long term health conditions are also on the increase.

In Fife the trends are similar. Between 2012 and 2037 it is estimated there will be an increase of 93.47% of people aged 75 years and over in Fife, (information sourced through Macmillan Cancer Support). NHS Fife's Clinical Strategy (published January 2016) reported that "the number of cancers diagnosed in Fife each year is projected to increase by a third. In 2008-12 there were 153,000 cancers diagnosed. This is projected to increase to over 204,000 by 2023-27".

The National Cancer Survivorship Initiative (NCSI) publication "Adult Survivorship; From Concept to Innovation", recognised that a "one size fits all" approach to cancer care is unable to offer, "patient centred outcomes", to people with a cancer diagnosis and that cancer services should be looking to enable cancer survivors to live as healthy and as good quality lives as possible.

The changing demographics in Scotland have also contributed to the reform in Health and Social Care through The Public Bodies (Joint Working) (Scotland) Act 2014 and the associated quality framework of the National Health and Wellbeing Outcomes (see Appendix one) which have been put into place to improve the quality and consistency of outcomes for people in Scotland.

Background

The Transforming Care After Treatment (TCAT) programme has evolved to ensure that as the number of people living with cancer increases, they have support to deal with the

physical, emotional and financial impact of cancer, even when treatment has ended. By promoting a self-management approach, people affected by cancer are empowered to take control of their care and receive services that are co-ordinated, tailored and responsive to their individual needs. The TCAT programme aims to test transformational service re-design and improve the integration of Health and Social Care.

The TCAT Programme is in three phases. Phase one were for NHS Boards and phase for Local Authorities, with the intention that a phase 2 bid be made by a local authority which would build and compliment an NHS Board phase 1 project. There have been 25 TCAT projects funded by Macmillan Cancer Support across Scotland in phases one and two.

NHS Fife secured funding for two phase one projects and Fife Health and Social Care Shadow Boars secured funding for one phase two project. The detail is below;

- Best Supportive Care for Lung Cancer Project (Phase 1), NHS Fife
- Melanoma Project (Phase 1), NHS Fife
- Integrated Community Cancer Care (ICCC) Project for all cancer types (Phase 2), Fife Health and Social Care Partnership

Integrated Community Cancer Care (ICCC)Project

The ICCC Project received funding of £96,000 from Macmillan Cancer Support which started in July 2015. The early planning work recognised the need to work with the NHS phase 1 projects as well as 3rd sector partners.

The overall aim of the project was to contribute to the development of an integrated cancer care and support pathway, the development of which is informed by the holistic needs of people affected by cancer.

It was also important that ICCC project aligned to the nine health and wellbeing outcomes. These are referred to later in the report within the case study.

The individual project aims were to;

- Develop and test an integrated cancer care pathway
- Test the Local Area Co-ordination approach within community cancer care
- Develop a Cancer Champion network
- Raise the profile of cancer within the health and social care partnership
- Contribute to the development of the NHS Fife Clinical Strategy in relation to cancer. You can view this strategy by using the following address; http://admin.fifedirect.org.uk/weborgs/nhs/uploadfiles/publications/c64_CS-Final.pdf)
- Strive to achieve a sustainable working model

The ICCC operational project team comprised of a project manager and 1.5 LACs (the LAC funding was sourced from the Integrated Care Fund for one year initially). As outlined in the project aims and objectives, a large focus of the project was to create and develop a pathway for people affected by cancer including carers and family members which involved local area coordination approach.

The LAC approach differs to other approaches within cancer care. The LAC specialises in working with individuals using a strength based, assets person centred approach; working alongside the person to identify "what matters" to them, creating an individualised plan which empowers the person to identify resources they can use to improve their confidence to increase their self-management skills.

Referral Routes

The ICCC project was designed to link in with both TCAT phase one projects; to work together both strategically and operationally but also to offer a direct referral route to both projects. Initial scoping work into the phase one projects identified the limited referrals that would be expected from both as the patients coming through the Melanoma projects did not appear to be identifying many concerns through the Holistic Needs Assessment (HNA) (see appendix two) and the patients coming through the Lung project were very near to end of life. Further scoping work consisted of meeting people across Fife with a cancer or who had survived a cancer diagnosis. They highlighted their experiences of their own cancer journeys but also the experiences of their family members. This scoping exercise highlighted the need to identify a third referral route, (routes one and two being from the lung and skin projects) and this third referral route to open up the potential for referrals from people with all kinds of cancer.

This was achieved by working with the Social Work Contact Centre to develop a script to ask people aged 16 years and over, who were either self-referring or being referred by another agency,(such as NHS Fife; third sector agencies; Fife Sports and Leisure Trust), if they would like to be contacted by the ICCC Project.

The third referral route saw a change of direction for the ICCC project as the emphasis then moved from being entirely on people who had finished treatment and opened it to people at any stage in their cancer journey from survivorship to diagnosis to end of life.

The project received over 180 referrals. As depicted in table 4 (page 22), Fife Council Contact Centre was the main referrer followed by the Community Palliative Care Nurses. The project received a number of referrals for service users with palliative care needs which impacted on the data collection and evaluation of data as this required analysis of questionnaires, which a number of people were too frail to complete.

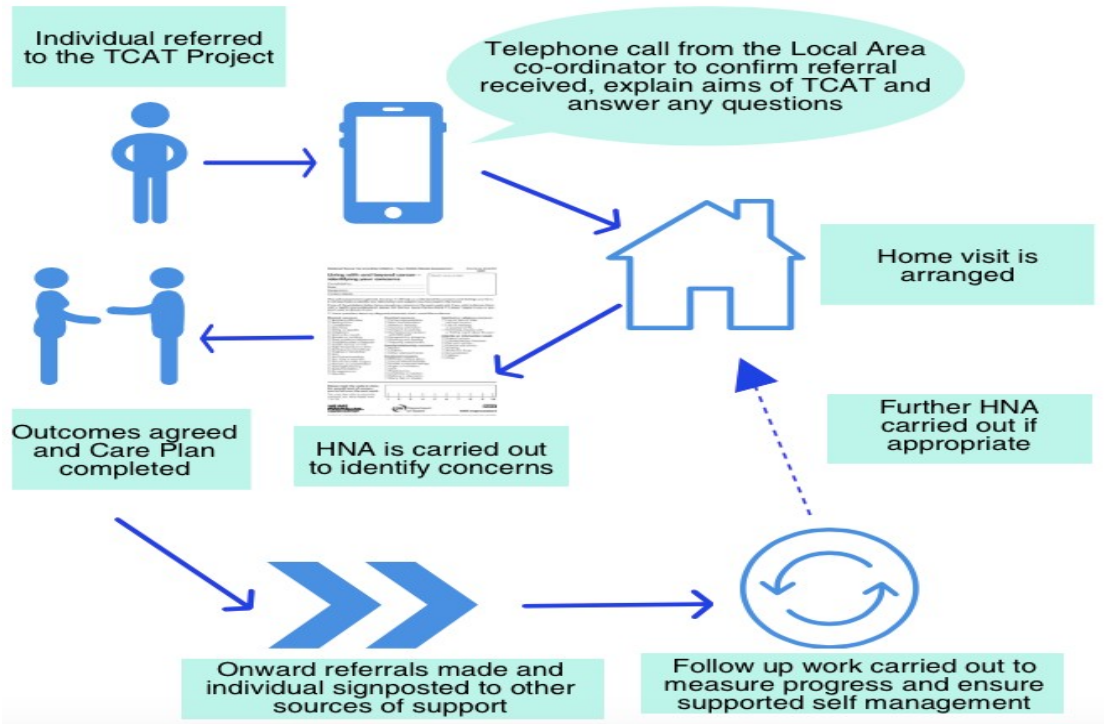
The project team adopted the use of the National Cancer Survivorship Initiative/Macmillan Survivorship pathway to map where an individual was on their cancer journey. The Survivorship pathway is shown in appendix three and will be discussed later in the report.

Holistic Needs Assessment (HNA)

It was reported in Macmillan's Scottish Cancer Patient Experience Survey that one of the key factors in having a good experience as a cancer patient is having a care plan and without a care plan the patient is less likely to get their psychological, emotional and physical needs met. The ICCC project adopted the Macmillan concerns checklist which is a holistic needs self-assessment and is completed on the initial visit to identify the concerns that the person affected by cancer has and also as a discussion document that leads to the co-production of an action plan/care plan.

The ICCC Service User Journey

The ICCC Service User Journey diagram (Diagram 1) below demonstrates the journey that the person affected by cancer makes with the LAC from referral to end goals.



The follow up work was seen to be just as important to ensure that individuals were enabled to access services at their own pace. The number of follow up contacts is based on individual circumstance and is not prescriptive.

Methodology and Project Findings

To understand the value the ICCC project had on the wider cancer care pathway, data was collected from the people affected by cancer and carers regarding their experiences both before and after contact with the ICCC project.

There were 3 main data collection streams; the core data, the 4 questionnaires for people affected by cancer and lastly the carers data. Data about carers is analysed later in this section of the report.

In addition, Macmillan Cancer Support commissioned Napier University to undertake an independent evaluation of the whole TCAT programme.

The statistics in this report are the results of a self-evaluation carried out by local project staff with support from Edinburgh Napier University TCAT Evaluation Team. The views expressed in this report do not necessarily represent those of Edinburgh Napier University or Macmillan Cancer Support.

Core Data (N=130)

Napier University advised of a core data set which they required to complete their independent evaluation. The core data set is contained within table 1, (gender, age, current living situation, economic activity, SIMD quintiles and diagram 2 cancer type). It was agreed at the start not to include carers in the core data set. The core data for the cohort of 130 Service Users has been outlined in the table 1 below.

Table 1

Core Data	Number (percentage)
Gender	
Female	69 (53%)
Male	61 (47%)
Age	
Average age	68 years old
Under 65 years	49 (38%)
65 years to 74	34 (26%)
75 years and over	46 (35%)
Unknown age	1 (1%)
Current living situation	
Living Alone	52 (40%)
Living with spouse/partner	60 (46%)
Living with Children/relatives	10 (8%)

Not Known	8	(6%)
Economic Activity		
Employed	9	(7%)
Self Employed	1	(1%)
Unemployed	2	(2%)
Long Term Sick/Disabled	29	(22%)
Retired	83	(64%)
Not Known	6	(4%)
SIMD quintiles		
1 (most deprived)	27	(21%)
2	35	(27%)
3	30	(23%)
4	23	(18%)
5 (least deprived)	15	(12%)

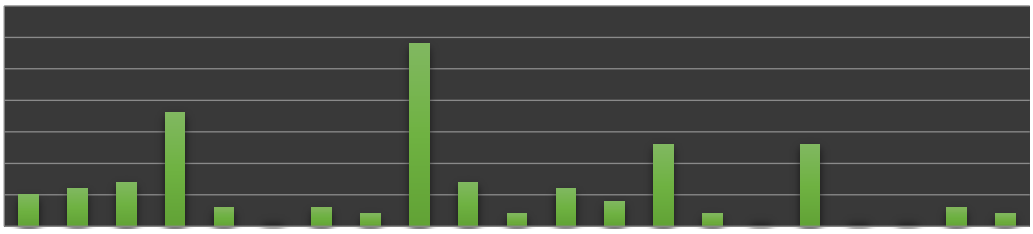
It is notable that there were almost equal numbers of men and women and also that 64% were retired with the average age being 68 years and 35% being 75 years or over.

The youngest person referred to the project was 17 years and the oldest person referred was 97 years which demonstrated the breadth of knowledge required of the LAC's.

Looking at the SIMD index against the cases referred there is a 9% difference between the most and least deprived people coming to the project. If adding percentiles 1 and 2, (which are the two most deprived) and then similarly adding percentiles 4 and 5 (which are the least deprived), then the gap of difference opens further, to show that 48% of referred cases were in the most deprived areas and only 29% were in the highest banding. The middle percentile (3) had 23% of people referred to the service. Whilst these figures reflect the known population demographics in Fife and are therefore not surprising, the figures start to allow us to build up an understanding of the varied backgrounds of the people affected by cancer who used the ICCC project.

The ICCC project worked with people affected by any cancer type and therefore a range of cancer types have been recorded from the core data. The diagram below highlights that lung (not best supportive care), breast and prostate cancer were the most common cancer types of the people referred to the project which is in line with the national cancer statistics

Diagram 2



4 questionnaires for people affected by cancer

Data was also collected through questionnaires (see table 2 below) which offer both qualitative and quantitative information. The questionnaires collected basic data about the individuals and about their experience within their cancer journey.

Table 2

Questionnaire Used	Rationale for use of specific Questionnaire
Pre TCAT Involvement	Used to document a base line of the individual's experience of the cancer journey before LAC involvement (see appendix four)
Pre LAC Involvement	The more general Pre TCAT Involvement questionnaire was not allowing an in depth analysis of LAC involvement so this form was added to the back of the existing questionnaire in August 2016 with both Service Users and Carers
Post TCAT Involvement	Used to document the experience of the person's cancer journey since having the LAC involved.
Post LAC Involvement	As mentioned with above this form was added to gain a more in depth analysis of LAC involvement with both Service Users and Carers from August 2016

How data was grouped and analysed

Core data collection started when the referral routes opened in April 2016.

It was agreed that a full data set would comprise core data and all 4 completed questionnaires for analysing information about the person affected by cancer.

Initially it was anticipated data collection would end 28- Feb-2017, which would allow time to analyse the information and prepare a report before funding for the ICCC Project ended in July 2017. However due to unplanned staff absence the ability to gather the completed questionnaires was affected and the data collection end date had to be changed to 31-Dec-2016.

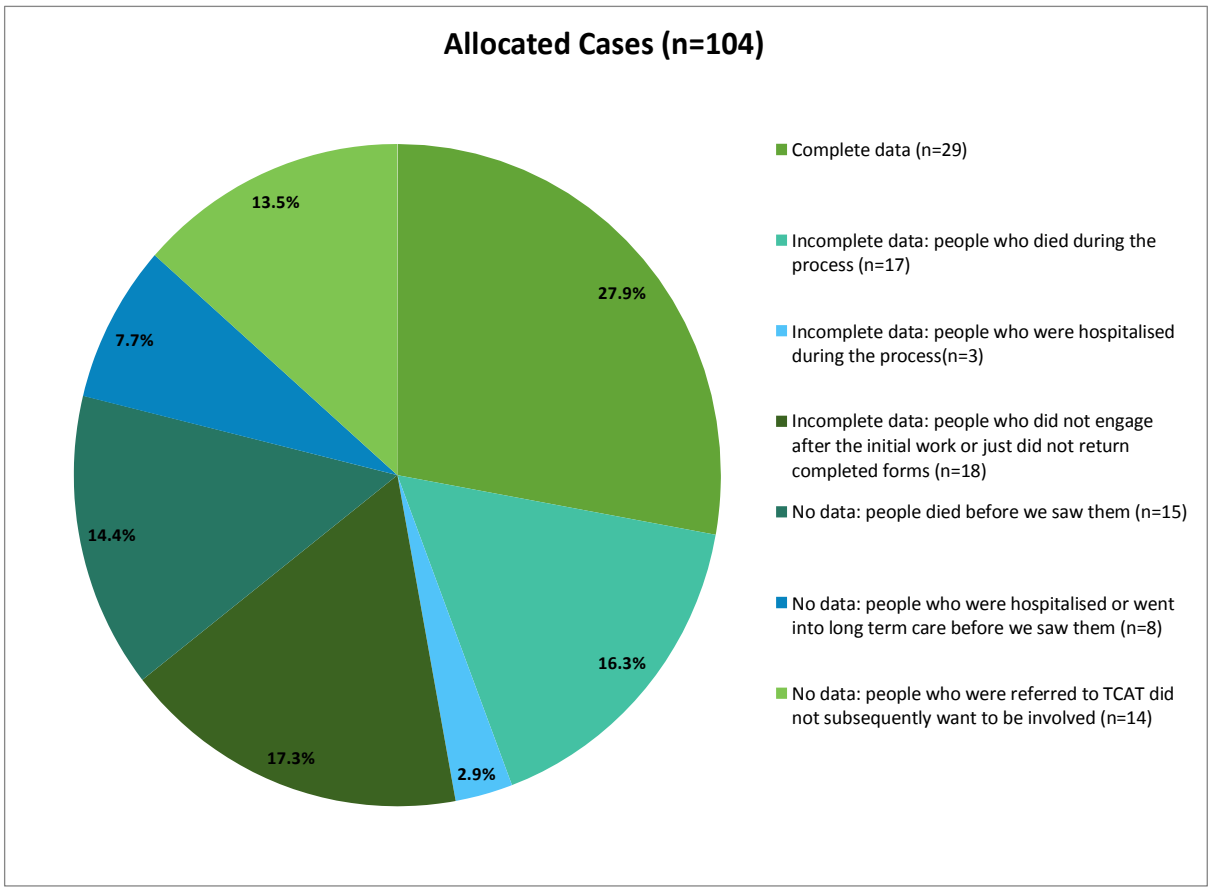
Had it been possible to continue collecting data until end of February 2017, there would have been 130 people affected by cancer which we could pull data from.

Due to the actual data collection end being December 2016 there were 104 people affected by cancer which we could pull data from.

In summary, the writer could not include the 130 for **all** aspects of analysis because without a full data set some information was not available. However, the core data was complete and it was agreed that inclusion of this data would provide a fuller picture of the demographics.

Diagram 4 details the number of completed data sets and those data sets that were incomplete for the cohort of 104.

Diagram 4



Of the cohort of 104;

- **29** data sets were completed.
- **38** data sets were started but not completed due to frailty, death and other factors.
- **37** individuals were referred but were not seen by the project due to being hospitalised, or in long term care or those who did not want to be involved with the project.
- **67** people of the 104 cohort worked with the LACs and benefitted from their intervention over an 8 month time period.

Of those people who chose not to be part of the project, the main reason given was that they did not feel they required any further support at the time of contact or t it was not something they were looking for.

It should be noted that the work of the LAC can extend over many weeks and months and circumstances can change dramatically for a person affected by cancer within this time span It was therefore difficult to achieve completed data sets in all circumstances. A high proportion of the referrals into the project were for people with palliative care needs and whilst they may have been able to complete the pre TCAT questionnaire, many were too ill and frail to complete the post TCAT questionnaires as their condition had worsened.

At the beginning of the project, the use of the pre and post TCAT/LAC questionnaires were thought to be good tools to collect both quantitative and qualitative feedback to measure how effective the LAC approach was within the cancer care pathway. On reflection, the questionnaires were too lengthy and inappropriate for the population of the project. If a simpler tool had been used then more completed data could have been collected which would have offered a wider pool of results.

It also has to be noted that the ICCC project team found it challenging at times to get the evaluation questionnaires completed by Service Users because the forms created a barrier, at times, for the individual. The quote below depicts the feeling that some of our Service Users felt when given the questionnaires;

"I found filling in the questionnaire really distressing. I find those type of forms stressful to fill in at the best of times and at a time like this it brought everything home to me and it took me a few days to feel alright again afterwards". (L. West Fife)

Analysis of the involvement of the Local Area Co-ordinator (LAC)

The data set questionnaires mainly focused on the experience of the individual on their cancer journey and then the impact of the LAC in the areas of control, support and confidence plus knowing where to seek help and being assisted to get required help.

The following findings and analysis will focus on the 29 completed data sets for people with cancer or who have had a cancer diagnosis and l then further on in the section move on to look at completed data sets for Carers of people with cancer.

Table 3 – Analysis of the 29 completed data sets

Area analysed	Measurement scale of 1-10 score breakdown	Pre - TCAT Score	Post - TCAT Score	Difference in Pre and Post TCAT scores after LAC intervention
	1-5	12 (41%)	0 (0%)	↑ **41%**
	6-10	17 (59%)	29 (100%)	

1. Confidence in managing own condition by self	**Highest scores 8-10**	**9 (31%)**	**27 (93%)**	**↑ 62%**
2. Support received through cancer journey	1-5	10 (34%)	0 (0%)	**↑ 34%**
	6-10	19 (66%)	29 (100%)	
	Highest scores 8-10	**14 (48%)**	**29 (100%)**	**↑ 52%**
3. Passed from person to person without support needed (*disagree =1-5, agree = 6-10)	1-5	21 (72%)	27 (93%)	**↑ 21%**
	6-10	8 (28%)	2 (7%)	
	Highest scores 1-3	**14 (48%)**	**27 (93%)**	**↑ 45%**
4. Assisted to access services and help (disagree =1-5, agree = 6-10)	1-5	10 (34%)	0 (0%)	**↑ 34%**
	6-10	19 (66%)	29 (100%)	
	Highest scores 8-10	**11 (38%)**	**26 (90%)**	**↑ 52%**
5. Feeling involved about decisions in care** (disagree = 1-5, agree = 6-10)	1-5	6 (21%)	0 (0%)	**↑ 21%**
	6-10	22 (79%)	28 (100%)	
	Highest scores 8-10	**15 (54%)**	**28 (100%)**	**↑ 46%**

*The scoring was reversed and therefore the favourable results were from 1.
**The scoring was out of 28 as one person did not answer this question on both forms.

On table 3 the measurement scale is broken down into the lower scoring half 1-5, (1 being the lowest score and the higher scoring half 6-10, 10 being the highest score). The table also includes the scores achieved from 8-10 on the scale as most people scored the intervention of the LAC at this end of the scale.

The table of results (table 3) shows that people affected by cancer in Fife have had varied experiences within their cancer journey before TCAT, with results ranging across the measurement scale on the pre-TCAT questionnaire. Results in the post-TCAT column show that there has been an increase in every area analysed because of the LAC intervention

Analysis of area 3. "Passed from person to person without support needed" has shown that post TCAT, two people have recorded a negative score. However on closer scrutiny it appears that this might be because of the change of scoring from 1 as the lowest score to 1 as the highest score. The rest of the results from the 2 questionnaires are very positive both numerically and written which indicates a misunderstanding of the scoring at this point.

"I was diagnosed with breast cancer last year. After treatment finished I felt very alone and vulnerable and didn't like or recognise myself. I had lost all my hair and confidence..as we talked she made me realise I was not alone and was there for me.....it is very important to me as I wanted to help myself get back to everyday living....I am doing a lot better now, slowly getting my confidence back and take each day at a time....I'm in a better place right now thanks to the help of the TCAT Project". (T. West Fife)

Other data collected from the cohort of 29 revealed that;
(all data has been rounded to 2 significant figures which accounts for discrepancy of %)

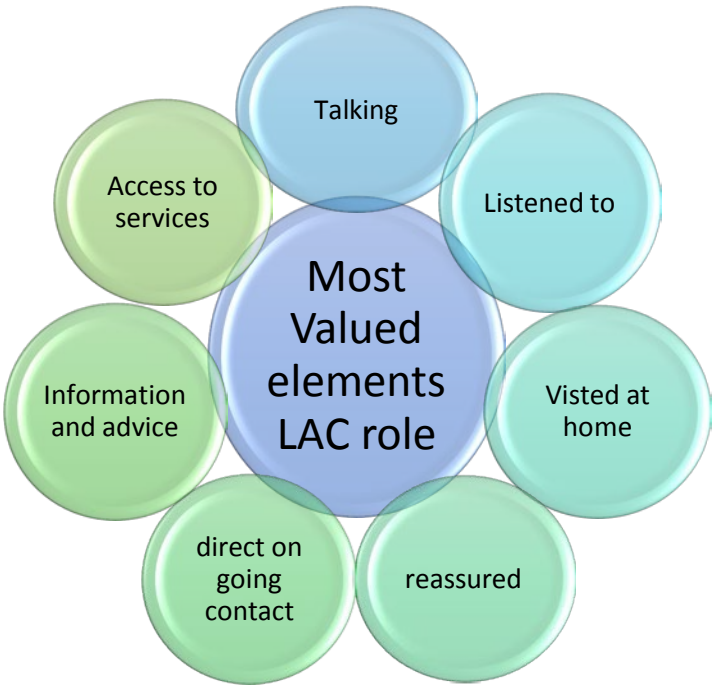
- **72%** felt that their needs were met in manging side effects/consequences of treatment. (**24%** did not want/need that support and **3%** did not know/couldn't remember)
- **97%** felt their needs were met in knowing **where** to seek help. (**3%** didn't know/couldn't remember)
- **96%** felt their needs were met in understanding **who** to ask for help. (**3%** didn't know/couldn't remember)
- **86%** felt their needs were met in being made aware of support available for family members/carers. (**14%** did not want or need the support)
- **96%** felt their needs were in knowing what support services or groups they could use. (**3%** did not want or need the support)

Quantitative data has revealed that the majority of Service Users felt an improvement in their confidence, support, feeling helped by the LAC to access services and feel involved in decisions. These areas of improvement for individuals on their cancer journey, in particular their improvement in

confidence, are the key outcomes of the LAC intervention and the key to self-management through a person centred, person led model of care.

Within the qualitative data from the completed questionnaires, including the LAC questionnaire, there is written evidence of the individuals feelings of how listened to, how informed and how much they valued the contact and "human" support that working with the LAC has provided them with. The main elements of this evidence are documented in 5 diagram below;

Diagram 5



The qualitative data gathered from the completed questionnaires revealed that the most valued elements of the LAC role was the accessible support and contact. This was further described as talking to someone who listened and had an understanding but who was also a direct point of contact to get in touch with whenever required which helped the person to not feel alone and feel reassured. The qualitative data also highlighted that people

affected by cancer valued being visited at home; that they valued the information, knowledge and advice given but also the support to access services they found out about.

"The thing I valued most about the Phase 2 TCAT project was being visited at home and given the opportunity, on the initial visit, to reflect on my own situation". (I. West Fife)

"This project has made a big difference to me, just being put into contact with organisations who called me and offered support has made me feel much less isolated". (D. West Fife)

Carers' involvement with the Local Area Co-ordinator

The focus for data collection for carers centred on evaluating the impact the ICCC Project had on their experience. The project recognised that carers could be supporting a dying or very sick spouse, or child, so they could be under considerable pressure and stress. To create forms for carers to complete, purely to allow the project to gather data, was deemed intrusive and unnecessary. The project therefore developed a pre and post carer questionnaire, (see table 4 below), which was felt to be as minimal as possible.

Table 4

Questionnaire Used	Rationale for use of specific Questionnaire
Carer Pre TCAT Involvement	Specific Carer questionnaire to capture the Carer's experience caring for someone who has or has had cancer before LAC involvement
Carer Post TCAT Involvement	Used to document the Carer experience after LAC involvement

The project worked with 18 Carers in total and of those 18 there were 9 pre TCAT and 8 Post TCAT questionnaires completed. It is possible the low number of returns may be due to the lack of time carers had to fill out the forms because of their caring role.

Although this is not a large data set it does allow some measurement of the outcomes achieved by the LAC approach. Data analysis has demonstrated that overall 80% of Carers, within the data set, felt their confidence had increased after their involvement with the LAC, 80% also felt there was an increase in being listened to and 100% reported a significant improvement in feeling supported.

Within the qualitative data gathered from all the questionnaires completed by the Carers there is evidence of a marked difference in where Carers received their support before and after TCAT. Before TCAT Carers received support from family, friends and medical staff including their GP but after TCAT they found support in many different organisations and groups such as Maggie's, Move more, Fife Carers Centre, Counsellors and Support in mind.

Diagram 6

"I've loved having you visit me at home to talk things through with me. Knowing that there was someone to turn to who would listen and help me has made a big difference and I've really appreciated it". (M. Carer, West Fife)

"...you listened in a non-judgemental way, I could bounce things off you....you provided emotional and practical support". (M. West Fife)

From both the quantitative and qualitative data gathered there is evidence that Carers have benefitted from LAC involvement as they have reported a significant increase in feeling supported and listened to but also in their confidence. This is further evidenced by the change in where support is received. A move away from family, friends and medical staff to local third sector organisations, services and groups.

Discussion

1. Development of an integrated cancer care pathway into the community

A fundamental principle of the ICCC project was to work in partnership with both Phase one TCAT projects and the third sector but even with a good partnership structure in place it was a challenge for the ICCC project to set up and establish the pathway for support from a LAC and integrate this into the existing cancer care pathway. Extending the referral routes into the project was also a challenge but having achieved this, it proved successful over the operational period of the project.

As well as gathering data about the experience of people affected by cancer, questionnaires were also sent to professionals who had referred into the project. Although the return rate was low, the feedback that was received was very positive with all respondents reporting that they valued the LAC approach within the cancer care pathway.

So, what difference did the ICCC project make to people affected by cancer in Fife? To answer this question it is necessary to consider how the LAC approach differs to other approaches within health and social care. The personal outcomes approach is well embedded within Fife Health and Social Care Partnership which means there is already an expectation that people affected by cancer will receive person centred care and support through their cancer journey. If the ICCC project did not exist, then people affected by cancer would still receive high quality personalised care but the pressure within the organisations to deliver with finite resources does lead to services being targeted to defined areas of need and therefore not all people get access to support when they need it.

The difference with the LAC approach is that it can be the bridge between services and between the clinical and non-clinical. By providing one person who can get alongside the person affected by cancer and empower them to identify what matters to them and what they need to do to make that better can make all the difference to people trying to navigate a complex service landscape.

"The most valuable support we have received so far has been being introduced to the TCAT Local Area Co-ordinator" (C. Central Fife)

In the first half of the operational phase of the project there were few referrals from nursing staff but this improved as trust in the project increased. Through a programme of meetings and briefings, clear links were established with the day hospice, groups of Cancer Nurse Specialists and Community Palliative Care Nurses

"The medical staff have done their best but nobody really offered me any support and I didn't know whether there were any organisations that could help me". (H. Central Fife)

Table 5 below shows where the 130 referrals of the original cohort originated from. The table highlights the large amount of referrals that have come from the Social Work Contact Centre and the other referral routes within NHS Fife.

Table 5

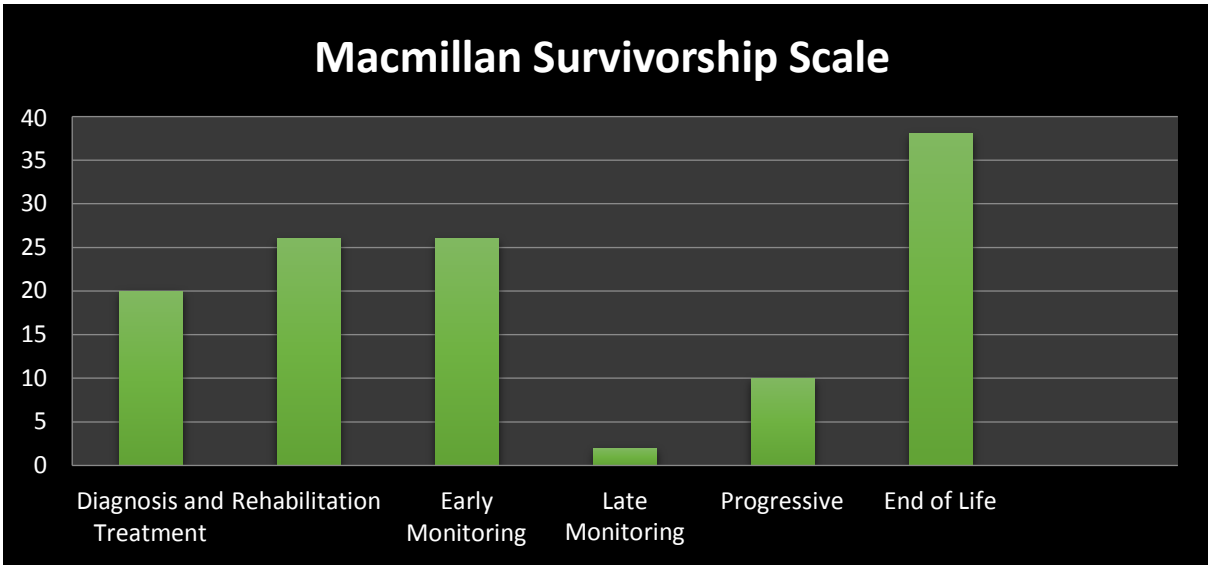
Referral Route into Project	Number of referrals from 130 Cohort
Allied Health Professional - NHS	14 (11%)
Allied Health Professional – Social Care	5 (4%)
Cancer Nurse Specialist	4 (3%)
Community Palliative Care Nurse	22 (17%)
Contact Centre (Fife Council)	58 (45%)
GP	1 (1%)
Hospice	13 (10%)
Self-Referral	5 (4%)
Social Care (other Professionals)	3 (2%)

Third Sector	5 (4%)

Macmillan Survivorship Pathway

From the original 130 core data group, it was possible to plot which part of their cancer journey they were on by using the Macmillan Cancer Support Survivorship Pathway. This is depicted in diagram 3 below. (See appendix three for more information).

Diagram 3



In the diagram the timeline from rehabilitation occurs within 1 year of diagnosis. Early monitoring is up to 5 and 10 years from diagnosis (split into 2-5 years from diagnosis and 5-10 years from diagnosis). Late monitoring is beyond 10 years from diagnosis. Progressive illness means incurable disease, (not in the last year of life). End of life means in the last year of life. These definitions/timescales are attached to the scale.

Overall this scale demonstrates that referrals came from people across the whole journey; from those who had just been diagnosed to those at the end of life. This range of referrals provided the opportunity to evidence the impact that the LAC approach can have across the cancer journey and not just after treatment.

The Social Work Contact Centre advised that it is mainly people with cancer who have palliative care needs that are referred to them. The ICCC Project received a high number of referrals from the Social Work Contact Centre and the diagram above demonstrates this in relation to high numbers in the end of life category.

2. Testing the role of the Local Area Co-ordinator (LAC) in Community Cancer Care

LACs have traditionally worked with children and adults with learning disabilities. The ICCC project wanted to test this within cancer care.

The evidence confirms that the person centred, strength based approach which is highly regarded within learning disability models of care, was equally valued within cancer care. It was recognised that the LAC approach, which requires an investment of time to build rapport, led to people reporting feeling valued, connected and in control, not rushed or compromised by lack of time. The LACs also offered as many contacts as the person required and allowed the person affected by cancer time to follow through on their own plan of action to reach their goals. The ICCC project identified that this approach was necessary empower people affected by cancer but it did lead to a build-up of referrals and therefore a waiting list. Whilst it was important for the ICCC project team to fully test the LAC approach realistically this may not be sustainable. The challenge is identifying how to hold onto the aspects of the intervention which people valued whilst managing to see people within a reasonable timescale.

Holistic Needs Assessment

One of the aims of ICCC project was to use the Macmillan Concerns Checklist Holistic Needs Assessment, (HNA). This a self-assessment which allows the person affected by cancer to identify their concerns about their cancer experience. From this a care plan is co-created.

The Macmillan HNA is used widely within health settings by health professionals but not with social work services.

Access to social work services within Fife Health and Social Care Partnership requires an assessment. If it had been agreed that the personal outcome support assessment be used by the LAC's, (the assessment framework used within Adult and Older People Services), this would have required every person affected by cancer be referred to Social Work Services.

In striving to improve the cancer pathway and test the LAC approach, it is accepted that current pathways can lead to people being referred to services with waiting lists and screening processes and this ultimately prevents the person at the centre from getting the right information or support at the right time.

Testing the HNA was an opportunity to test whether an assessment tool which is used in a clinical setting can also be used in a non-clinical setting and whether the LAC approach added value to the process by ensuring the outcomes/goals were not focused only on clinical outcomes.

The HNA assessment is completed and owned by the person affected by cancer and is the starting point of a strength based “what matters to me” conversation that acknowledges the effects of cancer on the person’s life.

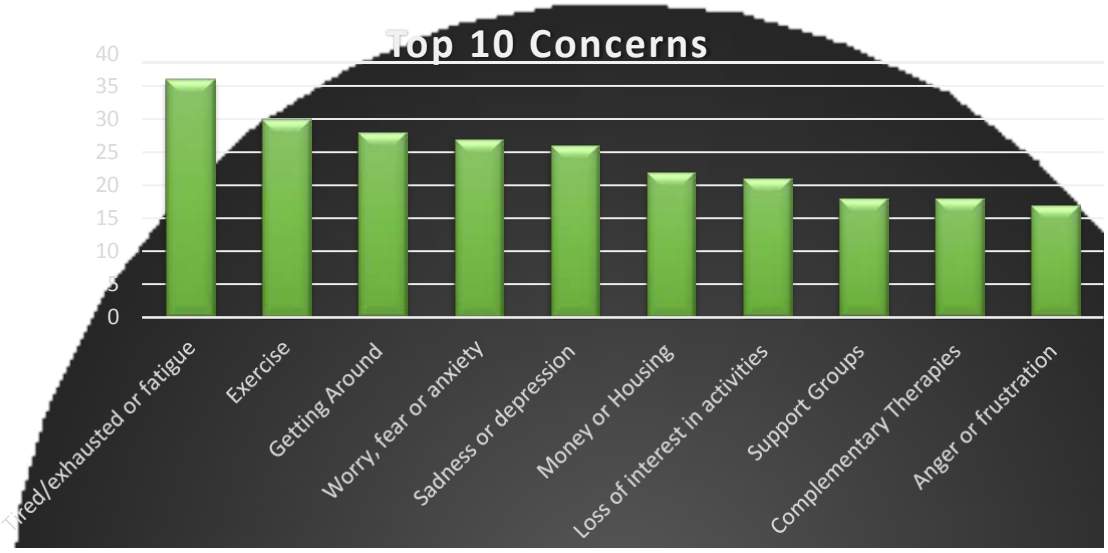
The care plan is produced by the person and the LAC together with a focus supporting the person to recognise their strengths and how they can achieve goals which build their confidence and resilience to live with and beyond their cancer diagnosis.

As the person affected by cancer has ownership of the Holistic Needs Assessment and care plan, they are therefore in control of who they wish to share the documents with.

Use of the Concerns Checklist HNA and Care Plan within the ICCC project confirmed that this tool can be used successfully in a non-clinical setting and that with the added dimension of the LAC approach, people affected by cancer reported feeling empowered and more in control.

The 10 most common areas of concern

Diagram 7



The diagram above highlights that for those people who used the ICCC Project, the top 10 most common concerns raised were not medical. This strengthens the argument that a truly person centred and integrated pathway needs a mechanism which “bridges” the clinical and non-clinical. The ICCC Project believes this mechanism was the HNA and the intervention of a worker skilled in applying the principles which are found in the LAC approach.

Many professionals who referred to the project indicated that they did not have an extensive knowledge of the range of community services and assets and referred to the ICCC project for this reason. This does indicate that other professionals recognised that the ICCC Project was able to provide something important that within their day to day work,

was not something they could fully provide. What the LAC's had which they did not, was time to spend with the person affected by cancer to listen without having to apply criteria, (clinical or non-clinical) or keep the conversation focused to one area, (clinical or non clinical).

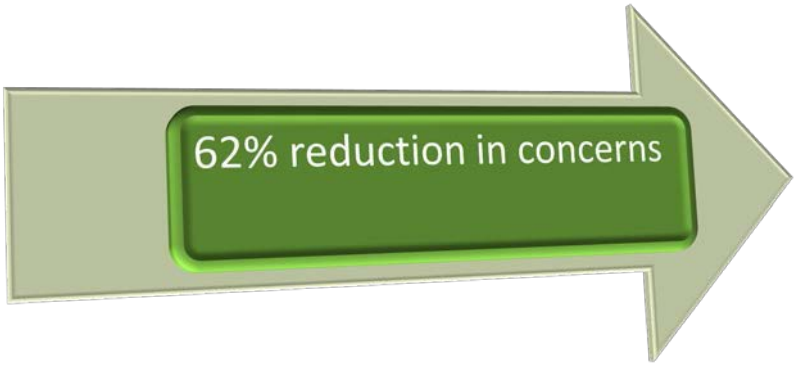
"The LAC is very valuable in meeting the more "non-clinical" needs – these are often the things that exacerbate symptoms due to anxiety/worry/not knowing what is available. LACs help ensure patients have the information and more importantly the support to access services/resources." (AHP, NHS Fife)

Follow up Work

It was recognised that follow up visits and phone calls offered extended support to the person affected by cancer and allowed them time to follow through on their plan of action to reach their goals. As the Holistic Needs Assessment is a "point in time", self-assessment, people were encouraged to complete it a second time near the end of the LAC involvement. This enabled the person affected by cancer to revisit any remaining concerns or issues and also an opportunity to compare how things felt for them at the start of their process and the end.

From the cohort of 104 Service Users; there were **484** concerns raised from the first Holistic Needs Assessment. At the point of the second Holistic Needs Assessment and follow up work the number of concerns reduced to **185**; a **62%** reduction in concerns raised; which is depicted in diagram 8 below.

Diagram 8



Analysis of the 185 concerns raised in the follow up sessions found they were mainly physical in nature which is understandable when looking at the results of the Survivorship Scale which showed that people affected by cancer within the cohort are concentrated within the diagnosis, rehabilitation, early diagnosis and end of life stages. The analysis of the concerns raised highlighted that most of the other concerns in the other areas of the Holistic Needs Assessment, such as those depicted in diagram 7 where resolved fully or were being worked on.

Self-Management

One of the key aims of the national TCAT programme is to help people play a more active role in managing their own care; supporting and encouraging self-management skills.

The project findings have evidenced that people affected by cancer have identified an improvement in their confidence and feeling involved in decisions and the approach of the LAC was a key element.

"Being involved with the TCAT project has been really good because it let me know about other groups and organisations who were there to support me and I wouldn't have done anything on my own without that help". (S. West Fife)

The LACs acquired a robust knowledge of support services in the community and helped people affected by cancer consider whether those services could compliment their own resources and increase their feelings of being in control. The LAC's consequently helped people affected by cancer refer to a large range of groups, organisations and services within their local community and wider.

"The best thing has been the way you've linked everything together, that you came out and said things would happen and they did, it's been fantastic and that's never happened to me before". (C. North East Fife)

From the data gathered for the project, there is evidence that people affected by cancer feel more supported and feel they have more access to services which has enhanced their ability to take more control within their cancer journey.

The project evaluation has captured information on engagement with community services/groups. From the 104 cohort of people affected by cancer, **67** engaged with the ICCC service and accessed services and supports in their local community as did all **18** Carers. Adding both the person affected by cancer and Carer figures together means that **85** people accessed community services.

From the data collected on the LAC follow up work of the 104 cohort**, 49 out of the 67 (73%)** fully engaged with community support and information sources and have moved forward into managing their condition and helping them deal with the physical, emotional and financial impact of cancer treatment as well as enjoying hobbies and past times within their communities.

Many of these groups, organisations and services are depicted in the word cloud below;

"At the point when I was put in touch with the TCAT Project, I didn't know which way to turn. I knew that I needed help because I

was really struggling but I didn't know who could help me or how to get that help. I spoke to the Macmillan Welfare Adviser and she told me about TCAT and put me in touch with the project. For me personally, being involved with the project has been marvellous. Everything moved so quickly and I was put in touch with organisations who could help me. I've been attending an exercise class at Move More and a computer class locally as a result of being involved with TCAT." *(E. West Fife)*

People living in outlying, rural areas of Fife reported very limited access to centralised services and supports due to poor transport links. This has been a challenge to the ICCC Project.

Within Fife there is an online search tool called "On Your Doorstep" for sourcing community groups, organisations, information or support which has allowed the LAC to source invaluable information on local community groups and services. Work has begun to input the data bank of known groups and organisations that the ICCC LACs have compiled around cancer care onto the "One Your Doorstep" websites to make this accessible to more people to aid self-management.

Meeting Health and Wellbeing Outcomes through the Role of the LAC

The following case study illustrates how the ICCC Project and the LAC approach is consistent with the Health and Wellbeing Outcomes.

R.R and J.R. and their Cancer Journey with ICCC Project

R.R. was referred to the TCAT service from the Social Work Contact Centre. She had been diagnosed with breast cancer but had a previous diagnosis for breast Cancer over 10 years ago.

R.R. lives centrally in a large town with her 19 year old son (JR) and is experiencing physical difficulties due to the side effects of her cancer treatment.

R.R. has been feeling unsupported and had difficulty accessing local support services. What really matters to RR is how her son is coping in his caring role and how he is managing to cope with his studies at college.

Holistic Needs Assessment and Care Plan Completed	
Concerns Highlighted	**Care Plan – Outcomes**
Physical Concerns R.R. listed 11 physical concerns including issues with **pain, fatigue, sleep and appetite**	R.R. was encouraged to speak to the CNS and GP for advice about specific physical concerns. Information booklets about fatigue and management of symptoms of cancer treatments were sourced and provided.
Practical Concerns R.R.'s practical concerns surrounded **caring for her son**, **insurance and travel** as she wished to go on holiday with her mum and she was having **issues cooking**	R.R. wanted to cook for her son but was functionally unable therefore to reach her goal she agreed to a referral to the Social Work Occupational Therapy Service for a functional assessment and to a referral to the Marie Curie befrienders to work together on meal preparation. The LAC sourced information about wheelchair travel in the airport and abroad plus information about travel insurance to assist R.R. to start planning the trip with her mum
Family Concerns R.R. reported concerns about how her son was coping with her illness and about how this affected other relatives and friends	R.R.'s son requested a Carers Referral to work with the LAC R.R. agreed to a referral to Fife Community Listening Service referral to talk through family concerns. The LAC also provided information booklets on talking about cancer to family and friends.
Emotional concerns R.R. reported issues of sadness/depression and of loss of interest in activities	This is another area of work the Community Listening Service worked through with R.R. and she was also supported to go on to speak to her GP to explain her emotional concerns and get advice about whether there was any treatment she could benefit from.
Lifestyle Concerns R.R. was sad that physical limitations were preventing her from walking her dog.	The Marie Curie Befriender accompanied R.R. on walks with and her dog which gave her confidence. R.R. enjoyed being able to do this.

JR is the 19 year old son of RR and studies full time at college. He lives at home with his mum and is her main carer. He tends to assist mainly in household tasks. JR reported that he does get some support from his sister via the phone as she does not

live locally. JR self-referred to the ICCC LAC once he knew that carers could also access the service. He explained to the LAC that he was looking for advice and help as he did not know where to access support locally. JR expressed the anxiety that he was experiencing in his caring role and was planning to give up college to relieve some of his stress.

Carer Assessment and Care Plan Completed	
Concerns Highlighted	**Care Plan – Outcomes**
Anxiety and stress	The LAC referred JR to a teenage and young person psychologist for counselling to allow him to discuss his situation and find ways to cope.
College Studies	The LAC negotiated a meeting with the curriculum head at College who then offered solutions to JR to help him cope with his studies along with his caring responsibilities. He is now able to work more from home. He emails his assignments and course work to his course lead which has enabled JR to cope with his studies and caring role. As a result of this intervention JR has decided to stay at college.
As a result of the outcomes of the LAC intervention for JR he has reported feeling more supported and now feels he can carry on with his studies. As a further outcome, RR feels that her concern surrounding her son's ability to cope has reduced which has improved her own health and wellbeing.	

Relating this to the 9 national health and wellbeing outcomes of integration (appendix one) it is clear that LAC approach complements these. Looking at the case study for RR it can be clearly seen the correlation to the nine health and wellbeing outcomes around the journey towards self-management and independence. RR has been treated with dignity within an inclusive service which has helped to improve her quality of life. Also, the same person centred approach was taken with RR's main carer, her son. He was treated with the same care and respect and was able to improve his own health and wellbeing outcomes with input from the LAC.

3. Development of the Cancer Champions network within TCAT

Currently there are 29 Cancer Champions in the network (8 from Adult Services, Social Work; 3 from Occupational Therapy, Social Work; 3 from Adult Services, Adult Resources; 6 from Older People Service , Social Work; 1 from the independent sector; 8 from the third sector).

The Cancer Champion Network is an integral element of the ICCC project, set up to spread and share acquired knowledge within teams, identify gaps in service and improve signposting. It was anticipated that this practical networking approach would enhance the impact of the phase 2 project by raising awareness about cancer and the experiences of people affected by cancer.

The Cancer Champion Network evolved over the life of the project. Initially the network was limited to people employed within Adult Services, (where the ICCC Project lead was). The rationale for this being that we wanted to get the network established with a smaller group before we widened out to other partners within health and the third sector. The intention was that once the network was established the project would look for a host out with Adult Services and ideally out with the Fife Health and Social Care Partnership.

Fife Voluntary Action agreed to host the Cancer Champion Network to assist the transition away from the Fife Health and Social Care Partnership with the end goal of having an independent, integrated group in Fife for sharing and learning, sitting confidently within the third sector.

4. Work effectively within an integrated framework to enhance the success and sustainability of the TCAT project (Aims 4 and 5 combined)

TCAT's preference was that all phase two local authority projects would link with the respective phase one NHS project, (if one existed). The ICCC Project was able to achieve this by linking with both Fife NHS Projects.

This integrated approach between the Fife projects promoted shared understanding, shared learning and wider partnership working with our third and independent sector partners.

The phase one NHS Fife skin project and the phase 1 NHS lung project initially had separate steering groups. The ICCC Project initiated a shared steering group for all 3 projects. This joint steering group had representation from NHS Fife TCAT projects, Fife Health and Social Care Partnership TCAT project, Fife Council, patient representation, third sector, Macmillan Cancer Support and South East Scotland Cancer Network, (SCAN).

Both of the phase one NHS Fife projects had operational groups as did the ICCC project, (phase 2 H&SCP) and each project was represented on each operational group.

A joint newsletter was developed which allowed for joint communication strategy of all 3 projects.

The development of the Fife TCAT Patient/Carer Reference Group which involved Patient and Carer representatives from each TCAT project ensured that

Educational events and presentations for Macmillan Cancer Support, SCAN and Melanoma workshops were jointly arranged by and for NHS Fife, Fife Council and Fife Health and Social Care Partnership staff

The ICCC Project worked jointly with Maggie's Centre, Fife in supporting the peer to peer sessions.

The Cancer Champion network was established to bring people with an interest in cancer together from all sectors (including people affected by cancer and their carers). This enhances integrated and joint working by creating opportunities for making relationships and networking.

The ICCC Project worked jointly with Move more Fife, Fife Council.

There was also close working with Citizens Advice, Rights office, Fife (CARF).

Partnership working with Primary Care services helped to develop the referral routes and extend community networking.

The ICCC project worked closely with Victoria Hospice to support the discharge of day patients back into the community

An approach was also made to Fife Forum who employ LAC's, to consider how their LAC's could support people with cancer by replicating the project's approach and also to discuss the benefits of developing a local LAC network.

The commitment to partnership working by all 3 TCAT projects enabled sharing of knowledge, improved understanding of each other's service/profession and shared goal to contribute to a cancer strategy in Fife that and makes a real difference to the experience of for people affected by cancer in Fife. Working together at a strategic and operational level established relationships and strengthened the commitment to continue developing integrated working for cancer services in Fife.

Further detail of specific partnership working with both of the NHS phase one TCAT projects is outlined below;

Melanoma TCAT Phase One Project

The ICCC project worked closely with staff from the Melanoma project to develop a local resource information bank. This was started by one of the specialist dermatology link nurses and then handed over to the ICCC project to further develop with information on resources in the local community. The LAC's link with staff from the Melanoma project at regular intervals to update on progress of the information bank and share any new information to update it. Work is underway to start including this data bank of local information onto the Fife "On Your Doorstep" information website and then onto the national NHS Inform website to widen access as much as possible.

The Melanoma project delivered workshops to their patients and the LAC's from the ICCC project participated in those workshops. They delivered sessions about their approach and the support they can offer. Feedback was very positive. The LAC's have supported 5 workshops to date and have another 3 planned for 2107.

Lung TCAT Phase One Project

The ICCC project and the lung project both participated in a trial of a shared NHS/H&SCP portal. This provided data for the "proof of concept".

Effectively each project was able to access agreed information from their respective information systems. This resulted in a reduction of duplication of some aspects of work. As the portal was a test site there were a few issues but generally it was felt by both projects that the shared portal would be of benefit to patient care.

Fife TCAT Patient/Carer Reference Group

The ICCC project worked closely with Simon Malzer from Alliance Scotland who is the User Involvement Manager for the TCAT programme and oversees the Patient Experience Panel.

The Fife TCAT Patient/Carer Reference Group was developed to offer patient/carer representatives a more meaningful, proactive role within the TCAT project. As there was a referral route from each phase 1 project into the phase 2 project it was agreed that the phase 2 project would co-ordinate the group along with Simon.

The group wanted to gather feedback from people who were going through their cancer journey and were experiencing the improved cancer pathway through TCAT. The information gathered was then to be fed back to the projects to help inform and enhance future service development. Initially the plan was to organise focus groups but numbers were small so a peer to peer meeting scheme was established. The peer meetings were programmed to take place in Maggie's Centre, Kirkcaldy or other community venues which are more local to the individual to offer some flexibility. The Local Area Co-ordinator organised and supported the meetings and with consent, recorded the positive and negative aspects of the individual's cancer journey as well as suggestions to improve services. The

peer model also offered an option of home visits for people who were unable to leave their home.

A number of peer meetings were undertaken by the patient representative from the Melanoma project with one of the LACs. The findings from the sessions were fed back to the Melanoma project and affected some changes within the delivery of the care pathway for the Melanoma project which validates the effectiveness of the peer meetings. Appendix Five outlines the working Peer to Peer Model established through the TCAT Patient/Carer Representative Reference Group.

Work is continuing to look at ways of sustaining the valued work of the TCAT Patient/Carer Reference Group. Maggie's Centre staff already have a connection to the group and may be able to offer more support in the future. In the meantime the Melanoma workshop programme is set to continue and therefore more opportunities will be available to offer peer meetings to patients who would want to share their cancer experience.

Limitations, Challenges and Sustainability of ICCC TCAT Project

A strength of the ICCC project has been its responsiveness to emerging opportunities or gaps in services. However this flexibility did create problems in relation to the data gathering, (required for the wider, external Napier Evaluation). For example, the initial questionnaires was revised to improve the usability of the form. Also, the LAC questionnaire was an additional form added to get more in depth information on the LAC approach when it became apparent that there was not enough detailed information being gathered. On reflection, these changes helped the collection of qualitative data but had an impact of limiting the amount of in depth quantitative data gathered.

The other main issue surrounding incomplete data sets was the decision to have open up referral routes for any person affected by any cancer type at any point in their cancer journey. As explained earlier, many people were unable to complete a 2nd questionnaire, (designed to measure outcomes and what changed from start of LAC involvement to end), or they died.

Whilst this has been a challenge, there is evidence that people even at the end of their life, did benefit from the intervention of the LAC and any data we have been able to gather has been of huge benefit to the project. It has allowed the project to evidence the value of the LAC approach at all stages of the cancer journey,. Additionally it has provided the LAC's with an opportunity to gain experience in working with people aged 17, the youngest to be referred, all the way to 97 which is the oldest person to have contact with the LAC. This experience has also been gained in supporting people with different cancer types at different stages of their cancer journey.

The size of the project was a limiting factor. The ICCC project comprised the full time Project Manager and one full time and one part time LAC. The LACs cover the whole of Fife which is a very large geographical area with many outlining rural villages. As noted earlier there was a waiting list and a period of unplanned absence from the part time LAC had a further impact on this.

As the Improving Cancer Journey project starts up and progresses, the profile of cancer will continue to be raised at a strategic level within the Fife Health and Social Care Partnership and the continuation of the development of cancer services, the cancer care pathway and partnership working in Fife.

The Cancer Champion Network. The vision for the network is for it to be hosted within the third sector. The Improving Cancer Journey project will be able to progress this vision.

There is also an opportunity with this additional funding for Improving Cancer Journey, to build on the learning from this ICCC project regarding the value of the LAC approach.

Conclusion and Recommendations

There is evidence that the overall and individual project aims have been met.

There is evidence within the findings that the LAC approach has supported people affected by cancer to feel increased confidence as well as feeling supported and listened to. There is evidence that the LAC approach offers people the time and space to find the information and support which is right for them and this is valued by people affected by cancer and has a place within the Cancer Care Pathway.

"The TCAT project has helped me recognise what I want in life and has made me realise what is important to me". (C. Central Fife)

The Cancer Champion Network is continuing to develop into an integrated network of sharing and learning with a clear aim of improving services for People Affected by Cancer. The group are working towards a sustainable future through the hosting skills of Fife Voluntary Action.

The integrated framework of the Fife TCAT projects has allowed a collective approach to raising the profile of cancer and has developed a good foundation for the continual development of the cancer strategy in Fife.

Recommendations, based on the outcomes from the ICCC project, are as follows;

1. Learning from the ICCC project will inform the Fife ICJ project and help shape the service. The transition from the TCAT project to the ICJ project will need to be as seamless as possible to reduce the risk of creating gaps in service. Therefore the ICCC project referral routes will remain open so that the established and valued LAC approach will continue until the Fife Improving Cancer Journey is established.
2. An effective communication strategy will be required as the TCAT project ends and the ICJ project starts to reduce the risk of confusion and offer reassurance to people affected by cancer and professionals.
3. The LAC approach with Carers has been a successful element of the ICCC project and the level of information and supported navigation, specifically for Carers whose family member has cancer, has been valued. It is recommended this continue.
4. It is recommended to identify and set up meeting points/clinics in each locality of Fife, (or as many as possible), to offer a solution to the waiting list that has been

created by only offering home visit interventions. Home visits will still be necessary for some people.

5. It is recommended to increase the number of follow up phone contacts which will capacity of the LAC's. This approach should be monitored to ensure that it has minimal impact on the highly valued person centred approach.
6. For the LAC's to increase the amount of time they spend on community capacity building.
7. To continue and build on the achievements of the Fife TCAT Patient/Carer Reference Group. While this group will no longer exist as TCAT phases 1 and 2 come to an end in Fife, it is recommended that the group's legacy shapes the inclusion of "User Representative" involvement in the Fife ICJ project.
8. To continue and build on the Cancer Champion Network and continue discussions and negotiations to enable the network to be hosted within the third sector.
9. To continue working in partnership with NHS Fife and all other key stakeholders at a strategic and operational level to transform Cancer services in Fife.

Appendices

Appendix One

National Health and Social Care Outcomes;

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

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

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

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

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

Outcome 6 - People, who provide unpaid care, are supported to look after their own health and wellbeing; this includes the reduction of any negative impact of their caring role on their own health and wellbeing.

Outcome 7 - People, using health and social care services, are safe from harm.

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

Outcome 9 - Resources are used effectively in the provision of health and social care.

Appendix two – HNA and Care plan

Identifying your concerns

Patient's name or label

Discussed by:

Date:

Designation:

Contact details:

This self assessment is optional, however it will help us understand the concerns and feelings you have. It will also help us identify any information and support you may need in the future.

If any of the problems below have caused you concern in the past week and if you wish to discuss them with a health care professional, please tick the box. Leave the box blank if it doesn't apply to you or you don't want to discuss it now.

☐ I have questions about my diagnosis/treatment that I would like to discuss.

Physical concerns

- ☐ Breathing difficulties
- ☐ Passing urine
- ☐ Constipation
- ☐ Diarrhoea
- ☐ Eating or appetite
- ☐ Indigestion
- ☐ Sore or dry mouth
- ☐ Nausea or vomiting
- ☐ Sleep problems/nightmares
- ☐ Tired/exhausted or fatigued
- ☐ Swollen tummy or limb
- ☐ High temperature or fever
- ☐ Getting around (walking)
- ☐ Tingling in hands/feet
- ☐ Pain
- ☐ Hot flushes/sweating
- ☐ Dry, itchy or sore skin
- ☐ Wound care after surgery
- ☐ Memory or concentration
- ☐ Taste/sight/hearing
- ☐ Speech problems
- ☐ My appearance
- ☐ Sexuality
- ☐ Unplanned changes in weight

Practical concerns

- ☐ Caring responsibilities
- ☐ Work and education
- ☐ Money or housing
- ☐ Insurance and travel
- ☐ Transport or parking
- ☐ Contact/communication with NHS staff
- ☐ Housework or shopping
- ☐ Washing and dressing
- ☐ Preparing meals/drinks

Family/relationship concerns

- ☐ Partner
- ☐ Children
- ☐ Other relatives/friends

Emotional concerns

- ☐ Difficulty making plans
- ☐ Loss of interest/activities
- ☐ Unable to express feelings
- ☐ Anger or frustration
- ☐ Guilt
- ☐ Hopelessness
- ☐ Loneliness or isolation
- ☐ Sadness or depression
- ☐ Worry, fear or anxiety

Spiritual or religious concerns

- ☐ Loss of faith or other spiritual concern
- ☐ Loss of meaning or purpose of life
- ☐ Not being at peace with or feeling regret about the past

Lifestyle or information needs

- ☐ Support groups
- ☐ Complementary therapies
- ☐ Diet and nutrition
- ☐ Exercise and activity
- ☐ Smoking
- ☐ Alcohol or drugs
- ☐ Sun protection
- ☐ Hobbies
- ☐ Other

Please mark the scale to show the overall level of concern you've felt over the past week.

You may also wish to score the concerns you have ticked from 1 to 10.

1									10
Lowest									Highest

WE ARE MACMILLAN. CANCER SUPPORT

Department of Health

NHS Improvement

Care plan

Patient's name or label

Completed by:

Date:

Designation:

Contact details:

Level 1: Score 0–3 Mild concerns

Discuss sources of concern with the patient, include information, contact details and monitor.

Level 2: Score 4–6 Moderate concerns

As above for level 1 and provide information and discuss with a colleague if necessary and signpost to support. Use second level assessment tool if appropriate eg HADs.

Level 3: Score 7–10 Significant concerns

As above in Level 1 and 2 and use second level assessment tool if appropriate eg HADs and refer to specialist services if required.

Overall score on the scale:

Main concerns	Score	Description of concern	Plan of action

Copies sent to:

Next review due:

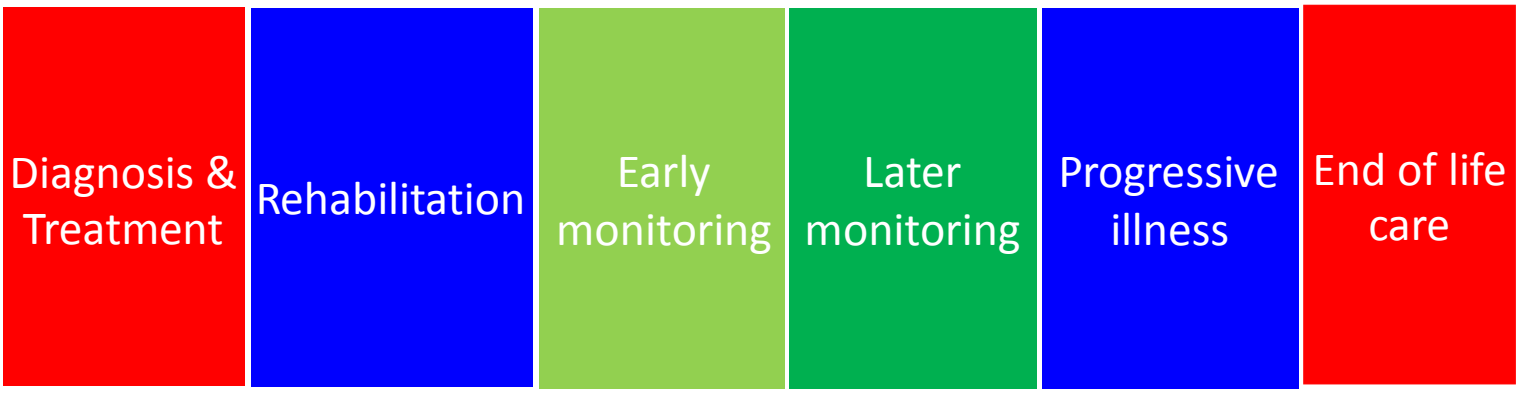
WE ARE MACMILLAN. CANCER SUPPORT

DH Department of Health

NHS

NHS Improvement

Appendix Three – Macmillan Survivorship Pathway



- Diagnosis and Treatment = newly diagnosed
- Rehabilitation = the first year
- Early Monitoring = Up to 5 and 10 years from diagnosis (split into 2 -5 years and then 5-10 years)
- Later Monitoring = Beyond 10 years from diagnosis
- Progressive Illness = Incurable disease but not in last year of life
- End of Life = End of life care in last year

Appendix Four – Example of a Project Questionnaire

PRE -TCAT: Patient Views and Experiences

Thank you for being part of the Integrated Community Cancer Support-Transforming Care After Treatment Project (ICCC-TCAT Project).

We are interested in finding out more about what has happened to you on your cancer journey before the ICCC-TCAT project has been involved.

By giving us your feedback we can understand your experiences better and identify how we can improve our service.

It will only take a few minutes to complete. The information you provide is anonymous and will be treated confidentially.

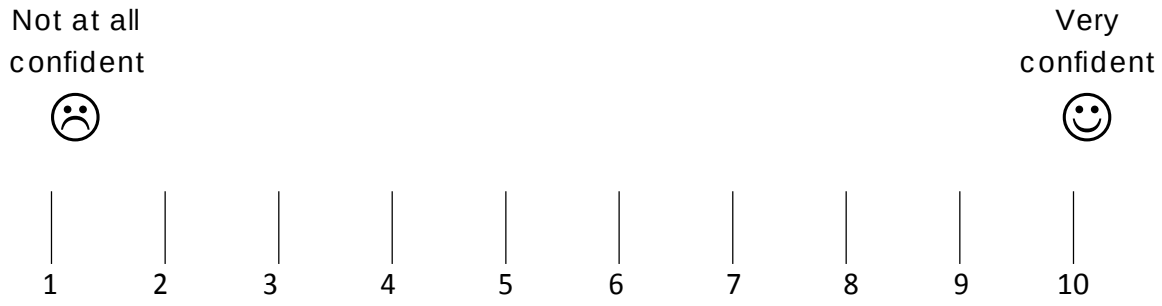
1. Are you male or female?

☐ Male

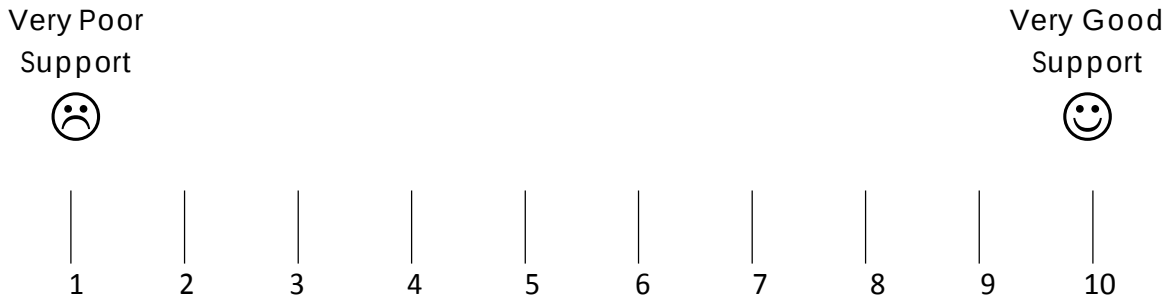
☐ Female

2. What type of cancer were you treated for?_____(please write in)

3. **Up until this point in your cancer journey** how confident were you that you could manage your condition by yourself? Here "managing" means understanding ways to cope and knowing where to seek help if needed.



4. **Overall**, how would you rate the support you have received through your cancer journey before the ICCC-TCAT project became involved? Here 'support' includes any appointments, advice you have been given, information, being referred to or signposted to people or organisations that could help you.



5. **Before** ICCC-TCAT project became involved, what has been the most **valuable support** you have received?

_____

_____

6. **Up until this point in your cancer journey**, do you have any ideas /comments about how the support you received at this point in your cancer journey could be improved?

_____

_____

7. **Up until this point on your cancer journey**, what extent were your needs met in relation to the following?

a) Managing side effects/consequences of treatment? (Tick one box only)

☐ Needs were met completely

☐ To some extent

☐ Not at all

☐ I did not want/need this type of support

☐ Don’t know/can’t remember

b) Knowing **where** to seek help if you need it? (Tick one box only)

☐ Needs were met completely

☐ To some extent

☐ Not at all

☐ I did not want/need this type of support

☐ Don’t know/can’t remember

c) Understanding **who** to ask for help it you need it? (Tick one box only)

☐ Needs were met completely

☐ To some extent

☐ Not at all

☐ I did not want/need this type of support

☐ Don’t know/can’t remember

d) Awareness of support available to your family/carers? (Tick one box only)

☐ Needs were met completely

☐ To some extent

☐ Not at all

☐ I did not want/need this type of support

☐ Don’t know/can’t remember

e) Knowing about other support services or groups you could use? (Tick one box only)

☐ Needs were met completely

☐ To some extent

☐ Not at all

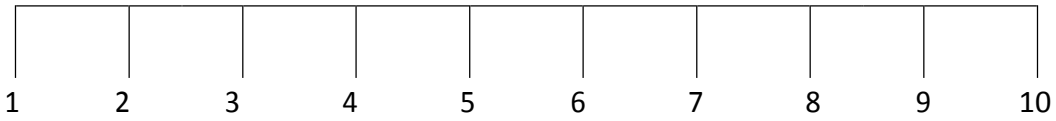
☐ I did not want/need this type of support

☐ Don't know/can't remember

8. **Up until this point in your cancer journey**, to what extent do you agree with the following statements?

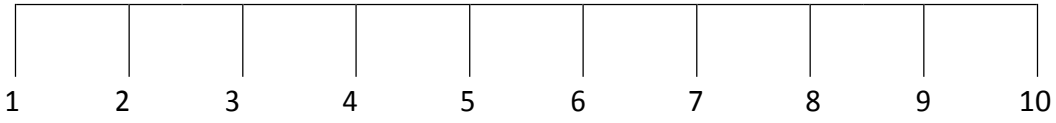
a) I was passed around from person to person without getting the support I needed

Strongly DISAGREE Strongly AGREE



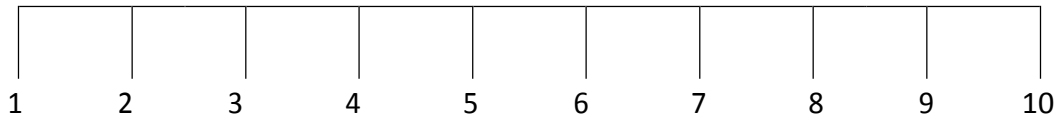
b) I was assisted to get other services and help, and to put everything together.

Strongly DISAGREE Strongly AGREE



c) I have been involved in decisions about my care.

Strongly DISAGREE Strongly AGREE



9. Up until this point in your cancer journey, have you used/visited any organisations, services or individuals for information, advice or support?

☐ Yes

☐ No

10. If yes, please list here the agencies, services and individuals you have received support from.

_____

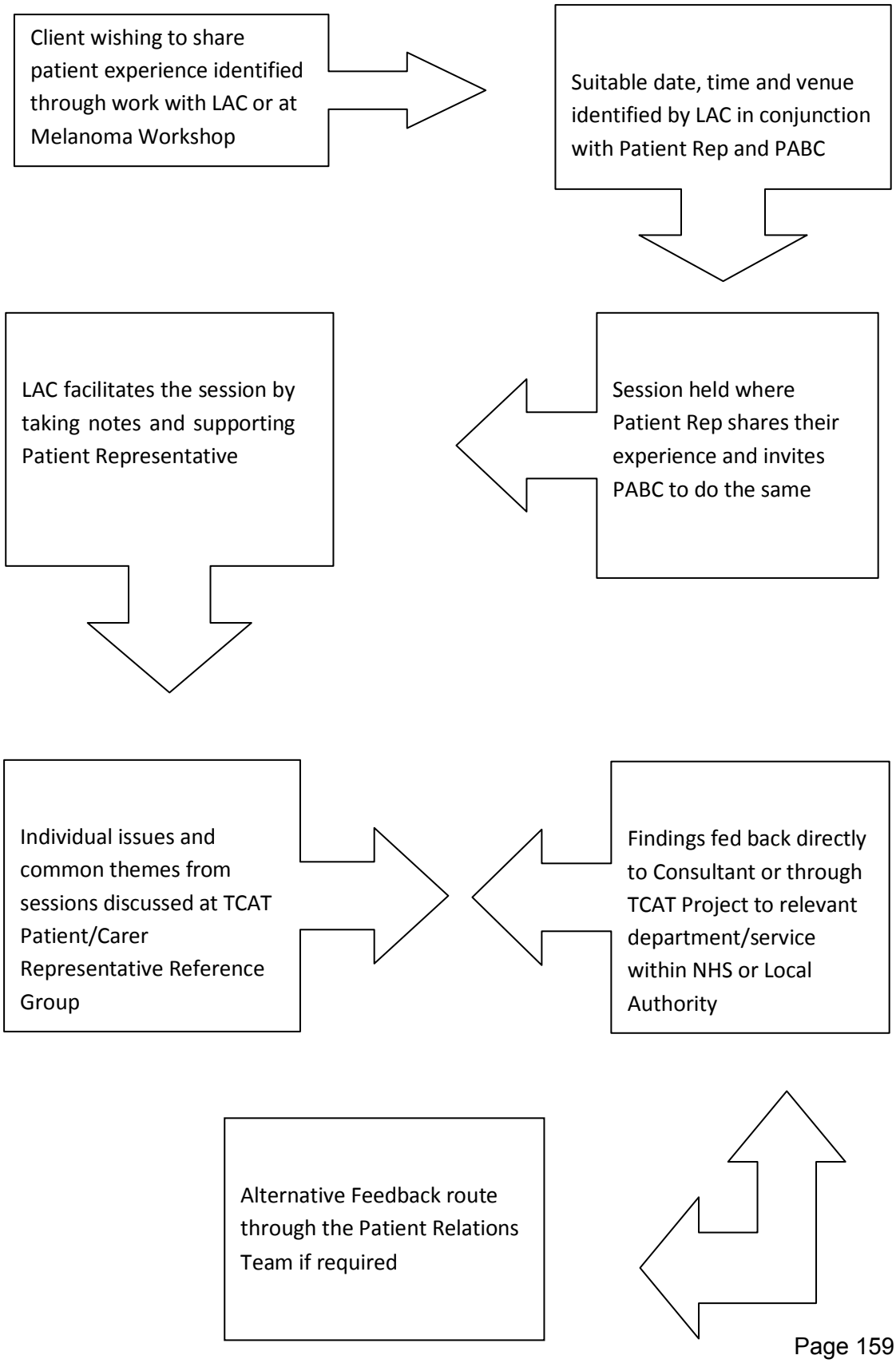
_____

Date completed: _____ Thank you

Project Number		Patient Number	

Appendix Five – Peer to Peer Model

Peer Support Sessions Process



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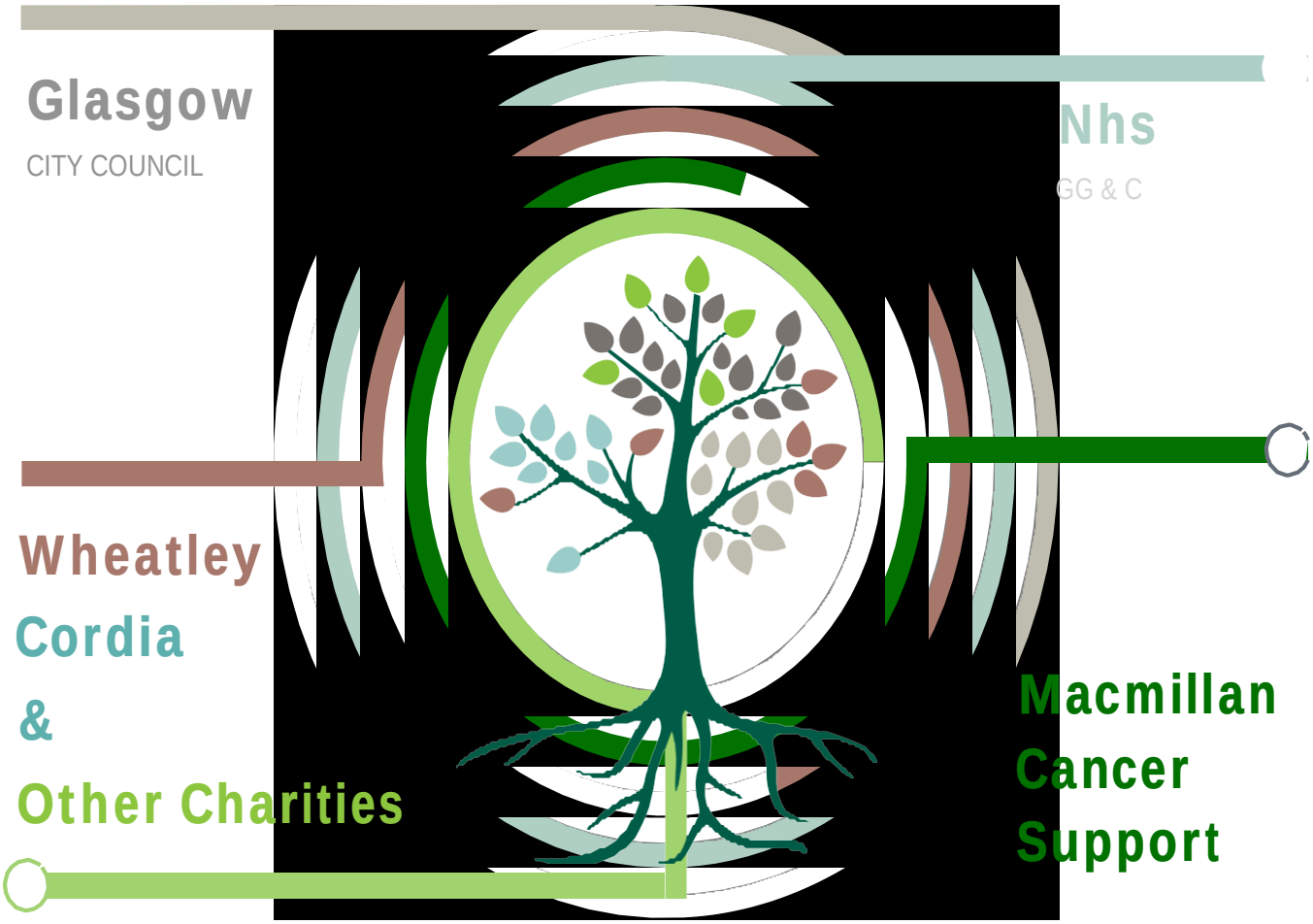
Improving the Cancer Journey

More than the Sum of its Parts

Second report from a five-year evaluation by

Edinburgh Napier University



Executive summary

Improving the Cancer Journey (ICJ) is a proactive community response to the needs of people in Glasgow with cancer. Shortly after diagnosis, people with cancer are sent a letter of invitation for a holistic needs assessment (HNA). HNA consists of a visit with a link officer to establish any physical, emotional, social, financial, family, spiritual or practical problems the person may have. Once these needs are identified the link officer either signposts or refers on to relevant agencies to support the person and their individual needs.

Since inception in 2014 ICJ has seen 2413 people, 53% women and 47% men. The average age is 63.5 years but it ranges from 24 to 100 years old. Lung cancer is the biggest diagnostic category, followed by breast, prostate and bowel, with these four accounting for 50% of all users. Most (82%) individuals described their ethnicity as 'white[1]', 54% had at least one co-morbidity and the vast majority were from the most deprived areas of Glasgow. Sixty-one per cent of ICJ service users come from the lowest SIMD[2] (SIMD 1). For comparison Glasgow City has 48% of its population in the bottom SIMD and Glasgow has more people in the most deprived areas than any other area in Scotland. ICJ is helping some of the most disadvantaged people in the country.

Most visits by the link officer took 60 or 90 minutes with the average taking 68.6 minutes. A total of 13,168 needs have so far been identified, an average of 6.3 concerns per person. The top three concerns overall remain: money and housing, fatigue/tired/exhausted and getting around. 1039 people (43%) declared they experienced financial difficulties and 209 had housing issues.

The majority of people were referred on to Glasgow City Council, Macmillan Cancer Support, Glasgow Life or the NHS, although the second largest category of referral (14.5%) was for 'self-management'. People have been referred to a total of 220 different agencies.

Level of concern as identified through the HNA reduced significantly between the first assessment visit and last review carried out by the link officer. Scores went

[1] Including White Scottish, White Other British and White Irish

[2] The Scottish Index of Multiple Deprivation (SIMD) identifies concentrations of deprived areas across Scotland. SIMD 1 is the most deprived. For more information: http://www.gov.scot/Topics/Statistics/SIMD

down from average 7.15 (out of 10) to 3.85, a statistical and clinically significant drop. The majority rated the outcome of their referral as 'very helpful', giving it 9 out of 10 on average.

As ICJ is helping those most in need it is difficult to use comparisons to show 'quality of life' improvements. This is because the people using ICJ are more in need than any comparable cohort. From the routine data and the client interviews we saw that a significant area of support for people receiving ICJ is financial and housing support. Yet, in our questionnaire we focused on proxy measures of these such as quality of life, social support, and well-being, rather than direct measures of, for example, financial support. Consequently, we will review how suitable our questionnaire measures are before the next phase of data collection.

The client interviews revealed in detail the benefit of ICJ to the individual. Being able to deal with everything 'in one place' was seen as beneficial especially when they had little energy during their treatment. The fact that ICJ could navigate the support systems with and for them was helpful. Most were worried about money and either did not know about any of the help available prior to meeting with ICJ or felt it was inappropriate to raise these concerns in a health setting. Consequently, having an accessible expert to guide and support someone through the cancer care system provided security, reassurance and the confidence to self-manage.

The previous report[3] identified the key components of success: strong leader, strong buy-in from all partners, a skilled workforce using a workable system. This analysis holds. What this report adds is the background machinations within the partner agencies and their motivations to make ICJ succeed. Readers looking to better understand the process to develop similar services should read chapter six in particular.

In summary, ICJ stakeholders see it as a model service, a working example of government aspirations to operationalise person-centred care through closer joint working across services. The importance of this is hard to overstate. Historically, health and social services have been trying to work together since aspirations of a

[3] https://www.macmillan.org.uk/_images/Glasgow-improving-the-cancer-journey-programme-summary_tcm9-301275.pdf

'seamless service' first appeared 40 years ago. The fact that ICJ is a working example makes it extremely important to understand.
Partners see the proactive person-centred vision of ICJ as key to buy-in in the first instance. Joint working across the organisations enabled a more appropriate and efficient use of staff resource and ultimately improved coordinated care and greater access to services for the individual. The positive feedback from early successes further enthused partners, and so effort was rewarded then redoubled and so on. There is emerging evidence that the service is beginning to free clinical staff time because the most appropriate person is dealing with identified needs. This will be evaluated further. If generalizable, this is not just better for the patient, it is also more efficient for the health service. As a model to follow the components remain very simple: strong leader, strong buy-in from all partners and skilled workforce using a workable system.

The Scottish Cancer Strategy set out nine statements under the heading: 'What would success look like'. The first report mapped success against these statements and that exercise is repeated here. In summary, ICJ continues to succeed. It addresses health inequalities by providing a more equitable access to services and treatment; over 77% ICJ service users come from the most deprived areas of Glasgow (SIMD 1 & 2). This is notable as people from socioeconomically disadvantaged groups are less likely to make use and benefit from the care system.

The Nine National Health and Wellbeing Outcomes provide a framework for improving integrated services in Scotland. ICJ aligns seamlessly with the principles of this framework by adopting a personal outcomes approach. Through the HNA the support provided to ICJ service users is based on their need. This recognises the multifaceted consequences to receiving and living with a cancer diagnosis allowing the individual to shape the care and support they receive. ICJ delivers across all nine Health and Wellbeing Outcomes[4]. For example, ICJ has a dedicated housing professional within the team who ensures people are prevented from homelessness and are supported to live in their own home independently and for longer. ICJ has so far prevented 26 people becoming homeless as a function of their cancer diagnosis. There is no doubt ICJ is having a significant positive impact across Glasgow consistent with the objectives of government policy.

[4] See Appendix 1 for a mapping exercise conducted by ICJ that aligned the service to the 9 outcomes

In summary, the results have been presented at the service, individual and cultural level for clarity but they are all intertwined. The routine service data provides a profile of service usage. Through this we understand more about the reach of ICJ, the range and severity of concerns for ICJ service users and where people go next in their 'journey'. The client interviews provided depth to these figures. Moreover, they gave insight into the experience of using the service from the perspective of the ICJ client. Finally, from a cultural perspective ICJ was seen to be a working example of government aspirations to operationalise person centred care through closer joint working across services.

Recommendations and Next Steps

1. Continue to fund ICJ

We recommend ICJ should continue to be funded. ICJ helps the most vulnerable people in society at a time when they need the help most. It does this proactively, systematically and (inter)professionally. It is a working model of integrated care at a time when most service providers are wondering how to operationalise the idea. For example, the Chief Medical Officer talks about the NHS delivering 'Realistic Medicine'. Realistic Medicine:

> *… puts the person receiving health and care at the centre of decision-making and encourages a personalised approach to their care.*

ICJ is already doing this. The fact that it does it so comprehensively makes it a model to follow.

2. Further explore the clinical significance of the drop in 'level of concern'

This report is the first to show objective benefit of ICJ using the metrics available within the HNA. It showed that average 'level of concern' reduced from nearly seven to below four. Given the HNA was developed from the distress thermometer (DT), and any such drop in DT is considered clinically significant, then this finding should be explored in more detail in the next report.

3. Create a matched sample to compare outcomes between ICJ and a non-ICJ cohort.

There is a small window of opportunity to create a matched cohort in other Scottish cities so that service usage could be meaningfully compared between an ICJ and non-ICJ sample[5]. Permissions are in place to do this, and strict control should be placed on the parameters 'time since diagnosis' and deprivation category given these factors are so instrumental to quality of life.

4. Measure financial well-being

There is a possibility that the tools we chose to measure impact are not relevant to ICJ. We chose proxy measures: 'well-being', 'general health' and 'quality of life', partly because economic evaluations could be constructed from these measures. However, it is fair to say that so far, they have not been useful in articulating what is important to users of ICJ. The next evaluation will incorporate measures of financial well-being, given this is such an issue for this cohort.

5. Understand the carer experience

The Scottish Government talks about people with cancer 'and their families' being cared for. The next report will focus on the carer experience to examine the degree to which ICJ helps them.

6. Understand the impact of outreach

ICJ now has outreach in acute care. The setting the HNA is delivered in may have an impact on concerns raised and user experience. We recommend this be evaluated from all perspectives.

7. Explore the prevalence and impact of signposting and referral

In order to 'close the loop' we need to understand what happens to people who have used the service. For example, if someone actively engages with a service after being signposted or not. Evidence suggests that once people know about ICJ they will use it again if they need to. This will also be followed up.

[5] Previous attempts to match cohorts for this purpose resulted in wide disparities in deprivation categories and time since diagnosis, such that the 'control' group was considerably better off and further on with their recovery. This prevented meaningful 'like for like' comparison.

8. Saving clinical time

This evaluation found compelling but anecdotal evidence for clinical time being utilised more productively. The next evaluation will gather empirical evidence.

9. Consistent data entry and reporting across all areas adopting the ICJ model to enable UK comparisons and service provision

Consistency of reporting will be key to understanding future changes. Data has not historically been consistent, both within ICJ and more widely, making reporting difficult. We recommend Macmillan Cancer Support and Glasgow City Council set up a short working group, including evaluators from Edinburgh Napier University, to ensure all data are consistently entered and recorded.

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Acknowledgements

We would like to thank the following people for their invaluable help in compiling this report:

Jan Savinc, research assistant and macro specialist at Edinburgh Napier University for his skill and patience merging many incompatible databases into one functional database. Thank you, Jan.

Thanks go to all our participants, for completing questionnaires, taking part in interviews or just providing your time.

Finally, thanks go to the ICJ evaluation group, for always providing context and explanations, but most of all for understanding the need for impartiality.

Equality Impact Assessment

Part 1: Background and information

Title of proposal	Fife Macmillan Improving the Cancer Journey
Brief description of proposal (including intended outcomes & purpose)	The Fife Macmillan Improving the Cancer Journey is a new service funded by Macmillan Cancer Support for a minimum of 3 years. The aims of the Fife Macmillan ICJ service is: 1. To develop and deliver clear, seamless and accessible pathways of care and support for PABC that are accessed timeously and appropriately, across organisational and professional boundaries, based upon a robust holistic assessment of need. 2. To bring about change in the way cancer care is delivered in Fife, through utilising the expertise of the H&SCP and their remit to support citizens in their own communities and working with local partners. 3. To bring about a change in attitudes and behaviours of not only practitioners, but also all other professionals and citizens themselves who have responsibility for treatment, support and information and advice to people with a cancer diagnosis, their families and carers.
Lead Directorate / Service / Partnership	Fife Health & Social Care Partnership, Fife Wide Division.
EqIA lead person	Jacquie Stringer, Service Manager
EqIA contributors	Fife H&SCP, Macmillan Cancer Support, NHS Fife, Fife Council, Fife Voluntary Action, Fife Council, Independent Sector, People Affected by Cancer and Voluntary Organisations.
Start date of EqIA	June 2018

How does the proposal meet one or more of the general duties under the Equality Act 2010? (Consider proportionality and relevance on p.12 and see p.13 for more information on what the general duties mean)

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	The ICJ service aims to promote the service by commissioning Information Service Division (National Service Scotland) to issue invitation letters to people living in Fife who have received a cancer diagnosis.
Advancing equality of opportunity	The service sets out specific actions to improve services for people affected by cancer. A scoping exercise has been undertaken which involved extensive consultation with people affected by cancer and the feedback from this will allow the ICJ service to identify gaps in provision, and ensure the service meets the needs of people affected by cancer living in Fife.
Fostering good relations	The Improving Cancer Journey Service will co-produce the service model with people affected by cancer. A co-production group meets every 8 weeks. The purpose of co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives.

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

Fife Health & Social Care Partnership submitted a bid for funding for this programme following the success of the TCAT project. Developing the ICJ fits with the vision of the strategic plan of the Health and Social Care Partnership of, "Accessible, seamless, quality services and support that are personalised and responsive to the

changing needs of individuals designed with and for the people of Fife". The aim of using any funding secured by Fife H&SCP is to continue to create new pathways, therefore creating new opportunities. On that basis, there is no risk that in improving outcomes for people affected by cancer, that there will be an impact on other groups which would lead to discrimination, impact negatively on the advancement of equality of opportunity or have a negative impact on the fostering of good relationships.

Fife ICJ will commission Information Services Division (ISD) to send an invitation letter to people living in Fife who have received a cancer diagnosis. This will ensure that regardless of postcode and circumstances the individual will have access to the Fife wide service. ISD will carry out the following checks before issuing the letter:

- ISD will conduct "fieldwork" to establish case ascertainment of true 'new' people with a confirmed cancer diagnosis.
- Introduce additional checks to verify diagnosis via the National Cancer Registry system.
- Perform death checks prior to issuing letters to patients, to ensure a letter is not sent to the home of a person who has died.

Part 2: Evidence and Impact Assessment

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

Protected characteristic	**Positive impact**	**Negative impact**	**No impact**
Disabled people			
Sexual orientation			
Women			
Men			
Transgendered people			
Race (includes gypsy travellers)			
Age (including older people aged 60+)			
Children and young people			
Religion or belief			
Pregnancy & maternity			
Marriage & civil partnership			

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

	Positive impact	Negative impact	No impact
Looked after children and care leavers			
Privacy (e.g. information security & data protection)			
Economy			

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

Evidence used	**Source of evidence**
1.	
2.	
3.	
Evidence gaps	**Planned action to address evidence gaps**
1.	
2.	
3.	

Part 3: Recommendations and Sign Off

Recommendation	Lead person	Timescale
1.		
2.		
3.		
4.		
5.		

Sign off

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

Date completed: 23/04/2018	Date sent to Equalities Unit: Enquiry.equalities@fife.gov.uk
Senior Officer:	Designation:

name	

FOR EQUALITIES UNIT ONLY

EqIA Ref No.	
Date checked and initials	

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

Which Committee report does this IA relate to (specify meeting date)?
What are the main impacts on equality?
What are the main recommendations to enhance or mitigate the impacts identified?
If there are no equality impacts on any of the protected characteristics, please explain.
Further information is available from: Name / position / contact details:

One of the following statements must be included in the "Impact Assessment" section of any committee report. Attach as an appendix the completed EqIA Summary form to the report – not required for option (a).

(a) An EqIA has not been completed and is not necessary for the following reasons: (please write in brief description)

(b) The general duties section of the impact assessment and the summary form has been completed – the summary form is attached to the report.

(c) An EqIA and summary form have been completed – the summary form is attached to the report.

AGENDA ITEM NO.:	7.3	
DATE OF MEETING:	21/6/18	
TITLE OF REPORT:	GMS Contract	
EXECUTIVE LEAD:	Michael Kellet	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Dr Seonaid McCallum
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	WORKPLACE:	Rothesay House
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Purpose of the Report (delete as appropriate)

		For Information

REPORT

Situation

Following agreement in January 2018 a new General Medical Services (GMS) Contract in Scotland is being introduced. There is an associated Memorandum of Understanding which requires integration authorities to develop a three year Primary Care Improvement Plan which must be agreed with the Local Medical Committee by 1st July 2018 and then submitted to the Scottish Government. This outlines the process by which the GMS Contract will be implemented.

Recommendation

- **For Information**

Background

The 2018 GMS Contact in Scotland was agreed this year and it proposes a refocusing of the GP role as an expert medical generalist. This role builds on the core strengths and values of general practice as expertise in holistic person centred care and involves a focus on undifferentiated presentation, complex care whole system quality improvement and leadership. This refocusing of the GP requires some tasks currently carried out by GPs to be carried out by members of a wider Primary Care multidisciplinary team when it is safe, appropriate and improves patient care.

Integration Authorities, Scottish GP Committee of the British Medical Associate, NHS Boards and Scottish Government have agreed under the Memorandum of Understanding; priorities for transformative service redesign in Primary Care in Scotland over a three year transition period. These priorities are:

- Vaccination services
- Pharmacotherapy service
- Community treatment and care services
- In hours urgent care services
- Additional multi disciplinary services such as musculoskeletal physiotherapy, community mental health services and community link worker services.

The funding of the contract is proposed to be phased over three years. There is also a new funding formula.

The contract offer proposes to introduce a new minimum earnings expectation for GP partners and offers significant new arrangements for GP premises and that a new GP Premises Sustainability Fund will be established to support a long term shift, gradually moving towards a model which does not presume GPs own their own premises.

Assessment

Work is ongoing with the Fife Primary Care Improvement Plan and Fife Health and Social Care Partnership are working with Fife LMC to develop and write the Primary Care Improvement Plan. This will enable the development of the Expert Medical Generalist role through a reduction in current GP and practice workload. By the end of the three year plan every practice in Fife should be supported by expanded teams of directly employed professionals providing care and support to patients. It is recognised within the Memorandum of Understanding that IJBs are responsible for planning and commissioning of primary care services in response to local needs as well as continuing to work closely with GP Clusters.

In Fife we have set up a GP Contract Implementation Group with associated sub groups (Appendix 1). The first meeting took place on 17th April 2018 and a subsequent meeting took place on 15th May 2018.

It was agreed there would be a GP Clinical Quality Group which will review the clinical aspect quality implications of any new model. All the Cluster Quality Leads will be members of this Group. Underneath this we have 7 working groups established to design and implement the required changes to meet the priorities set out in the MoU. These include:

- Pharmacotherapy service
- Primary care nursing services including community treatment and care services and phlebotomy
- Vaccinations
- In hours urgent care
- Practice based multidisciplinary team (includes MSK, Mental Health and Community Link Workers)
- Premises
- Primary/Secondary Care Interface in Primary Care and Scottish Patient Safety Programme

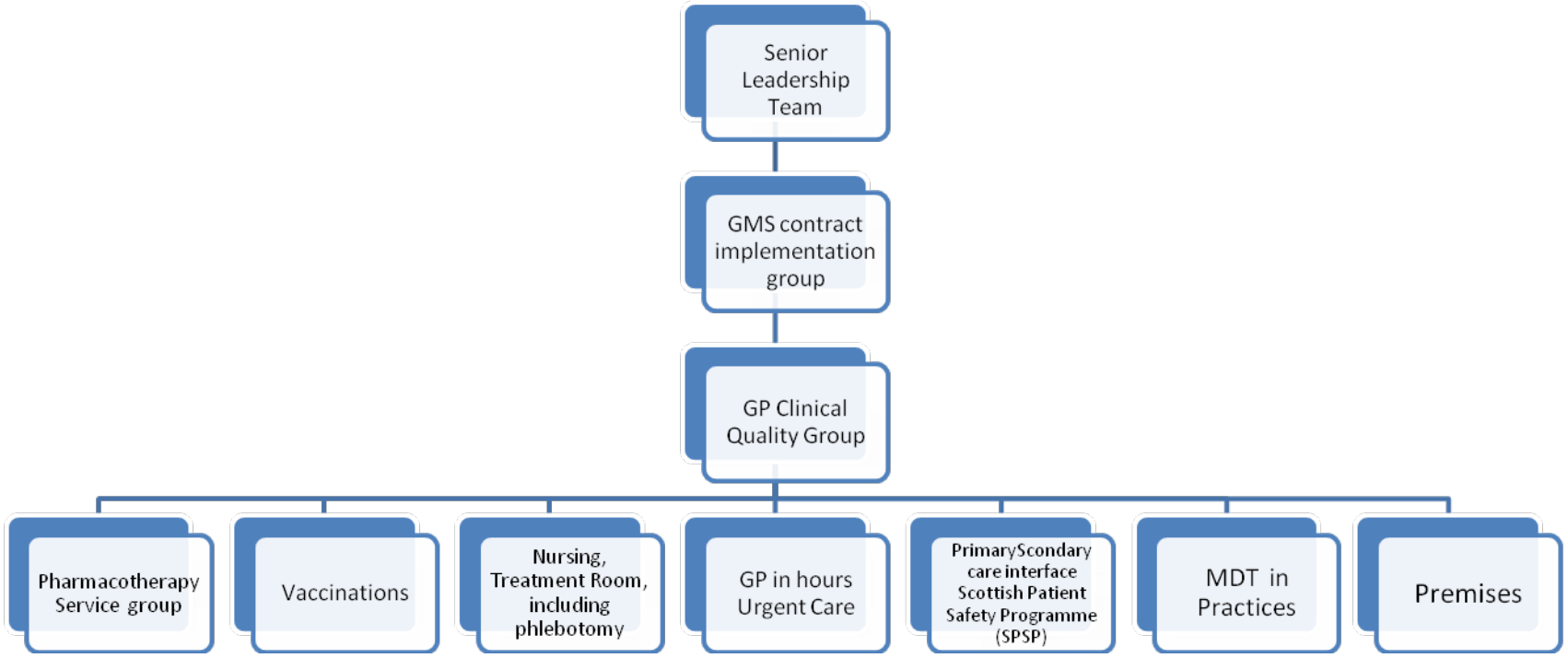
Two Co-Chairs for each Group have been agreed and each group includes a Cluster Quality Lead as a co-chair.

Fife is on target to produce a Primary Care Improvement Plan agreed with the LMC by 1st July 2018 which will then come to the appropriate Committees and Boards.

Objectives: (must be completed)	
Health & Social care Standard(s):	
IJB Strategic Objectives:	
Further Information:	
Evidence Base:	
Glossary of Terms:	GMS -General Medical Services SG –Scottish Government MDT –Multidisciplinary Teams
Parties / Committees consulted prior to H&SC IJB meeting:	

Impact: (must be completed)
Financial / Value For Money . Separate funding from SG for new GMS contract
Risk / Legal: Contractual requirement for NHS Fife
Quality / Customer Care: The new contract focuses on improving patient access to general practice and primary care
Workforce: It will involve a change in some ways of working and roles. Newly employed professionals will be working clinically in general practice. Staff side are involved
Equality Impact Assessment: The IJB may reject papers/proposals that do not appear to satisfy 3 elements of the general equality duty, which are: • eliminating discrimination; • advancing equality of opportunity; • fostering good relations. *Which of the 3 elements of the general duty have been complied with?* Choose from one of the following statements (as appropriate): 1. An EqIA has not been completed and is not necessary for the following reasons : contractual requirement 2. The general duties section of the impact assessment and the summary form has been completed (the summary form requires to be attached to the report); 3. An EqIA and summary form have been completed – the summary form is attached to the report. *For further information on EqIAs, click here (Fife Council link) and/or click here (NHS Fife link).*
Consultation: Include details of consultations carried out (as appropriate). Significant issues identified in consultations should be addressed in the relevant sections of the report, as required.
Appendices: (list as appropriate) 1. GMS Contract Implementation Group structure

GMS Contract Implementation



- The GMS Contract Implementation Group reports to the Senior Leadership Team
- Reports will be provided to the Integrated Joint Board and sub-committees as relevant, including Clinical and Care Governance, Finance and Performance and Audit & Risk.

Fife Health & Social Care Integration Joint Board

Supporting the people of Fife together

AGENDA ITEM NO.:	7.4	
DATE OF MEETING:	21 June 2018	
TITLE OF REPORT:	Fife Advocacy Strategy	
EXECUTIVE LEAD:	David Heaney, Divisional General Manager (East)	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Louise Bell
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Purpose of the Report (delete as appropriate)		
For Decision		

REPORT

Situation

The Fife Advocacy Strategy has been refreshed following a period of engagement and consultation. Consultation report attached (appendix 1)

Recommendation

- **Decision** – The Board is asked to approve the Fife Advocacy Strategy 2018 -21

Background

The Fife Advocacy Strategy has been refreshed in partnership with the Fife Advocacy Forum.

The Mental Health (Care and Treatment) (Scotland) Act 2003 imposed a duty on local authorities and health boards to collaborate to ensure the availability of independent advocacy services. The Act gave everyone with mental illness, learning disability, dementia and related conditions the right to access independent advocacy support. The Mental Health (Scotland) Act 2015 builds on this by requiring health boards and local authorities to advise the Mental Welfare Commission how they have ensured access to independent advocacy services and how they plan to do so in the future.

The Scottish Government set out in 'Independent Advocacy – A Guide for Commissioners 2013', that local strategic plans for advocacy should be developed.

Advocacy has two main themes:

- Safeguarding individuals who are in situations where they are vulnerable

- Speaking up for and with people who are not being heard, helping them to express their views and make their own decisions and contributions.

Over the period 2018 – 2021, the Fife Advocacy Strategy aims to continue to ensure that:

- A wider range of people are eligible to receive advocacy, including carers

- People can access a broad range of advocacy services

- More people are aware of what advocacy is, how it can benefit them, what advocacy services are available in Fife, and how to access them

- Local advocacy services are provided with appropriate support in order to help them develop their services in line with the strategy

Due to Fife's changing demographic profile, we expect there to be a continuing increase in demand for advocacy services.

It will be important for Fife Health & Social Care Partnership, Fife Council and NHS Fife to work closely with independent advocacy providers in order to build capacity and improve co-ordination to continue to deliver a range of effective and efficient independent advocacy services across Fife targeting those with the most critical need.

Assessment

Fife has had a strong commitment to supporting and working with independent advocacy organisations and has representation from the Fife Advocacy Forum on the Joint Strategic Planning Group. This refreshment of the strategy has been done in consultation with the Fife Advocacy Forum and we are committed to working together to continue to develop and deliver independent advocacy services in Fife that meet critical need.

Objectives: (must be completed)	
Health & Social care Standard(s):	The Health & Social Care Strategic Plan for Fife (2016-19) states 'The Partnership is committed to the elimination of discrimination and promotion of Equality and Human Rights'
IJB Strategic Objectives:	Improving Mental Health Services Reducing Inequalities
Further Information:	
Evidence Base:	Consultation findings Mental Health (Care & Treatment) (Scotland) Act 2003 The Mental Health (Scotland) Act 2015 Carers (Scotland) Act 2016 Independent Advocacy – Guide for Commissioners 2013
Glossary of Terms:	
Parties / Committees consulted prior to H&SC IJB meeting:	Joint Strategic Planning Group Fife Advocacy Forum Consultation/Engagement with 3rd sector providers, service users, NHS Fife/Health & Social Care Partnership/Fife Council staff, public

Impact: (must be completed)

Financial / Value For Money

Total investment for 2018-19 included in Appendix 2 is £1.112M

An additional £40K investment has been identified to implement advocacy for carers through the Carers Act Funding received form Scottish Government, this is not included in the current Advocacy Strategy commitments.

Risk / Legal:

The financial resources available may not meet increasing demand.

Quality / Customer Care:

All independent advocacy organisations who receive funding from NHS Fife, Fife Council or Fife Health & Social Care Partnership are subject to monitoring and evaluation by the Contract Team. This includes reviewing performance and service user feedback.

Workforce:

We are exploring the implementation of an e learning module for staff to continue to raise awareness of advocacy.

Equality Impact Assessment:
An EqIA and summary form have been completed – the summary form is attached to the report.

Consultation

The consultation was undertaken between October 2017 and January 2018. See appendix 1.

Appendices: (list as appropriate)

1.Consultation Report

2 Fife Advocacy Strategy 2018 - 2021

Consultation work to inform Fife's new advocacy strategy

Final report to

Fife Health & Social Care Partnership & NHS Fife

March 2018

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Contents

1 Acknowledgements

RCO Consulting would like to thank everybody that has taken part in this consultation process. We are grateful to all the advocacy partners, advocates, advocacy staff, Fife Health & Social Care Partnership and NHS Fife staff, and members of the general public, for giving their time, honesty, ideas and opinions during the course of the consultation work.

2 Executive summary

In October 2017, RCO Consulting was commissioned to undertake and report on this consultation to inform Fife's new advocacy strategy (2017-2021). The aims of the consultation process were to engage with a wide range of stakeholders, including advocacy partners (service users), advocates, advocacy staff, Fife Health & Social Care Partnership staff and NHS Fife staff, to identify:

- ways in which the previous advocacy strategy has informed the development of services over the past 3 years, in practice
- aspects of advocacy service provision that are currently working well
- aspects of advocacy service provision that could be improved
- potential gaps in service provision
- the extent to which services are reaching those that they need to
- barriers and facilitators to further service development.

Consultation work took place between October 2017 and January 2018, comprising of the following activities:

- Staff consultation events (x2, engaging with approximately 100 participants)
- Public consultation events (x5, engaging with 115 participants)
- Focus groups (x4, engaging with 30 participants)
- Advocacy staff telephone interviews (x11)
- Strategic staff telephone interviews (x5)

Across the varied strands of the consultation process, a number of issues emerged for consideration, centred around the following themes:

- Challenges associated with meeting increased demand for services
- The increased importance of generating external funding
- Gaps in current service provision, most notably for over 65s in community settings, and for carers
- Raising awareness of advocacy services with other professionals
- Raising awareness of advocacy services with the general public
- Successfully measuring outcomes

This consultation process also identified the key vision that staff have for advocacy services over the next 3 years; for them to be resourced, accessible and inclusive.

These findings will provide the basis for discussions to develop Fife's new 3-year (2018-21) advocacy strategy.

3 Context

3.1 Background

Advocacy can be defined as speaking up for, or acting on behalf of, yourself or another person. This can include helping somebody understand and protect their rights, to resolve problems, or to express their views in an effective and appropriate way. While many people can access this support informally, through friends and family for example, many vulnerable people in Fife do not have these social networks. In these cases, people can be supported by an independent advocate.

Independent advocacy services are designed to ensure that people's views are taken into consideration, particularly when decisions are being made about them. They also help people understand their rights, enable them to make informed choices, and allow them to clearly express those decisions. Advocates are not employed by the Fife Health & Social Care Partnership or NHS Fife, and are not involved in providing any other services to the person receiving advocacy. Their loyalty lies with the person they are supporting (often referred to as the "advocacy partner"). As such, they do not have to balance the multiple, sometimes conflicting, responsibilities that social workers, nurses and other professionals have to. Most recent legislation and guidance, including the Patient Rights Act[1], Self-directed Support[2], the Christie Commission[3], and Getting It Right for Every Child[4], all emphasise the need to place the service user at the centre of decision making. Advocacy services are there to help ensure that happens.

The term "advocate" is not related in any way to the role of a legal Advocate within the Scottish legal system. The term independent advocacy is defined in the Mental Health (Care and Treatment) (Scotland) Act 2003[5]. Essentially, advocacy is regarded as independent if it is not directly provided by the Fife Health & Social Care Partnership or NHS Fife, or any organisation providing other services to the advocacy partner.

3.2 Different types of advocacy

To help meet the needs of different people at different times in their lives there are several different types of advocacy:

3.2.1 Professional (Issue-Based) Advocacy

Professional or issue-based advocacy can be provided by both paid and unpaid advocates. An advocate supports an individual to represent their own interests or represents the views

[1] http://www.legislation.gov.uk/asp/2011/5/contents (Accessed 09/02/18)
[2] http://www.legislation.gov.uk/asp/2013/1/contents/enacted (Accessed 09/02/18)
[3] http://www.gov.scot/resource/doc/352649/0118638.pdf (Accessed 09/02/18)
[4] http://www.gov.scot/Resource/0052/00529614.pdf (Accessed 09/02/18)
[5] https://www.legislation.gov.uk/asp/2003/13/contents (Accessed 09/02/18)

of an individual if the person is unable to do this themselves. They provide support on specific issues and provide information but not advice. This support can be short or long term. In Fife, Circles Network, Fife Elderly Forum, and Fife Women's Aid provide professional advocacy services.

3.2.2 Citizen advocacy

Citizen advocacy happens when ordinary citizens are encouraged to become involved with a person who might need support in their communities. The citizen advocate is not paid and not motivated by personal gain. The relationship between the citizen advocate and their advocacy partner is on a one-to-one, long term basis. It is based on trust between the advocacy partner and the advocate and is supported but not influenced by the advocacy organisation. Citizen Advocacy is provided by three organisations in Fife: Dunfermline Advocacy, Equal Voice, and Include Me.

3.2.3 Group (or collective) advocacy

Group advocacy enables a peer group of people, as well as a wider community with shared interests, to represent their views, preferences and experiences. A collective voice can be stronger than that of individuals when campaigning and can help policy makers, strategic planners and service providers know what is working well, where gaps are and how best to target resources. Being part of a collective advocacy group can help to reduce an individual's sense of isolation when raising a difficult issue. Groups can benefit from the support of resources and skilled help from an advocacy organisation. In Fife, group advocacy is provided by People First Scotland and is available to anyone with a learning disability. There are several local People First groups throughout Fife including a women-only group, a men-only group and groups for hospital residents.

3.2.4 Peer advocacy

Peer advocacy is when support is provided by an individual who has gone through similar experiences. This arrangement can help to reassure the advocacy partner that the person supporting them understands their situation and won't be judgemental.

3.2.5 Advocacy for children and young people

Children and young people who are eligible to receive advocacy can refer themselves to the services or someone involved in their care can do this on their behalf. In Fife, advocacy for children and young people is provided by Who Cares? Scotland, Barnardo's Children's Rights Services, and Circles Network (professional advocacy).

3.3 Who is eligible for advocacy in Fife?

3.3.1 Adults (16+) and Older People

Adults over the age of 16 and older people in Fife can access advocacy if they are affected by:

- Disability
- Chronic illness
- Dementia
- Mental illness
- Learning disability
- Personality disorder

and need help to safeguard their well-being, rights, care and/or other interests.

3.3.2 Children and Young People (under 18)

Children in Fife under the age of 18 can access advocacy if:

- They are looked after by Fife Council: either at home, in Foster Care, Kinship Care or in Residential Care
- There are Child Protection procedures in place (aged 5 – 18 years)
- They have a mental health issue and/or a learning disability

Children and young people who are eligible to receive advocacy can refer themselves to the services or someone involved in their care can do this on their behalf.

3.4 Fife Advocacy Forum

Fife Advocacy Forum supports the development of advocacy across Fife and represents the views of local advocacy providers. The Advocacy Forum is an independent body, comprising local advocacy organisations and other people with an interest in local advocacy services. Members of Fife Health & Social Care Partnership and NHS Fife also attend the meetings on a regular basis. The Advocacy Forum helps to ensure that service users and service providers have a strong say in the ongoing development of advocacy services in Fife. It provides an opportunity to share best practice, raise concerns, and highlight key issues. In addition, the Advocacy Forum was also responsible for organising and running the stakeholder event in 2012 that helped to develop many of the ideas and principles that form the basis of the last strategy. There are currently 9 active member organisations. The Forum is Chaired by Rachel Annand, Chief Executive of Dunfermline Advocacy who also provide administrative support for the Forum.

The Forum is supported by both Fife Health & Social Care Partnership and NHS Fife, with NHS Fife providing financial support last year (16-17) of £9820 for Forum events and awareness raising. This funding was in place until March 2017.

3.5 Joint Strategic Advocacy Planning Group

A working group, called the Joint Strategic Advocacy Planning Group (JSAPG), was formed to oversee the development and implementation of the last Fife Advocacy Strategy (2014-2017), and to assist local advocacy organisations in making the changes necessary to

support this strategy. This is a multi-agency group, which includes representatives from Social Work, the NHS, Education, local Advocacy Organisations, the Police, service users and other key stakeholders. Members of the Advocacy Forum also sit on the JSAPG. This provides a strong partnership link between the providers and service users, and the ongoing strategic development and oversight of services.

3.6 Fife Advocacy Strategy (2014-17)

This strategy set out how an action plan to develop and improve access to independent advocacy services within Fife over the period 2014 to 2017. The strategy was developed in partnership between Fife Health & Social Care Partnership, NHS Fife and local advocacy organisations. Four key objectives were agreed within this action plan to guide the future development of services:

- Objective 1: Local advocacy services will be provided with appropriate support in order to help them develop their services in line with this strategy.
- Objective 2: More people will be aware of what advocacy is, how it can benefit them, what advocacy services are available in Fife, and know how to access them.
- Objective 3: A wider range of people will be eligible to receive advocacy services.
- Objective 4: People will be able to access a wider range of advocacy services

The action plan associated with these objectives is outlined in Appendix 1.

It was anticipated that the introduction of these changes would lead to a noticeable increase in demand for advocacy services, placing additional pressures on the advocacy organisations, particularly given funding restrictions at the time. It was noted within the strategy that Fife Health & Social Care Partnership and NHS Fife would need to work closely with the advocacy providers in order to build capacity and improve coordination so they could continue to deliver a range of effective and efficient advocacy services across Fife.

3.7 Commissioning and monitoring of services

All advocacy organisations who receive funding from Fife Health & Social Care Partnership or NHS Fife are monitored by the Contract Officers within Social Work. These officers develop both the Service Level Agreements (SLAs) and the contract which together are used to set out the advocacy services that the organisations will provide on behalf of the Fife Health & Social Care Partnership or NHS Fife. The Contract Officers work with all organisations throughout the year to carry out appropriate monitoring and evaluation of their services. This can also involve working with the individual organisations to develop their services and resolve any issues that arise.

4 Aims of the consultation

In October 2017, RCO Consulting was commissioned to undertake and report on the consultation to inform Fife's new advocacy strategy (2017-2021). The aims of the consultation process were to engage with a wide range of stakeholders, including advocacy partners (service users), advocates, advocacy staff, Fife Health & Social Care Partnership staff and NHS Fife staff, to identify:

- ways in which the previous advocacy strategy has informed the development of services over the past 3 years, in practice
- aspects of advocacy service provision that are currently working well
- aspects of advocacy service provision that could be improved
- potential gaps in service provision
- the extent to which services are reaching those that they need to
- barriers and facilitators to further service development.

5 Methods

The following methods were used to consult with stakeholders:

5.1 Staff consultation events

NHS Fife, Fife Health & Social Care Partnership and the Fife Advocacy Forum ran two staff consultation events in Fife, in July and October 2017. A roundtable discussion session was held at both events and participants discussed four key questions, outlined in Appendix 2.

5.2 Public consultation events

Five public consultation events were held, as shown in Table 1:

Table 1: Public consultation events

Date	Venue	Host organisation
25/10/17	Potter About Community Café, Burntisland	Equal Voice
31/10/17	Torryburn Community Centre	Dunfermline Advocacy
09/11/17	The Lochgelly Centre	People First Scotland
23/11/17	Leven Swimming Pool	Circles Network
07/12/17	St Andrews City Centre	IncludeMe

The questions developed for use at public consultation events are listed in Appendix 3. The schedule of questions used was tailored for each event, depending on whether participants had heard of/used advocacy services before, or not.

5.3 Focus groups

Four focus group discussions were held, as shown in Table 2:

Table 2: Focus group discussions

Date	Venue	Host organisation
14/11/17	Buchan Gardens Sheltered Housing Complex	Fife Forum
14/11/17	YMCA Glenrothes	Who Cares? Scotland
16/11/17	St Bryce Kirk, Kirkcaldy	People First Scotland
29/11/17	Dunfermline Advocacy Office	Dunfermline Advocacy

The topic guide developed for use at the focus group discussions is outlined in Appendix 4.

5.4 Advocacy staff telephone interviews

Staff members from advocacy organisations took part in individual or paired telephone interviews between November – December 2017. The interview topic guide used to guide telephone discussions is outlined in Appendix 5.

5.5 Strategic staff telephone interviews

Strategic telephone interviews were conducted with NHS Fife and Fife Health & Social Care Partnership staff using the interview schedule outlined in Appendix 6.

All advocacy staff interviews (see 4.4) and strategic interviews took place at a time and date to suit each participant, and each participant was made aware that they were taking part voluntarily.

It was made clear to all participants that the information they disclosed would remain anonymous, and that a report would be prepared, based on statements made by participants during the telephone interviews. It was made clear that all quotations would be anonymised, and that participants would not be identified in any part of the report, and that no personal details would be published. All participants had the opportunity to amend/add to the summary transcript of their interview before it was finalised.

5.6 Ethics

Given the focus on consultation related to service development, rather than conducting research per se, NHS ethical approval was not required to undertake this work.

6 Results

6.1 Staff consultation events – roundtable discussions

Approximately 100 participants attended the staff consultation events. Key themes arising from roundtable discussions were analysed across both events. Several recurring themes were identified:

6.1.1 Gaps in service provision

During the consultation the following perceived gaps were noted in current service provision:

a) Over 65s
- No advocacy for over 65s living in community settings
- There needs to be more choice of advocacy, especially long-term advocacy, which is very limited for this age group
- The over 65s may be especially vulnerable/isolated

b) Children's services
- Not currently reaching all children
- Advocacy is only available to children at crisis point
- Currently restricted by local authority contracts to children in residential care settings
- Citizen advocacy services not available to all young people in all areas
- A preventative approach would involve raising awareness and extending service provision to all children

c) Times of transition
- People being released from prison
- Young people entering adulthood

d) Carers

e) Travelling community

It was also suggested that

a) 'fitting' individuals into fixed criteria for advocacy entitlement purposes will always mean there are subgroups that fall through the gaps
b) Advocacy should be offered across the life course

The increased demand already on services was also noted, alongside questions regarding the ability to provide advocacy to additional groups without additional funding and increased staff resources.

6.1.2 Awareness and promotion of local advocacy services amongst other professionals

Several suggestions were made for increasing awareness of advocacy services amongst other professionals, including:

- Making website, social media, and other types of advocacy service information available to frontline practitioners
- Including advocacy leaflets in hospital packs and care home welcome packs
- Developing specific marketing leaflets to include FAQs on advocacy practice and procedures
- Enhancing communications with other organisations – mapping services that are out there in the first instance and developing a joined-up communications strategy across all advocacy services for reaching them
- Awareness raising specifically about the different types of advocacy that are available, so that professionals know about all advocacy services and can refer appropriately. Could all advocacy services be listed in one place?
- Advocacy providers visiting health and social care staff team meetings
- Developing a checklist/referral checklist that could be used by all health and social work staff at reviews, Care Programme Approach (CPA) meetings, discharge meetings etc, to enable them to check each case they work with for independent advocacy needs.

6.1.3 Reach and access

Attendees were also asked about ways of raising awareness of advocacy services and signposting people who may not be picked up via services. The following suggestions were made:

- Continued/increased use of social media, including sponsored ads on Facebook
- The use of easy read leaflets
- The development of pictures to illustrate what advocacy means
- Awareness raising through GP surgeries (adverts on the rolling media screens?), public transport ads, radio, and free papers
- Information sessions in schools, with leaflets sent home in school bags to help inform relatives

The challenges in using the word 'advocacy' were also highlighted, given the common perception amongst the public that it refers to something legal.

6.1.4 Ways in which signposting/referrals could be improved

Several suggestions were made for ways in which signposting/referral processes could be improved:

- Developing pathways for statutory services to follow, to ensure that families are given the appropriate information and access to services available in Fife
- Communicating with referrers: letting them know that the referral has been received, and providing feedback to them using FORT
- Ensuring staff knowledge and awareness of advocacy resources

- Providing online advocacy training for professionals so that they have a better knowledge of the services available
- Developing a single point of contact for referrals, perhaps through the Forum, who could then ensure that each referral is sent to the most appropriate advocacy organisation

6.1.5 Other suggestions made for future service development

Other suggestions made included:

- Developing an increased focus on lobbying
- Linking in with national relevant strategies/ensuring that advocacy is highlighted
- Increasing strategic leadership to drive forward advocacy services
- Increasing the focus on early prevention rather than solely responding to crisis points
- Increased focus on how to measure soft outcomes effectively

6.2 Public consultation events

In total, 115 individuals participated across the 5 public consultation events. This included 99 members of the general public, 8 advocacy service users, 7 support workers from Fife Council's West Fife Community Support Services (adult and youth teams), and 1 advocate.

6.2.1 Awareness of advocacy services

Of the 99 members of the general public, 17% (n=17) had heard of advocacy services in Fife, either through work, or because a family member had previously engaged with them. Eighty one percent (n=82) of the general public that took part in the consultation events hadn't heard of advocacy services in Fife.

6.2.2 Ways to promote advocacy services

All individuals were asked about ways in which they felt advocacy services could promote themselves. Suggestions included:

- Advertise on council tax bills
- TV campaigns, and local papers
- Social media
- Visit schools, hospitals, public buildings
- Billboards in public spaces/bus shelters
- Supermarket sponsorship
- GP surgeries
- Noticeboards in town
- Pay slips
- Citizen's Advice Bureaux

A number of additional comments were made regarding the term 'advocacy':

"I thought it [advocacy] was 'an office' you'd go to for advice. I didn't know it was different groups … I thought it was just for one-off issues."

"The term advocacy doesn't tell me anything, I thought it's about power of attorney. The leaflets should be simple so that people can understand what advocacy is about. When I see the term advocacy, I might see that leaflet and think 'that's not for me.' And if there's no-one that you think can help you, then you're lost in the wilderness aren't you."

Participants also commented on issues of access and reach:

"If I thought someone needed advocacy, I wouldn't know where to go. I've just seen it advertised in a window somewhere. I didn't know what it meant or who it was for. Unless you talk to someone about it, you don't know what it's for. You have to be proactive."

"The eligibility criteria seem confusing – why can't anyone access advocacy if they need it?"

6.3 Focus groups

In total, 30 individuals participated in the four focus group discussions. Across the focus groups, 4 children (age 13-16); 7 older adults (65+); and 14 adults with learning difficulties participated. In addition, 5 advocates participated. Participants included a mix of people who have used/are using advocacy services and those who haven't.

6.3.1 Use of advocacy services

Participants that use/have used advocacy services were asked how they first found out about them. One service user first heard about advocacy "through the nurses at the hospital unit." Another reported that they *"… knew about it and then accessed it when the remit widened to include people who are vulnerable*."

Six of the 7 older adults said that they had heard of advocacy before but did not remember where.

All four children had heard about advocacy services through their residential care setting – 2 had used advocacy services before, and 2 said that they didn't really know what advocacy involves.

6.3.2 Reach and access

All participants were asked what advocacy services could do to better promote themselves. Participants gave several suggestions for advertising services, including:

- Notices in GP surgeries and dentists, sheltered housing complexes, homeless hostels, residential units, lunch clubs, churches, libraries, community centres, leisure centres, colleges and schools, shopping centres, hotels and airports, and on buses.
- Advertising on television or radio (to help reach "more vulnerable older adults")
- Advertising through social media, including on Facebook and Twitter.

The older adults expressed concern that older people would not know what advocacy is, and that leaflets might not reach them:

> *"I think a lot of people would think it's something to do with lawyers. So you'd need something that explains what advocacy is, and what it isn't."*

> *"A lot of older adults don't go out very much, so it's all very well putting leaflets out and about in the community, but they may not reach more vulnerable older adults."*

They also made the point that advocacy needs in older adults aren't restricted to isolated, vulnerable individuals:

> *"You can't assume that just because someone has family, they don't need advocacy. Some families don't get on."*

Some participants thought that social work could have a big role to play in making sure that leaflets are well distributed. Concerns were also raised that *"Services and service providers don't see the benefits of advocacy – we haven't reached the people [at] the coal face."*

Another thought "*professional and citizen advocacy are most understood"* and suggested that health and social care staff receive training to help them understand self-advocacy (group advocacy).

In terms of extending reach, it was also suggested that people should (automatically) be considered for advocacy when they are discharged from hospital. One participant suggested that a checklist be provided to all health and social care professionals for this purpose. They suggested that the checklist include questions such as: a) Do you have an advocate? b) Has advocacy been considered? c) Could you benefit from having an advocate?

6.3.3 Advocacy and social media

None of the focus group attendees had seen anything about advocacy online or on social media platforms. One of the older adults felt that "*advertising on social media might be a good thing.*" Another commented that:

> "*It would let younger people know about advocacy too, if there was advertising on Facebook. And then they might be able to let their older relatives know about it."*

6.3.4 The benefits of advocacy

Participants who had used/use advocacy services were asked to describe their experience of advocacy:

> *"[It's about having] Someone to talk to, someone to help you put across your opinion during meetings too. I would struggle to do that myself."*

> *"You have a voice and meet new people. It's better than sitting in the house. I'd be sad if I didn't have [advocacy group] – what would I do? I'd do nothing. I'm so happy to be involved in it."*

> *"Advocacy is a vital tool for people with learning disabilities…It's often the case that small changes as a result of support can make things much better. Small changes don't change the world, but they can make one person's life a lot better. And when you have someone support you, you develop too."*

6.4 Advocacy staff telephone interviews

Eleven staff members, from 10 advocacy organisations, took part in telephone interviews. A number of key themes emerged across these interviews:

6.4.1 Training and support for advocates

The training and CPD opportunities that are available to new advocates varies by organisation, and according to whether staff are volunteers or employed members of staff. All organisations who take on staff offer initial training and CPD opportunities, which include:

- Group and one-to-one training courses (including training on adult protection, confidentiality, maintaining boundaries etc.)
- Shadowing colleagues
- Time for reading and reflection
- Buddying system
- In-house training
- Induction processes
- The development of a mandatory learning plan

Once individuals are working as an advocate, organisations offer them a range of ongoing training, support and CPD opportunities, including:

- One-to-one tailored training
- Group training events
- Regular support and supervision sessions
- Staff away days
- Group supervision

- Training supplied through other networks (i.e. Fife Council, NHS Fife, Youth Scotland)
- Ongoing buddying system
- Annual appraisals
- Peer learning approaches
- Ongoing, informal advice and support opportunities/having an 'open door' policy

Advocacy staff interviewed generally felt that the training, CPD and ongoing support that is available to advocates is adequate. Further comments were made in relation to training:

> *"There could/should be more training available. It's not easy to find training at the right level for our advocates…Resourcing is probably the biggest challenge. There is no ring-fenced training budget for advocates."*

> *"We have tried to access specific advocacy training through the Scottish Advocacy Alliance, but they were restructuring and we could not get any support/information – this was last year. That was our first experience of contacting them…so we haven't got back in touch with them."*

In relation to more formal learning opportunities, one organisation raised the possibility of developing an advocacy-specific qualification:

> *"I think we're looking to develop an accredited advocacy qualification, with a personal development award. As advocates, we still battle with the stigma of not having a qualification, of not being qualified. Having some sort of qualification is important as an industry, which we are in our own right."*

6.4.2 Reach and access to advocacy services

6.4.2.1 Gaps in service provision

Interviewees identified four key groups whose needs they feel are not currently being met by advocacy services in Fife:

- The over 65s:

> *"Our colleagues in health and social care know that we can't offer advocacy to the over 65s. But there is a need there. There are a lot of older people who are isolated and vulnerable."*

> *"Transition is a big thing for people. For a lot of people, their advocate would be the only person that they continue to see when they hit 65. Service provision changes completely once you hit 65, and yet what people really need is consistency to help them cope with transition."*

- Carers:
  "People who are caring for a vulnerable person often seek advocacy for them, and they may need advocacy for themselves."

  "There isn't a formal advocacy service for carers. There is an organisation that supports carers working for mental health, and there is Fife Carers Centre. I think there is a gap there though."

- 16-25 year olds:
  "There is a big gap there in Fife just now. Care experienced people need follow up…as they have no family support around them. This is a real worry for us. We would like to address this, but realistically we don't have the capacity to…it's not a gap that other services fill either."

- Parents with learning disabilities:
  "We don't have a parents group in Fife. We have a national one, and we'd like to set up a Fife one. Services will be aware of parents with learning disabilities."

6.4.3 Awareness of local advocacy services by other health and social care services

Some interviewees agreed that more could be done to raise awareness of advocacy services with other services, suggesting that Fife Advocacy Forum could play a future role in this:

> *"The two Fife Advocacy Forum events this year were really good for sharing details of services with a range of organisations. The speed networking part of this was an ideal opportunity for raising awareness with key practitioners."*

> *"There is often a misunderstanding of advocacy by other professionals. We frequently have to explain our role. So I think there needs to be more awareness raising with practitioners/frontline staff…Perhaps that's something that the Forum could help us with in the future, so we all have a shared approach moving forward?"*

Some specifically referred to a lack of engagement by GP surgeries:

> *"We never see referrals from GPs. These could be 'early intervention' cases too."*

> *"GPs have never been that good at referring to us…I don't think they really have the time to learn about services like ours."*

Others were happy that partnerships were evolving well:

> *"Within health and social care you can work very well with individuals. Health and social care partnerships are improving collaboration all the time."*

"We're quite well established with other organisations."

Some interviewees questioned whether the term 'advocacy' provides a clear enough descriptor of the services available:

"Advocacy would benefit from a statement that helps people to understand what we do, like a disclaimer…we need to start by saying 'independent advocacy', then other professionals will understand that what we do is different to what they do."

"People get advocacy to an extent – the terminology could be better. What needs to be emphasised is what advocacy actually is."

6.4.4 Service development

6.4.4.1 Ways in which services have developed since the last strategy

Since the last strategy, services have developed in several ways, most notably in relation to a) evidencing change:

"We've been looking at how we record and evidence our work…and different ways of getting feedback on our service."

"The work we did to develop outcomes and the impact of advocacy was supported by the Forum. The Forum has been key in providing ongoing support."

and b) expanding services:

"The last strategy changed what we do. We were supporting people with learning disabilities, but now we're supporting a wider range of vulnerable people with more complex needs – sometimes related to mental health. It's been possible and doable, but it's been a stretch."

"Demand for the service has increased significantly. Our target is 850 people per annum. Last year we saw 1640 people."

6.4.4.2 Aspirations for future service delivery

Interviewees shared views on how they would like to see their service develop in the future, which included:

a) Service expansion:

"We would like to develop the number of paid staff advocates that we currently have to meet the needs of the groups that we work with."

"We would like to continue to grow our service through increased current staff hours and support from more staff."

b) Generating additional funding:

"We don't have the capacity to see people whose main issues are vulnerability and isolation and I'm hoping we can address this through external funding in the future."

"We want to do more fundraising work…we're recruiting a Director for fundraising. There is a definite need to generate funding."

6.4.4.3 Key barriers to service development

Interviewees were asked about their views on the key barriers to service development. Key barriers identified included:

a) Funding

"The third sector will try and absorb cuts without it impacting on the service we provide, but that can send the wrong message out to the Council, because then they think you can do more with less money. It's frustrating that they cut our funds, but expect us to provide the same service, or provide more."

"Looking for additional funding is time-consuming, and we don't have the time to do that."

b) Lack of other professionals' understanding of what advocacy is

"Other professionals need a better understanding of what we do. Everyone thinks they're an advocate."

c) Contractual obligations

"We can develop our service, but we're limited by our contract. It would be great if the local authority could pull providers together, make sure we're referring properly, and just generally doing the best we can across services."

6.4.4.4 Provision of support for service development

Interviewees were asked whether their service is provided with appropriate support to enable service development. In most cases, they found the Forum and the Strategic Planning Group to be helpful:

"Fife Advocacy Forum is helpful. Because of our remit we're a bit set apart, but we're always included, can attend the events and we get information. If we were to go and seek support, it would be there."

"The Forum and the Planning Group have become more active and proactive in providing training and support. Both of these groups are vital."

Interviewees made suggestions for ways in which the Forum could develop in the future, specifically in relation to support with:

a) Funding applications

"It would be nice to see funds (for the over 65s), but then, how does the Forum and the Strategy Planning Group help groups like ours to develop external funding applications? I think there would need to be some support on this – fundraising is a distinct set of skills, and support around that would be welcome."

"Perhaps the Forum could have an additional funding role – helping organisations to source external funding. That would be an interesting shift."

b) Lobbying

"I think there is a place for the Forum to have a greater voice."

"It could perhaps be a little more political sometimes, and do a bit of lobbying?"

6.4.4.5 Enablers for future service development

Interviewees highlighted a number of enablers for future service development, including:

a) Continued investment in the Forum

"For the Forum to have access to funds to help with further developing services would be good. For example, the Forum provided funds for FORT investment a few years ago. It just needs to be kept on the agenda, that the Forum needs investment too."

b) Increased awareness by others of what advocacy does

"The level of awareness of what we do just isn't there at the moment. It needs to be, because changes happen from higher up in the local authority."

"We should think about introducing an advocacy (pro forma) checklist, to be used by all sectors at all meetings where cases are discussed. Services at a managerial level would need to be promoting this checklist, and making staff aware of it."

6.4.4.6 Ways in which signposting/referral processes could be improved

Interviewees generally felt that signposting and referral processes worked well.

Two interviewees felt that signposting and referral processes would be enhanced by *"continuing to build up good relationships with professionals so that they are aware of our service."*

"Events that provide opportunities to network will ensure appropriate referrals. The events the Forum did last year were hugely valuable – 'getting organisations together'. A directory of services might be useful, although I acknowledge that this is not easy to keep updated."

6.4.4.7 Monitoring and evaluation

Interviewees held mixed views about current monitoring and evaluation practices, in particular relating to capturing outcomes, and client 'stories':

> *"FORT doesn't collate all our impact information for us. Some of that will be about us working out who will be good 'stories'.*
>
> *"It can be hard to get down on paper the changes that you've made. We haven't nailed that one yet, because we're led by what each individual we work with wants. Monitoring and evaluation is tricky for us, because how do we ask people whether they've been satisfied with our service? Is that not a biased question coming from us?"*

6.5 Strategic telephone interviews

Five strategic interviews were conducted. A number of key themes emerged from the discussions, as follows:

6.5.1 Involvement with/awareness of advocacy services

The strategic interviewees had varying levels of involvement with/awareness of advocacy services in Fife:

> *"We signpost, but we could probably signpost more often, and perhaps if all of our staff had a better understanding of advocacy, or some basic training on it, the signposting would happen more often."*
>
> *"We have strong ties with the local advocacy group, but we don't have a good sense of what every advocacy organisation in Fife does."*

6.5.2 Views on the promotion of advocacy services

6.5.2.1 The concept of advocacy

Interviewees were asked what services could do to better promote themselves. Some noted that the word 'advocacy' limits understanding of the services on offer:

> *"We've tried hard with the last strategy to make advocacy more accessible to all. But there are still lots of gaps there. Advocacy still isn't recognised or understood. The title itself 'advocacy' is a huge barrier, because a lot of people equate it with something legal. People don't make the connection."*
>
> *"We need to be realistic about the challenges with using the term 'advocacy'. We can't step away from the word itself, but we need a clearer understanding of what*

advocacy actually is. Case studies may be a powerful way of illustrating this in the future – perhaps that would help to get the message across."

6.5.2.2 Promotion and awareness raising with other professionals

Interviewees also agreed that key areas for continued, targeted promotion include health and social care, adult protection, and child protection:

> *"We're going to arrange staff training on advocacy – that will help us to enhance staff confidence on when to signpost people to advocacy services. If you don't have an overall understanding of what advocacy services do, you can't really utilise them effectively."*

> *"Until we referred someone over for advocacy advice, I didn't know that the service existed. And I didn't know that there were other advocacy services in Fife too, or the differences between them all. If you don't know the organisations are out there, you can't refer to them. It is a slight concern with services like advocacy, that if you don't use them, you lose them. We don't want that."*

The importance of a joined-up approach to communications and promotion was also mentioned, alongside a desire to develop closer working links with advocacy services:

> *"If we had a clear communications strategy we could maybe do more to promote advocacy services. We have local newsletters, for example, but we don't have a joined-up communications plan, and perhaps we need to work on that to become more meaningful and accessible. Having the Advocacy Forum has helped - bringing people together and having a shared dialogue is good. I'm not sure though that statutory organisations have helped and supported advocacy organisations as much as we could have done."*

> *"I would like the links between ourselves and advocacy services to be more pronounced. I would like to build that kind of relationship where we can pick up the phone to each informally. Having that informal relationship might help us too. It's not something that I've ever really spoken about with the advocacy services."*

6.5.3 Reach and access

Interviewees were asked whether advocacy services are reaching the people that they need to. They identified three groups with unmet needs:

a) over 65s

"Older people…they seem to be marginalised from a health perspective. If an older person is 65+ and doesn't have an ongoing health condition, or doesn't live in a residential care home, they can't access advocacy."

b) Children and young people
c) Carers

"There are gaps with children and young people – they can only be seen if they stay in residential care settings – and carers. These are vulnerable subgroups, and at the moment there is no advocacy investment there. How do we accommodate these gaps?"

"Children and young people affected by the Mental Health Act – there is a gap, overall, in advocacy for children and young people with mental health issues and their parents (who might also have mental health issues) – more could be developed in that area."

Additional comments were made about how these gaps would be best addressed:

"The new strategy may also need to look at ways to provide longer term, core funding. We need a longer-term plan in order to properly address these gaps."

"I think moving forward, we need to be looking at gaps in service provision but addressing any surpluses too. It's a difficult one."

6.5.4 Future service development

Interviewees were asked how they would like to see advocacy services develop in the future. Some mentioned the links that they would like to see advocacy services develop with other health and social care professionals:

"Thinking about health in particular, and the current advocacy gaps…every day we have people sitting in hospital discharge areas, going back into the community who might well benefit from advocacy. The staff that have worked with them may not have heard of advocacy either."

"There is a parallel I think with the Carers Information Strategy. We had people from the Carers Centre sharing information on their service with staff nurses on wards. Through this information exchange, staff became better equipped to signpost people to the Carers Centre as appropriate. I could see this approach working well for advocacy services too, but I think maybe they are a step behind with this."

Others spoke of re-evaluating priorities, and developing new working models for service delivery and measurement of outcomes:

"We can't over commit. I would rather we say that we'll do just 2 things and do them really well…I would find it difficult to identify what can be stripped back from current service provision though."

"In terms of addressing some of the perceived gaps in service provision, some of it may be about working closely together so that no organisation is working in silo. I think that working practices need to be more transparent – let the organisations be part of the solution. We probably have to be quite brave so that we get away from traditional ways of working, but I think we need to involve advocacy providers in finding the solutions here."

One interviewee also spoke of befriending services, and extending advocacy service links with them:

"It may be time to work more closely with befriending services. They all use FORT as well. It would be possible then to look at whether some referrals to advocacy services are more appropriate for befriending services. FORT could be a useful tool for reallocating less appropriate advocacy referrals elsewhere."

6.5.5 Vision for Fife advocacy services

Across strategic and staff telephone interviews, participants were asked to provide 3 words to describe their vision for Fife advocacy services over the next 3 years. The results are presented in the Figure 1:

Figure 1: Interviewees' vision for Fife advocacy services over the next 3 years

As the word cloud in Figure 1 demonstrates, the most commonly used words to describe this future vision were *resourced*, *accessible*, and *inclusive*.

7 Issues for consideration

Across the varied strands of the consultation process, a number of common themes have emerged:

7.1 Increased demand for services

- Services are seeing more people, with no increase in staff numbers or core funding – demand versus supply issue.
- This also feeds into awareness raising with professionals and the public – further increased demand would be untenable without additional funding.
- Important to take stock – look at the core services being performed across all services and assess for capacity related to gaps in current service provision (i.e. over 65s, carers etc).
- Is there anything that advocacy services are doing that could be done by befriending services?

7.2 Generating external funding

- Given the recent cut in core funding by 2.5%, and the increase in demand for advocacy services, attracting funding from external sources will become more important in order for services to further develop.

- Some services have specialist skills related to generating income from external sources. Others are relatively inexperienced, and/or don't have the capacity to work on funding applications.
- As a starting point, compiling a directory of potential funding sources might help, to include dates for applications etc. Would require a named person to keep it up to date and let people know about upcoming opportunities.
- Could the Forum assist with sourcing training on income generation?

7.3 Gaps in current service provision

- Most notably over 65s in community settings, and Carers are also a visible gap for many

  Other gaps that were less often referred to:
- Transitions – child to adult (16-25)
- School-aged children/children who are cared for from home
- Children and young people with mental health issues
- Travelling community

- Over 65s and Carers – these are the most immediate gaps. Could they be accommodated in current service provision? Does any service currently have the capacity to address this? If not, how will these gaps be addressed? Through external funding?

7.4 Awareness raising with other professionals

- A joined-up communications strategy for raising awareness with other professionals could be developed, with the Forum taking a lead, for a consistent approach across services.
- Professionals need to be better aware of the differences between advocacy services in order to facilitate appropriate referrals in the future.
- Checklists to be developed for professionals, to assist them in assessing whether someone is suitable for advocacy?
- Training could be developed for professionals, to assist in raising awareness and understanding.
- Ensuring that advocacy appears in relevant strategies – who is responsible for this? Does this happen?

7.5 Awareness raising with the general public

- There is a challenge with the word 'advocacy' that leads to misconceptions amongst the general public in particular. This could be addressed in future promotion materials, through the use of case studies where appropriate, or by other means.

- Lots of strategies for awareness raising suggested, including the use of social media. Some organisations already use Facebook and Twitter. Do they monitor reach? Trying a sponsored Facebook ad could be one way to extend reach easily.
- Do services ask individuals how they found out about their service? If not, they should. If they already do, then this provides an indication of methods that are working better than others.

7.6 Measuring outcomes

- FORT does a good job, but capturing soft outcomes in particular is difficult for some organisations. Do any organisations have ways of doing this – shared learning? If not, this could be an area for development.

8 Appendices

Appendix 1: Fife Advocacy Strategy 2014-2017: Action Plan

1. Objective: To ensure that local advocacy services are provided with appropriate support in order to help them develop their services in line with this strategy.

1.1 Establish a Joint Strategic Advocacy Planning Group (JSAPG) for Fife to oversee the development and implementation of a new strategy and ongoing coordination of advocacy services in Fife over the period 2014-17.

1.2 Establish a local independent Advocacy Forum to represent and coordinate the views and needs of local advocacy providers, service users and other key stakeholders with an interest in advocacy services in Fife.

1.3 Help the Advocacy Forum develop a suitable work plan to enable them to support organisations to build capacity, develop their services and to implement the requirements of this strategy. Provide any necessary guidance or support to enable the Advocacy Forum to successfully deliver their work plan objectives.

1.4 Clarify ongoing arrangements to monitor and evaluate the implementation and impact of the new advocacy strategy for Fife under the existing Monitoring and Evaluation framework, and provide appropriate recommendations for future refinement of advocacy service provision in Fife.

1.5 Establish ongoing arrangements to review, evaluate and make recommendations on changes to policy, legislation or guidance that have a bearing on advocacy provision in Fife, and incorporate any necessary changes within the monitoring and evaluation arrangements. This should include the identification of appropriate Advocacy Development Officers who, working alongside SW Contracts staff, can provide professional advice and expertise to support advocacy providers in relation to the ongoing development of services.

1.6 Maintain effective contractual monitoring in relation to delivery of the agreed professional advocacy contract and service level agreements. This will include ensuring appropriate budgetary and financial oversight as per the existing monitoring and evaluation framework.

2.0 Objective: To ensure more people are aware of what advocacy is, how it can benefit them, what advocacy services are available in Fife, and know how to access them.

2.1 Develop appropriate referral pathways for the advocacy services established under new contractual arrangements. This should include appropriate case study examples of referral routes.

2.2 Establish arrangements for the development and ongoing maintenance of appropriate mechanisms for communicating information on the range of advocacy

services available and how to access these services to existing and potential service users. This should include consideration of the use of websites; telephone and email contact points; information leaflets, booklets and posters; awareness campaigns etc.

2.3 Develop and implement appropriate training and awareness-raising on the range of advocacy services available within Fife and how to access these services for key frontline practitioners, including social workers, clinicians, teachers, police and independent and voluntary sector organisations.

2.4 Establish appropriate links between the new advocacy strategy and other key related strategies, including transitions for young people with additional needs; the Fife Carer's Strategy; and the development of Self Directed Support.

2.5 Establish appropriate arrangements for regular review and update of information on advocacy services available to people within Fife.

3.0 Objective: To ensure that a wider range of people are eligible to receive advocacy services

3.1 Work in partnership with the Advocacy Forum and local advocacy organisations to develop and agree new eligibility criteria that promote wider access to advocacy services for adult and older people.

3.2 Incorporate the new eligibility criteria within the development of the new professional advocacy contract and service level agreements for all local advocacy organisations working with adults and older people.

3.3 Develop appropriate arrangements to review the impact of the new eligibility criteria in terms of the service demand, service delivery and organisational capacity within the existing Monitoring and Evaluation framework. Make appropriate recommendations on any subsequent changes deemed necessary.

3.4 Further investigate opportunities to develop advocacy provision for children and young people in Fife. As with services for adults and older people, this should include consideration of appropriate types of advocacy provision and service user eligibility criteria.

4.0 Objective: To ensure that people can access a wider range of advocacy services

4.1 Tender and award a new professional advocacy contract for the period 2014-17 in line with the agreed eligibility criteria enabling wider access to advocacy services for adults and older people. This will include:

- Addressing any issues/gaps within the previous contract;
- Including the provision of a wider service for older people; and,
- Including the provision of services for 16- and 17-year olds.

4.2 Review and refresh Service Level Agreements with existing grant-funded advocacy providers to reflect the principles of the 2013/14 transitional year. This will identify the work that requires to be undertaken by current advocacy providers to align their service delivery with the principles and requirements of the new advocacy strategy and introduction of the agreed eligibility criteria in April 2014.

4.3 Develop and implement new 3-year Service Level Agreements for local advocacy providers to cover the period April 2014 to March 2017. This will include fully incorporating the aims and objectives of the new advocacy strategy and new eligibility criteria, and any appropriate updates in relation to changes in policy, legislation and guidance.

4.4 Monitor and evaluate the ongoing impact of changes to contractual and service level agreement arrangements. Consider further improvement or refinement of the advocacy services as required.

Appendix 2: Staff consultation events: Roundtable discussion questions

Question 1 - Are we addressing everyone's advocacy needs?

Question 2 - How can services ensure access to our advocacy provision improves?

Question 3 - How can we raise awareness of advocacy provision and how to sign post people not picked up via services?

Question 4 - How does advocacy fit within other strategies and plans and what are the basic principles underpinning the work that we need to include/reference and develop as part of the new strategy?

Appendix 3: Public consultation event questions

FIFE ADVOCACY STRATEGY: PUBLIC CONSULTATION EVENTS QUESTIONNAIRE

Use of advocacy services

1. Do you know anything about advocacy services in Fife, and what they offer/do?

    a. **If yes,** how do you know about them? How did you find out about them? Have you (or anyone else you know) ever used them?

    b. **If no,** explain what advocacy services do, and say:

    Now that you know a little bit more about what advocacy services do, is there a time when you, or someone you know, might have benefitted from them? Would you benefit from them now?

2. Do you know how to access advocacy services, for yourself or on someone else's behalf?

3. Do you know how to find out whether you are eligible for advocacy services?

Access to advocacy services

4. What could advocacy services do to better promote themselves?

5. Have you ever seen anything about advocacy on social media?

6. Have you ever seen any leaflets/posters about advocacy services, for example in GP waiting rooms, or community centres?

For those with experience of advocacy services

7. What was your experience like? What were the positives? Would could have been improved?

8. Do you have any other comments?

Appendix 4: Focus group topic guide

FIFE ADVOCACY STRATEGY: FOCUS GROUP TOPIC GUIDE

RCO Consulting have been commissioned by NHS Fife to consult with advocacy professionals, advocates, advocacy service users and members of the local public, to inform the development of Fife's new advocacy strategy. We are keen to hear your views as part of this consultation process.

During the following discussion we encourage you to be as honest and open as possible. Your responses will remain anonymous and confidential. If you have any queries regarding the consultation process, please contact Dr Rachel O'Donnell, at rachel@rco-consulting.co.uk

Firstly, establish whether all group members have received/are receiving advocacy, and find out whether any group members are advocates. Provide any advocates with their questionnaire to complete. Ask service users the following questions:

AVOCACY STRATEGY FOCUS GROUP TOPIC GUIDE

Use of advocacy services

1. How did you first find out about advocacy services in Fife?

2. Had you ever heard of advocacy services before? If so, where did you hear about them? From whom?

Reach and access

3. What could advocacy services do to better promote themselves?

4. Have you ever seen anything about advocacy on social media? If so, where?

5. Have you ever seen any leaflets/posters about advocacy services, for example in GP waiting rooms, or community centres? If so, where?

Service development

6. How would you like to see advocacy services develop in the future?

7. What has your overall experience of advocacy been like? What are the positives, and what could be improved?

8. Would you recommend advocacy services to someone else? If so, what would you say to them about the service that you've received?

9. Do you have any other comments? Any other thoughts on the new advocacy strategy and what it should include?

10. Could you provide us with three words to describe your vision for Fife advocacy services over the next 3 years?

Thank you for taking part in this discussion!

Appendix 5: Staff telephone interview schedule

Fife's New Advocacy Strategy: Consultation

RCO Consulting have been commissioned by NHS Fife to consult with advocacy professionals, advocates, advocacy service users and members of the local public, to inform the development of Fife's new advocacy strategy. We are keen to hear your views as part of this consultation process.

During the following discussion we encourage you to be as honest and open as possible. Your responses will remain anonymous and confidential. If you have any queries regarding the consultation process, please contact Dr Rachel O'Donnell, at rachel@rco-consulting.co.uk

FOR ADVOCACY SERVICE STAFF:

1. What type of advocacy does your service provide? (Please click on the box/boxes that apply):

Children and Young People☐
Citizen ☐
Group ☐
Professional ☐
Other (please state) ☐

Training and support for advocates

2. What training/CPD opportunities are available to advocates a) when they first become an advocate and b) once they are working as an advocate?

3. What support is available to advocates? Is this adequate, or could this be improved? If so, how?

Reach and access

4. What could your advocacy service do to better promote itself?

5. Have you ever used social media to promote your advocacy service? (if no, why; if yes, how effective was this approach?)

6. Have you ever given leaflets/posters about your advocacy service to GP practices, community centres, church halls or other potential advertising spaces? (If no, why not; If yes, how effective was this approach?)

7. Is your advocacy service reaching the people that it needs to reach? If not, what gaps are there in service provision? Are there any groups that aren't currently eligible for advocacy services that, in your opinion, should be?

8. What mechanisms are in place for reviewing and updating information on your advocacy service that is made publicly available?

9. Are there any ways in which awareness of local advocacy services could be could be enhanced for other services in Fife? (i.e. key frontline practitioners, including social workers, clinicians, teachers, police and independent and voluntary sector organisations). If yes, please tell us more:

Service development

10. How has your service developed over the last 3 years (2014-17)?

11. How would you like to see your advocacy service develop in the future?

12. What are the main barriers to service development?

13. Is your service provided with appropriate support in order to help you develop? (i.e from the Joint Strategic Advocacy Planning Group, Fife Advocacy Forum)

Service delivery

14. Can you identify any factors that would enable more effective service delivery in the future? If yes, please tell us more:

15. To what extent do you have contact and communications with other advocacy organisations in Fife?

16. Are there any ways in which signposting/referral processes could be improved in the future? If yes, please tell us how:

17. Are there any ways in which partnership working could be enhanced between advocacy and other services in Fife? (i.e. key frontline practitioners, including social workers, clinicians, teachers, police and independent and voluntary sector organisations). If yes, please tell us how:

18. How does your service currently monitor and evaluate it's impacts and outcomes? Are you satisfied with this/these approaches (if not, why?)?

19. Do you have any other comments? Any other thoughts on the new advocacy strategy and what it should include?

20. Could you provide us with three words to describe your vision for Fife advocacy services over the next 3 years?

Confirm whether the interviewee would like a copy of the draft interview write up – in order to authorise content and make amendments if required. We recommend this where possible, so that both parties are happy with the final write up. Agree to send the interviewee the interview content as soon as possible, and no longer than one week post interview. Be clear that interviewees will be required to confirm content within one week of receiving the draft write up.

Many thanks for your time.

Appendix 6: Strategic telephone interview schedule

Fife's New Advocacy Strategy: Consultation

RCO Consulting have been commissioned by NHS Fife to consult with advocacy professionals, advocates, advocacy service users and members of the local public, to inform the development of Fife's new advocacy strategy. We are keen to hear your views as part of this consultation process.

During the following discussion we encourage you to be as honest and open as possible. Your responses will remain anonymous and confidential. If you have any queries regarding the consultation process, please contact Dr Rachel O'Donnell, at rachel@rco-consulting.co.uk

STRATEGIC INTERVIEWS:

Obtain name, job title, and number of years in current role

1. Could you tell me more about your involvement with advocacy services in Fife?

2. What could advocacy services do to better promote themselves?

3. Are advocacy services reaching the people that they need to reach? If not, what gaps are there in service provision? Are there any groups that aren't currently eligible for advocacy support that should be in your opinion?

4. Are there any ways in which awareness of local advocacy services could be enhanced for other services in Fife? (i.e. key frontline practitioners, including social workers, clinicians, teachers, police and independent and voluntary sector organisations). If yes, please tell us more:

5. How have advocacy services developed over the past three years (2014-17)?

6. How would you like to see advocacy services develop in the future?

7. What are the main barriers to service development in the future?

8. What are the enablers to service development in the future? (i.e. what factors will help develop services in the future, for example, strong existing partnership working etc)

9. Are there any ways in which signposting/referral processes could be improved in the future? If yes, please tell us how:

10. Are there any ways in which partnership working could be enhanced between advocacy and other services in Fife (i.e. key frontline practitioners, including social workers, clinicians, teachers, police and independent and voluntary sector organisations)? If yes, please tell us more:

11. Do you have any other comments? Any other thoughts on the new advocacy strategy and what it should include?

12. Could you provide us with three words to describe your vision for Fife advocacy services over the next 3 years?

Many thanks for your time.

Fife Advocacy Strategy
2018 – 2021

Contents

Foreword

This strategy sets out how we will provide independent advocacy services in Fife and continue to improve awareness of and access to services to ensure the best outcomes for people who are unable to speak up for themselves.

The Fife Health and Social Care Strategic Plan (2016- 2019) states:

'The Partnership is committed to the elimination of discrimination and promotion of Equality and Human Rights'

Independent advocacy services are critical to safeguarding and empowering those people who are most vulnerable and at risk and enabling them to express their views and to have their voice heard.

Advocacy has two main themes:

- Safeguarding people who are in situations where they are vulnerable

- Speaking up for and with people who are not being heard, helping them to express their views and make their own decisions and contributions.

The Fife Advocacy Strategy has been refreshed in partnership between Fife Health & Social Care Partnership, NHS Fife, Fife Council and the Fife Advocacy Forum.

We want to thank everyone who has been involved in the development of this strategy, particularly the staff and volunteers from the local independent advocacy organisations and the members of Fife Advocacy Forum who gave up much of their valuable time to organise the consultation events help develop the strategy, and provided constructive feedback and suggestions.

The contribution of staff across the Health & Social Care Partnership, NHS Fife, Fife Council and the Third Sector who attended the stakeholder events held is also acknowledged. The ideas and opinions expressed at those meetings have contributed to the development of this strategy, and will help to ensure that we continue to provide the services that people in Fife truly want and need.

Michael Kellet
Director of Health and Social Care
Rothesay House

Rachel Annand
Chair
Fife Advocacy Forum

Introduction

What is Independent Advocacy?

Independent Advocacy is a way to support people to have a stronger voice and have as much control as possible over their own lives.

Advocacy can be defined as speaking up for, or acting on behalf of, yourself or another person. This can include helping somebody to understand and protect their rights, to resolve problems, or to express their views in an effective and appropriate way.

While many people can access this support informally, for example through friends and family, or by asking their teacher or social worker, many vulnerable people in Fife do not have the social networks other people take for granted. In these cases, people can be supported by an independent advocate.

The Need for Advocacy

Independent advocacy services are designed to ensure that people's views are taken into consideration, particularly when decisions are being made about them. They also help people understand their rights, enable them to make informed choices, and allow them to clearly express themselves.

Fife Health & Social Care Partnership, NHS Fife and Fife Council staff are most likely to encounter independent advocacy in formal settings, for example when an advocate is supporting someone at a Mental Health tribunal, at a Child Protection hearing or during an Adult Protection Investigation. However, independent advocates support people in many other ways, from helping to request that their landlord makes some necessary improvements, to providing support to someone facing bankruptcy proceedings.

Key to the success of an advocate is the concept of 'independence'. Advocates are not employed by Fife Health & Social Care Partnership, NHS Fife or Fife Council, and are not involved in providing any other services to the person receiving advocacy. Their loyalty lies with the person they are supporting (often referred to as the "advocacy partner"). As such, they do not have to balance the multiple, sometimes conflicting, responsibilities that social workers, nurses and other professionals have to.

Legislation and policy, including the Patient Rights Act (2011), and Getting it Right for Every Child (2017), Mental Health (Care and Treatment)(Scotland) Act 2003 Adult Support and Protection (Scotland Act 2007) all emphasise the need to place the person at the centre of decision making.

Advocacy services are there to help ensure that happens.

Aims and Objectives

In developing the overall aims of this strategy, a wide range of people including advocacy users, advocacy organisations and other stakeholders were consulted. Seven stakeholder events were held and an extensive engagement process was undertaken. Some comments from the consultation feedback are included in Appendix 1. The conclusions and recommendations from those events have been used directly to inform this strategy.

In addition the strategy takes account of relevant legislation (appendix 3).

Between 2018–2021, the Fife Advocacy Strategy aims to continue to ensure that:

1. A wider range of people are eligible to receive independent advocacy, including carers
2. People can access a broad range of independent advocacy services;
3. More people are aware of what advocacy is, how it can benefit them, what advocacy services are available in Fife, and how to access them, and;
4. Local advocacy services are provided with appropriate support in order to help them develop their services in line with this strategy.

Due to Fife's changing demographic profile, we expect there to be a continuing increase in demand for independent advocacy services. This will place corresponding pressures on local advocacy organisations, particularly in a climate of restricted availability of funding.

The demand is likely to increase from the following groups:

- Frail Older People including those with dementia/learning disability
- People with long term conditions
- Carers
- Adults at risk of harm who meet the criteria set out in the Adult Support & Protection (Scotland) Act 2007.

It will be important for Fife Health & Social Care Partnership, Fife Council and NHS Fife to work closely with independent advocacy organisations to maximise capacity and improve co-ordination to ensure the most efficient use of resources. This will ensure we can continue to deliver a range of effective and efficient advocacy services across Fife, targeting those with the most critical need.

Types of Independent Advocacy

There are many different types of advocacy. The following defines the most common types of independent advocacy service available in Fife and describes the main audience for each type of service. Further details of the different types of Advocacy are available in the Advocacy in Fife Booklet (Advocacy in Fife Booklet – www.fifeadvocacyforum.org.uk).

The term 'independent advocacy' is defined in the Mental Health (Care and Treatment) (Scotland) Act 2003. Essentially, advocacy is regarded as independent if it is not directly provided by Fife Health & Social Care Partnership, NHS Fife or Fife Council, or any organisation providing other services to the person.

Individual Advocacy

- **Professional (Issue-Based) Advocacy**

A professional advocate will provide expert, specialist knowledge to help resolve a particular issue. There is no long-term relationship with the person.

This type of advocacy is closely associated with formal support for Mental Health Tribunals, Child Protection Conferences and other statutory functions. .

Professional Advocacy Susie's story
Susie contacted an independent advocacy provider when she thought she might be evicted from her home because of rent arrears. Her advocacy worker agreed to speak to housing services on Susie's behalf as she found this difficult to do herself due to her mental health. By supporting Susie at a meeting with the housing officer the advocacy worker was able to support Susie to get her rent payments changed and resolve the outstanding arrears.

- **Citizen Advocacy**

This is a person-based independent advocacy service that usually (but not always) takes place on a longer-term basis. The advocate is usually an unpaid volunteer, who builds a trusting relationship with person and supports them to resolve any issues they have in order to ensure they have an active life within the community.

Citizen Advocacy Agnes's story

Agnes was unhappy with where she lived but struggled to explain to staff what she wanted. Agnes was matched with a Citizen Advocate and they spent many months getting to know each other while enjoying many cups of coffee and shopping trips.

Agnes's advocate supported her to think through what she wanted and to get information about the options available. Her Citizen Advocate helped her express her concerns and wishes. She accompanies Agnes to her care reviews, assisted her with a benefits application, sourced funding to enable Agnes to go on holiday, accessed help to obtain a blue badge and helped her move to an accessible flat.

Agnes and her Citizen Advocate meet up over a coffee and this ensures Agnes has the opportunity to talk about issues and be supported at ongoing reviews.

• Non Instructed Advocacy (Professional or Citizen)

Non-instructed advocacy happens when a person who needs an independent advocate cannot tell the advocate what they want. This may be because the person has complex communication needs or has a long-term illness or disability that prevents them from forming or clearly stating their wishes and desires. This usually takes place with people who have dementia or profound and/or severe learning difficulties.

Non-Instructed Advocacy – Dan's Story (A Citizen Advocacy Partnership)

Dan and John were matched as Dan's health had deteriorated meaning he could no longer live at home, and due to the nature of his disabilities he was unable to communicate verbally or with more than a few basic signs.

John met with Dan's previous carers to establish what was important to Dan in terms of his care and support needs, how best to communicate with him, what he enjoyed doing, and what might upset him. John visited and got to know Dan in his initial temporary accommodation, and was able to support a recommendation for Dan to remain living there permanently, as Dan gave every indication of being happy and settled there.

John established a firm bond with Dan and has good communication with Dan's care staff and social worker. This has resulted in Dan being able to continue his favourite activities in the community, as well as enjoying a positive and healthy lifestyle in his new home.

• Group Advocacy (Collective Self-Advocacy)

Group advocacy is designed to allow people with the same concerns, issues or experiences to provide support to each other and to work together to highlight issues and campaign for improvement. All groups are run by members for members, with support from a Development Worker.

This type of independent advocacy creates the opportunities for people to develop skills and confidence to be able to advocate for themselves on both a collective and individual basis and encourages debate and discussion within the group to represent views, preferences and experiences.

Group Advocacy Simon's story

Simon has a learning disability and for most of his life was used to people telling him what to do. He felt that his own views and wishes were often ignored and he was not given the opportunity to make decisions for himself. He joined a collective group advocacy provider and got support from other people in similar situations. Through the group he became involved in campaigning activities and this gave him the confidence and ability to express his own views and take control of his daily life.

• Peer Advocacy

Peer advocacy is when support is provided by an individual who has gone through similar experiences.

This arrangement can help reassure the person that the advocate supporting them understands their situation and won't be judgemental.

Peer Advocacy Mary's story

Mary has learning difficulties and is in hospital awaiting discharge to a new home. The peer advocate has built up a relationship with Mary while in hospital and hopes to support her when she returns home and can use her experience to help as she also has a learning disability.

The peer advocate also attends national conferences, helps with recruitment of peer advocates and participates in their training.

• Children's Rights Service

This service aims to ensure that a child's rights are fully taken into account when decisions are made about them. Within Fife, the Children's Rights Service is focussed on providing support for Looked After Children, and Children subject to a Child Protection Case Conference. The Children's Rights Service supports the children at Looked After Child Reviews, Children's Hearings and other complex meetings, helping them express their views and wishes in all decisions affecting them, enabling them to contribute to their Statutory Child's Plans.

The nature of the Children's Rights Service is very similar to Professional Advocacy.

Children's Rights – A Child in a foster care placement

Kyle has been referred to Children's Rights on two occasions. He was seen by a Children's Rights worker prior to meetings as his birth family requested direct contact. He did not wish to have any direct contact and his family took that view that social work/foster carers were influencing his decisions. Children's Rights support allowed Kyle to have an independent representative to share his views at meetings and gave him confidence that his voice was heard.

Children's Rights: Children in a kinship placement –

Children's Rights has been involved with Jane and Mary for over a year. Rachel, the Children's Rights worker developed a positive and trusting relationship with them, helped them express their views and feelings about where they would like to stay, how they felt about contact with their parents, and supported them at the Looked After Child Reviews and Children's Hearings.

The children continue to reside in the care of their grandparents in a kinship placement where they feel safe and protected. The children's grandparents are of the view that the Children's Rights' support has enabled the girls to have an independent representative to ensure their voice is heard at meetings they would otherwise find overwhelming.

(Please note that in all examples fictitious names have been used to ensure anonymity and confidentiality)

Commissioning and Monitoring of Services

All advocacy organisations who receive funding from Fife Health & Social Care Partnership or Fife Council are monitored by Contracts Officers within the Health & Social Care Partnership to ensure compliance.

Within Fife, advocacy services are commissioned in two ways:

- **Professional Advocacy Contract:** a formal contract, which provides short-term, issue-specific professional advocacy

- **Service Level Agreements:** other types of advocacy provision are funded through individual Service Level Agreements to several additional advocacy organisations.

Professional Advocacy Contract

The current advocacy contract ends on 30th September 2018, and a new contract tendering exercise has commenced for a new contract to be in place from the 1st October 2018. The contract specification, which sets out the services to be provided under the contract, will be developed in line with the aims and objectives of this strategy.

Service Level Agreements

In addition to the professional advocacy contract, Service Level Agreements (SLAs) are in place with the other advocacy organisations. These organisations provide other types of advocacy, including Group Advocacy, and Citizen Advocacy. It should be noted that these types of advocacy are often provided over a longer-term than professional advocacy. A “typical” professional advocacy referral will be measured in weeks; most citizen advocacy partnerships will last for years.

As with the contract, the Service Level Agreements for the smaller advocacy organisations will also be structured in line with the aims and objectives of the strategy. This will ensure consistency of provision and access across Fife, and minimise overlap and duplication between services.

During the lifetime of the Service Level Agreements the Joint Strategic Advocacy Group (JSAPG) will monitor demand for services and provide appropriate ongoing support to the independent advocacy organisation.

Advocacy Services for Adults & Older People (April 2018)

The 2014-17 Advocacy Strategy introduced a new Advocacy Eligibility Criteria which resulted in more people having access to a wider range of advocacy services. The Advocacy Eligibility Criteria, which were agreed in partnership with local advocacy organisations, states that:

People in Fife, aged 16 or over, who are affected by disability, chronic illness, dementia or mental disorder (including mental illness, learning disability or personality disorder) and are unable to safeguard their own well-being, rights, care or other interests will be eligible to receive independent advocacy services.

Professional Advocacy	**Circles Network (£344,367)**
	Women's Aid (£56,359)
	Fife Forum (£16,606)
Citizen Advocacy	**Dunfermline Advocacy (£81, 685)** (West Fife)
	Include Me (£37,352) (North East Fife)
	Equal Voice (£33,609) (Central Fife)
	Dunfermline Advocacy (£31, 039) Regional Forensic Unit
Group Advocacy	**People First (£82,842)**

Key:

Adults
Older People
Adults + Older People

The three citizen advocacy organisations each cover a separate geographical area (as shown above), and together provide a Fife-wide service.

Advocacy Services for Children & Young People – (April 2018)

Professional Advocacy / Child Right's Service	**Barnardo's** provides children's rights service to children and young people in secure care and purchased residential placements, looked after at home and in kinship care, children in foster care and children subject to multi-agency statutory child's plans. Barnardo's Covers Council Foster Care Service or Purchased Residential/ Foster Care **(£211,969)**
	Who Cares? Covers Council Residential Homes **(£43,209)**
	Circles Network Children subject to compulsory measures under mental health legislation and Young People (over 16) meeting the Eligibility Criteria (**Covered within Contract value detailed under Adults & Older People)**
	Barnardo's Child Protection Conferences and Children and Young People Affected by Disability.
	Barnardo's Families involved in Additional Support Needs Tribunals for Scotland
Peer/Group Advocacy	**Fife Young Carers** Support to young people who are carers **(£136,770)**
Informal support & issue-based	**Kindred** Support and advocacy for families of children with additional support needs. **(£36,430)**

Children & Younger People (up to 18)
Children & Younger People (up to 25)
Children (0-16)
Family Support

Advocacy services for children and young people in Fife will retain their existing priorities, which are primarily focussed on looked-after children, children subject to child protection proceedings as well as children and young people who are at the "at risk of admission to care".

Children's rights and their participation in the decision making affecting them is central to Fife Children's Services Plan 2017-2020.

The Children's Services Plan's emphasis on prevention, inclusion, fairness and equity is reflected in the priorities agreed by Barnardo's and Fife Council for Children's Rights and Advocacy Services:

1st - Looked After in Secure Accommodation
2nd - Looked After in Residential Care
3rd - Looked After at Home/Kinship Care
4th - Looked After in Foster Care
5th - Child is subject to a Statutory Child's Plan (Section 22)

These priorities will ensure greater access to children's rights services for children and young people looked after at home as part of the overall strategy to improve the outcomes for all looked after children and promote a culture of aspirations and social inclusion.

Strategic Overview

The Advocacy Strategy will be overseen by the Joint Strategic Advocacy Planning Group (JSAPG). This group will have overall responsibility for ensuring that the strategy, including the action plan, is effectively implemented during the period 2018 to 2021.

This will involve working in partnership with the Fife Advocacy Forum and the individual advocacy organisations to ensure that the strategy is being fully implemented, and to identify and address any issues that occur. This will include working with all stakeholder groups in order to consider additional areas for development or improvement and identifying ways to implement these recommendations.

Key to this work will be establishing strong links with the Contract Officers who are responsible for monitoring and evaluating the performance of the advocacy providers against the Contract and Service Level Agreements. As such, they are well placed to identify any issues with the implementation of the strategy, and to confirm that the services provided are meeting the specified requirements.

The Contract Officers work with all advocacy services throughout the year to carry out appropriate monitoring and evaluation of the services. This can also involve working with the individual organisations to develop their services and resolve any issues that arise. Part of this work will include ensuring continuity across organisations in terms of expected outcomes, provision of support, monitoring requirements, or similar.

Conclusion

The outcome of the consultation undertaken indicates that the existing independent advocacy organisations in Fife provide good value and are highly regarded. In addition, it was identified that the advocacy services have been very successful at meeting local need, and adapting to the different demands and circumstances of service user groups in different parts of Fife.

Strong partnership working has been at the heart of the development of advocacy in Fife. In order to co-ordinate the development of the Advocacy Strategy, and to oversee the improvement work a Joint Strategic Advocacy Planning Group (JSAPG) is in place, this includes representatives from Fife Advocacy Forum, Health & Social Care Partnership, NHS Fife, Housing and Police.

The Advocacy Forum which is an independent body comprising of representatives from local advocacy organisations and people with an interest in advocacy services, helps to ensure that service users and advocacy organisations have a strong say in the ongoing development of advocacy services in Fife. It provides an opportunity to share best practice, raise concerns, and highlight key issues.

Through the Joint Strategic Advocacy Planning Group (JASPG) and the Advocacy Forum we will work with advocacy organisations to provide information and guidance to ensure advocacy services are appropriately targeted making best use of available resources.

During the period of the 2018-2021 Strategy this joint working will focus on the areas identified during the consultation to continue to improve independent advocacy services in Fife.

Key themes arising from the consultation and stakeholder events were:

- Increased demand for advocacy services
- Financial constraints
- Gaps and consistency in service provision
- Awareness raising/promotion of advocacy
- Measuring outcomes

Fife Advocacy Strategy 2018-2021: Areas for Ongoing Improvement

1.0	**Objective: To ensure that a wider range of people are eligible to receive advocacy services**
1.1	Work in partnership with Fife Advocacy Forum and local advocacy organisations to review the eligibility criteria to advocacy services for adults and older people to ensure fit for purpose and includes access for carers.
1.2	Monitor and review the impact of the eligibility criteria in terms of the service demand, service delivery and organisational capacity within the existing Monitoring and Evaluation framework. Make appropriate recommendations on any subsequent changes deemed necessary.
1.4	Further improve access to advocacy provision for children and young people in Fife attending a Childrens Hearing building on the recent pilot in Fife and in line with Scottish Government Guidance.
2.0	**Objective: To ensure that people can access a wider range of advocacy services**
2.1	Tender and award a new professional advocacy contract for the period 2018-21 in line with the currently agreed eligibility criteria.
2.2	Develop and implement Service Level Agreements for local advocacy providers to cover the period April 2018 to March 2021. This will include fully incorporating the aims and objectives of the advocacy strategy and existing eligibility criteria, and any appropriate updates in relation to changes in policy, legislation and guidance.
2.3	Monitor and evaluate the ongoing impact of changes to contractual and service level agreement arrangements. Consider further improvement or refinement of the advocacy services as required.
2.4	Ongoing consideration to opportunities to further develop services for children and young people.
3.0	**Objective: To ensure more people are aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access**
3.1	In partnership with Fife advocacy Forum develop a communication strategy to ensure a wide reach using a variety of communication methods to include the use of websites, information leaflets, posters, and use of social media, awareness campaigns and other media as appropriate.
3.2	Make available appropriate training and awareness-raising on the range of advocacy services available within Fife and how to access these services for key frontline practitioners, including social workers, clinicians, teachers, police and independent and voluntary sector organisations.
3.4	Establish appropriate links between the advocacy strategy and other key related strategies, including transitions for young people with special needs; Fife Carer's Strategy; Mental

	Health Strategy, Dementia Strategy, Adult Support and Protection to ensure the awareness of and promotion of advocacy.
3.5	Ensure an ongoing programme of consultation and participation with looked after children.
3.6	Through the Joint Advocacy Strategy Planning Group (JSAPG) and Fife Advocacy Forum review and update information on advocacy services available to people within Fife.
3.7	In partnership with the Childrens Rights Strategy Group promote further awareness of children's rights across Fife.
4.0	**Objective: To ensure that local advocacy services are provided with appropriate support in order to help them develop their services in line with this strategy.**
4.1	The Joint Strategic Advocacy Planning Group (JSAPG) will oversee the development and implementation of the refreshed strategy and ongoing coordination of advocacy services in Fife over the period 2018-2021. Progress on implementation will be reported to the Senior Leadership Team and the IJB.
4.2	The Fife Advocacy Forum will represent and coordinate the views and needs of local advocacy providers, service users and other key stakeholders with an interest in advocacy services in Fife and ensure these are represented to the Joint Strategic Advocacy Planning Group (JSAPG).
4.3	The Joint Strategic Advocacy Planning Group (JSAPG) will work with the Fife Advocacy Forum develop a suitable work plan to enable them to support organisations to build capacity, develop their services and implement the requirements of this strategy.
4.4	Through allocation of Patient's Rights monies we will make available resources to support the work of the Advocacy Forum and enable them to deliver their work plan objective.
4.5	The Joint Strategic Planning Group (JSAPG) will monitor and evaluate the implementation and impact of the advocacy strategy for Fife under the existing Monitoring and Evaluation framework, and provide appropriate recommendations for future refinement of advocacy service provision in Fife.
4.6	Through the Joint strategic Planning Group (JSAPG) we will review, evaluate and make recommendations on changes to policy or guidance that have a bearing on advocacy provision in Fife, and incorporate any necessary changes within the monitoring and evaluation arrangements.
4.7	Through contracts monitoring arrangements ensure advocacy services deliver in line with advocacy contract and service level agreement requirements. This will ensure budgetary and financial oversight in line with the Monitoring and Evaluation Framework requirements.

Appendix 1

Quotes from group advocacy users in Fife….

Quotes from Citizen Advocacy partnerships…

…the support, advocacy & friendship…shall hopefully enable me to keep positive, keep alive & keep coping

Citizen Advocacy Partner

It's given my advocacy partner the confidence to speak up at meetings about what she would like to happen

Volunteer Citizen Advocate

I have learnt a lot about letting Jo talk through things without the worry that I will jump straight into action…..sometimes she is not looking for action but for someone to listen and let her talk it through and sort it in her own head first. Having confidence to tell someone about an issue is also being confident about how they will react.

Volunteer Citizen Advocate

I like my Advocate. We have fun together and he goes to meetings when I don't want to.

Citizen Advocacy Partner

Its good having an advocate…it changes everything.

Citizen Advocacy Partner

John is more relaxed when I come along to see him not sitting with lots of worries- he seems to trust me about raising anything and just chatting through anything now.

Volunteer Citizen Advocate

You know you're not alone because you've got advocacy to help.

Citizen Advocacy Partner

…a good friend (is) worth a lot- and- I think that the DA motto of FRIENDSHIP CHANGING LIVES is very appropriate & relevant.

Quotes from Professional Advocacy

A massive thank you for all your help and support. I really don't think I could have managed. You give an excellent service and I don't feel so alone when having to deal with such stressful situations.

Professional Advocacy Service User

I was supported through my recovery when I felt very alone and my advocate was always a smiling friendly face to see. I really appreciated their input, which really was so valuable to me at a very difficult time for me.

Everything I asked about was dealt with and made easy to understand.

Professional Advocacy Service User

Thank you so much for your patience and support. I really appreciate your kindness.

Professional Advocacy Service User

Appendix 2

Contact Details

For general inquiries, or for more information about the advocacy services in Fife, please see:

www.fifeadvocacyforum.org.uk
or email admin@fifeadvocacyforum.org.uk
Alternatively, you can contact any of the advocacy organisations in Fife directly.

Advocacy Services for Adults and Older People

Professional Advocacy

Circles Network in Fife

Circles Network provides Individual issue based advocacy for everyone who is eligible to access advocacy services across the whole of Fife. Professional Advocacy helps individuals to have their say about services they use, understand their rights or raise issues they are worried about, Professional advocacy also provides Non-instructed Advocacy. We work with a no waiting list policy ensuring individuals who require advocacy support can access advocacy at the time of the issue. Circles Network have two contact points in Fife and also a small office situated in Stratheden Hospital. Professional advocacy also provides professional advocacy to children subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Address: Circles Network Fife
5 High Street
Dunfermline
KY12 7DL
Phone: 01383 732822
Address: New Volunteer House
16 East Fergus Place
Kirkcaldy
KY1 1XT
Phone: 01592 645360
Email: info.fife@circlesnetwork.org.uk
Website: www.circlesnetwork.org.uk

Fife Forum
Provides advocacy for people over 65 who are in community hospitals or residential or nursing care homes within Fife.
Address: Fife Forum
Office 1 – 2
Fraser Buildings

Millie Street
Kirkcaldy
KY1 2NL
Phone: 01592 643743
Email: info@fifeforum.org.uk
Website: www.fifeforum.org.uk

Fife Women's Aid
Provides advocacy for women who are experiencing, or have experienced, domestic abuse.
Address: Fife Women's Aid
Suite 1
First Floor
Saltire House
Pentland Park
Glenrothes
KY6 2AL
Phone: 0808 802 5555
Email: info@fifewomensaid.org.uk
Website: www.fifewomensaid.org.uk

Citizen Advocacy

Dunfermline Advocacy (Dunfermline and West Fife)
Dunfermline Advocacy provides support for Citizen Advocacy partnerships across West Fife. Citizen Advocacy matches local volunteers with vulnerable adults in the community to provide invaluable support and friendship, giving each individual a chance to have their voice heard and represented. Citizen Advocates aim to build lasting meaningful connections and mutually beneficial relationships with our advocacy partners. For many people their Citizen Advocate is the only person not paid to be in their life and here the impact of having a friend cannot be overstated.
Address: Dunfermline Advocacy
2 Halbeath Road
Dunfermline
KY12 8QX

Phone: 01383 624382
Email: enquiries@dunfermlineadvocacy.org
Website: www.dunfermlineadvocacy.org

Equal Voice (Kirkcaldy & Central Fife)
Equal Voice is a Citizen Advocacy project. We are a registered charity and we provide independent advocacy for central Fife residents who have a learning disability, physical disability or a mental health difficulty which makes them unable to look after their own affairs. Our project offers assistance to adults aged 16 -65 years old who need support speaking up for themselves. Citizen Advocates develop a voluntary long-term partnership with a person who has a vulnerable adult who has difficulty being listened to or has difficulty speaking up for themselves.

Address: Equal Voice
P.O 26867
Kirkcaldy
KY2 9BZ
Phone: 01592 653754
Email: deborah@equal-voice.org.uk
Website: www.equalvoice.org.uk

IncludeME! (North-East Fife)
Include Me aims to enhance personal choice and community participation for vulnerable people through citizen advocacy. Include Me's objective is to focus our resources on individuals who may be vulnerable because they lack a support network or who may have difficulty accessing appropriate services.

Address: Include Me
c/o Fife Voluntary Action
69 Crossgate
Cupar
KY15 5AS
Phone: 01334 656242
Email: contact@includeme.org.uk
Website: www.includeme.org.uk

Group Advocacy

Group advocacy is designed to allow people with the same concerns, issues or experiences to provide support to each other and to work together to highlight issues and campaign for improvement.

In Fife, group advocacy is provided by People First (Scotland) and is available to anyone with a learning disability.

People First (Scotland)
People First was established in 1989. It is the independent self-advocacy organisation in Scotland. People First (Scotland) is the only Disabled People's Organisation run by and for people with learning disabilities and the Board of Directors is made up of only people with learning disabilities. There are over 90 local groups in Scotland (14 in Fife), where members meet up and share concerns, issues or experiences. Members provide support to each other and work together to highlight issues and campaign for improvement. Local groups also create opportunities for adults with learning difficulties to develop the skills, attitudes and competencies which will be more widely valued in our society and to learn the skills of opinion development and engagement. At local level, members also have the opportunity to be involved in other work, such as raising awareness of adult protection issues and delivering hate incident awareness sessions to 1st and 4th year pupils. Members also attend conferences/consultations and represent people with learning disabilities on local strategic committees and at a national level.

Address: People First (Scotland)
Unit 17a
Dunfermline Business Centre
Izatt Avenue

Dunfermline
KY11 3BZ
Phone: 01383 624885 or 07841362170
Email: andrea.ladyka@peoplefirstscotland.org
kate.milliken@peoplefirstscotland.org

Advocacy Services for Children and Young People

Barnardo's Children's Rights Service, Fife
Provides a Children's Rights Service for children and young people (up to 18). This includes children subject to a Child Protection Conference, or looked after children in secure care placements, purchased residential placements, children looked after at home and in kinship care, children in foster care placements and children who are subject to multi-agency statutory child's plans.

Take Note, (provided by Barnardo's) supports families involved in Additional Support Needs Tribunals for Scotland (ASNTS).

Phone: 01592 651482
Email: fifeservices@barnardos.org.uk
Website: www.barnardos.org.uk

Who Cares?
Provides professional advocacy for young people (up to 25) who are, or have been, resident in Fife's residential homes.

Phone: 07712 872096
Email: rdearden@whocaresscotland.org
Website: www.whocaresscotland.org

Circles Network in Fife
Circles Network provides Individual issue based advocacy for everyone who is eligible to access advocacy services across the whole of Fife. Professional Advocacy helps individuals to have their say about services they use, understand their rights or raise issues they are worried about, Professional advocacy also provides Non-instructed Advocacy. We work with a no waiting list policy ensuring individuals who require advocacy support can access advocacy at the time of the issue. Circles Network have two contact points in Fife and also a small office situated in Stratheden Hospital. Circles Network also provides professional issue based advocacy to children subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Address: Circles Network Fife
5 High Street
Dunfermline
KY12 7DL
Phone: 01383 732822
Address: New Volunteer House
16 East Fergus Place

Kirkcaldy
KY1 1XT
Phone: 01592 645360
Email: info.fife@circlesnetwork.org.uk
Website: www.circlesnetwork.org.uk

Kindred
Provides professional advocacy for parents and carers of children with additional support needs throughout Fife.
Address: Evans Business Centre
15 Pitreavie Court
Dunfermline
KY11 2YB
Helpline: 0800 031 5793 (10 am – 4 pm Mon to Fri)
Office: 01383 745651
Email: Fifeenquiries@kindred-scotland.org
Website: www.kindred-scotland.org

Fife Young Carers
Support to children and young people who are carers.
Phone: 01592 786717 or through the webpage https://www.**fifeyoungcarers**.co.uk

Appendix 3

Legal Requirements & Key Guidance

The following legislation and guidance was considered particularly pertinent to the development of the Fife Advocacy Strategy:

- **Mental Health (Care and Treatment) (Scotland) Act 2003**

  States that "every person with a mental disorder shall have a right of access to independent advocacy". The Act uses "mental disorder" to refer to any mental illness, personality disorder or learning disability.

- **Adult Support and Protection (Scotland) Act 2007**

  The council must "have regard to the importance of the provision" of independent advocacy for adults at risk of harm.

- **Adults with Incapacity (Scotland) Act 2000**

  A sheriff at a hearing must "take account of the wishes and feelings of the adult … so far as they are expressed by a person providing independent advocacy".

- **Patient Rights (Scotland) Act 2011**

  Includes a requirement that the Patient Advice and Support Service can direct patients to various types of support, including independent advocacy services.

- **Children (Scotland) Act 1995**

  States that children under the age of 18 are entitled to have an advocate or other representative present at a Children's Hearing.

- **Children's Hearing (Scotland) Act 2011**

  States that the chairing member of a children's hearing must inform the child of the availability of children's advocacy services.

- **Education (Additional Support for Learning) (Scotland) Act 2004**

  Provides a right of advocacy to a child's parents or a young person at an Additional Support Needs Tribunal.

- **Guidance on Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007**

  Children should have the opportunity of access to an independent advocate, Child's Rights Officer or similar.

- **Carers Act (Scotland) 2016**

  The carers strategy recognises the importance of advocacy for carers.

- **Getting it Right for Every Child (2008) (GIRFEC)**

  Sets out a consistent operating framework for people to work with all children and young people. Aims to place the child at the centre of decision making, and to recognise and respond to the views of the child, including providing support to allow the child to express their feelings and opinions. This can include, but is not restricted to, advocacy support.

- **Better Health, Better Care (2007)**

  This is the current overarching strategy for the NHS. It introduced the Participation Standard, which includes a requirement that independent advocacy services should be "provided and developed in partnership with other agencies and the people who need them". The Standard also states that individual need for independent advocacy should be "assessed, recorded and provided where necessary".

- **Having Your Say: The Same as You? Report of the Advocacy Sub-Group (2006)**

  Recommended that there should be a choice of advocacy organisations available, that the needs of people with learning disabilities and autistic spectrum disorders should be taken into consideration when developing services, and that local advocacy plans should clearly state how local people can get advocacy support regarding issues that people feel are important.

Principles and Standards of Good Advocacy

In addition to the legislation and guidance listed above, the Scottish Government has also published a document entitled Independent Advocacy – Guide for Commissioners (2013), recently updated. This document, which updates previous guidance for Commissioners, set out a series of principles and standards that should underpin the provision of advocacy services. These principles and standards are based on previous work by the Scottish Independent Advocacy Alliance and the Scottish Government. The Scottish Government recommends that all independent advocacy organisations should demonstrate compliance with these requirements.

The underlying principles and standards have been incorporated into the development of this strategy. In summary, the principles and standards state that independent advocacy should:

- Put the people who use it first, and should be directed by their needs and wishes;
- Be accountable (both under law, and to the people who use it);
- Be as free as it can be from conflicts of interest; and,
- Be accessible to the widest possible range of people.

In addition, the Mental Welfare Commission for Scotland has issued a visit and monitoring report 'The Right to Advocacy - a review of how local authorities and NHS Boards are discharging their responsibilities under the Mental Health (Care & Treatment (Scotland) Act 2003).

Equality Impact Assessment

Part 1: Background and information

Title of proposal	Fife Advocacy Strategy
Brief description of proposal (including intended outcomes & purpose)	This is a refresh/update of Fife advocacy strategy following a period of consultation with key stakeholders. The Advocacy Strategy sets out how advocacy services will be delivered to support the most vulnerable individuals to ensure their rights are protected, safeguarding and their views are heard. Independent Advocacy services help to safeguard and empower people who are unable to do so themselves. Under the Mental Health (Care & Treatment) Act 2003, anyone with a 'mental disorder' has a legal right to access independent advocacy. A key aim of the rebalancing the delivery and aces to mental health services in Fife is to challenge and eliminate discrimination and advance equality of opportunity. The Advocacy Strategy aims to ensure that; - A wide range of people are eligible to receive advocacy extending the scope to include carers to meet requirements of the Carers Scotland Act 2016, implemented 1st April 2018.
Lead Directorate / Service / Partnership	Health & Social Care Partnership
EqIA lead person	Louise Bell, Service Manager
EqIA contributors	Louise bell, Service Manager Fife Advocacy Forum
Start date of EqIA	May 2018

How does the proposal meet one or more of the general duties under the Equality Act 2010? (Consider proportionality and relevance on p.12 and see p.13 for more information on what the general duties mean)

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	By ensuring that vulnerable individuals have access to independent advocacy services to promote safeguarding, equality, eliminate discrimination and

	ensure the individual's views are represented.
Advancing equality of opportunity	The advocacy strategy serves to advance equality of opportunity for vulnerable individuals to have their voice heard and participate indecision making about their life. There is an equitable balance of access to advocacy services.
Fostering good relations	The advocacy strategy has been developed in consultation and partnership with service users and independent advocacy organisations.

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

Full EqIA has previously been completed for the Fife Advocacy Strategy.

Part 2: Evidence and Impact Assessment

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

Protected characteristic	Positive impact	Negative impact	No impact
Disabled people	x		
Sexual orientation	x		
Women	x		
Men	x		
Transgendered people	x		
Race (includes gypsy travellers)	x		
Age (including older people aged 60+)	x		
Children and young people	x		
Religion or belief	x		
Pregnancy & maternity	x		
Marriage & civil partnership	x		

All disadvantaged groups/vulnerable people have access to advocacy services. This has been extended to include access for carers.

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

	Positive impact	Negative impact	No impact
Looked after children and care leavers	x		

Privacy (e.g. information security & data protection)	x		
Economy			x

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

Evidence used	**Source of evidence**
1. Monitoring and Evaluation of contracts/ SLA's with independent advocacy organisations	**Monitoring and Evaluation**
2. Service user feedback	**Consultation/engagement with service users**
Evidence gaps	**Planned action to address evidence gaps**
1. Carers	Commission advocacy service for carers

Part 3: Recommendations and Sign Off

Recommendation	Lead person	Timescale
1. Approve	Louise Bell, Service Manager	

Sign off

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

Date completed: 24/5/18	Date sent to Equalities Unit: Enquiry.equalities@fife.gov.uk
Senior Officer: Name Louise Bell	Designation: Service Manager

FOR EQUALITIES UNIT ONLY

EqIA Ref No.	EqIA/18/679/HSC
Date checked and initials	

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

Which Committee report does this IA relate to (specify meeting date)? Health & Social Care Partnership Board 21/6/18
What are the main impacts on equality? Advocacy services are designed to protect people's rights and to ensure their views are taken into consideration. Advocacy services therefore help to ensure equality for the most vulnerable people.
What are the main recommendations to enhance or mitigate the impacts identified?
If there are no equality impacts on any of the protected characteristics, please explain. Services are available to a wide range of people determined as vulnerable and scope is being extended to include carers.
Further information is available from: Name / position / contact details: Louise Bell, Service Manager TEL 03451 555555 443879 louise.bell@fife.gov.uk

One of the following statements must be included in the "Impact Assessment" section of any committee report. Attach as an appendix the completed EqIA Summary form to the report – not required for option (a).

(a) An EqIA has not been completed and is not necessary for the following reasons: (please write in brief description)

(b) The general duties section of the impact assessment and the summary form has been completed – the summary form is attached to the report.

(c) An EqIA and summary form have been completed – the summary form is attached to the report.

Fife Health & Social Care Integration Joint Board

Supporting the people of Fife together

AGENDA ITEM NO.:	7.5	
DATE OF MEETING:	21 June 2018	
TITLE OF REPORT:	Carers Strategy for Fife 2018 – 2021 - "Supporting the Carers of Fife together"	
EXECUTIVE LEAD:	David Heaney Divisional General Manager, Health and Social Care	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Louise Bell
	DESIGNATION:	Service Manager, Older People's Service
	WORKPLACE:	Rothesay House
	TEL. NO.:	03451 55 55 55 443879
	EMAIL:	louise.bell@fife.gov.uk

Purpose of the Report (delete as appropriate)

For Decision		

REPORT

Situation

The Carers (Scotland) Act 2016 (the Act) came into effect on 1st April 2018. The Act requires each local authority and health board to prepare a local carer strategy with specific features included within it. In Fife this duty is delegated to the Fife Health & Social Care Partnership. Progress towards implementing the Act was reported to the IJB at its meeting on 26th April 2018 when members were asked to note the Carers Strategy for Fife 2018 – 2021 would be presented for the Board's consideration and decision in June 2018.

The Act requires that a new strategy is published no later than October 2018, and reviewed at least every three years thereafter. This strategy has taken full regard of the results of the consultation with carers discussed at the Board meeting in April 2018, and has been developed with the involvement of carers and their advocates. It is presented here for consideration and approval.

Recommendation

The Board is asked to**;**

- Agree the Carers Strategy for Fife including the mission, vision and specific outcomes in it.
- Note the financial challenges associated with the cost of delivering the strategy and
- Seek future reports on progress with implementation

Background

As reported to the IJB in their paper of 26th April 2018, the Act came into force on 1st April 2018 and secures on a statutory footing a range of duties to support carers. The Act builds on the work that has been in place in Fife for a considerable time.

Supporting carers is a key aim within Fife Health and Social Care Partnership's Strategic Plan (2016 – 2019) which notes *'access to information, advice and support to people and their carers to lead healthier lifestyles and remain as independent as possible…'*

The strategy fits with national policy directions regarding a healthier and fairer Scotland and alongside policies on integration of health and social care, new social security powers, and the fair work agenda. It also supports outcome six of the national health and wellbeing outcome framework[1].

The Act requires that the authority must *"consult such persons and bodies representative of carers as they consider appropriate"*, and *"take such steps as they consider appropriate to involve relevant carers"*. A consultation took place during January to March 2018 and the results from this have provided a solid foundation for developing the strategy.

Assessment

The April report on the Carers (Scotland) Act 2016 outlined the new duties, our assessment of the implications for Fife and our state of readiness. We reported that Fife is well positioned to ensure full compliance with the Act.

Assets for deploying the Act have been in place for some time. Subject to agreement by the Board, the strategy will further strengthen our position by building on the pre-existing assets, introduce new resources, support more carers and enhance their experience of caring.

The voluntary sector already plays a significant role in supporting carers, and our strategy and the associated investment will enhance this strategic advantage.

Our assessment of organisational risk is that, other than the financial risks noted elsewhere in this paper, there are no risks of any significance as the support for carers is already embedded within Fife.

Objectives: (must be completed)	
Health & Social care Standard(s):	As noted in the IJB paper of 26 April 2018, the Carers Strategy for Fife contributes towards and supports: • Fife Health & Social Care Partnership's Strategic Plan for Fife (2016 – 2019). • Outcome six of the National Health & Wellbeing Outcome Framework.
IJB Strategic Objectives:	The Carer (Scotland) Act 2016 supports all four of Fife's Strategic Plan priorities, which are; • Prevention and Early Intervention • Integrated and Coordinated Care • Improving Mental Health Services • Reducing Inequalities
Further Information:	
Evidence Base:	The Carers (Scotland) Act 2016 and the statutory instruments subsequent to this. The Fife Carers Strategy Consultation – previously

[1] National Health & Wellbeing Outcomes, http://www.gov.scot/Resource/0047/00470219.pdfhttp://www.gov.scot/Resource/0047/00470219.pdf

	reported. The Carers' Charter - previously reported.
Glossary of Terms:	None specific
Parties / Committees consulted prior to H&SC IJB meeting:	Carers Strategy Group Carers and third sector stakeholders.

Impact: (must be completed)

Financial / Value For Money

The Scottish Government has made additional funding available in the budget year 2018-19. Across the country, £19m of the £66m national financial settlement was notionally allocated to support the implementation of the Act in 2018/19, although this was not ring-fenced. This represented 29% of the settlement. Fife's share of the £66m is £4.534m and this is being passported in full to the Health and Social Care Partnership. Fife has taken the decision to allocate fully the 29% portion of the settlement to support carers, representing a budget allocation in 2018/19 of £1.3m. This is to cover all aspect of implementation including existing services supported Carers Information Strategy funding.

The financial memorandum accompanying the Carers Bill (now Act) noted the costs of implementation rising to nearly £90m in year 5 across Scotland. However, at this early stage the Scottish Government has not indicated what the settlement will be for future years and appears to be opposed to future ring-fencing. This uncertainty is a risk.

The significant cost of waiving charges for support for carers has been raised with the Scottish Government as a concern by the majority of local authorities and Scottish Government are setting up a working group to review this. This accounts for approximately one-third of the budget allocation in Fife, £1.3m.

Risk / Legal:

Legal: Part 5 of the Act (sections 31 – 33) lays specific considerations to include in the strategy and what the authority must have regard to in developing it. In developing the Carers Strategy for Fife, full regard has been paid to these requirements. They are highlighted in appendix A to this paper. We believe that we are fully compliant with the legal requirements of the Act.

Risk: As noted above, the Scottish Government has yet not been confirmed what financial resources will be made available to cover all aspects of the funding required to support implementation of the Carers Act beyond the current financial year.

Risk: The waiving of charges for carers represents a risk to the income for the authority for this year, and for future years.

Quality / Customer Care:

Appendix C to the strategy notes that we will develop a quality management plan to support the implementation of the strategy which will include several elements. Progress reports will be monitored by on behalf of the IJB by the Carers Strategy Group which includes carers.

Workforce:

A series of briefings, learning and development opportunities have been put in place to promote colleague's' awareness and understanding of the Act and their role in it, and to support their continuous professional development. The offer of training has been extended to the commissioned voluntary sector organisations who will undertake support assessments and

planning for carers on our behalf.
A specific outcome within the strategy is to build the capacity and capability of our workforce so they are better able to support carers.

Equality Impact Assessment:

An EqIA has been completed by the Scottish Government and published on 20th March 2018. It confirmed that the provisions of the Act and the regulations will not directly or indirectly discriminate on the basis of age, disability, gender, gender re-assignment, sexual orientation or race and belief. The Act applies equally to those affected by its provisions. No negative impacts on any of the protected groups have been identified

Further information can be found at https://beta.gov.scot/publications/carers-scotland-act-2016-equality-impact-assessment/

Consultation:

Parts 4 and 5 of the Act requires that carers and their representatives are involved and consulted on the development of the strategy in advance. A consultation took place during January to March 2018. Members received a briefing in advance of the consultation on 10th January and 3rd March 2018. The analysis and conclusions of the consultation were reported to the Board on 26th April and were used to inform the development of this strategy.

Appendices: (list as appropriate)

A. Extract from the Act specifically concerning the requirements to fulfil in developing the Local Carer Strategy

Carers Strategy for Fife 2018 – 2021

"Supporting the carers of Fife together"

June 2018

Index

Strategy on a Page

Introducing the Carers (Scotland) Act 2016 – a better way for carers[1]

In April 2018 an exciting new duty came into effect which will support carers - the Carers (Scotland) Act 2016. In Fife we have supported carers for many years. This new legislation puts even more emphasis on helping carers to help themselves to thrive and live fulfilled and active lives alongside their caring role.

Fife Health and Social Care Partnership has refreshed the Fife Carers' Strategy to show how we will continue to support adult carers[2]. This work was supported by the Carers Strategy Group, which includes expert carers and carer organisations. A separate strategy is in place for young carers[3].

Making it better – our action plan for improvement

We asked carers how, and what, we can improve. They told us and we have listened. Their feedback helped us develop an improvement plan with five key areas:

- Better information and guidance for carers to help in their caring role.
- More effective practical support including better coordination of care.
- Having the opportunity to take short breaks from caring.
- Help to get social support.
- Help to achieve a better quality of life and balance of caring.

Our approach to supporting carers

We have used this opportunity to improve our model of support for adult carers. This tiered approach will start by offering all carers access to general information through public and community assets including online, public libraries, GP Practices and health centres, for example.

We will work with local carer organisations to provide information and advice to carers with moderate or substantial needs.

For adult carers with critical needs, for whom the caring role will fail very quickly without support, we will offer a carers support plan to identify what they require to meet their needs.

Whichever level of support is required, carers will be at the centre of the planning and delivery of support to get the best outcomes to meet their identified needs.

Want to know more?

This summary is a key information sheet for carers. The full Carers Strategy for Fife is available on the Fife Health and Social Care Partnership web-site,
- http://www.Fifehealthandsocialcare.org/.

If you would like to find out more about our approach to supporting carers, or to share your views, please e-mail CarersActSurvey@Fife.gov.uk

[1] Any individual, save for certain exceptions, who provides or intends to provide unpaid care for another individual.
[2] A carer who is at least 18 years old but is not a young carer.
[3] A young carers is under 18 years old, or has attained the age of 18 years and remains a pupil at school.

Case Study

Beth is 41. Both of her parents have life-limiting conditions. She has spent 18 months caring for them on her own. Colleagues at the hospital had concerns about Beth's emotional and financial well-being as a result of her parents' increasing need for care and Beth's increasing commitment to caring for them, which was a big change to everyone's life. She was referred to Sandra, the Hospital Carer Support Worker at Victoria Hospital when her mum was due to be discharged from hospital with a terminal diagnosis.

Sandra worked closely with Beth by supporting her to complete benefit applications and arrange a Power of Attorney to provide some financial security. She was referred to support sessions to enable her to better understand her dad's dementia. And importantly, Beth was assisted to plan the respite care she needed now and in the future to support her to look after two frail parents.

When reflecting on the support she received Beth said *"I did not realise I could get support, this is great. It's reassuring to know you are there when I need you as this is difficult for me. Thank you for helping me and letting me talk everything through*

Introduction

Unpaid carers have always made a significant and highly valued contribution to supporting people in need in Fife. We have a long tradition of engaging with carers and working together to develop a range of actions that help us to achieve the good outcomes that carers want and deserve, but we know we can do more to support carers and in partnership with key stakeholders we commit to making further improvements.

It is for this reason that we warmly welcome the introduction of the Carers (Scotland) Act 2016 which was implemented on 1st April 2018.

Scotland's Census 2011 reported that in Fife there are 34,828[4] unpaid carers and we know there are a considerable number of 'hidden' carers who do not define themselves as such. We also know that nearly half of all carers in Fife spend over 20 hours a week providing care on an unpaid basis.

With an ageing population, the growing demand for unpaid care will increase and place greater pressures on public resources and health and social care budgets.

Most carers accept their responsibilities as they wish to assist and support their family and friends to remain in their own home. However, social isolation and financial hardship remain major issues for many carers. Caring can be lonely; it can exclude people from employment, and social activities and can have a detrimental effect on the carer's own health and well-being.

In preparing this strategy we asked carers to share their views about what matters most and makes the greatest difference to help them flourish and feel in control in their caring role. With the introduction of the Carers Act and this revised strategy, we are taking the opportunity to refresh our approach to supporting adult carers. We will make new investments to ensure the things that carers have said matter most to them are improved, such as the easy access to information, access to support and enabling carers to be more involved in care planning for the people they care for before they are discharged from hospital.

This strategy looks at the outcomes we want to achieve based on carer's feedback and the action we will take within available resources.

Thank you to everyone who contributed to the development of the strategy particularly the carers who participated in the consultations, the voluntary sector partners who have advocated on behalf of carers and carers strategy group who guided the development of our approach to carers and this strategy.

Chair,

Health and Social Care Partnership Board

Director of Fife Health and Social Care Partnership

[4] Scotland's Census 2011; the percentage of the population who provide unpaid care .expressed as a % of the total population.

Our mission and vision for adult carers

Fife's mission statement for adult carers is:

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

Having listened carefully to carers, we have developed a vision and action plan to meet this mission. We have adopted five overarching and interlinked vision statements.

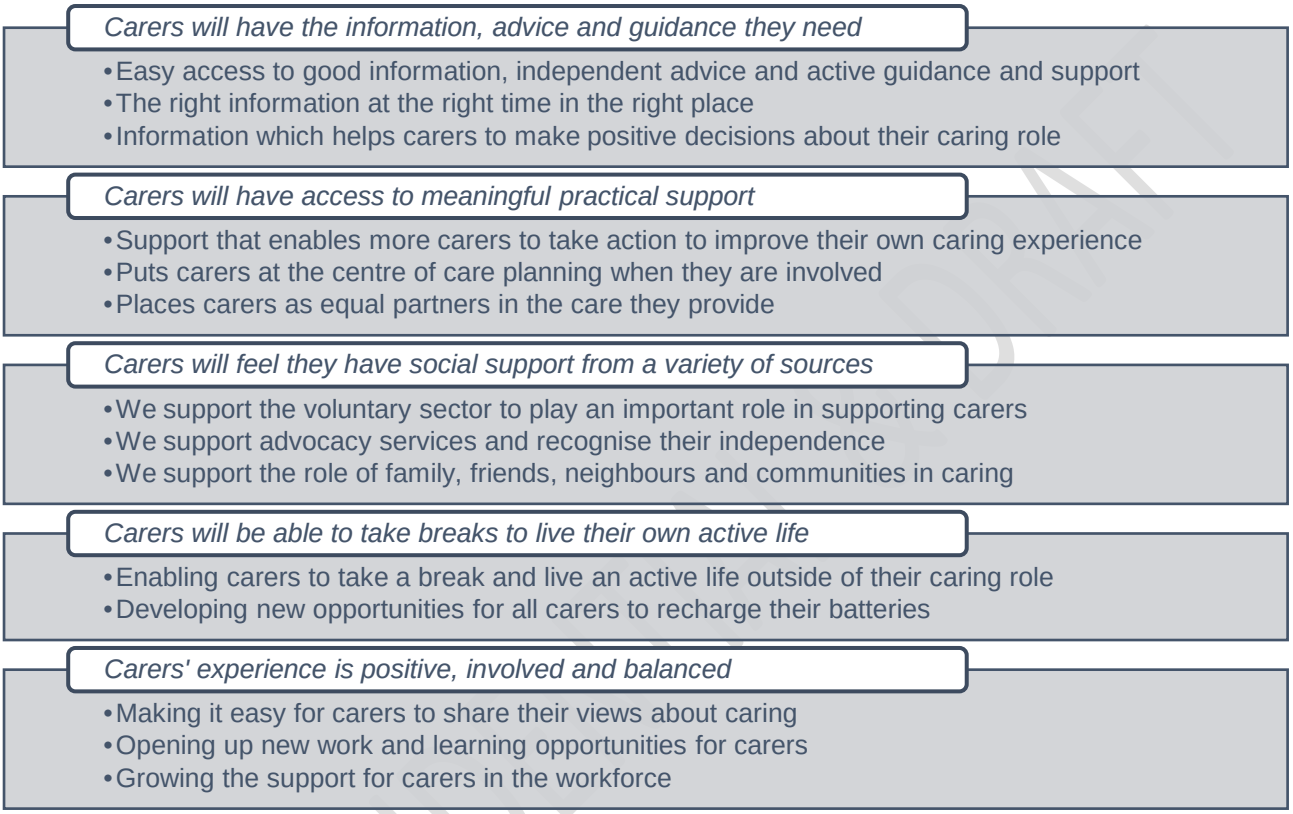


Figure 1- Fife's Carers' Vision Goals

Fife's approach to supporting adult carers

Carers in Fife benefit from access to a broad range of support from many providers. The voluntary or third sector plays a particularly strong role. There are many general and condition specific agencies able to focus their time and effort on providing sometimes quite intensive support for carers. This builds on the support available through family, friends and neighbours, as well as the information and support available from public bodies.

This mixed economy of support works well. There is scope to do more and do it better, building on the expertise and support that already exists. And we are committed to making thus investment and improvement over the next three years.

Our strategy for carers will continue to promote partnership working with organisations and communities across the kingdom. It will reach into more parts of Fife, offer the right types of support to more people in locations that work for them best, and at times when they most need it. This approach will maximise the potential to have a positive and lasting impact on carers' experience of caring.

Our delivery model

As noted above, we are committed to working closely in partnership with a wide range of public and voluntary sector organisations to extend the scale and scope of the work we do collectively to support carers. We will do this by contracting with partners to deliver the outcomes in this strategy. We will focus on achieving the best results for carers and best value to the public purse. Our approach will consist of the following broad principles:

1. Access for all carers to appropriate information about the support available to them without the need for an assessment.

2. Focus on de-escalating emergencies and crisis situations so that more preventative future planning can take place with a clearer understanding of the 'normal' caring situation.

3. Working with the voluntary sector to provide carers with an initial assessment of needs for support, and to determine if the carer wants a full assessment or not. If their immediate needs can be met more quickly without an assessment our partners will provide this. This initial assessment will also help determine their level of eligibility more quickly.

4. When a carer's support need are assessed as non-critical, we will commission an appropriate voluntary sector partner to offer to prepare an Adult Carer Support Plan with the carer and determine how they will meet these needs and to guide the carer to achieve their own support outcomes.

5. If a carer has critical support needs, Fife Health and Social Care Partnership (FHSCP) staff will offer to prepare with the carer a detailed assessment of their needs of support and an individual outcomes based Adult Carer Support Plan (ACSP) to meet those identified needs. In some instances, this assessment and plan may be completed by a voluntary sector partner who has greater knowledge and expertise in the circumstances facing the carer.

6. All carers will have access to support to prepare an emergency plan. All detailed assessments with support plans will include a guided assessment of emergency planning.

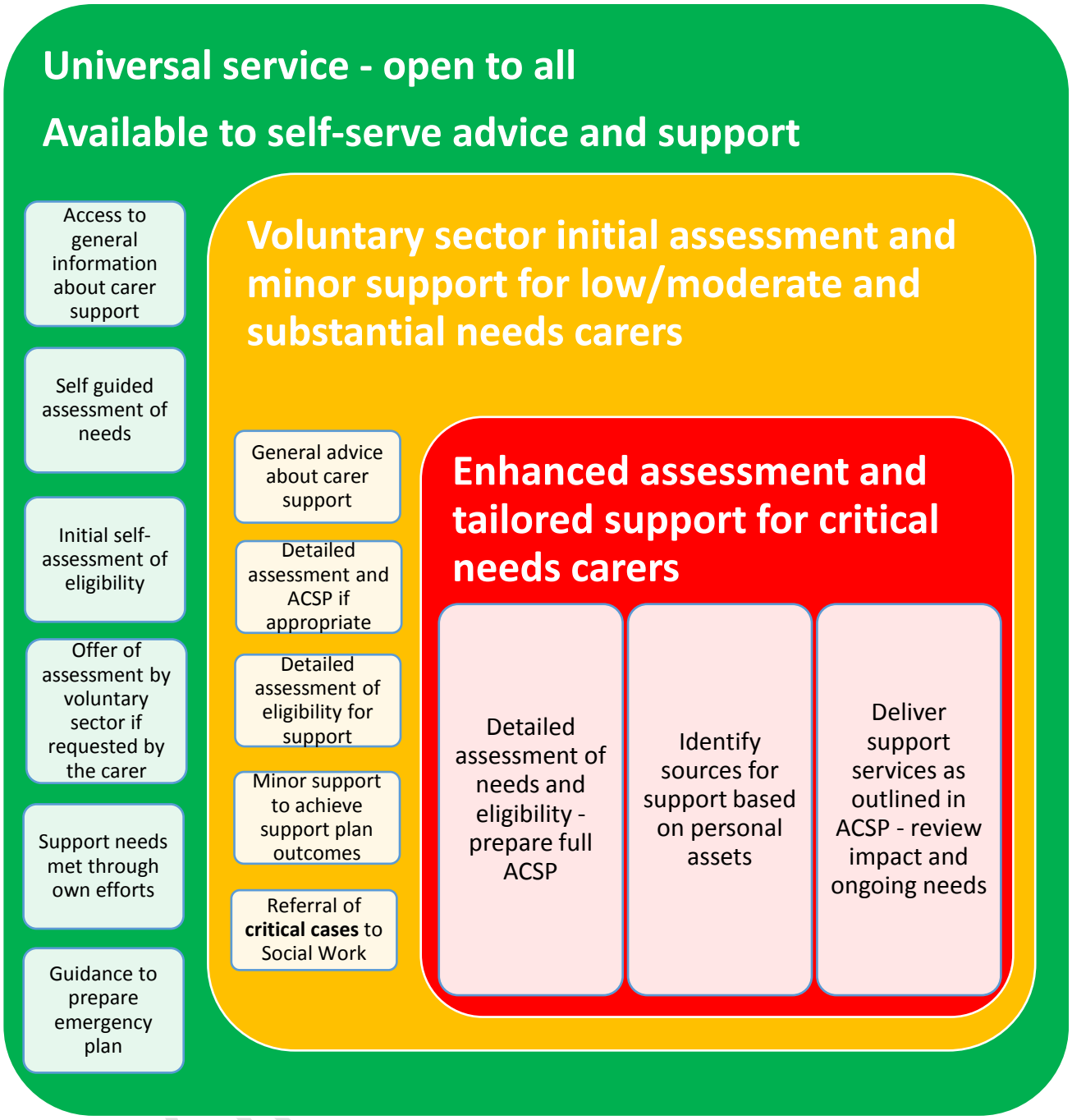


Figure 2- Fife's Carers' Assessment and Support Model

Timescales for developing and reviewing Adult Carer Support Plans

The timescales for preparing the ACSP is aligned with the timeline for preparing a cared-for person's care and support plan. There may be a minor delay as the priority has to be support for the cared-for person. Our aim is to offer and prepare an ACSP no more than a week after completing the cared-for person's Care and Support Plan, whenever possible.

Where this is already in place the carer should be invited to suggest a timeframe for the production of their own support plan, assuming they want one.

We set out below our guideline timescales for holding the initial assessment conversations and preparing the ACSP. It is based on the eligibility criteria already in place, shown at appendix A.

Figure 3 - Fife's Local Eligibility Criteria and timescales for preparing an Adult Carer Support Plan

Reviewing the carers support plan

Adult Carer Support Plans will include a timescale and describe any changes of circumstances agreed with the carer that would trigger a review of the support plan. This may be:

- A periodic triggers, for example annually.
- A specific change of circumstances such as moving home.
- Any change which has a material impact on the care provided by the carer.
- If the carers declines the assessment and/or ACSP, or the review.
- When the carer no longer wishes to be a carer.

During the initial implementation period of the Act, carers with an assessment completed and support plan in place on or before 31st March 2018 will not be subject to review unless one of the agreed triggers is met

or within the period of five years from the date of the last review, or before 31st March 2021, whichever is sooner. However, carers can request a review of their carers' support plan at any time.

Who are Fife's Carers?

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

Scotland's Census 2011 reported that in Fife there are 34,828[5] unpaid carers. We know there are a considerable number of 'hidden' carers, often people who do not define themselves as a carer. Nearly half of all carers in Fife spend over 20 hours a week providing unpaid care. And we can reasonably forecast this number will increase as a result of a number of factors:

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

Case Study – Maureen

Maureen is a returning carer who first became known to the Fife Carers Centre in 2015. After a brief period where no support was required, she contacted the centre again in August 2017 seeking advice and support.

An introductory visit to meet Maureen and her husband at their home was arranged. Maureen said she was feeling very isolated and frustrated by her husband's apathy as a result of his diagnosis of dementia. This manifested itself through outbursts of anger and tears.

The Fife Carers Centre Support Worker suggested that Maureen's husband might like to join the newly formed Men's Dementia Toolshed at the Ecology Centre at Kinghorn Loch. Maureen was very reluctant at the thought of her vulnerable husband travelling there unaccompanied every week. To help manage this anxiety the Support Worker agreed to take Maureen's husband to visit the Toolshed and spend some time there. He loved it – he was desperate to become part of a new project. Therefore, the Support Worker helped Maureen to organise a weekly taxi transfer to the Toolshed. This time gave Maureen a regular break from her caring role, important time her herself. And it was only possible as a result of the extra mile the Support Worker from the Fife Carers Centre was able to travel.

[5] Scotland's Census 2011; the percentage of the population who provide unpaid care .expressed as a % of the total population.

The policy context

The Carers (Scotland) Act 2016 came into effect on the 1st April 2018 following a development period of over two years. The Act places an emphasis on recognising the significant contribution carers make to their local communities as well as the need to support carers to thrive and to continue to make a long-lasting and positive contribution.

The Act contributes to the government's vision of a healthier and fairer Scotland. It exists alongside policies on integrated of health and social care, new social security powers, and the fair work agenda.

The Act supports outcome six of the national health and wellbeing outcome framework[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.'*

We have taken the time to reflect on how the measures in the Carers Act will provide a catalyst to support the delivery of Fife Health and Social Care Partnership's strategic plan[7] to support carers (and the people they care for) through -

> Prevention and early intervention including improved *'access to information, advice and support to people and their carers to lead healthier lifestyles and remain as independent as possible…'*
>
> *'Anticipatory care planning',* and *'early intervention…'*, and with regard to improving mental health, *'maximising the participation and inclusion of people with whom we work, together with their carers'*.

The Act will enable carers to maintain and thrive in, their caring roles while balancing their personal life plans. To do so we will:

- Improve the universal information and advice to all carers with easier to access information available in the right places at the right times.
- Enhance the offer to prepare a person centred outcome focused carer support plan or statement through a direct conversation with individual carers to any carer that wants one.
- For those carers who meet the locally set eligibility criteria, offer individually tailored support to the carer.
- Ensure support is available to carers to prepare support plans and emergency plans including anticipating their future needs.

[6] National Health and Wellbeing Outcomes, http://www.gov.scot/Resource/0047/00470219.pdfhttp://www.gov.scot/Resource/0047/00470219.pdf
[7] Strategic Plan for Fife (2016-2019) Summary Document, http://www.fifehealthandsocialcare.org/wp-content/uploads/sites/12/2017/11/HSCP_StrategicPlan_Summary.pdf

Fife Carers Centre Hospital Carer Support Worker Liaison Service

Since the introduction of hospital Carer Support Worker (Sandra) in April 2017 there has been an increase in the number of carers being supported in Fife from within the Victoria Hospital setting with 252 carers supported in the first year. Sandra's role is to link with the Discharge Hub in the hospital to provide support for carers of patients who are currently undergoing treatment and discharge planning. On a daily basis the Discharge Hub sets pathways for patients who are medically ready to leave Victoria Hospital but who may need further support or rehabilitation at home.

Although carers along with the patients are included in deciding the plans for a successful discharge carers often need support that focus on them and their concerns in addition to the support for the cared-for person. Sandra has been instrumental in providing this support. The Discharge Hub Team have received very positive feedback from carers about Sandra giving emotional support and a listening ear to carers when they have needed it the most as well as helping them to identify areas in which they are entitled to help and support.

Jacqueline told us *"Having Sandra step into my life was like a light bulb going on in a very dark tunnel. I've been coping for years with my Mum and Dad's progressively deteriorating health. When mum was diagnosed with a terminal illness and I was already supporting my Dad with his ailing health, I hit an all-time low. I was no longer coping. I was just surviving but I never thought to ask for help or even consider why I would, let alone have the time or energy to arrange it.*

I met Sandra at my mother's hospital bedside and the difference, even in the first few weeks, is immeasurable. She navigates the forms, finds out my entitlement to allowances, helps arrange carers and importantly she asked what mattered to me; she said "I hear you". This is powerful and way beyond just support. It's personal. I realised that I too was entitled to have 'me' time – even if it's just a quiet cuppa.

I urge anyone who is in a carer role to take up the help available. It's the difference between struggling and having a life to live."

Strategic needs assessment of carers in Fife

It is estimated that Fife's overall population will increase by 31,769 (9%), from 366,220 in 2012 to 397,989 in 2037. However, increases will not be seen across all age groups - in the next 25 years it is estimated that the largest increases will be seen in persons aged 65 and over. By 2037, the number of persons aged 65-74 is expected to be 12,000 higher than in 2012, a rise of 33% whilst the number of persons aged 75 and over is estimated to increase by 93% from 29,632 in 2012 to 57,327 in 2037[8].

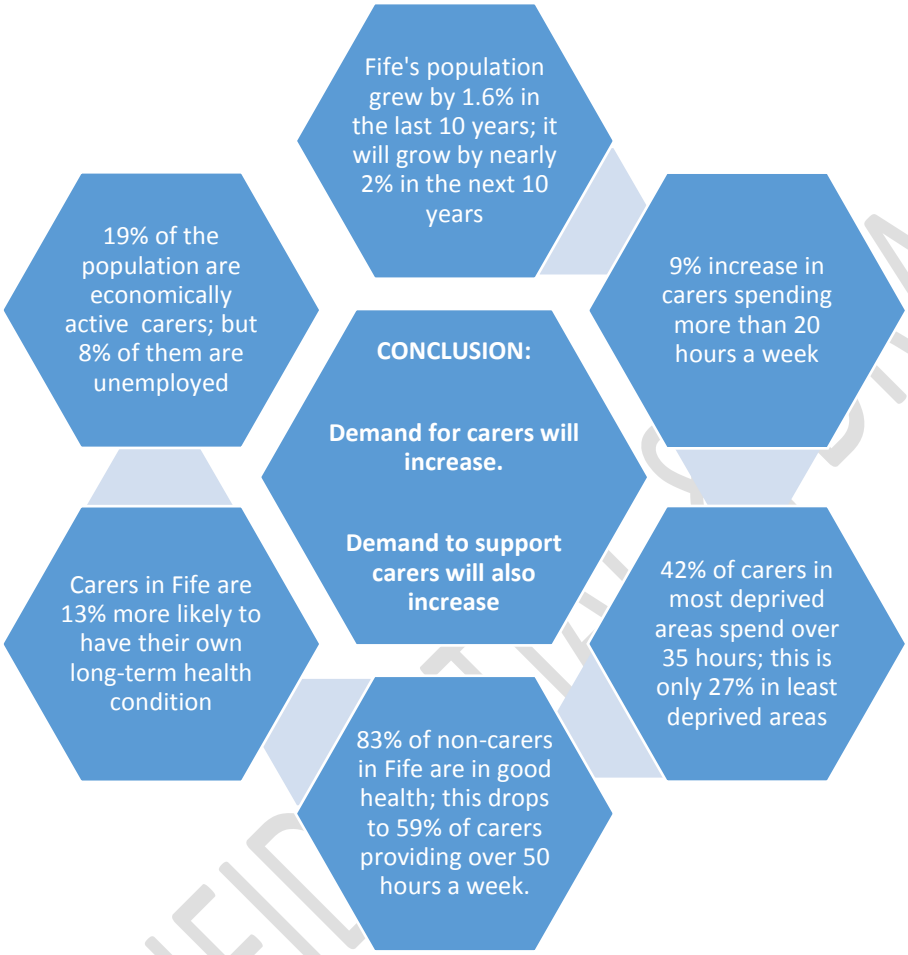


Figure 4 - key attributes of strategic analysis of need

An analysis of the Scotland Census 2011 results (appendix F) shows that Fife is comparable to other parts of Scotland in terms of the proportion of the population who are carers, their broad characteristics or their experience of caring. 8.5% of Fifer's identify themselves as carers; this compares with 9.7% 10 years earlier (with a population increase since then) and 9.3% in Scotland in 2011. Fife ranks 16th in Scotland terms of the proportion of the population that define themselves as a carer, the same ranking as the 2001 Census.

Complicating this picture is the health of carers themselves. In Fife, 7% of all cares self-reported that they are in bad or very bad general health with 13% of carers over the age of 50 saying they suffer from poor health.

[8] Full Strategic Plan for Fife (2016-2019), 16 February 2016, http://www.fifehealthandsocialcare.org/wp-content/uploads/sites/12/2017/11/HSCP_Approved_Strategic_Plan_2016_incl_Appendices.pdf

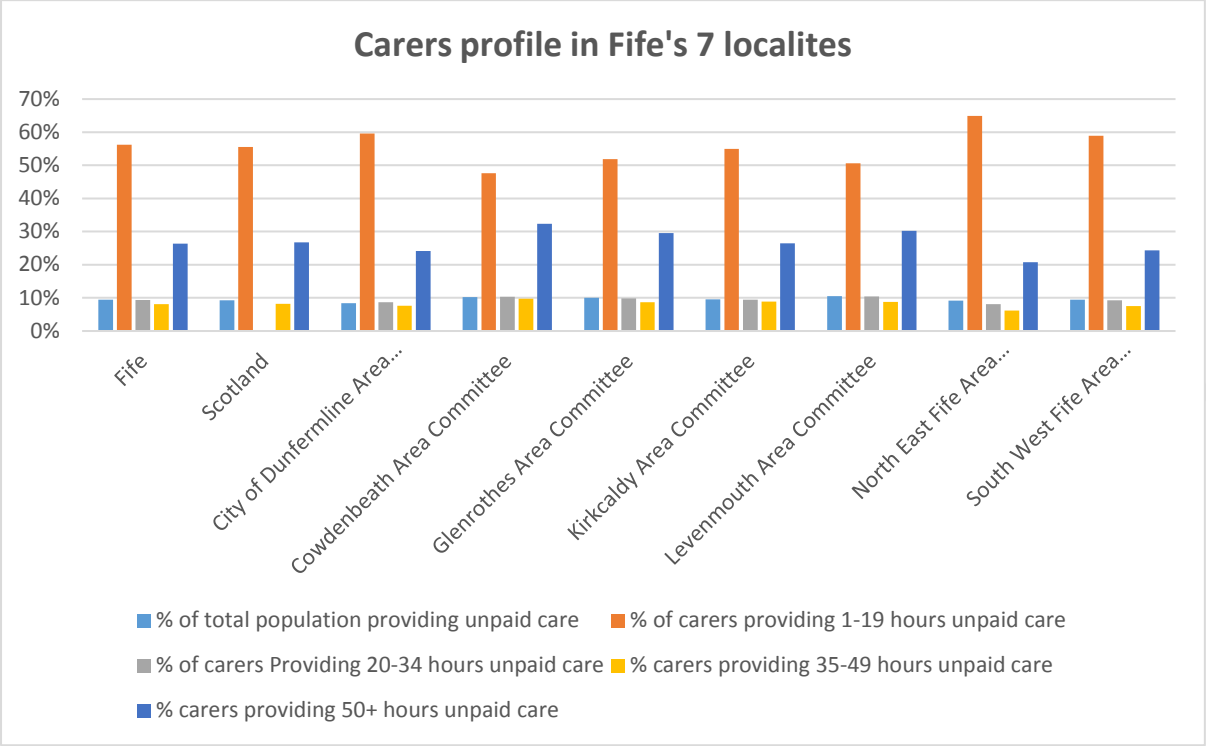


Figure 5 - The carer population in each of Fife's seven localities, by intensity of care

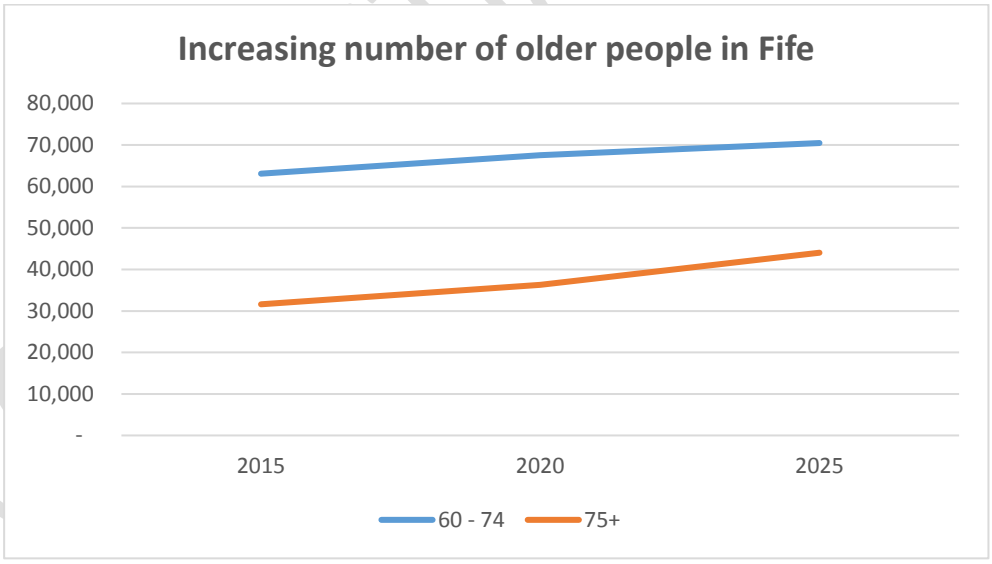


Figure 6 - Fife's ageing population forecast to increase

Previous research into the experience of carers shows that 47% feel they have a say in the services provided to the person they look after.

Only 37% of carers feel that services are well coordinated for the people they look after whereas over two-thirds of respondents to our recent consultation noted that improving the communication and coordination between health, social care and other relevant agencies is a high priority.

39% of carers feel supported to continue in their caring role. This is disappointingly low. We recognise that without the active support and continued commitment of unpaid carers our health and social care system would not cope with the pressures placed on it. It is, therefore, imperative that we improve carers' perception and experience so that they feel supported in their role and want to continue to make the massive difference that they currently do.

Identifying adult carers and assessing the demand for support

Many adult carers already receive support from the public services such as the NHS or Social Work or from voluntary sector carer organisations. Some receive considerable support from both. However, we recognise that many carers, if not most, are 'hidden' and do not necessarily identify themselves as carers. For example, married couples, sibling carers, or parent/child carers. For these carers we have relatively little information about nature or extent of the care they provide. For those carers we do know about (appendix F):

- The characteristics of carers in Fife is little different than for the rest of Scotland.
- Approximately 10% of Fife's population are carers. The number of hidden carers is assumed to be at least the same proportion again.
- In the 10 years between the 2001 and 2011 Census, there is a reported 11% increase in intensity of care each week.
- 16.8% of households have a carer resident, 0.8% higher than in Scotland.
- 2% of people under 16 are carers; 20% of people over 65 are carers – this is likely to be under-represented. The majority are of working age.
- Nearly one in 10 carers in Fife are unemployed – the majority of carers are working.
- Known carers are marginally more likely to have their own health conditions. Carers are more likely to have a mental health condition particularly younger carers.
- Those living in the most deprived areas spend more of their time caring each week.
- Care varies across ethnic groups. People from older ethnic groups ('White: Scottish' and 'White: Other British') were the most likely to provide care; whereas, those from Black, Asian or Minority Ethnic (BAME) groups with younger age profiles (e.g. 'Arab' and 'White: Polish') were least likely.
- BAME carers appear to spend half as much time in a care role. However, Carers UK report[9] that BAME carers provide more care than average with 21% spending over 50 hours a week caring, compared with less than 2% in Fife – a hypothesis is BAME carers are more likely to be hidden carers and not receiving support.
- The average age of a carer is 51.3, 0.6 years higher than in Scotland, and 10.5 years more than the average age of people in Fife.

Through analysis of the characteristics of carers in Fife, and more generally in Scotland, we know that we need to do more to identify carers, help them to assess their own support needs and in some instances, help them to access care and support for themselves.

The current support is not reaching under-represented groups of carers and some with protected characteristics. They may experience a disadvantage therefore, which we will aim to address. As well as building on the expertise and experience of the organisations that currently support carers we will also develop new tactics to reach and support BAME carers, and those who are of working age. This will reduce the potential for inequalities and disadvantage.

[9] Half a Million Voices: improving support for BAME carers, Carers UK, 28 March 2011, https://www.carersuk.org/for-professionals/policy/policy-library/half-a-million-voices-improving-support-for-bame-carers

Being employed provides carers with economic independence and resilience. However, carers of working age are more likely to be jobless than non-carers and some carers who do work report difficulties in their employment. We will work with employers to promote the benefits of offering paid employment to carers.

Current support assets for carers in Fife

Carers in Fife have access to a broad range of information, advice and support from a wide range of experts in the voluntary sector, NHS and social work. In 2018/19 we have commissioned support from 12 voluntary sector organisations and made an investment of £659,254 to support over 2500 carers.

Services on offer through our partners include:

- Assessment of needs for support – where and when carers need it
- Help in accessing support to meet identified needs and outcomes
- Information to maximise income and benefits
- Help to find work and learning
- Befriending and social support networks
- Access to short breaks and respite care
- Independent advocacy support
- Support for carers of patients before they are discharged from hospital
- Support for young carers
- Assessment and training for carers and health care professionals
- Support for carers whose family member specific conditions such as dementia, profound and multiple learning or behavioural issues, or autism specific conditions, and adults with visual impairments

Figure 7 - voluntary organisations support for carers, www.OnYourDoorstepFife.org

The strength of the voluntary sector is something that Fife's Health and Social Care Partnership is eager to continue to foster and build on. This strategy provides an opportunity to strengthen the offer of support to carers. We will do this by:

- Improving the general information, advice and guidance from social work and health care professionals, and our commissioned voluntary sector partners.
- Increasing awareness of support for carers specifically through local GP practices and health centres.
- Offering an initial assessment of needs for support to all carers to determine their level of eligibility to access tailored support.
- Promoting where to get additional help, information, advice and guidance for all.
- Actively encouraging carers with critical support needs to participate in a fuller assessment to determine their specific support outcomes and how they can meet their own support requirements.
- Putting the assessment of carer's needs and the personalised outcomes they are seeking at the centre of the support we offer.
- Raising awareness of the self-directed support available, including financial resources for those carers who meet local eligibility criteria.
- Raising awareness of the benefits to carers of short breaks from their caring roles, and how to access these.
- Developing and promoting specialist support for people with protected characteristics, such as sensory and mobility impairments, language and communication barriers, cultural barriers, isolated carers and carers of people who are soon to be discharged from hospital.
- Making widely available information about how to make a suggestion, compliment or complaint about services for carers.

Investing in a secure future for carers in Fife

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

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

During the passage of the Act through the Scottish Parliament the Scottish Government recognised that many costs for supporting carers are hidden, that potentially there is a large number of hidden carers, the cost of support is not simple to calculate and some support is provided indirectly through the services to cared-for persons. Therefore, there is a risk that demand for support from carers may outstrip the financial resources available.

A further risk is the funding to support carers has been confirmed only for 2018/19 with £19m identified to support carers within a £66m settlement across Scotland, which also supported other high priority spending commitments, not just to support carers. And the £19m element intended to support carers was not ring-fenced or protected.

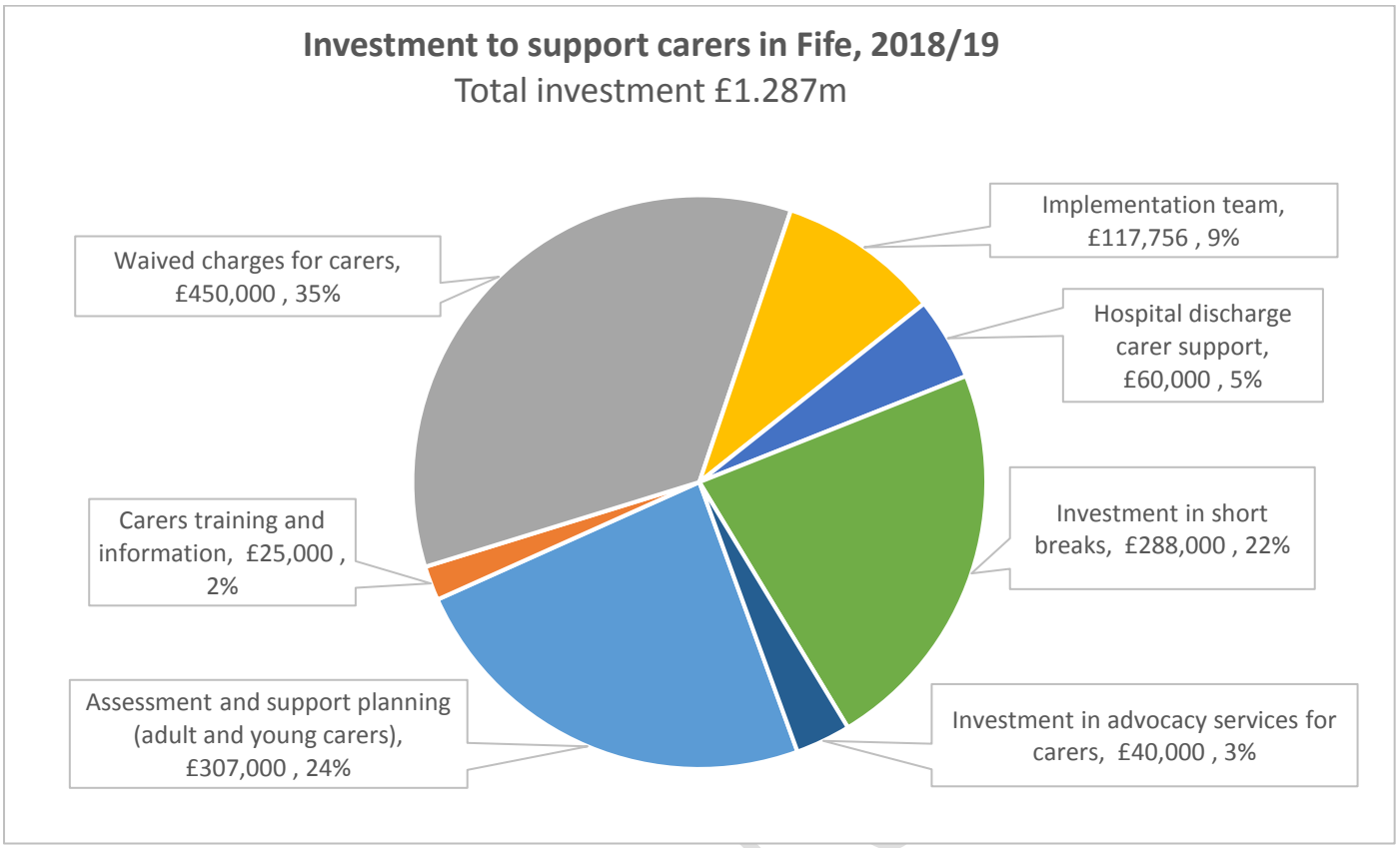
Fife's share of the £66m was £4.5m, of which £1.287m[10] was allocated to support carers. Fife also ensured 100% of this £4.5m was passed to the Health and Social Care Partnership, a position not common across all local authorities, and therefore, £1.287m has been made available to implement the Carers Act in Fife in 2018/19.

The financial memorandum stated the total costs directly associated with the Bill's implementation as rising from a minimum of £19.415m in 2018/19, to between £29m and £34m in 2019/20, and between £42m and £52m in 202/21, eventually rising to a maximum of £83.5m in 2022/12. However, at the time of drafting this strategy a firm commitment has yet to be made as to how much funding investment will be made available to support carers nationally, or at the local level.

The investment we are making in the year ahead, and in future years, will target resources to help those carers in most critical need. The financial framework will evolve over time as the financial positon becomes clearer.

Consequently, the investment information below is based only on the known budget for 2018/19.

[10] £1.3m is based on 19/66^{ths} (29%) of the £4.5 overall spending commitment, proportionately the same as the Scottish Government spending profile.



These resources will be used in large part to commission assessment and support planning services from the voluntary sector and used to support the five outcomes developed following our consultation with carers.

	Nature of outcome	**Value of investment**
Outcome 1	Carers information	£58,878
Outcome 2	Support plans, hospital discharge & 3rd sector capacity	£392,000
Outcome 3	Social support & advocacy	£40,000
Outcome 4	Short breaks & waiving charges	£738,000
Outcome 5	Supporting carers to balance work, life and care	£58,878
	TOTAL INVESTMENT IN 2018/19	£1,287,756

Case Study – Margaret and Ena

George lives at home with his wife Ena. Ena has her own ongoing medical issues. George and Ena are both are in receipt of support with personal care and meals. Between them they have 11 children but most of the care falls to George's step-daughter Margaret who helps them with domestic chores and shopping so George and Ena can remain in their own home.

Margaret is becoming increasingly stressed in this caring role and Ena also often gets irritated by George.

George was admitted to hospital with chronic pain and inability to cope at home. This was his the fifth admission in eight months due to multiple medical issues. George has clearly expressed his wish to return home from hospital but his conditions and behaviour mean this is complex and could lead to a deterioration of his abilities leading to frequent hospital re-admissions and further stress for the family.

Before being discharged home the Patient Flow Co-ordinators took steps to discuss George's progress with him, and the medical staff on the ward as well as with other family members who had raised concerns about *"what would happen with discharge this time?"*

The Patient Flow Co-ordinator felt that George had so many re-admissions to hospital that the Short-Term and Rehabilitation (STAR) facility would be best possible outcome this time. STAR is used to determine the care required over a 24hr period with a re-ablement approach through a period of assessment in a care environment, with the purpose of discharging George home with the appropriate equipment, care and support network to prevent further hospital admissions.

While George was receiving care in the STAR facility, the Patient Flow Co-ordinator referred his carers, Margaret and Ena, to Sandra, the Hospital Carer Support Worker at Victoria Hospital, to develop a carer's support plan with them. Sandra was able to listen to the concerns about care and family dynamics to establish the key outcome needed in an action plan to meet their own support needs as George's carers. She explained her role as the Hospital Carer Support Worker for Fife Carers Centre and the support she could provide to Margaret and Ena to help them prepare for George's discharge from hospital.

The outcome of Sandra's visit to Margaret and Ena was productive and will be ongoing for the foreseeable future. Sandra discussed coping mechanisms and various methods of support and what requirements needed to be in place for George and Ena on his return to live in their home. She was able to support Margaret with an appropriate carer support plan and agreed to meet regularly for carer support whilst George is within STAR. Once George was back home Sandra was able to liaise with her community counterpart at Fife Carers Centre to provide a hand over for community support.

This case study demonstrates the successful use of a multi-agency, cross sector approach to facilitate a successful supported discharge for a patient and particularly the development of an outcome based support plan for his carers. All involved have felt supported during a very difficult period in their lives.

Carers' views - consultation strategy, outcomes and action plan

Carers are at the centre of our approach to implementing the Carers Act. They are equal partners in care and the experts as to what support they need. So it was important that Fife's Health and Social Care Partnership put carers' thoughts and views at the forefront of our approach to developing the strategy. We commissioned a consultation exercise and asked carers to tell us what makes a difference to them, what will help to ensure this strategy is meaningful and focuses on those things that matter most to carers in Fife.

Our approach to involving carers and consulting with them is summarised below:

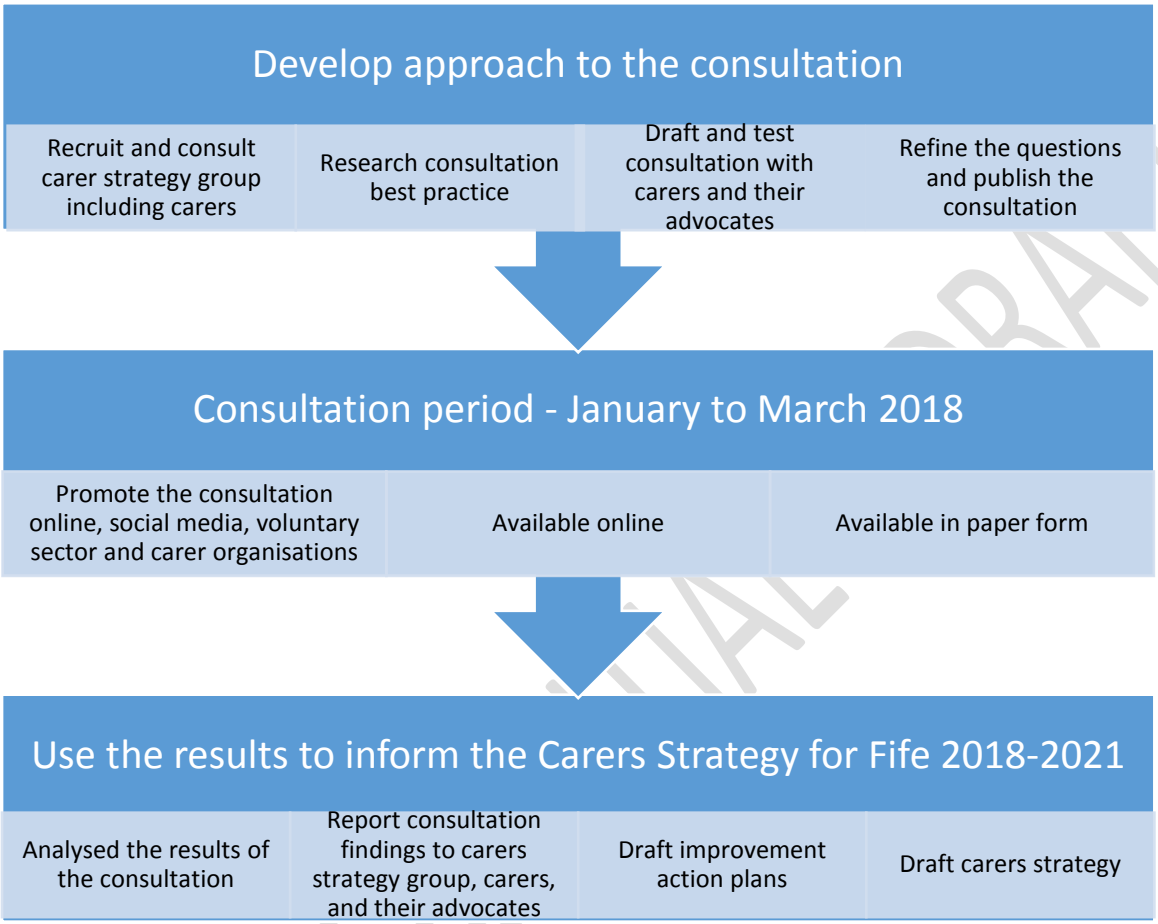


Figure 8 - our approach to consulting with carers

There were 258 responses to the consultation by the closing date from a broad range of carers and from all parts of Fife. We asked carers to provide a sense of priority and importance to a range of attributes which may be important to them in their caring role. These were broadly in five domain areas; information and guidance; practical support; breaks from caring; social support; and, quality of life and balance of caring. The full consultation report is available online through the partnership's website.[11]

Our action plan is based on feedback from carers and the requirements of the Carers Act. We have developed improvement actions based around the five vision statements.

There is a great deal of support in place in Fife for carers. Over the three life of the Fife Carers Strategy, between 2018and 2021, we will invest and build on these supports, and extend the scope and scale to ensure a greater number of carers have access to the support they need in order to maintain, thrive and excel in their caring role while balancing their own personal life priorities:

[11] http://www.Fifehealthandsocialcare.org/

OUTCOME 1: Carers have the information, advice and guidance they need

What benefits will this have for carers?

- They will have easy access to good quality information, independent advice and active guidance and support.
- They will be able to access the right information at the right time in the right place for them.
- The information carers receive will help them to make positive decisions about their caring role.

What carers said?

Through our consultation with carers we were reminded that:

- Information and guidance is considered with high importance by carers. Nearly two-thirds of respondents place very high importance on information and nearly three-quarters consider this important to some degree.

- Carers say they feel it is important they are recognised as a carer and sign-posted to support from primary care providers (GPs). They felt there is a need to improve communication and coordination between health, social care and relevant agencies.

- And a third of respondents stated that more opportunities to attend carer forums and support groups was important.

What information do you feel you need to maintain the feeling that you are valued as a carer in Fife?

"I would like to know more about activities available in Fife as I would take the people I care for out and get them engaged in many different communities"

What we will do?

1.1 Improve the ease of access to high quality information on our web-site and through community assets such as GP practices, community facilities, and voluntary sector partners.

1.2 Invest in independent services for carers throughout Fife, in partnership with the voluntary sector.

1.3 Build the capacity and capability of our workforce to ensure they can support carers.

1.4 Make training support available to our commissioned voluntary sector partners to help ensure a consistent approach to supporting carers in Fife is delivered.

What will success look like?

By the end of the three years of this plan:

- At least 80% of carers will say they have access to high quality information at a time and place that helps them. (Current position = 74.6% say it's a high priority).
- At Least 80% of carers will say they are recognised by their GP as a carer. (Current position = 70.2% say it's a high priority).
- At least 90% of carers will say the feel communication between professionals has improved. (Current position = 80.8% say it's a high priority).

Our resource investment in outcome 5 in 2018/19: £58,878

What information do you feel you need to maintain the feeling that you are valued as a carer in Fife?

"I'm not aware of any help for carers in Fife. If there is any then maybe more advertising as I have never seen anything specifically for carers."

OUTCOME 2: Carers have access to meaningful practical support

What benefits will this have for carers (and the cared-for person)?

- More carers will have a meaningful support plan that supports them to take action to improve their own caring role and experience.
- Carers feel that they are recognised as an expert and treated as an equal partners in the care they provide.
- Carers are at the centre of care planning before the person they care for is discharged from hospital leading to a greater likelihood of a successful discharge.
- As a result of more effective emergency care planning, fewer cared-for persons enter into crisis when their carer has an unplanned change in circumstances.

What carers said?

- Over 70% said assistance to prepare an emergency plan is important; over half said this is very important.
- One in every two carers considers a carer's assessment and support plan as important.
- Providing training to carers to help them become an even better carer was a priority for nearly 50% of respondents.

What would make a real difference in supporting you to feel in control in your caring role?

"Knowing there are people out there who really care about carers so that we don't feel lonely and isolated."

What we will do?

2.1 Improve the ease of access to support planning services

2.1.1 Invest to increase our capacity to assess the needs for support for carers and prepare outcome based Adult Carer Support Plans for more carers.

2.1.2 Invest in developing the capacity of the voluntary sector to prepare outcome based Adult Carer Support Plans for more carers.

2.2 Expand the support to carers of people with dementia to ensure they have access to an Adult Carer Support Plan which meets their specific needs for support and individual outcomes.

2.3 Invest to expand our hospital discharge carers support service, in partnership with the voluntary sector, to include a service available from Victoria Hospital in Kirkcaldy, Queen Margaret Hospital in Dunfermline, and the community hospitals in east, mid and north eat Fife, including Stratheden.

2.4 Offer every carer who wants one, guidance and help to prepare an emergency care plan.

2.5 Promote the role of carers amongst health care providers (GPs, nurses and hospital medical staff) and develop their understanding of the impact caring has on the carer's own health and wellbeing.

What will success look like?

By the end of the three years of this plan:

- At least 80% of carers who have requested an Adult Carer Support Plan will have one that they consider meets their needs for support and personal outcomes. (Current position = 57.8% say it's a high priority).

- At least 85% of carers who had an Adult Carer Support Plan will have an emergency plan in place. (Current position = 70.6% say it's a high priority).

- At least 50% of carers say they would recommend to other carers the person who made an assessment of carers needs and developed a support plan with them.

Our resource investment in outcome 2 in 2018/19: £392,000

"A proper assessment of the person when coming home from hospital so the carer can decide if they would be able to care for the person and not find out, as in my case, that after a massive stroke my partner was double incontinent, has extreme behaviour and I was a 24 hour carer"

OUTCOME 3: Carers feel they have social support from a variety of sources

What benefits will this have for carers?

- We support the voluntary sector to play an important role in supporting carers.
- We support advocacy services and recognise their independence.
- We support the role of family, friends, neighbours and communities in caring.

What carers said?

- Over two-thirds (68%) of carers said that better advocacy and independent help for carers is a priority; nearly half (48%) placing a high degree of importance on this.
- Nearly half (49%) of carers said emotional support, befriending and peer support are important.
- By contrast, three-quarters of respondents do not ascribe help to join or run a carer's support group with any importance.

"The information that allows me to access services for mum's benefit. Currently there seems to be no cohesive group or agency. Everything is fragmented or separate. A 'one-stop-shop' would be good."

What we will do?

3.1 Promote the existing voluntary sector organisations who offer social support to carers including promoting access to short breaks in order that carers can access social support networks.

3.2 Invest in the voluntary sector to develop appropriate social support services to meet the needs of carers in the more remote and rural parts of Fife to support carers to continue in their caring role.

3.3 With voluntary sector partners, we will host an annual carers gathering to recognise and celebrate the contribution carers make to society and promote the role of unpaid carers more widely.

3.4 Use national carers week, volunteers week, and carers rights day as platforms to celebrate the important role unpaid carers have.

What will success look like?

By the end of the three years of this plan:

- At least 90% of carers who access the independent advocacy service will consider it to have made a positive and long-lasting impact on their caring experience. (Current position = 62.6% say it's a high priority).

- At least 60% of carers who want to access a social network will know how to access one. (Current position = 48.9% say it's a high priority).

- At least 75% of carers who attend the annual carers gathering will return the following year.

Our resource investment in outcome 3 in 2018/19: £40,000

OUTCOME 4: Carers can take breaks from caring to live their own active life.

What benefits will this have for carers?

- Carers can take a break and live an active life outside of their caring role.
- All carers will have the chance to recharge their batteries as we develop new opportunities for all.
- Carer's own physical and mental health will be better managed through breaks.

What carers said?

- Breaks from caring receive the second highest indicated levels of importance.
- More than two in five carers consider receiving information about short break options to be very important (47%).
- 46% of carers said information about the choice of good quality short breaks in emergency situations is important to help them make decisions.
- 41% of carers want information about day care services to give them time to participate in learning or work.

"Choice and control. Time. Rest. Sleeping well. Having adequate time to be with them, and be with them well, not being rushed. Regular respite. Having time to do the little things that matter, not just deal with someone's basic needs."

What we will do?

4.1 Promote the benefits of carers taking a break from care in order to recharge their batteries.

4.2 Explore with every carer who expresses a need for a short break in their Adult Carer Support Planning conversation, how best to enable them to get one, even if they do not meet local eligibility criteria.

4.3 Develop a Short Breaks service to build on the respite and short break opportunities that already exist.

4.4 Supporting the short breaks bureau to determine the extent to which we can adopt a common approach across Fife.

4.5 Support our voluntary sector partners to enhance the *'Respitality*[12]*'* opportunities available to carers who do not meet local eligibility criteria.

What will success look like?

By the end of the three years of this plan:

- At least 80% of carers will say information about short breaks helped them to take a break from the caring role. (Current position = 62.8 % say it's a high priority).
- A new short break bureau will be in place offering information, advice and guidance specifically to carers in Fife.
- There will be a net increase in the number of respite opportunities available and accessed specifically for carers in Fife.

Our resource investment in outcome 4 in 2018/19: £738,000

[12] *'Respitality'* (Respite + Hospitality) provides a unique way for Carers Centres and the Scottish Hospitality sector to work together to provide short breaks to unpaid carers. https://www.sharedcarescotland.org.uk/respitality/

OUTCOME 5: Carers experience is positive, involved and balanced

What benefits will this have for carers?

- It will be easy for carers to share their views about caring.
- Carers will have access to flexible work and learning opportunities.
- Growing support for carers in the workforce.

What carers said?

- A quarter of carers consider it important to receive help to take up paid work, learning or volunteering which fits with their caring role.
- Over half of respondents (50.4%) consider support to take part in activities to improve their health and quality of life is important.
- Two in five think it is important to receive information about daytime services for the person they care for to give the carer time to take part in work.

"Being actively and meaningfully involved in the design, planning, delivering and assessment of services for the person I care for. The knowledge and skills I have acquired as a carer being recognised and valued, being treated as an equal partner in care, recognised as an expert by experience and engaging in co-production projects. This used to happen in Fife but increasingly I feel that carers are being excluded from decision making processes"

What we will do?

5.1 We will aim to work with larger employers to encourage them to make available flexible working opportunities for carers to become financially resilient.

5.2 We will work with community colleges and the voluntary sector to create opportunities for carers who wish to learn new skills to do so at no or low cost.

5.3 We will support the voluntary sector to develop leisure and pleasure activities to help carers balance their time and caring commitments.

5.4 We will promote low cost access to healthy lifestyle support services through local leisure services.

5.5 We will host an annual carers' convention to showcase what's on offer to support carers in Fife.

What will success look like?

By the end of the three years of this plan:

- At least 2% fewer carers will consider their health status to be bad or very bad in Fife, bringing this in line with the general population. (Current position = 7% say they have bad health).

- At least 2% fewer carers will consider they have a mental health condition, bringing this in line with the general population in Fife. (Current position = 6% say they have a mental health condition).

Our resource investment in outcome 5 in 2018/19: £58,878

Glossary of terms

"The Act" or "Carers Act"	The Carers (Scotland) Act 2016 and any regulation passed subsequent to this which relate to the Act
Carers	Section 1 of the Act defines a carer as any individual, save for certain exceptions, who provides or intends to provide unpaid care for another individual.
Young Carers	Section 2 of the Act defines a young carers as under 18 years old, or has attained the age of 18 years and remains a pupil at school.
Adult Carers	Section 3 of the Act defines an "adult carer" as a carer who is at least 18 years old but is not a young carer.
"ACSP"	Adult Carer Support Plan
"YCS"	Young Carers Statement
"FHSCP"	Fife Health and Social Care Partnership
"IJB"	Integration Joint Board

Acknowledgements

The Fife Health and Social Care Partnership Board would expressly like to thank all those carers who participated in the consultation and the strategy's development.

Thanks also is extended to the many voluntary sector organisations from across Fife who supported the consultation. We look forward to working closely with you in the future to deliver this strategy and the improved support for carers.

Appendix A – Eligibility Criteria

It is important that we use our limited resources to support those most in need. We try to support an individual's independence where possible. The eligibility criteria helps us make this happen.

Demand for support is increasing as a result of population changes, increasingly complex needs for cared-for people, and a greater intensity of caring. Preventative support for carers will play a vital role in managing the demand for support and in preventing care services from escalating to critical or crisis point.

The Carers (Scotland) Act 2016 defines eligibility criteria as *"the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers' identified needs."*

In Fife we already have eligibility criteria against which we measure carer's needs for support. These eligibility criteria have been reviewed. By understanding the pressures on the local resources and assets to deliver the Act we know that the demand could outstrip the supply. The relatively small increase in funding to support the implementation of the Act leads us to conclude that the threshold for receiving additional tailored support services, beyond those available on a universal community-wide basis, will remain set at critical risk.

How we determine if a carer is eligible for additional support

A carer's "eligible needs" are those identified needs for support that cannot be met through support to the cared for person or through accessing services that are available generally, **and** which meet the threshold for support set by the local eligibility criteria

To determine the level of need an assessment will be made which will relate to the impact of the caring role on the individual carer. It will address the following questions:

- Is the carer able (and willing) to continue in their role?
- What is the risk of the caring role breaking down?

The assessment of carers will consider the risks that affect the carer's ability and willingness to care. These risk factors are balanced against those that apply to adults with care needs, such as:

- Risks to the carer's independence and freedom to make choices.
- Risks to the carer's health, safety and wellbeing.
- Is the carer able to manage their own daily routines?
- Is the carer able to be involved in employment, family and community life?

The eligibility framework is split into four bands, broadly covering the same areas as the eligibility criteria for service users. The intention of providing support is to help carers move further down the scale of need in order that they are better able to manage their caring role independently and with the minimum of necessary support.

Critical - The caring role will collapse without support. Support to meet critical needs as assessed through the carer assessment and identifed as outcomes in the support plan.

We will aim to deal with your request within 5 working days.

Substantial - Direct help will prevent care breakdown and help keep families together. Assessment and support provided in partnerships with voluntary sector to meet personal outcomes.

We will aim to deal with your request within **4 weeks**

Moderate - Help will support the carer to maintain their situation and wellbeing, and meet personal and employment commitments. Usually provided by signposting to self-support tools.

We will aim to deal with your request within **10 weeks**.

Low - Support and advice will promote the carer's independence and contribution to the wider community. Supported through universal community services and an assessment if requested.

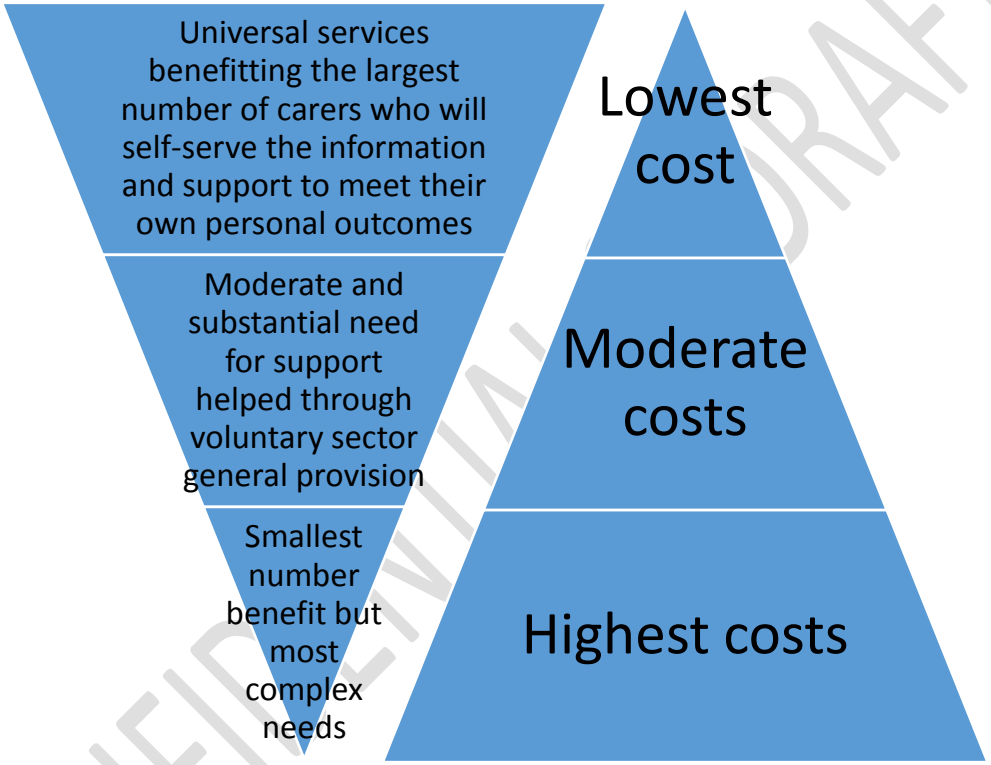
We will aim to deal with your request within **3 months**.

Appendix B - Achieving Value for Money

Providing carers with the information and support they need to maximise their potential as a carer, maintain their own health and well-being while balancing their caring role and personal life, and ensuring the limited resources available from the public purse are well used, is a complex issue. We know that we need to make an investment in order that unpaid carers are able to thrive and flourish. We know that we need to commit resources to improve information, advice and support so that carers will want to continue to make the extensive contribution for which we are grateful.

At a time when there are increasing and competing demands on the public finances, and pressures on health and well-being services in particular, we need to stretch the money. Therefore, our investment will target resources to help those carers in most critical need.

Our model of investment to support carers, like the direct support for carers themselves, will be based on a mix of methods.



- We will improve our general information resources available online, in public spaces and through our partner providers to ensure those carers with low support needs can help themselves more easily.
- We will commission voluntary sector organisations who specialise in supporting carers to help us to assess and provide support to carers with moderate and substantial needs.
- We will upskills and deploy our health and social work professionals to support those carers in greatest need.
- We will commission voluntary sector partners to provide additional advocacy services to help support carers directly.

We will spot purchase specific support which is not otherwise available through our partnership arrangements, where this best meets the needs of the carer, and where this is considered to be value for the public finances.

Appendix C - Quality management

As a new strategy and recognising the significance of its introduction, FHSCP is keen to hear back about the improvements we are planning. For this reason we will develop a quality management plan to support the implementation of the strategy. This will include several elements:

- Periodically consulting with carers on the efficacy of the strategy and its impact.
- Undertaking periodic audits and spot checks of practitioners and partners.
- Commissioning post-transactional carer's experience surveys.
- Completing an Equality Impact Assessment after a year.
- Assessing and reporting annually on the impact the Carers Strategy for Fife has had.

Progress reports will be monitored by the Carers Strategy Group on behalf of the FHSCP IJB.

Appendix D - Equality, Diversity and Inclusion

The Fife Carers Strategy and the service it supports is based on the principal of equality and fair access for all, based on greatest need.

In developing the consultation we took specific advice from Fife Council Policy Coordinator to ensure the approach meets the highest standards to eliminate discrimination, advance equality of opportunity and foster good relations. Respondents were asked to complete a diversity questionnaire. From this we have concluded that access to the consultation was fair and the profile of respondents is broadly in line with our expectations.

In developing the support approved within the carer's strategy we will ensure further work is undertaken to promote inclusion and eliminate discrimination. At the appropriate time we will conduct an equality impact assessment to determine what more needs to be done to promote diversity and inclusion for carers.

The implementation of the Act supports the FHSCP's own Strategic Plan for Fife (2016 – 2019) which has a specific strategy priority to reduce Inequality.

As well as supporting carers with protected characteristics, we will ensure the help we provide and commission is as accessible as possible to carers who live in the more rural parts of Fife.

We will work with the voluntary sector in particular to reach out into those community groups who might otherwise feel underrepresented in accessing support. This will include but not be limited to, those organisations who support carers (and cared for people) with specific sensory conditions, those whose first language is not English, and those carers with a learning disability.

We also recognise that for some carers having time away from their caring role can be limited and precious. Therefore, in order to combat the sense of isolation that sometimes comes with caring, we will create opportunities for carers to have breaks from caring in order that they can access the other services they might need to help them to live a healthy and active life.

Appendix E – summary of consultation results

From the lists below, what are the most and least important things in your caring role?

Ranking: 1 = most important to 5 = least important

Information and guidance	**1**	**2**	**3**	**4**	**5**
Information, advice and guidance to help in your caring role.	149	27	31	13	16
More opportunity for you to attend carer forums, meetings or support groups.	46	44	56	39	50
Recognition from your GP and sign-postings to support for your caring role.	112	53	34	17	19
Improved communication and coordination between health, social care and other relevant agencies so that you don't have to keep providing the same information to multiple organisations.	155	30	20	9	15

Practical support	**1**	**2**	**3**	**4**	**5**
Help to complete a carer's assessment and support plan with personal outcomes.	96	34	42	22	31
Information on a carer's personal budget.	55	44	49	25	48
Training to help you be an even better carer.	71	37	44	38	38
Help to prepare an emergency care plan in case you are unable in your caring role.	125	38	32	18	18

Breaks from caring	1	2	3	4	5
Information about respite services for you as a carer to give you a short break from your caring role.	108	37	33	16	37
Information about the choice of good quality short breaks in emergency situations.	104	39	35	17	33
Information about daytime services for the person you care for to give you the time to take part in learning or work.	94	34	38	20	42

Social Support	1	2	3	4	5
Better advocacy and independent help for carers.	107	43	41	10	21
Befriending and peer support with other local carers for emotional support.	63	48	51	29	36
Help to join, set up or run a carer's support group.	35	22	51	37	78

Quality of Life and Balance of Caring	1	2	3	4	5
Help to take up paid work that fits with your caring role.	44	16	34	23	107
Help to take up learning or volunteering to fit with your caring role.	28	25	35	32	107
Support to take part in activities to improve your health and quality of life.	74	41	55	20	38
Information about daytime services for the person you care for to give you the time to take part in work.	63	28	32	24	77

Fife Health & Social Care Integration Joint Board

Supporting the people of Fife together

MEETING TITLE :	Integration Joint Board	
AGENDA ITEM NO.:	8.1	
DATE OF MEETING:	21 June 2018	
TITLE OF REPORT:	Pharmaceutical Care Services in NHS Fife 2018/19 report	
EXECUTIVE LEAD:	Michael Kellet	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Evelyn McPhail
	DESIGNATION:	NHS Fife Director of Pharmacy
	WORKPLACE:	Pentland House, Lynebank Hospital
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	EMAIL:	Evelyn.McPhail@nhs.net

Purpose of the Report (delete as appropriate)		
		For Information

REPORT

Situation

To inform the Fife Health & Social Care Partnership Integration Joint Board (IJB) of the requirement to formally develop and publish the Pharmaceutical Care Service (PCS) report on an annual basis. The primary function of the Pharmaceutical Care Services (PCS) report is to describe any unmet need for pharmaceutical services within the IJB population and the recommendation of the IJB as to how these needs should be met.

Recommendation

- **For Information**

Background

The Smoking, Health and Social Care (Scotland) Act 2005 contained provisions for Health Boards now IJBs to have a duty to provide or secure the pharmaceutical care services required within their Board area. PCA(P)(2007)25 commissioned individual IJBs to produce a draft Pharmaceutical Care Services (PCS) Plan, including undertaking a 6-8 week public consultation of the draft Plan, on a pilot basis, the results of which informed the future introduction of formal PCS planning arrangements.

The publication of NHS Pharmaceutical Services (Scotland) Amendment Regulations 2011 puts a duty on NHS Boards now IJBs to formally develop and publish Pharmaceutical Care Service (PCS) plans and annually update them and engage with the public and patients.

PCA (P) 7 (2011) advised NHS Boards now IJBs of the amended Regulations and the revised Control of Entry Regulations. Agreement was reached with Scottish Government Health Department (SGHD) at the March 2011 meeting between Directors of Pharmacy and SGHD, that for 2011/12 Boards now IJBs would develop and publish an abbreviated PCS Plan which would be available to the public on the NHS Board website. This was first completed in NHS Fife for 1st April 2011.

Further supplementary guidance became available to NHS Boards in June 2011 to develop the PCS Plan further, to detail the full range of services available from community pharmacies within the IJB area and make recommendations to ensure that services are provided based on identified patient needs. It was agreed with SGHD that Boards now the IJB would develop full PCS Plans for publication from April 2012. Since then the annual NHS Fife Pharmaceutical Care Services reports have been ratified at Board meetings each year and the current PCS report is hosted on the NHS Fife internet site. This requirement is now devolved to the IJB as community pharmacy and pharmacy services sits within the H&SCP.

Assessment

The final draft NHS Fife Pharmaceutical Care Services (PCS) Report 2018/19 underwent a 6 week public engagement process via the Fife Patient Public Partnership Fora arrangements earlier this year.

The Fife Pharmaceutical Care Services Report 2018/19 has been updated to include new services such as the Pharmacy First Service (Urinary Tract Infection and Impetigo), which is available in all 85 community pharmacies in Fife. The PCS Report of 2016/17 included Locality profiles for the first time and the 2018/19 report provides detailed information on the services provided by the community pharmacies in each of the seven Localities within the Health & Social Care Partnership.

Changes in the Control of Entry Regulations i.e. Scottish Government PCA (P)(2014)15, highlighted and clarified that the PCS report will be one source of information to be used by the Pharmacy Practices Committee when considering applications for new community pharmacy contracts.

The PCS Report 2018/19 concludes that overall there are no identified gaps in provision of pharmaceutical services in Fife. These services are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps or unmet need identified. In addition, the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

New services introduced in 2017 such as the Pharmacy First Service (December 2017), which has seen over 1,000 consultations since its start to April 2018, ensure that the provision of pharmaceutical services continues to evolve to meet the requirements of the population.

Objectives: (must be completed)	
Health & Social care Standard(s):	Integration Planning and Delivery Principles
IJB Strategic Objectives:	Primary Care Redesign

Further Information:	
Evidence Base:	n/a
Glossary of Terms:	PCS Report = Pharmaceutical Care Services Report
Parties / Committees consulted prior to H&SC IJB meeting:	Fife Patient Public Partnership Fora

Impact: (must be completed)
Financial / Value For Money Not applicable
Risk / Legal: The Pharmaceutical Care Services Report is publically available and can be used by applicants when submitting a new community pharmacy contract application.

The Pharmaceutical Care Services Report is used as one of the sources of information to support the NHS Fife Pharmacy Practices Committee when they are considering and making a decision as to the awarding or not of a new community pharmacy contract.

There is a risk that some of the detail in the report could be contested by an applicant in their submission for a new community pharmacy contract.

Quality / Customer Care:
The report aims to support and guide access to pharmaceutical care services to all patients and the public

Workforce:
Not applicable

Equality Impact Assessment:
See details of public engagement process below

Consultation:
The final draft NHS Fife Pharmaceutical Care Services (PCS) Report 2018/19 underwent a 6 week public engagement process via the Fife Patient Public Partnership Fora arrangements earlier this year.

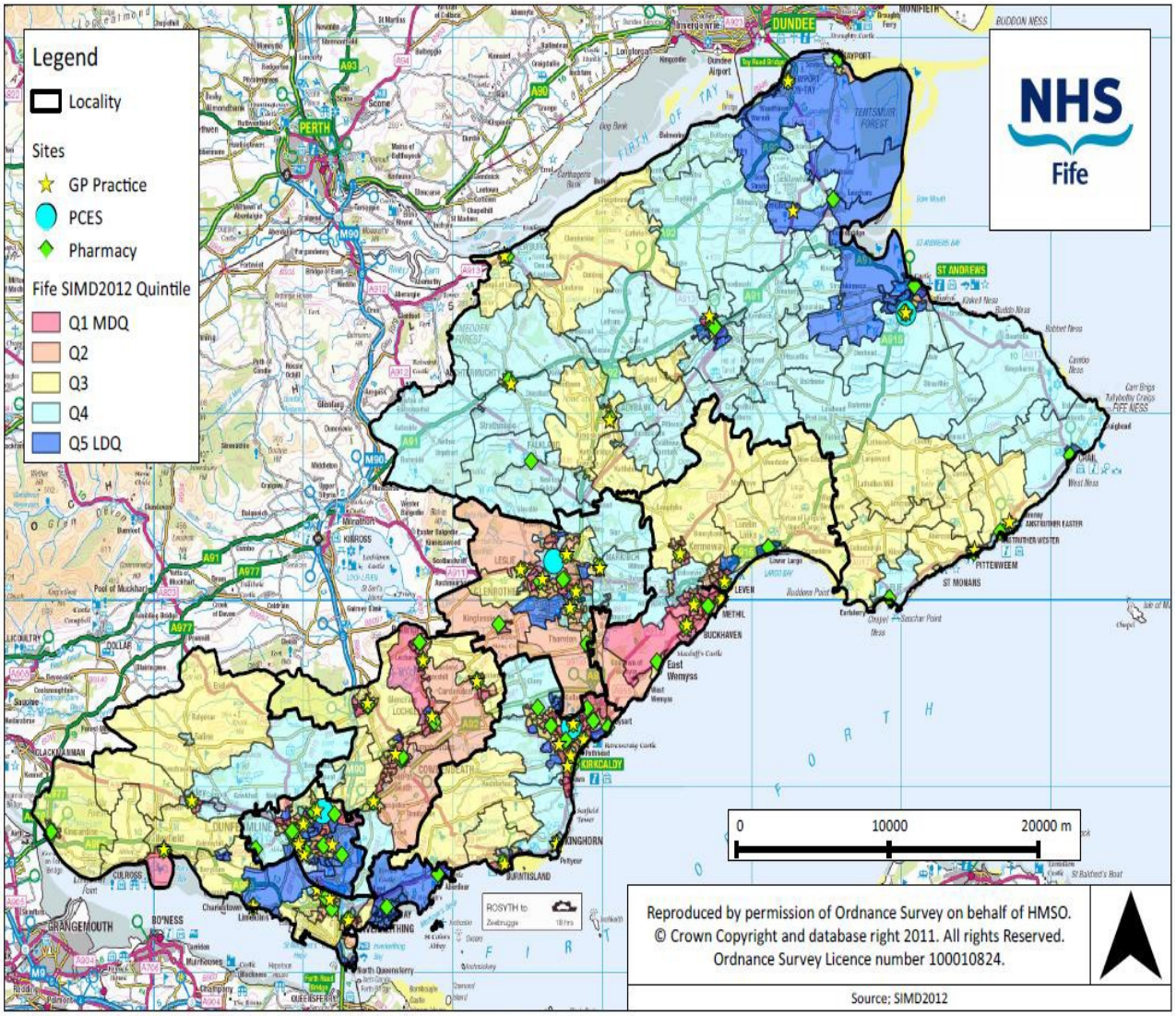
Appendices: (list as appropriate)
1. The NHS Fife Pharmaceutical Care Services (PCS) Report 2018/19

FIFE PHARMACY

NHS Fife

April 2018

Pharmaceutical Care Services in NHS Fife 2018/19



CONTENTS PAGE

EXECUTIVE SUMMARY

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them.

PCA (P) 7 (2011) advised NHS Boards of the amended regulations and the revised control of entry regulations. Agreement was made with Scottish Government Health Department (SGHD) at the March 2011 meeting between Directors of Pharmacy and SGHD that for 2011/12 Boards would be expected to publish extended Pharmaceutical Lists detailing the full range of services available from community pharmacies within the Board area. It was agreed with SGHD that Boards would develop fuller PCS reports for publication from April 2012.

Pharmaceutical Care Services (PCS) 2018/19 in NHS Fife

This report gives a brief overview of the population of NHS Fife and then provides a detailed description of the current pharmaceutical services that exists within NHS Fife. Data from a range of sources are utilised to establish the need for each of the core contract services and those additional services currently provided in NHS Fife. The extent to which that need is met is examined through assessment of any existing gaps. It is important to remember that provision of the current services may not represent the current capacity for delivery of the services included in the new contract. Proposed changes to legislation relating to pharmacist supervision will potentially allow different skill mix within community pharmacies and provision of services outwith the pharmacy premises.

There are 85 contracted community pharmacies in Fife. These are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife and it is important to continue to support development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population.

A public engagement period of 4-6 weeks was provided giving consultees an opportunity to comment on the draft PCS report 18/19 (from April 2018). The NHS Fife public involvement policy comprises of the draft PCS report being circulated through the Patient Focus Public Involvement (PFPI) Leads and to the Partnership and Engagement Network (which comprises of individuals, groups and voluntary organisations). Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

Lead Author

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INTRODUCTION

The primary function of the Pharmaceutical Care Services (PCS) report is to describe the unmet need for pharmaceutical services within the Health Board population and the recommendation by the Health Board as to how these needs should be met. A secondary function of the report is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services. As a descriptor of needs within Boards for new or enhanced community pharmacy services this report is a data source that Pharmacy Practices Committees are directed to use in assessing need when considering applications to the Pharmaceutical List.

1. Introduction to NHS Fife Health Board Area

The purpose of this section of the report is to describe the NHS Board area in terms of the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health. This will outline the context within which pharmaceutical services are delivered.

1.1 Geographies to be Considered

NHS Fife contains seven Localities (based upon the seven Fife Council Area Committees) within its Health & Social Care Partnership. The Health & Social Care Partnership in turn is divided into an East & West Division. The population of these areas is indicated in the table below.

Table 1 - Population of NHS Fife & its Localities (2011 Census)

Locality	Population (2011 Census)	The Health & Social Care Partnership Division
Fife	365,198	
Levenmouth	36,665	East
Glenrothes	51,000	East
NE Fife	73,889	East
Cowdenbeath	39,347	West
Dunfermline	54,435	West
Kirkcaldy	59,752	West
SW Fife	50,110	West

1.2 NHS Fife and its Population Description (see also Appendix 1 for more detailed analysis on Fife Localities)

1.2.1 Fife population: Age Distributions

The population of Fife continues to grow with an estimated 368,080 individuals living in Fife at June 2015. This represents an increase of 830 persons since June 2014 which as an annual growth rate of 0.2% is slightly less than the national annual growth rate of 0.5%.

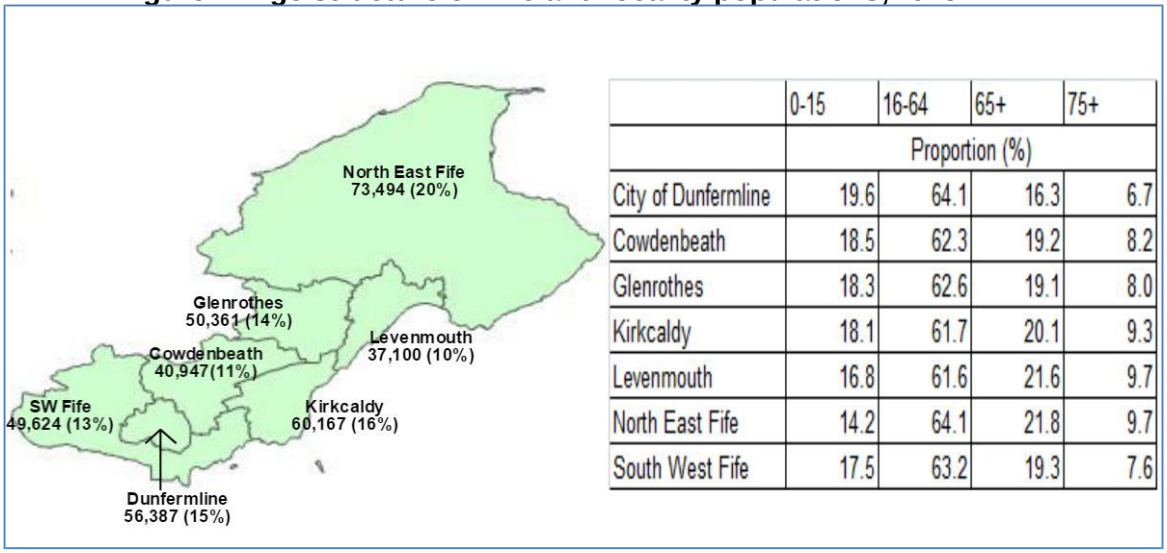
The median age of Fife residents is 43 years. 17% of the Fife population are children (0-15), 63% are of working age (16-64) and 20% are aged 65 and over. There are currently 31,220 persons aged 75 and over living in Fife, 8.5% of the total population.

1.2.2 Sub-Fife Population: Fife Localities

Seven localities have been created in Fife for the organisation and delivery of services within the Health and Social Care Partnership. Figure 1 shows the distribution of population of Fife across the seven locality areas. North East Fife locality has the highest proportion of the Fife population at 20% (73,494 persons) and Levenmouth locality the lowest (10%, 37,100 persons).

Variations in population age structure can be seen across the seven localities. Three of Fife's seven localities have higher proportions of their population aged 65 and over compared to Fife; Kirkcaldy (20.1%), Levenmouth (21.6%) and North East Fife with 21.8%. In contrast, Dunfermline's older population is significantly less than Fife at 16.3% and its proportion of children is the highest of all seven localities at 19.6%

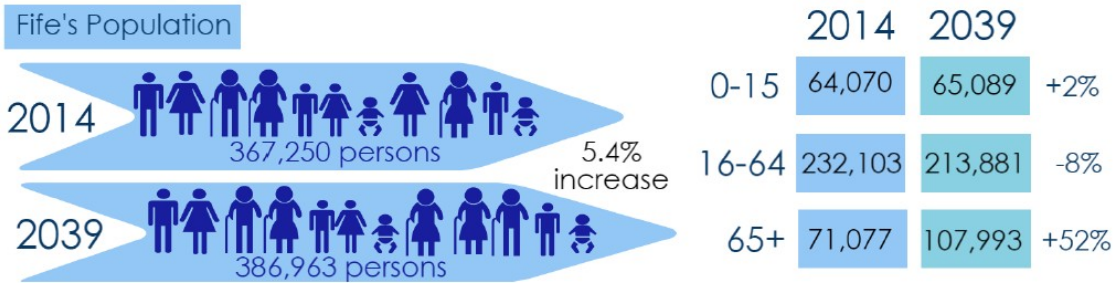
Figure 1: Age structure of Fife and locality populations; 2015



	0-15	16-64	65+	75+
	Proportion (%)			
City of Dunfermline	19.6	64.1	16.3	6.7
Cowdenbeath	18.5	62.3	19.2	8.2
Glenrothes	18.3	62.6	19.1	8.0
Kirkcaldy	18.1	61.7	20.1	9.3
Levenmouth	16.8	61.6	21.6	9.7
North East Fife	14.2	64.1	21.8	9.7
South West Fife	17.5	63.2	19.3	7.6

Source: KnowFife Dataset

The 2014-based population projections estimate that Fife's overall population will increase by 31,769 (5.4%), from 367,250 in 2014 to 386,963 in 2039. A 2% increase is projected in the number of younger Fife residents aged 0 to 15 (2%). The largest increases will be seen in persons aged 75 and over. By 2039 the number of persons aged 75 and over is projected to be 28,000 more than in 2014, a rise of 91% which equates to an increase in the population aged 65 and over of 52% in the same time period. Increases however will not be seen across all age groups. In the next 25 years it is estimated that there will be an overall net reduction of 8% in the population aged 16-64.



1.2.3 Births

In 2015 there were 3,755 live births registered in Fife. This was 134 fewer births than in 2014 and the lowest number of live births since 2004. Fife continues to have higher General Fertility Rates than Scotland, 55.3 per 1000 women aged 15-44 years compared to 53.2 per 1000 women in 2015, a consistent trend since 2001**.**

Among Fife births in 2015; 3.3% were to mothers aged 40 and over, 15% to mothers aged 35-39, and 5% to mothers aged less than 20 years old. The proportion of babies born to mothers under the age of 20 years is the lowest in the 25 year period 1991 to 2015. Whilst the majority of babies are born to mothers aged 25-34 (58% in 2015 and 57% in 1991), there has been a significant rise in percentage of babies born to mothers aged 30-34 (in 1991 20%, compared to 28% in 2015).

During 2014/15, of the live singleton babies born in Fife 5.6% were born with a low birthweight. Monitoring the proportion of low birthweight babies born in Fife and in areas of most and least deprivation across Fife is one of the long term indicators of health inequalities reported by the Fife Health and Wellbeing Alliance.

In 2014/15 the percentage of low birthweight babies in the most deprived quintile (SIMD 12) was the highest it has been since 2007/08. By comparison the percentage of low birthweight babies in the least deprived quintile has remained low. As such the current gap between the most and least deprived populations is the widest it has been since 2007/08 with the current percentage of low birthweight babies in the most deprived quintile being nearly three times that in the least deprived.

Fife's Health Inequality Strategy: Indicator of Health Inequalities				
	Fife	Most Deprived	Least Deprived	Relative Gap
% low birthweight babies	5.6%	8.1%	2.8%	2.9

1.2.4 Life Expectancy

The latest figures available for life expectancy show that babies born during 2011-13 in Fife could expect to live 77.2 years for males and 81.2 years for females. Life expectancy at birth has increased among both males and females in the last 10 years. Although male life expectancy is still significantly lower than female it has increased more in the last 10 years, resulting in 2.9 years compared to 1.7 years for females. This means the gap between male and female life expectancy has reduced from 5.2 years in 2000-02 to 4.0 years in 2011-13. Fife has higher values for both male and female life expectancy than Scotland but Scotland has seen greater increases in the last 10 years, 3.3 years among males and 2.0 years among females.

1.2.5 Ethnic Group

In the 2011 Census, 97.6% of the population of Fife described their ethnicity as 'White', a decrease of approximately 1% on the 98.7% reported in 2001 (Table 1). Within this grouping the most commonly reported category was 'White Scottish' stated by 85.7% of the Fife population followed by 'White Other British' stated by 8.6%. A new category for the 2011 Census showed that there were just over 3,000 persons living in Fife who stated they were 'White Polish', 0.8% of the total population.

A separate 'White Gypsy/Traveller' response category was also added to the Census in 2011. 316 people in Fife recorded their ethnic group within this category corresponding to 0.1% of the population of Fife (Table 2). This proportion was the same as that recorded nationally but compared to other council areas Fife had the fourth (of 32) largest number of people who identified themselves as 'White Gypsy/Traveller'.

Table 2: Population of Fife by broad ethnic group; 2001 and 2011 Census

	White	White: Scottish	White: Gypsy/ Traveller	White: Polish	Asian	African, Caribbean or Black
2001 - No.	345,003	308,371	-	-	2,734	490
2001 - %	98.7	88.3%	-	-	0.8	0.1
2011 - No.	356,550	312,957	316	3,058	5,748	1,126
2011 - %	97.6	85.7	0.1	0.8	1.6	0.3

Source: Scroll and Census Data Explorer

1.2.6 Deaths

1.2.6.1 All causes

During 2015 there were 4,027 deaths of Fife residents. Fife continues to have lower rates of death (all causes all ages) than Scotland with a rate of 1,151 per 100,000 population compared to 1,177 per 100,000 population in 2015.

1,453 deaths were to Fife residents aged under 75 years which corresponded to 36% of the total number of deaths in 2015. This included 675 deaths to residents younger than 65 years and 123 among those aged 15-44 years. Rates of premature death among those aged under 75 years have fluctuated year on year but the overall trend in the last 10 years has been downwards with an overall 13% reduction between 2006 and 2015. Rates in Fife have also been consistently lower than the national average (Table 3).

Despite decreasing premature mortality rates in Fife a relationship between increased deprivation and higher mortality rates persists. For all those aged under 75 years the relative gap in premature mortality rates between those living in the most and least deprived areas is currently 2.8 and has fluctuated between 2.1 and 2.8 in the previous five years. Among those aged 15-44 years the gap between the most and least deprived is wider at 4.0. Mortality rates in 15-44 year olds have improved between 2008-10 (indicator baseline year) and 2013-15 across Fife in both the most and least deprived areas (Chart 1). However, the rate of improvement in the least deprived areas has been much greater, a 30% reduction compared to 3%. Thus the gap between the two was larger in 2013-15 than in 2008-10 when rates in the most deprived areas were 2.9 times greater than those in the least deprived.

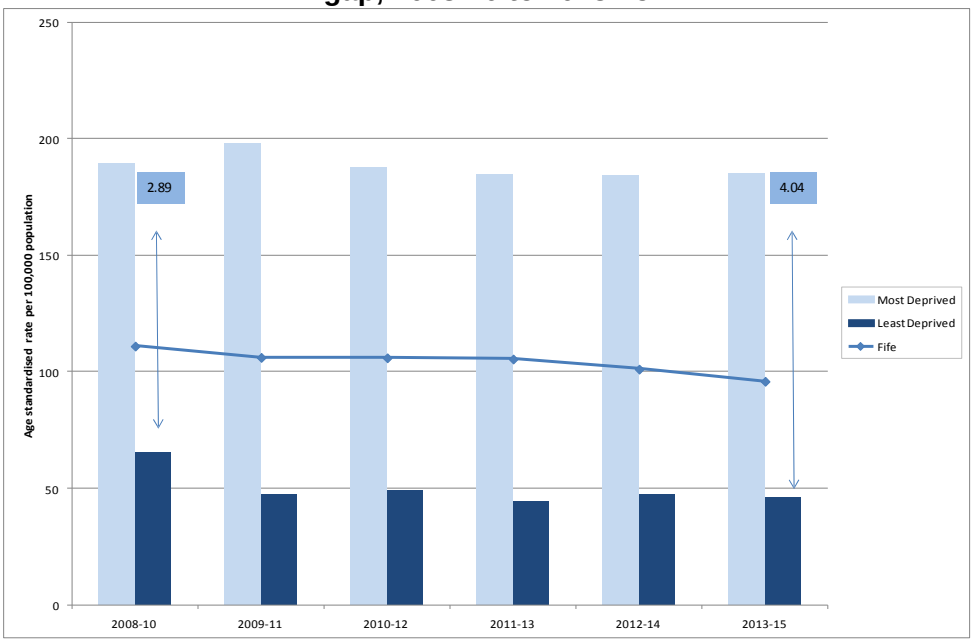
There were an average of 24 deaths each year to persons aged 18 and under in Fife during 2013-15. Annual rates of death per 1000 population in this age group have fluctuated over the last five years and are currently 0.35 per 1000 population slightly higher than the national rate of 0.28 per 1000 population

Table 3: Mortality rates by age group; Fife and Scotland 2011-2015

	2011	2012	2013	2014	2015
All ages: Fife[c]	1145.4	1153.2	1142.9	1028.6	1151.0
All ages: Scotland[c]	1164.2	1173.4	1152.3	1116.9	1177.3
Under 75s: Fife[c]	417.6	413.3	412.9	385.8	422.5
Under 75s Scotland[c]	456.1	445.3	437.5	423.2	440.5
18 and under: Fife[d]	0.30	0.52	0.26	0.34	0.35
18 and under: Scotland[d]	0.36	0.34	0.31	0.31	0.28

Source: NRS Scotland/Information Services NHS Fife

Chart 1: Mortality in ages 15-44; Fife & SIMD 12 most/least deprived areas with relative gap, 2008-10 to 2013-15



Source: Information Services NHS Fife

Fife's Health Inequality Strategy: Indicator of Health Inequalities				
	Fife	Most Deprived	Least Deprived	Relative Gap
Under 75s mortality[c]	422	677	244	2.8
15-44 mortality[c]	96.1	185.1	45.8	4.0

1.2.6.2 Causes of death

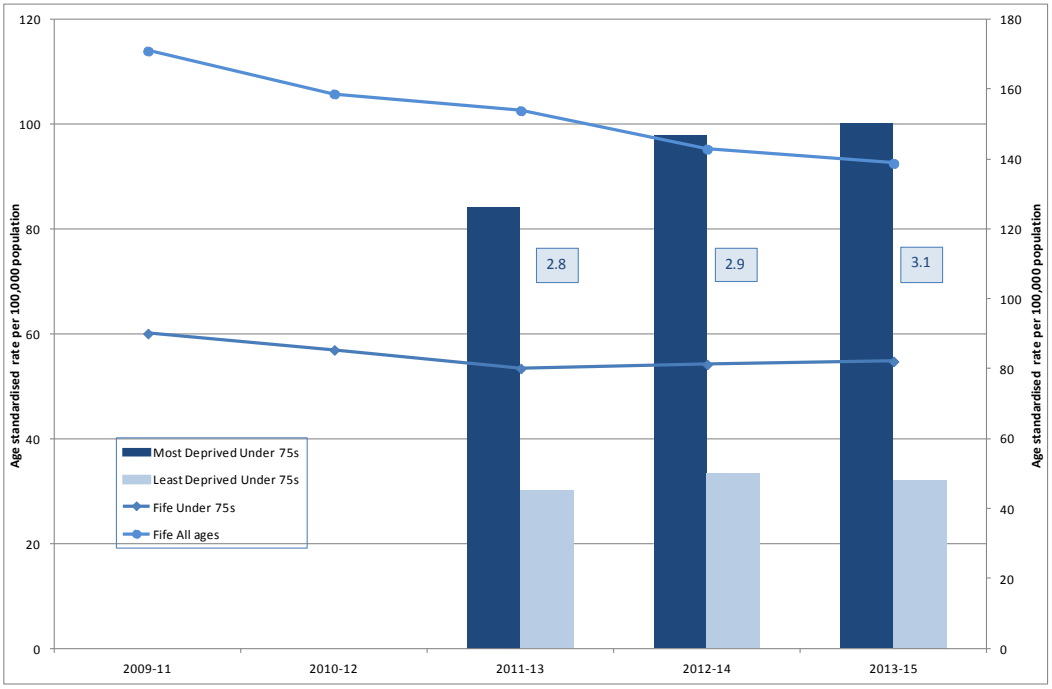
Cancer was the leading cause of death among Fife residents in 2015 accounting for 1,102 deaths, 27% of the total number of deaths. Deaths from cancer are far more common in older people; half of all cancer deaths were in persons aged 75 and over. Rates of premature death from cancer are at their lowest level since 2009-11 but inequalities persist. Rates in the residents of the most deprived areas were almost double (1.8 times) those in the least deprived areas in 2013-15.

Lung cancer was the most common form of cancer death among both males and females accounting for 309 deaths (158 males and 151 females), 28% of all cancer deaths. Breast cancer was the second most common cause of cancer death among women (56 deaths) and prostate cancer remained the second most common cancer death among men (71 deaths) in 2015.

As in previous years heart disease was the second most common cause of death among Fife residents in 2015 [5]. Coronary heart disease (CHD) was the cause of 504 deaths of Fife residents in 2015. A further 124 Fife residents died from other forms of heart disease. Since 2009-11 there has been a decreasing rate of death from CHD among Fife residents of all ages but rates among those aged under 75 years, whilst lower, have not decreased as much (Chart 2).

Rates of death from CHD among residents of the most deprived areas were almost twice (1.8 times) those among the least deprived areas rising to more than three times (3.1) as great for residents aged under 75 years, 100.2 per 100,000 population compared to 32.1 per 100,000 population in 2013-15 (Chart 2).

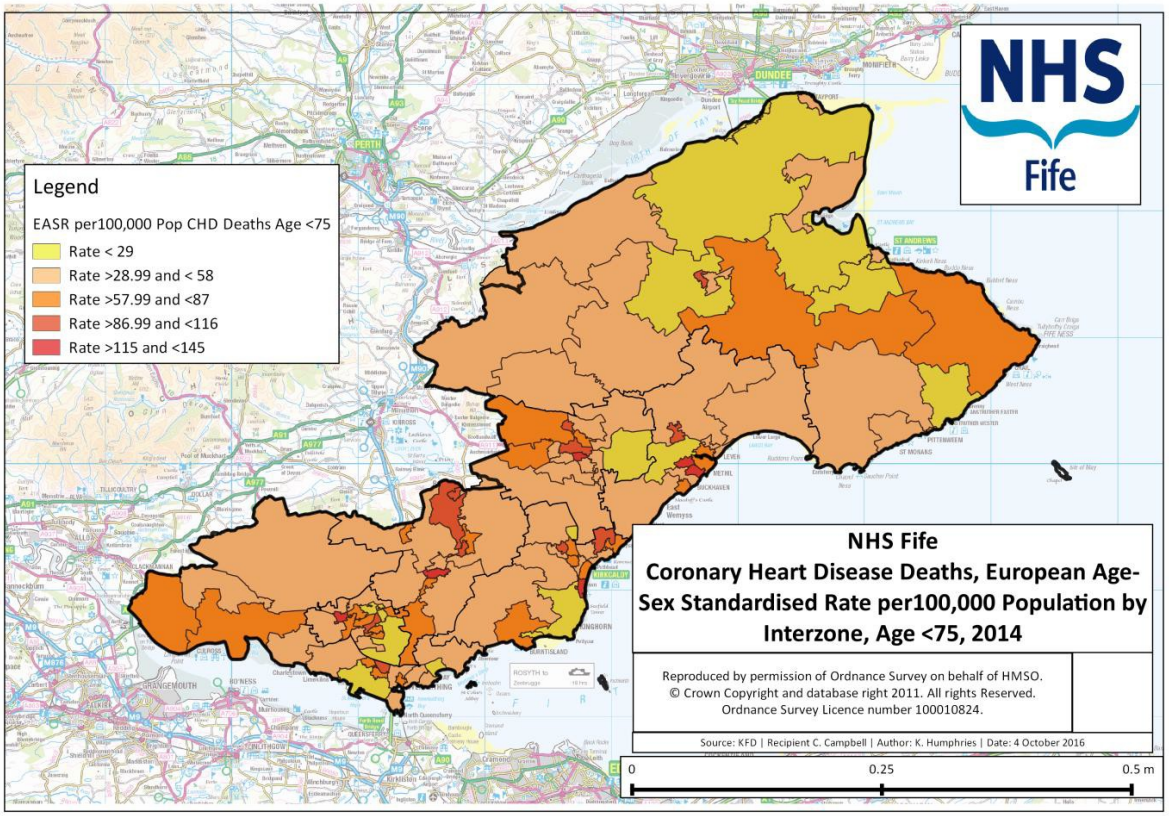
Chart 2: CHD Mortality; all ages Fife & under 75s Fife and SIMD 16 most/least deprived areas with relative gap, 2009-11 to 2013-15



*SIMD16 data only available back to 2011 at present Source: Information Services NHS Fife

Further variations in premature CHD mortality can be seen in Figure 2 which shows that the three year average age-sex standardised rates in some areas of Fife were more than double the Fife average of 54.2 per 100,000 population in 2013-15 with rates varying from less that 30 per 100,000 population to more than 100 per 100,000 population. Of the deaths to those in the 15-44 age group a greater proportion are from external causes such as accidents and intentional self-harm than in the population as a whole. 25% of deaths in 2013-15 in this age group were as a result of an accident (including road traffic accidents) compared to 3% across all ages. 23% of deaths in this age group were as a result of suicide, which is a crude rate of 23.2 per 100,000 population aged 15-44 compared to the Fife rate (all ages) of 15.2 per 100,000 population. Cancer is the third biggest cause of death in this age group accounting for 15% of all deaths.

Figure 2: Early deaths from CHD; Fife 2001 Interzones 2013-15



Source: ScotPHO Health & Wellbeing Profiles

There were on average 53 deaths as a result of suicide each year in Fife during 2011-15 using the 2011 WHO classification. Numbers and rates of suicide have declined in Fife since 1996-2000 but as Table 4 shows, there is a marked difference in the rates among males and females.

Table 4: Deaths from suicide in Fife; five year average age-sex standardised rates and number

	1996-2000	2001-2005	2006-2010	2011-2015	
Males - ASR	24.6	22.5	22.9	19.8	
Females - ASR	7.7	8.5	4.8	6.8	
Persons - ASR	16.1	15.5	13.8	13.3	
Persons - five year average number	54 Old	53 Old	48 Old	47 Old	53 New

Source: NRS

1.2.7 Cancer

There were 2,226 new cancer registrations among Fife residents in 2014, a lower rate of new cancer registrations than Scotland, 617 per 100,000 population compared to 633. Lung cancer continues to account for the greatest number of new cancer registrations among men (206) followed by prostate cancer (198). Breast cancer was the most commonly diagnosed cancer among women (306) and then lung cancer with 163 new registrations. These cancers accounted for 40% of all new cancer registrations among men and 42% among women.

Almost two thirds of new cancer registrations (1,433) in 2014 were to Fife residents aged under 75 years. Rates have fluctuated year on year since 2007 in Fife, in both the most and least deprived areas. Current rates of 418 per 100,000 population across Fife and 455 and 412 in the most and least deprived areas are amongst the lowest in that time period. As such the relative inequality gap between the most and least deprived was 1.1.

1.2.8 Coronary Heart Disease

ISD provides information on the incidence of Coronary Heart Disease (CHD) at a Fife and Scotland level. Incidence is presented as the number of people with a first hospital admission for CHD or death from CHD without a prior admission to hospital.

Latest published data (January 2014) shows that during 2012/13 a total of 1,242 persons in Fife (all ages) were either admitted to hospital with CHD for the first time or died from CHD without a prior admission to hospital. The incidence rate increases with age with the 75+ age group having the highest incidence rate of 1625.9 per 100,000 population (Table 5).

Fife had similar incidence rates to Scotland for those aged 65 and under but slightly lower incidence rates for both the 65-74 and 75+ age groups.

Table 5: CHD incidence rates by age; Fife and Scotland

	Fife				
Age group	**0-44**	**45-64**	**65-74**	**75+**	**All Ages**
Incidence	55	406	315	466	1242
% of age group population	0.03	0.4	0.8	1.6	0.3
Standardised rate per 100,000 population	24.8	395.2	851.2	1625.9	239.3
	Scotland				
Age group	0-44	45-64	65-74	75+	All Ages
Incidence	711	6267	4866	7459	19303
% of age group population	0.02	0.4	0.9	1.8	0.4
Standardised rate per 100,000 population	21.7	429.5	976.4	1829.2	262.8

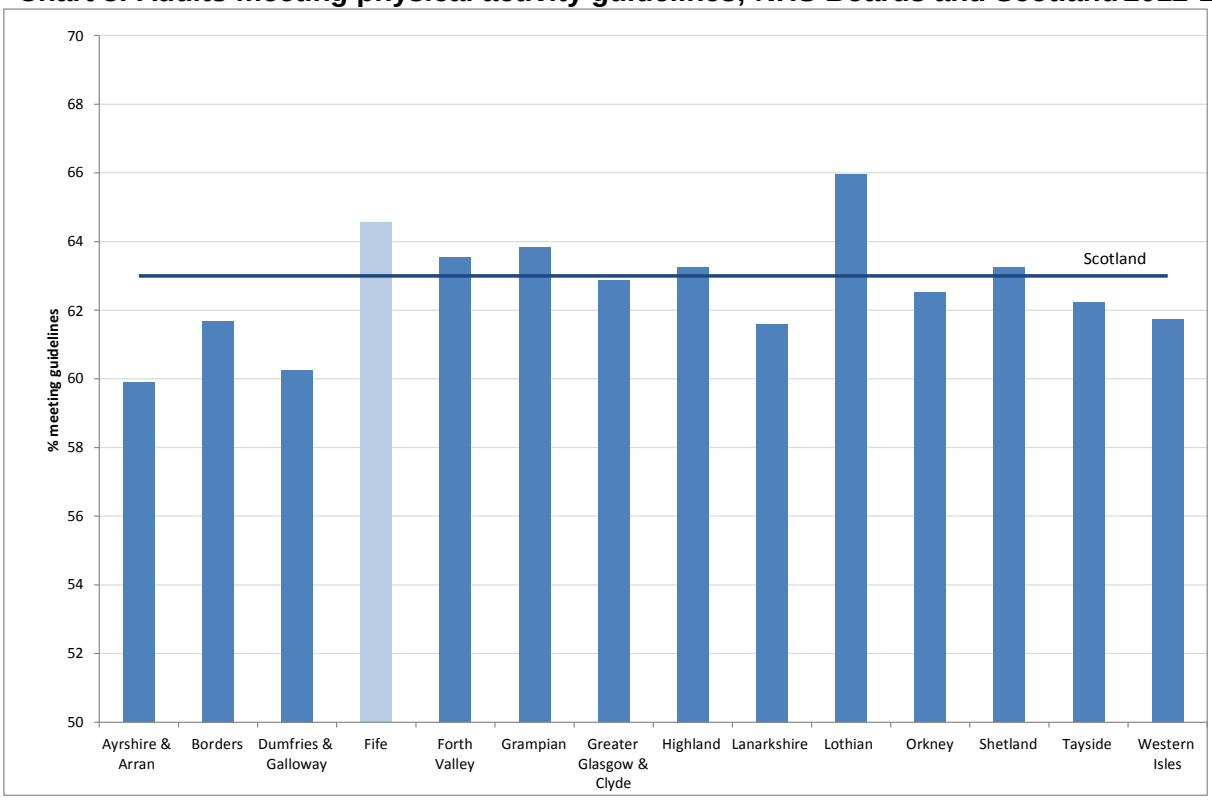
Source: http://www.isdscotland.org/Health-Topics/Heart-Disease/Topic-Areas/Incidence/

1.2.9 Physical Activity

The 2011 guidelines on physical activity states that adults should achieve 150 minutes of moderately intensive activity (in bouts of 10 minutes or more) per week, or 75 minutes of vigorous activity spread over a week. Unlike the previous guidelines there is no specific stipulation on over how many days this should be achieved (although 30 minutes per day for 5 days is still suggested as a way to meet recommended level). Further age specific guidance was also published and we will be able to look at this more closely in future reports, together with trends over time.

65% of adults in Fife met the new physical activity guidelines with men being more likely to do so than women, 71% compared to 59%. The next most frequently reported category of physical activity was 'very low', defined as less than 30 minutes of moderate activity or less than 15 minutes of vigorous activity or an equivalent combination of these in a week, which was reported by 19% of men and 22% of women. Of the NHS board areas Fife had the second highest proportion of adults meeting the guidelines (Chart 3).

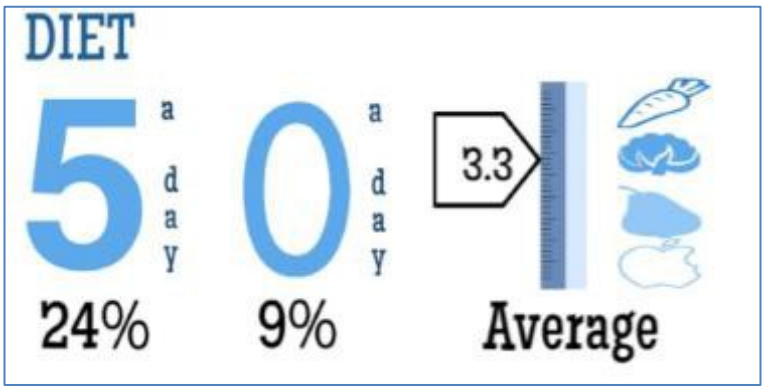
Chart 3: Adults meeting physical activity guidelines; NHS Boards and Scotland 2012-15



Source: Scottish Health Survey Results 2012-15

1.2.10 Healthy weight and diet

24% of adults in Fife consumed the recommended 5 portions of fruit and vegetables per day in 2012-2015, with greater proportions of women (26%) reporting this than men (21%). These figures were higher than reported nationally where 21% of adults met the recommendation but was the same proportion as reported in 2008-11. Consumption of no portions of fruit and vegetables in the day prior to completing the survey was reported by 9% of adults in Fife. On average adults in Fife consumed 3.3 portions per day with men consuming 3.2 portions per day and women 3.5 portions.

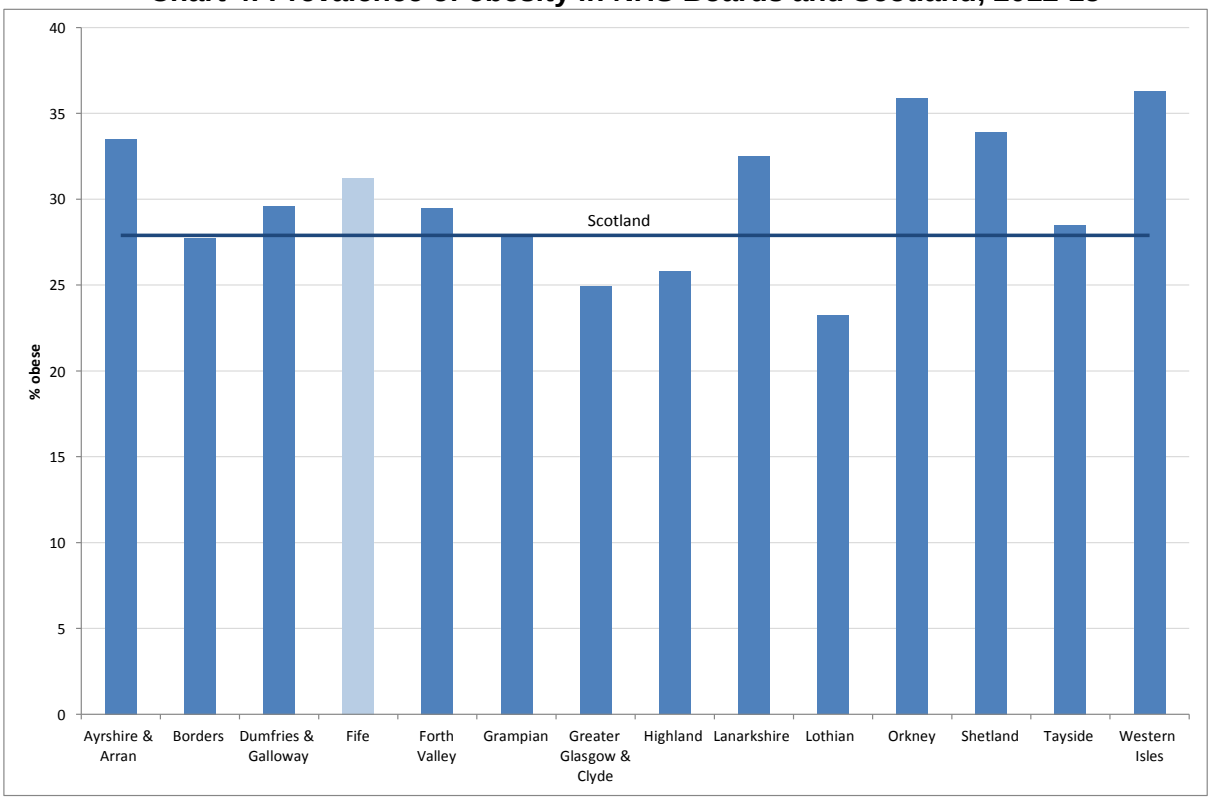


There has been little change in the proportion of adults consuming the recommended level of daily fruit and vegetable consumption in Scotland since 2003. Proportions have fluctuated slightly year on year but were also 21% in 2003 with a similar pattern being seen nationally in the number of mean portions consumed, 3.1 in 2003 and 3.1 in 2015.

Obesity and being overweight is a result of energy intake from food and drink consumption exceeding the energy requirements of the body over a prolonged period which results in an accumulation of excess body fat. Body Mass Index (BMI) is commonly used as a measure of obesity with a BMI of over 30 categorised as obese and between 25 and 30 as overweight.

The figures from the Scottish Health Survey 2012-2015 showed that majority of men (71%) and women (61%) in the Fife sample had a BMI which exceeded the normal weight range so were classed as overweight or obese. In Fife 30% of males and 32% of females were obese compared to 27% of male and 29% of female Scottish respondents. The prevalence of obesity in adults in Fife (31%) was significantly higher than the national average (28%) and the sixth highest of all health board areas (Chart 4). There has been little change in the prevalence of obesity in Fife since 2008-11 when 29% of men and 32% of women were obese which mirrors national trends of levels of obesity which have remained fairly constant between 2008 to 2015.

Chart 4: Prevalence of obesity in NHS Boards and Scotland; 2012-15



Source: Scottish Health Survey 2012-15

1.2.11 Dementia

It is estimated that 5,961 people are affected by dementia in Fife at the present time, with more females than males being affected. The estimated number of people affected by dementia is predicted to increase over the next 15 years by approximately 3600. Full details of the predicted number of people affected by dementia in Fife in the coming years are provided in the table below.

Table 6: Predicted numbers of males and females by age group affected by dementia in Fife, 2019 - 2029

	Year								
	2019			2024			2029		
Age group	Males	Females	Total	Males	Females	Total	Males	Females	Total
<60	47	51	98	46	50	96	45	48	93
60 - 64	23	112	135	25	123	148	26	127	153
65 - 69	187	158	345	201	169	370	221	187	408
70 - 74	330	425	755	307	403	710	332	435	767
75 - 79	474	612	1,086	625	765	1,390	588	732	1,320
80 - 84	660	992	1,652	766	1104	1,870	1,034	1399	2,433
85 - 89	492	1,070	1,562	620	1261	1,881	747	1445	2,192
90+	317	1,067	1,384	436	1306	1,742	609	1673	2,282
TOTAL	2,530	4,485	7,015	3,026	5181	8,207	3,602	6046	9,648

Source: Source: EuroCoDe, Harvey, NRS

1.2.12 Diabetes

Almost 21,000 Fife residents were known to be living with diabetes (recorded on the diabetes register) at the end of 2015, representing a crude prevalence of 5.7% of the total population of Fife and an age adjusted prevalence of 5.5%. The age adjusted prevalence was the fourth highest of the 14 Health Board areas in Scotland and slightly higher than the 5.3% reported nationally. Increasing prevalence of diabetes is being seen across Scotland and is thought to be a real increase and not an artifact of better recording. Reasons for this include an increasing older population, increasing incidence of Type 1 diabetes particularly among children and better survival rates for people with diabetes. Of those living with diabetes in Fife 54% were aged 65 and over and 90% had Type 2 diabetes. 58% of those with Type 2 diabetes were obese and a further 31% were overweight.

1.2.13 Smoking

Reductions in the number of smokers have been seen since the introduction of the ban on smoking in public places in 2006. The latest figures from the Scottish Health Survey showed that 24% of adults in Fife and 22% in Scotland reported they were current smokers over the four-year period 2012-2015 compared to 26% in Fife and 25% in Scotland in 2008-11.

The greater prevalence of smoking amongst men continues to be seen with 25% of men compared to 22% of women reporting current smoking status in 2012-15. Fife had the third highest smoking prevalence rates of all NHS boards behind Tayside and Greater Glasgow & Clyde.

1.2.14 Alcohol Consumption

New guidelines on alcohol consumption were published in 2016 and included the recommendation that men and women should drink no more than 14 units of alcohol per week. In Fife men were more likely than women to be drinkers and to drink beyond sensible levels. Double the proportion of men compared to women reported drinking beyond the guideline amount of 14 units per week (Table 7). The proportion of men and women combined exceeding weekly guidelines in Fife was at 25%, slightly lower than the national average of 26%. It is not yet possible to compare recent findings to previous consumption data, for the new guidelines for both men and women but in 2008-11 18% of women drank more than 14 units and 28% of men drank more than 21 units. Further in-depth analysis of the alcohol consumption data, and trends over time, will be presented separately.

Table 7: Weekly drinking levels by gender; Fife residents 2012-15

	Non drinker	Up to 14 units	Beyond 14 units
Men	14%	53%	34%
Women	18%	65%	16%

2. Description of Current Pharmaceutical Services in NHS Fife

2.1 Community Pharmacy Services - General Description

The following section provides a list of the NHS services provided by the 85 community pharmacies in NHS Fife at April 2018. See web link below for details of the 85 community pharmacies in NHS Fife at April 2018 and the NHS services that they provide.
http://www.nhsfife.org/nhs/index.cfm?fuseaction=publication.pop&pubID=74335E58-BBA0-BC3F-A3BB8B017E019A8A

2.1.1 Number of Community Pharmacies across NHS Fife and by Locality

In April 2018, NHS Fife had 85 community pharmacies located across the seven Fife Localities. Table 8 below lists the number of community pharmacies in each Locality plus selected neighbouring Health Boards. The distribution of community pharmacies across Fife allows wide access to their many services. (See also Appendix 1)

Table 8: Community Pharmacies in NHS Fife (April 2018)

Locality	Population (2011 Census)	Community Pharmacies	Population per Community Pharmacy
Fife	365,198	85	4,296
Levenmouth	36,665	10	3,667
Glenrothes	51,000	10	5,100
NE Fife	73,889	18	4,105
Cowdenbeath	39,347	12	3,279
Dunfermline	54,435	12	4,536
Kirkcaldy	59,752	13	4,596
SW Fife	50,110	10	5,011
Other HBs			
Forth Valley	298,074	76	3,922
Lothian	836,608	183	4,571
Tayside	410,255	92	4,459
Scotland	5,299,900	1253	4,230

2.1.2 Overall Annual Prescriptions Dispensed

In terms of absolute activity relating to prescribing, 7,022,695 prescription items were dispensed in NHS Fife in 201/17 (these are for all prescriptions dispensed in community pharmacies i.e. GP10s GP10Ns, CPUS, MAS scripts etc); this is an increase in items of 1.8% from 2015/16. See table 9 for the volume of prescription items dispensed in Fife over the last 9 financial years.

Table 9 - Volume of prescription items dispensed in Fife over period April 2008 to March 2017

Financial Year	Number of prescription items dispensed
2016-17	7,022,695
2015-16	6,895,943
2014-15	6,812,315
2013-14	6,652,359
2012-13	6,521,198
2011-12	6,398,687
2010-11	6,159,816
2009-10	5,987,558
2008-09	5,759,185

2.1.3 Resources - Premises/Facilities

NHS Circular: PCA(P)(2007)28 Pharmaceutical Services Remuneration Arrangements For 2007-2008: Contract Preparation Payments Premises Guidance and Assessment Tool provides guidance on the premises requirements under the new community pharmacy contract. It provides a tool for pharmacies to assess their ability to meet the requirements and produce an action plan for any rectification work that is required to meet those requirements. This guidance will aid the planning of any future pharmacy premises or potential relocations.

In NHS Fife 99% of pharmacies currently have either a private area or consultation room. The majority also have an induction loop facility (83%) and wheelchair access (88%). The circular PCA(P)(2007)28 aims to ensure that pharmacies with a deficit in these areas take corrective action.

2.1.4 Resources - Community Pharmacy workforce

Each community pharmacy will have at least one pharmacist and all pharmacists must have a minimum qualification of a degree in pharmacy and are registered with the General Pharmaceutical Council.

Community pharmacy is supported by a trained and knowledgeable workforce. The workforce ranges from those who provide healthcare and medicines advice from their role as healthcare counter staff and those who work directly in the dispensary. The support staff work in direct contact with the public and are suitably trained to provide advice on numerous health related matters. The pharmacist provides an expert source of knowledge to the support staff, although many staff have developed specialised areas of competence in which they work. As part of community pharmacy development to ensure continued ability to deliver NHS services, work has been ongoing to support development of support staff. One aspect of that work has mapped out the support staff and their qualifications in NHS Fife. The table below shows the number of staff in Fife, and in the individual CHPs according to the role titles. There are 4 job categories for the pharmacy support staff and then there are those involved in training towards these categories.

Table 10 - Numbers of support staff in NHS Fife community pharmacies. (April 2018)

Support staff title	Total
Medicine Counter Assistant (MCA)	143
Pharmacy Assistant	196
Pharmacy Checking Technician	37
Pharmacy Technician	70
Student MCA	36
Student Pharmacy Assistant	2
Student Pharmacy Technician	27
Student Pharmacy Checking Technician	1
Grand Total	512

With change in legislation pharmacists now have the ability to be supplementary or independent prescribers. Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement. These supplementary and independent prescribers are involved in the provision of clinics within Fife, covering numerous specialty areas such as hypertension, stroke, warfarin, vascular, substance misuse, respiratory and pain.

Table 11: Pharmacist numbers training or trained with prescribing rights (April 2018)

Prescribing status	No. of pharmacists
Active supplementary/independent prescribers	43
Independent prescribers training in progress	11
Qualified supplementary prescribers inactive	10
Qualified independent prescribers inactive	12

The above figures total all pharmacists currently in NHS Fife, including Acute Services Division

2.2 Community Pharmacy Services - Core Services

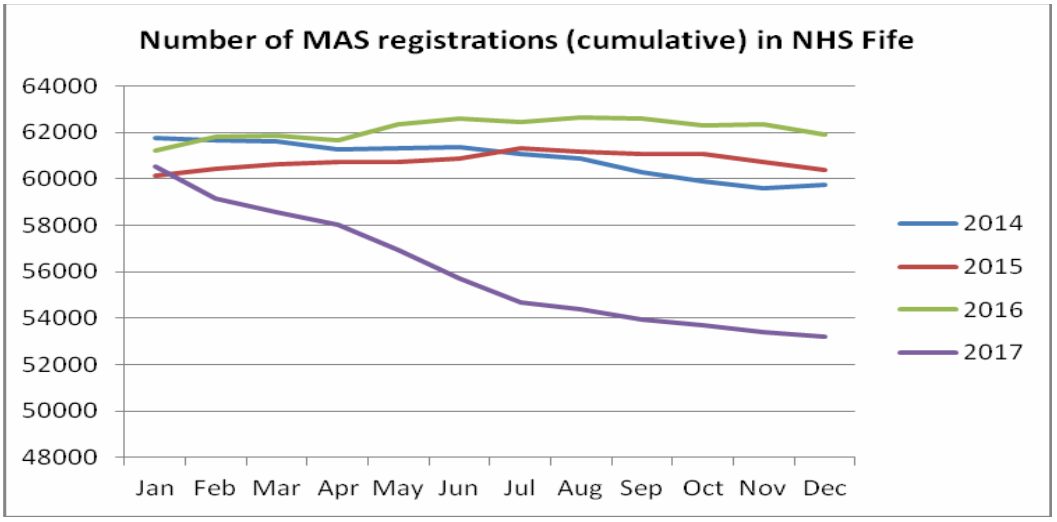
2.2.1 Minor Ailment Service

On 1st July 2006 this service was the first of 4 core services to be implemented. This service is delivered by all 85 community pharmacies in Fife and is available to those patients who did not pay prescription charges and require treatment for minor ailments. Since the abolishment of prescription charges this service continues to be available to the same group of people, i.e. those who did not pay prescription charges. When a registered patient accesses this service they will receive a consultation and supply of an appropriate product if indicated, advice only or referral to their GP or other healthcare professional.

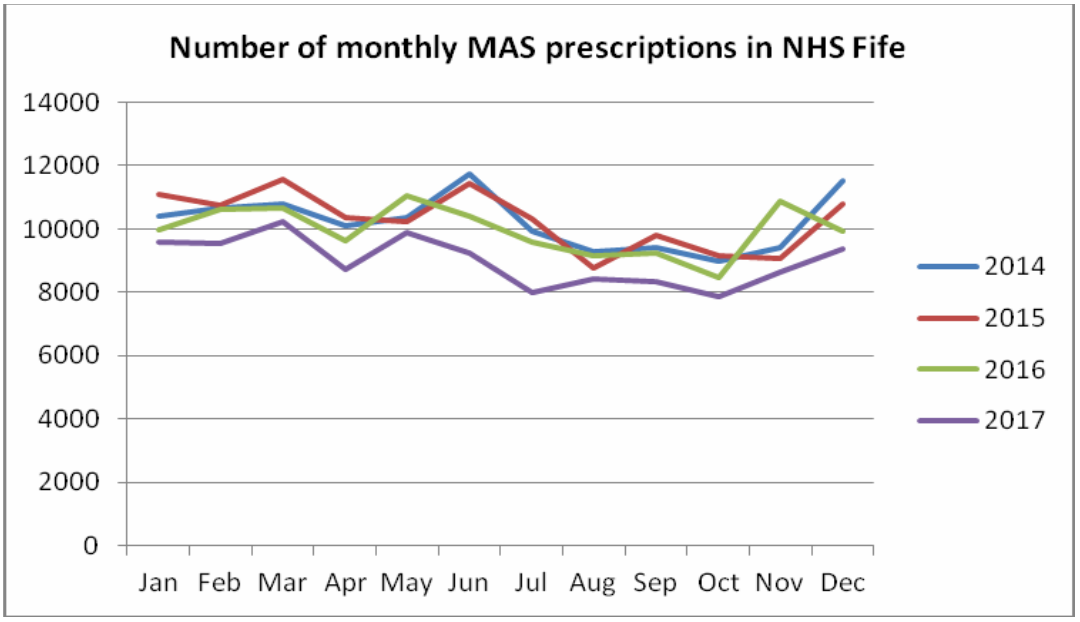
Charts 5a and 5b highlight the use of this service for 2017 compared with the previous 3 years. The decrease in MAS registrations in 2017 can be explained by the updated MAS service specifications of July 2016 which made explicit that “lapsed registrations”

can only be reactivated if the patient uses the service. This decrease in MAS registrations was seen across all other Health Boards too.

Charts 5a – NHS Fife MAS registrations over last four calendar years to 2017



Charts 5b – NHS Fife MAS monthly dispensed prescription items over last four calendar years to 2017



2.2.2 Public Health Service

The Public Health Service comprises of the following services:

1. The provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional

opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public;

2. Making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material;
3. Participating in health promotion campaigns, each campaign being on display and visible within a pharmacy for at least six weeks, agreed nationally by Scottish Ministers and a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by the Scottish Ministers for use by PHS providers if they wish; and
4. Where agreed between a PHS provider and the Health Board, participation in locally agreed health promotion campaigns in the intervals between the national campaigns as described in the above paragraph.

There are three patient service elements of the public health service

2.2.2.1 Stop Smoking Services

The service which began in August 2008 consisted of the provision of a stop smoking service comprising support and advice together with the supply of nicotine replacement therapy (NRT) over a period of up to 12 weeks, in order to help smokers successfully stop smoking. In July 2014 the national service specification of the Community Pharmacy Stop Smoking Service was revised. This now includes the option for the supply of varenicline via a Patient Group Direction by a community pharmacist. The submission of claims and minimum data set information on the quit attempt is now done electronically via the Pharmacy Care Record (PCR).The Community Pharmacy Stop Smoking Service is delivered by all 85 community pharmacies in Fife.

The community pharmacy service contributes significantly to the NHS Fife smoking cessation Local Delivery Plan Target, e.g. for financial year 2016/17 66% of all minimum dataset (MDS) quit attempts made in Fife came from the community pharmacy stop smoking service (with 34% via non-pharmacy services).

The table below shows the MDS quit attempts made in community pharmacies over financial year 2016/17 in Fife & selected neighbouring Health Boards. The divergence between the Fife figure compared with the Scottish average can be partly explained by the different stop smoking service model used by other Health Boards e.g. some Health Boards use mainly a pharmacy model whereas NHS Fife has a joint pharmacy/specialist service model.

Table 12 - Number of MDS quit attempts in community pharmacies in financial year 2016/17

Health Board Area	MDS quit attempts made in community pharmacies FY 2015/16	Number of MDS quit attempts per 1,000 population
Fife	2,092	5.6
Tayside	4,494	10.8
Forth Valley	1,954	6.4
Lothian	4,080	4.6
Scotland	41,803	7.7

Source: Information Services Division Scotland

2.2.2.2 Sexual Health Services

The introduction of a national PHS service for emergency hormonal contraception (EHC) in August 2008 has ensured equitable access to the population of Fife. Community pharmacies continue to issue around 75% of the total EHC prescribed/supplied in NHS Fife. This service comprises of the provision of advice on sexual health matters and the supply of EHC (as levonorgestrel or ulipristal) to women aged 13 years and above, where appropriate. This service is delivered by all 85 community pharmacies in Fife. In October 2015 the national service specification was revised and updated to include an option of another drug - ulipristal; this is an alternative to levonorgestrel.

The number of EHC consultations undertaken & prescriptions generated by the community pharmacy service for the last three financial years (prescription type CPUS) are listed in table below.

Table 13 - Number of prescriptions (form type CPUS) issued for EHC

	2012/13	2013/14	2014/15	2015/16	2016/17
Apr	453	418	400	501	441
May	463	395	410	419	497
Jun	396	331	399	340	335
Jul	425	406	379	338	321
Aug	395	382	358	368	358
Sep	446	386	415	433	434
Oct	421	430	360	381	430
Nov	435	423	459	389	355
Dec	384	377	80	425	472
Jan	330	374	82	345	425
Feb	387	354	415	418	398
Mar	414	423	349	353	398
Monthly Average	**412**	**392**	**342**	**393**	**405**

2.2.2.1 Supply of Prophylactic Paracetamol following MenB Vaccine

This new Community Pharmacy Public Health Service was introduced in October 2015 and allows the supply of prophylactic paracetamol via PGD to babies receiving the MenB vaccine at 2 months and 4 months. The preferred model across NHS Fife for supply of prophylactic paracetamol is solely via the community pharmacy service

2.2.3 Acute Medication Service

AMS is the provision of pharmaceutical care services for acute episodes of care and electronically supports the dispensing of acute prescriptions and any associated counseling and advice, and is provided by all 85 community pharmacies in Fife.

All Fife pharmacies have been scanning prescriptions and claiming for them electronically through their clinical system (PMR) for some time now. Figures from

January 2018 show that 98% of Fife pharmacies are scanning and claiming over 90% of their total prescriptions, a target set by the Scottish Government. As at January 2018, 90.17% of prescriptions are processed automatically through ePay at Practitioner Services Division (PSD)

2.2.4 Chronic Medication Service

CMS allows patients with long-term conditions to register with the community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, the GP and the pharmacist. CMS allows the GP to generate a patient's prescription for a 24, 48 or 56 week period. In this period the patient is only required to visit the pharmacy to pick up their medication. This process sends electronic messages between the pharmacy system and GP practice system to update the GP record with the dispensing information.

CMS commenced in April 2009, with NHS Fife being the early adopter board. A further phase commenced in spring 2011 with all Health Board areas participating. All Health Boards are now involved in the full roll-out of CMS, which includes serial prescribing, working towards the aim of having all of their GP practices and Community Pharmacies providing the service. NHS Fife currently has 42 GP practices (76%) generating serial prescriptions with 74 (87%) pharmacies involved in processing them. We continue to work with practices and pharmacies to encourage uptake, with an emphasis on supporting keen practices to increase the numbers of their patients receiving serial prescriptions.

Community Pharmacists continue to register patients for the service, which incorporates completion of a Pharmaceutical Care Plan. A secure, on-line Pharmacy Care Record (PCR) is used to record information about the patient, including any care issues identified. Pharmacists can also carry out and record High Risk Medicine (HRM) assessments for their Warfarin, Lithium and Methotrexate patients. They also continue to monitor and record New Medicine Interventions (NMI). For both HRM and NMI the patient does not need to be registered for CMS. The Pharmacist then works with the patient to support and help them to resolve any issues with their medicines and health conditions, using PCR to record their contact with the patient and the outcomes achieved. As of 26 March 2018 across Scotland, there are 690,945 patients registered for CMS within 1,256 Community Pharmacies.

Later in 2018 there will be a national "refresh" of the Chronic Medication Service.

Table 14 - Number of CMS registered patients as at March 2018 in Fife & selected neighbouring Health Boards

Health Board Area	Number of CMS registered patients	No of CMS registered patients per 1,000 of population
Fife	47,935	129
Tayside	54,208	130
Forth Valley	39,608	130
Lothian	97,485	110
Scotland	690,945	127

Table 15 - No of patients with serial prescription items prescribed in the last 12 months (to March'18)

Health Board Area	No of patients with serial prescription items prescribed in the last 12 months (to March'18)	No of patients with a serial prescription per 1,000 of population
Fife	5,842	17.1
Tayside	9,265	22.3
Forth Valley	1,968	6.4
Lothian	3,737	4.2
Scotland	65,437	12.1

2.2.5 Gluten Free Food Service

Following a pilot in April 2014 the National Community Pharmacy Gluten Free Food Service was introduced in October 2015. This enabled patients to obtain gluten free foods directly from a local pharmacy. NHS Fife has developed a Gluten Free Food Formulary and a patient leaflet is available. Only diagnosed patients with coeliac disease and/or dermatitis herpetiformis are allowed to access this service, and are given an agreed allocation of Gluten Free units. Patients will be able to choose which staple foods they require from the Fife Gluten Free Formulary.

Pharmacists are required to register patients, complete a Pharmacy Care Record (PCR), and carry out an initial check and thereafter an annual health check on patients using this service. All 85 NHS Fife community pharmacies have signed up to this service. Alternatively patients can choose to remain with their GP practice to collect their prescription for gluten free foods.

2.3 Community Pharmacy Services - Additional Services

There are several additional services agreed within NHS Fife. These are locally negotiated contracts and as such not all pharmacies participate in these services. It is the responsibility of the NHS Board to ensure that these additional services meet the needs of the population. This does not mean however that the population requires these services equally across geographical areas or that it is necessary to provide them from every community pharmacy. These services might not be provided entirely by pharmacy alone and so provision must be looked at in the context of wider healthcare services.

Table 16 - Summary of the Numbers of Community Pharmacies providing Additional Services (at April 2018)

	Total
Dispensing/supervision of methadone	85
Dispensing/supervision of buprenorphine	61 (see comment in 2.3.1.2 below)
Injecting equipment provision	19
Take Home Naloxone	8
Advice to Care Homes	20
Community Pharmacy Palliative Care Network	22
Just in Case Programme	22
Anticoagulant monitoring	3

2.3.1 Substance Misuse

Opioid Replacement Therapy (ORT) with methadone or buprenorphine is a well established treatment for opioid dependent patients. ORT reduces harm to the individual and society by reducing the injecting of drugs which in turn helps to reduce the spread of potentially fatal blood borne viruses such as Hepatitis B, C and HIV. It can also help to stabilise and decriminalise the lives of drug users and integrate them back into society.

While there is accumulating evidence that buprenorphine is associated with reduced risk of fatal overdose in the first weeks of treatment initiation, there is also evidence that methadone is more effective in retaining patients in treatment and so may indirectly reduce risks longer term for those patients. Currently, there remains insufficient evidence to justify recommending one drug over the other and the choice is a clinical one, based on a number of factors including patient preference, made after discussion with the patient.

2.3.1.1 Opioid Replacement Therapy with Methadone

Supervised self-administration of methadone has become a key component of any methadone programme. Supervision is undertaken at the request of the prescriber and is a clinical decision based on the patient's stability, home circumstances and progress through treatment. Supervision ensures that adequate blood and tissue levels of methadone are maintained and helps to prevent diversion onto the illicit market.

The use of community pharmacists for dispensing methadone allows patients to be treated in their own communities. Community pharmacists are the best placed healthcare professionals to carry out the supervision of methadone. A valuable supportive relationship can develop between the community pharmacist and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the pharmacist to provide health promotion advice.

All pharmacies in Fife will dispense and supervise methadone when required. The majority of pharmacies are able to provide supervision either in a consultation room or an area screened off from general view.

The number of installments of methadone dispensed and the number of supervised doses given for the last 5 financial years are noted in table below.

The increase in the number of patients treated by Addiction Services continues to rise and this is reflected in the increase in the number of methadone doses and supervised doses dispensed.

Table 17 - Methadone dispensing - noted as number of installments & number of supervised doses over the last 5 financial years (% change noted in brackets)

	2012/13	2013/14	2014/15	2015/16	2016/17
Number of methadone installments	271,106 (-8%)	252,218 (-7%)	260,549 (+3%)	291,863 (+12%)	318,753 (+9%)
Number of supervised methadone doses	164,395(-12%)	149,039 (-9%)	161,540 (+8%)	186,366 (+15%)	210,404 (+13%)

2.3.1.2 Opioid Replacement Therapy with Buprenorphine

There are 61 pharmacies in Fife which offer the supervised self-administration of buprenorphine, although in practice, those not registered are generally willing to do so if a request is forthcoming from a prescriber.

Table 18 - Buprenorphine dispensing - noted as number of installments & number of supervised doses over the last 5 financial years (% change noted in brackets)

	2012/13	2013/14	2014/15	2015/16	2016/17
Number of buprenorphine installments	31,239	41,594	40,854	41,660	31,545
Number of supervised buprenorphine doses	12,359	14,748	15,338	15,396	12,016

2.3.1.3 Injecting equipment provision

Injecting equipment is provided with the aim of reducing the transmission of blood borne viruses by the sharing of injecting equipment; to protect the public from discarded equipment; to make contact with drug users who are not in contact with drug treatment services; and to improve access to health and harm reduction advice.

There are 19 community pharmacies in Fife who currently provide this service on behalf of the Alcohol and Drug Partnership. Injection equipment is provided in pre-packed packs standardised throughout Scotland via a national procurement.

Injecting equipment providers are asked to encourage clients to use a new set of works for every injection. Eight different packs are available, including two suitable for steroid users. Data is collected at each transaction and forwarded to Information Services Division for input to the annual report.

The service specification was updated last year and community pharmacies now participate in a quarterly structured programme of "brief interventions" covering topics such as skin hygiene, source of water used and overdose recognition/drug death prevention.

Table 19 – Supply via IEP community pharmacies over last 4 financial years

	2014/15	2015/16	2016/17	2017/18
Number of transactions	20,002	20,020	18,411	18,532
Number of syringes	361,275	360,230	329,080	331,640

2.3.1.4 Take-Home Naloxone

In 2011 the take-home naloxone (THN) programme was introduced by the Scottish Government in response to the rising number of opioid-related deaths and following successful small-scale THN pilots in Glasgow, Lanarkshire and Inverness.

In October 2015, the regulations regarding the supply of naloxone were changed to allow anyone working in a drug service, including pharmacies providing injecting equipment or dispensing ORT, to provide THN. Previously provision had been restricted to nurses, pharmacists and doctors but the new regulations allow community pharmacy support staff to provide the necessary training in overdose recognition, basic life support, use and supply of naloxone to persons at risk and family members.

8 community pharmacies already providing injection equipment now provide this service.

13 naloxone "kits" were supplied from November 2016 to March 2017.

2.3.2 Supply of Stoma Appliances

From 1 July 2011 suppliers of stoma appliances must be entered on the NHS Scotland list of approved suppliers. Stoma service providers are expected to comply with the agreed standards for service provision. All NHS Fife community pharmacies have currently registered to provide this service. In addition other appliance suppliers also provide this service giving NHS Fife adequate coverage for this service.

At the start of 2015 a review of Stoma Care Services began to assess the quality and cost effectiveness of the current arrangements.

2.3.3 Pharmaceutical Advice to Care Homes

Community pharmacies provide a service to Care Homes to provide advice on safe keeping and correct administration of drugs and medicines to residential and nursing homes. There is work ongoing nationally to review the current service available, with a view to introducing a version of CMS for care home patients (currently excluded from CMS).

2.3.4 Palliative Care Network

The aim of this service is to provide a network of community pharmacists throughout Fife, who are able to meet the pharmaceutical care needs of palliative care patients. The key services provided are:

- Dispensing of specialist palliative care medicines
- Providing advice and information on the use of these medicines to patients/carers and healthcare professionals
- Liaising with the patients' usual community pharmacist and primary healthcare team to ensure continuity of supply of the specialist medicine(s).

Additional funding secured from Scottish Government over the last few years has enabled an extension to the network, from 15 to 22 pharmacies. This funding also enables a community pharmacist to join the network group to inform future education and training requirements.

2.3.5 Pharmacy First

Pharmacy First commenced in NHS Fife at the end of November 2017 and is now available in all 85 community pharmacies. It comprises of the following services via PGD;

• Supply of trimethoprim for uncomplicated UTI in women aged 16-65

• Supply of fusidic acid cream for mild impetigo in patients aged 2 years of age and over

The aim of the Pharmacy First is to provide a timely and appropriate service for patients in the treatment of their condition and to identify patients who need onward referral to other services. From the end of November 2017 to April 2018 there have been over 1,000 consultations for Pharmacy First Services with the UTI service accounting for 90%.

2.4 Services Commissioned By NHS Fife

2.4.1 Just in Case Programme

A 'Just in Case - JIC' programme is delivered from community pharmacies. Such a programme has been advocated by the Scottish Government through '*Living and Dying Well - a national action plan for palliative and end of life* care *in Scotland*'. The NHS Fife Action Plan contains as part of action 6: *'To identify if there are areas or circumstances within NHS Fife where the use of 'Just in Case' boxes would improve the accessibility of medicines likely to prevent hospital admissions'*. JIC relies on appropriate anticipatory prescribing which forms part of wider anticipatory care planning processes.

The programme was developed with the NHS Fife Palliative Care Guidelines Group and the Network of Palliative Care Community Pharmacy Development Group. The programme uses the already established Fife Network of Palliative Care Community Pharmacies to work closely with the patient's Primary Care team to monitor the supply of boxes and the medicines contained therein.

Avoidable hospital admissions and GP out of hours calls are being prevented. Where a JIC box is issued and subsequently used, 99% of patients were found to be able to remain in their preferred place of care i.e. home. Feedback from both health professionals and patients and their families are that having the JIC at home is greatly reassuring. This successful scheme has now been extended to make it available to all patients at the end of life e.g. heart failure and chronic obstructive pulmonary disease.

2.4.2 Pharmacist Led Warfarin Clinics (Anticoagulant Monitoring)

Pharmacist led warfarin clinics have been available in Dunfermline in Fife following a successful pilot and evaluation in 2001. The service was created to improve the management of the increased number of warfarin patients and the corresponding increase in the number of International Normalised Ration (INR) monitoring episodes. Three Pharmacies all in the Dunfermline area are now involved in this service. This involves managing patient appointments, extracting bloods, measuring and interpreting INR results, modifying warfarin dose if required, discussion of the result and the factors affecting the result. Scheduling of next appointments are then made and if necessary referral or discussion with GP or secondary care. The service is sub-contracted by certain GP practices to these community pharmacies.

2.4.3 Community Pharmacy Pain Network (CPPN)

The CPPN was developed to help provide an exit strategy from the Pain Service Specialist Pharmacists, and reduce GP workload for patients still requiring support to optimize their pain medication In order to address waiting times; the Pain Specialist Pharmacy team developed a proposal to form a community pharmacist pain network. This proposal was supported by the Local Medical Committee (LMC). Around the same time, a short-life working group (SLWG) was established to consider what the clinical priorities for pharmacist prescribing in community pharmacy might be. The SLWG agreed that a pilot community pharmacy pain

network had the potential to both address waiting times for patients and to support those pharmacists yet to become active prescribers.

A training package was developed supported by specialist pain pharmacists with each community pharmacist in the pilot being allocated a "buddy" specialist pharmacist. A service specification outlining the roles and responsibilities for individuals within the service has been developed together with a competency framework to support the community pharmacists. Six community pharmacists participated in an initial pilot and have subsequently been supported to deliver pain clinics. An evaluation found that patients were highly satisfied with the service and that the service also had the potential to reduce medicine costs. Further data collection and analysis is currently underway in order to inform service improvement.

2.4.4 Prescribed Sharps Disposal Service

A new Prescribed Sharps Disposal Service was launched across NHS Fife in February 2015. All 85 local pharmacies are taking part in this new service. Patients take their full (sealed) sharps bin to their local pharmacy and exchange it for a new one.
The main driver for the development of the service was the risk to patients, staff and the public articulated by Fife Council, Healthcare Environment Inspectorate (HEI) and NHS Fife Health Board.

Prescribed sharps are used by anyone who uses a needle to inject prescribed medication or who self test e.g. for blood sugar levels. The service enables safe and easy access to special plastic sharps containers for patients to store the used sharps in their home before returning them to a community pharmacy for safe disposal.

It is important for sharps to be disposed of safely, as inappropriate disposal creates a risk of accidental needle-stick injuries to pharmacy staff, waste management staff and to patients and members of the public. The new service provides:

- Patients with a safe and convenient route for the disposal of sharps.
- By providing a convenient route for disposal this reduces the amount of sharps stored in patients' homes, thus reducing the risk of accidental needle-stick injuries.
- Reduces the environmental damage caused by inappropriate disposal methods for sharps.

2.5 Community Pharmacy Services - Unscheduled Care

Unscheduled care can be described as:

"NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day."
In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP

- advice from NHS 24
- referral to the Out of Hours service via NHS 24

More recently service developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances. This service was initiated nationally in December 2005. Community Pharmacies can also use Direct Referral to local Out of Hours services where the pharmacist feels that the patient does not have a medicines supply issue.

Table 20 lists the number of prescriptions (CPUS) issued for urgent supply of repeat medicines via this PGD over the last 8 calendar years.

Table 20 - Number of prescriptions (form type CPUS) issued for urgent supply over last 8 financial years

Calendar year	Number of urgent supply prescription items
2016	21,750
2015	19,555
2014	18,191
2013	15,626
2012	13,484
2011	12,125
2010	11,131
2009	10,195

2.6 Community Pharmacy Services - Accessibility of Pharmaceutical Services

2.6.1 Travel times to community pharmacies

Previous national research has indicated that 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes. This data also showed that 47% of respondents travelled by car and 42% walked. The majority (83%) started and ended their journey at home with only 8% travelling from their place of work. Another UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy.

The distance the population live from a pharmacy has been calculated for Fife. The information shows similar results to the research findings above. The distance from the pharmacy and the percentage of the population living within this distance are shown in the table below.

Table 21: Percentages of the Fife population living within various distances of their nearest pharmacy

Distance population live from their nearest pharmacy	Percentage of population living within the distance
Quarter of a mile of Pharmacy	28.4%
Half a mile of pharmacy	65.8%

Within one mile of pharmacy	88.5%
Within 2 miles of pharmacy	96.6%
Within 4 miles of pharmacy	99.8%
Within 6 miles of pharmacy	100%

1. Populations are 2014 estimates at data zone level (2011 configuration) for Fife
2. Distances are "as the crow flies" straight line distances, not travel time
3. Distances are calculated from the grid reference of Fife pharmacies via the postcode and the mean value of the grid references for postcode within a data zone

The information above shows that 88.5% of the Fife population lives within 1 mile of their nearest pharmacy. It cannot be assumed that the population will necessarily use the nearest pharmacy but location has been shown to be critical in the access to pharmaceutical services. It should be noted that NHS Fife is the third most densely populated of all Scottish Health Boards.

Survey results as part of the Office of Fair Trade review of the control of entry regulation and retail pharmacy services in the UK demonstrated that 89% of people found the location of their pharmacy easy to get to from home. Convenience of the pharmacy location is related to the distance required to travel to the pharmacy by the population that they serve.

2.6.2 Hours of service

Pharmacies provide opening hours that must cover 9.00am to 5.30pm on 5 days of the week in which they can be closed for 1 hour during the middle of the day and offer one day per week of an 9am to 1pm opening (NHS Fife General Pharmaceutical Services: Hours of Service Scheme). In summary this shows that each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

Several pharmacies have extended hours to 6pm and many offer a service on Saturday and some on Sundays. See table 22 below for a summary of the hours of service of community pharmacies in Fife.

Table 22: Summary of the hours of service of the 85 community pharmacies in Fife (April 2018)

	Open 5 full days per week (closed Saturday)	**Open 4 ½ days Mon-Fri then half day Saturday**	**Open 5 ½ days per week**	**Open up to 6 full days per week**	**Open 7 days per week**
Total	5	5	45	21	9

In September 2010 a NHS Fife Pharmaceutical Needs Assessment of Out of Hours Community Pharmacy Provision on Sundays included a benchmarking exercise which showed the NHS Fife provision of pharmaceutical services on a Sunday to be at least in line with, if not more generous than other similar NHS Board areas i.e. most health board areas have fewer Sunday opening pharmacies per head of the population than Fife.

It should also be noted that the 8 of the 9 community pharmacies that do open on a Sunday are located in the same areas/towns as the NHS Fife Primary Care Emergency Service (PCES) where prescriptions on a Sunday will be generated from.

2.7 Community Pharmacy - General Services Financial Report Summary

A summary of the budgets in financial year 2017/18 for the general services within community pharmacies is listed in appendix 2.

2.8 Future developments of Pharmaceutical Care Services

The Scottish Government publication - *Prescription for Excellence - A Vision & Action Plan for the right pharmaceutical care through integrated partnerships and innovation – September 2013* (http://www.scotland.gov.uk/Topics/Health/Policy/Prescription-for-Excellence) states that Pharmaceutical Care Services Plans will be central to how NHS Scotland plans, provides & delivers pharmaceutical care and medicines to its communities.

In August 2017 another Scottish Government publication followed – *Achieving Excellence in Pharmaceutical Care – A Strategy for Scotland*
http://www.gov.scot/Publications/2017/08/4589

The strategy aims to transform the role of pharmacy across all areas of pharmacy practice, increase capacity, and offer the best person-centred care. It sets out the priorities, commitments and actions for improving and integrating pharmacy and pharmacy services in Scotland. This publication has two main strands firstly setting out a commitment to improve pharmaceutical care in all areas that this is delivered e.g. community pharmacy, GP practice pharmacy, hospital pharmacy etc and secondly enabling NHS pharmaceutical care transformation; included in this is a commitment to improve the planning and delivery of pharmaceutical care services. This includes building on existing pharmaceutical care service planning to enable a more systematic approach target available pharmacy resources to the needs of local populations.

Further national development work is currently underway which will improve methodologies to allow future PCS Plans to be delivered in the context of Prescription for Excellence, Achieving Excellence in Pharmaceutical Care, Health & Social Care Integration and the amendments to the Control of Entry Regulations.

3 Description of General Medical Service Provision in NHS Fife

See web link below for details of the 55 GP practices in NHS Fife at April 2018 that provide General Medical Services (additional services & enhanced services are also noted)
http://www.nhsfife.org/nhs/index.cfm?fuseaction=publication.pop&pubID=1B6D9E8E-A31C-50E0-CD260D2371D607C2

Appendix 1 shows two maps of NHS Fife; as East & West Divisions of the new Health & Social Care Partnership with all the GP practices & community pharmacies denoted. The relationship between pharmaceutical and medical services is strong in NHS Fife and the location of GP practices has historically played a significant influence over the geographical location of community pharmacies.

At April 2018 there is one GP practice that currently provides dispensing services. This is the Auchtermuchty/Strathmiglo practice - dispensing services are provided from the Strathmiglo surgery each morning (Monday to Friday; 8.30am -12.00pm) plus from 4.00pm to 5.30pm on Thursdays.

4 Analysis of Pharmaceutical Needs within NHS Fife with Recommendations to Meet Identified Under Provision

Information on both the health of the population of Fife and the services currently provided by community pharmacies has been detailed in the previous sections of the report. This has allowed adequate information to be considered to contemplate what the implications of this are for the future of the community pharmacy service within NHS Fife.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife. These services are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

New services introduced in 2017/18 such as the Pharmacy First service (December 2017) ensure that the provision of pharmaceutical services continues to evolve to meet the requirements of the population.

4.1 Number of community pharmacies

There are 85 contracted community pharmacies in NHS Fife. These are well distributed across the region & appear to meet the access needs of the vast majority of the population. Since 2009, there have been seven new community pharmacy contracts awarded in NHS Fife; one in each of the seven Localities.

4.2 Hours of service

There would appear to be no under provision in terms of opening hours for NHS Fife. For example the number of community pharmacies that open seven days a week has now increased from eight to nine. There has also been an increase in hours in other community pharmacies too e.g. Aberdour Pharmacy is now open Monday – Friday 9.0am to 5.30pm and half day on Saturday, whereas previously it closed at 2pm on Monday to Friday.

4.3 Pharmacy workforce

There has been a recent increase in pharmacists who are either independent prescribers or working towards this qualification, partly in order to work more closely with or within GP practices. Other developments like the formation of the Community Pharmacy Pain Network has provided an opportunity for pharmacists, who are independent prescribers to utilize this qualification in order to provide pharmaceutical care, reduce waiting times & reduce medicine costs.

The start of 2018 has seen reports of recruitment issues within some community pharmacies together with a scarcity of available locum pharmacist cover, which is affecting Health Boards like NHS Fife.

4.4 Community Pharmacy services - core services

4.4.1 The Minor Ailment Service

The decrease in MAS registrations in 2017 can be explained by the updated MAS service specifications of July 2016 which made explicit that “lapsed registrations” can only be reactivated if the patient uses the service. This decrease in MAS registrations was seen across all other Health Boards too.

4.4.2 The Public Health Services

The Community Pharmacy Stop Smoking Service - The community pharmacy service contributes significantly to the NHS Fife smoking cessation Local Delivery Plan Target, for example for financial year 2016/17 66% of all MDS quit attempts made in Fife came from the community pharmacy stop smoking service (with 37% via non-pharmacy services). This is an increase from 63% in 2015/16.

4.4.3 Chronic Medication Service

The setting up of a Short Life Working Group for Serial Prescribing in 2017 has contributed to an increase in the number of patients currently receiving serial prescriptions. This activity compares well to other Health Boards and to the Scottish average.

4.5 Community Pharmacy services - additional services

The Additional Services developed under the Community Pharmacy Contract have made a fundamental contribution to the health of the population. An example of such an Additional Services is the Pharmacy First Service (UTI and impetigo service) that commenced in December 2017 and is now available in all community pharmacies in Fife

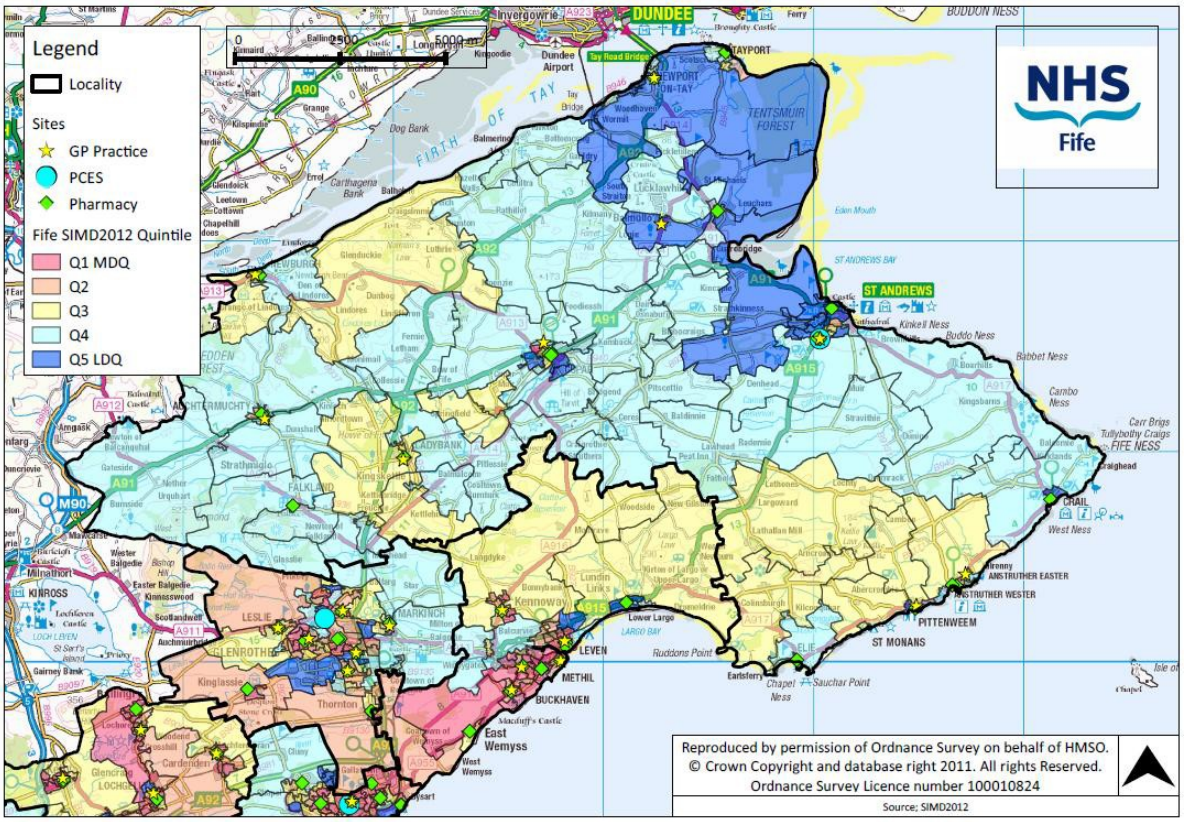
Several community pharmacy services are negotiated at a local level and there is potential to review each of those on an ongoing basis, to ensure that the services delivered still meet the needs of the local population.

4.5.1 Substance misuse

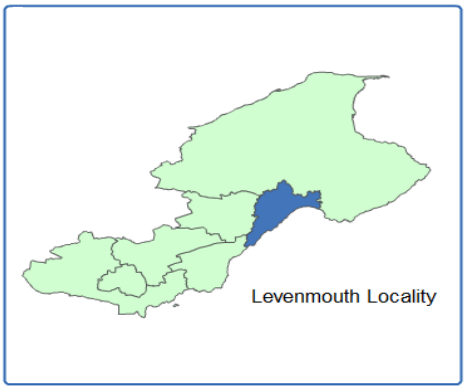
There would appear to be no current evidence of unmet need for the supervised methadone and buprenorphine services. The services provided by pharmacies relating to substance misuse are part of an overall strategy led by the Drug and Alcohol Action Team and services require to be addressed within that wider context and appropriate funding identified to support any increase in demand.

Appendix 1 - NHS Fife Locality Profiles

Appendix 1a - Map of East Division of Health & Social Care Partnership by SIMD quintiles



Appendix 1b - Levenmouth Locality Profile



Demography

	Levenmouth Locality	Fife	Scotland
Population	Source: National Records of Scotland (formerly General Register Office Scotland		
Total Population (2013)	37,695	366,910	5,327,700
% aged 0-15 (Children) (2013)	17.2	17.5	17.1
% aged 16-64 (Working Age) (2013)	62.3	63.7	65.1
% aged 65+ (Pensionable Age) (2013)	20.5	18.8	17.8
Ethinicity	Source: 2011 Census		
% White Scottish (2011)	93	86	84
% White: Other (2011)	6.1	11.9	12.1
% Asian (2011)	0.9	1.6	2.7
% Other Minority Ethnic Group (2011)	0.5	0.8	1.3
General Health	Source: 2011 Census		
% Very Good Health (2011)	46	51	53
% Good Health (2011)	31	31	30
% Fair Health (2011)	16	13	12
% Bad Health (2011)	6	4	4
% Very Bad Health (2011)	2	1	1
Long term condition or disabilities	Source: 2011 Census		
% Health Problem Limits Activities a Lot (2011)	13	10	10
% Health Problem Limits Activities a Little (2011)	12	11	10
% No Health Limitation of Activities (2011)	75	80	80
Birth rates	Source: ISD, NHS Fife		
Birth Rate per 1000 Women Aged 15-44 (2013)	61	56	54
Number of births (2013)	409	3,872	56,014
Death rates	Source: Scottish Neighbourhood Statistics		
All cause mortality rate per 1000 population all ages (2013)	12	11	10
Number of deaths registered in the calendar year (2013)	432	3,845	54,700
Child Poverty	Source: DWP, Child Poverty Estimates		
% children (under 16) in poverty (2013)	27	19	18
% of the population SIMD employment deprived	Source: Scottish Index of Multiple Deprivation		
% population SIMD employment deprived (2012)	19	13	13
% of the population SIMD income deprived			
% population SIMD income deprived (2012)	20	13	13
Fuel Poverty	Source: Based Scottish Government data analysis by Changeworks		
Total Number of Households in Fuel Poverty (2011)	4,868	39,777	N/A
Percentage of Households in Fuel Poverty (2011)	28	25	N/A

Pharmacies in the Levenmouth Locality - 10

Pharmacy Name	Address	Postcode
Boots the Chemists	47 High Street, Leven	KY8 4NE
T W Buchanan	30 Commercial Road, Leven	KY8 4LD
Your Local Boots Pharmacy	Merlin Crescent, Muiredge, Buckhaven	KY8 1HJ
Well	303 Wellesley Road, Methil	KY8 3BS
Lloyds Pharmacy	19 Bishops Court, Kennoway	KY8 5LA
Boots the Chemists	Ajax Way, Methil	KY8 3RS
Leven Pharmacy	12-14 Commercial Road, Leven	KY8 4LD
C Buchanan	345 Methilhaven Road, Methil	KY8 3HR
Lundin Links Pharmacy	2 Emsdorf Street, Lundin Links	KY8 6AB
East Wemyss Pharmacy	Unit 2, 21 Main Road, East Wemyss	KY1 4RE

GP Practices in the Levenmouth Locality - 6

- There are 6 GP Practices within the Levenmouth Locality
- The 10 Pharmacies dispensed 97% of **all** GP10 prescriptions written by the 6 GP Practices

Breakdown of all prescriptions sent to the ten Pharmacies within Levenmouth Locality

GP Practice	% Share
21257 - Dr McLaren & Partners, Leven (now Scoonie Medical Practice)	**20%**
20108 - Muiredge Surgery, Buckhaven	**19%**
21524 - Airlie Medical Practice, Methil	**19%**
21505 - Methilhaven Surgery, Methil	**17%**
21276 - Drs Page, Mcdonald & Stevenson, Leven	**11%**
20856 - Kennoway Medical Group, Kennoway	**9%**
Other Prescribers	**4%**

99% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.

General Prescribing Data

Patients and Pharmacies

A total of 10 Pharmacies provide services within Levenmouth Locality

- The vast majority of prescriptions presented at the Pharmacies (99.8%) originated from Prescribers in NHS Fife.
- 33,105 unique patients presented prescriptions In 12 months ending 31st October 2015
- The age distribution of these 33,105 unique patients were;
  - 18% aged between 0-17
  - 60% aged between 18 to 64
  - 22% aged 65 & older
- 84% of Patients presented a minimum of 2 prescription forms

Prescriptions

Breakdown of prescription types presented (year ending December 2016)

Form Type Code	Minor Ailments	Urgent Supply	GP10	Stock Order	Nurses Form	Pharmacist Form	Dental	Hospital	Addiction Services
Percentage:	1.71%	1.17%	93.06%	0.33%	2.55%	0.08%	0.34%	0.29%	0.49%

Breakdown of all prescription items by therapeutic Area (BNF Chapter)

BNF Chapter Description	Percentage:
Central Nervous System	**24%**
Cardiovascular System	**23%**
Gastro-intestinal System	**10%**
Endocrine System	**8%**
Respiratory System	**8%**
Infections	**5%**
Skin	**5%**
Musculoskeletal & Joint Diseases	**4%**
Nutrition and blood	**4%**
Obstetrics,Gynae+Urinary Tract Disorders	**3%**
Appliances	**2%**
Ear, Nose And Oropharynx	**2%**
Eye	**2%**
Other Chapters	**2%**

- 815,517 items were dispensed between all 10 Pharmacies
  - 115 Patients presented prescriptions originating from PCES (Out of Hours service)

Polypharmacy

- 9,717 patients received prescriptions for medicines in 5 or more distinct therapeutic (BNF Chapters)
  - 1443 (14.89% n=9,717) patients received prescriptions for 5 or more distinct therapeutic (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 8,274 patients received prescriptions for 5 or more distinct therapeutic areas (BNF Chapters) where at least **one** medicine was considered High Risk.

- 681 patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters)
  - 37 (5.43% n= 681) patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 644 patients received prescriptions for 10 at least one medicine was considered High Risk.

Core Services

Minor Ailment Service

- There were 6,584 patients registered for Minor Ailments Service at the end of December 2016

- This generated a monthly total for December 2016 of 1,068 prescriptions.
- There were 574 registrations terminated for various reasons.

- A total of 13,925 (1.71%) of prescriptions processed for 12 months ending December 2016 were for the Minor Ailments Service.

Acute Medications service

For the month of December 2016

- Collectively for all 10 Pharmacies Total No of Priced AMS Items (Items on GP10 Forms where PSD has captured the barcode) was 64,150.

Chronic Medication Service

No of Patients Registered in December 2016	No of Registrations Ended in December 2016	No of Assessments	Total Number of patients registered by end of December 2016	Total Assessments done by end of December 2016
21	18	8	4,524	4,349

Public Health Service

2,334 prescription items were written within the Public Health Service in 12 months ending December 2016.

Service	Number of prescription items
Emergency Hormonal Contraceptive	**290**
Smoking Cessation	**2,044**

Injection Equipment

There are 2 pharmacies within Levenmouth Locality which are Fife Community Pharmacy Injection Equipment providers.

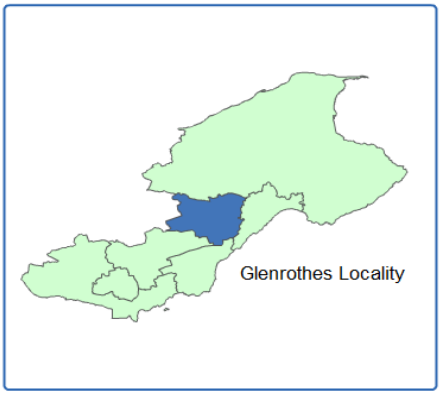
Pharmacy Name	Address	Postcode
Boots the Chemists	47 High Street, Leven	KY8 4NE
Your Local Boots Pharmacy	Merlin Crescent, Muiredge, Buckhaven	KY8 1HJ

Palliative Care - Just in Case boxes

There are 2 pharmacies within Levenmouth Locality which are part of the Fife Network of Palliative Care.

Pharmacy Name	Address	Postcode
T W Buchanan	30 Commercial Road, Leven	KY8 4LD
C Buchanan	345 Methilhaven Road, Methil	KY8 3HR

Appendix 1c - Glenrothes Locality Profile



Demography

	Glenrothes Locality	Fife	Scotland
Population	Source: National Records of Scotland (formerly General Register Office Scotland		
Total Population (2013)	50,701	366,910	5,327,700
% aged 0-15 (Children) (2013)	18.4	17.5	17.1
% aged 16-64 (Working Age) (2013)	63.4	63.7	65.1
% aged 65+ (Pensionable Age) (2013)	18.3	18.8	17.8
Ethinicity	Source: 2011 Census		
% White Scottish (2011)	90	86	84
% White: Other (2011)	8.2	11.9	12.1
% Asian (2011)	1.5	1.6	2.7
% Other Minority Ethnic Group (2011)	0.5	0.8	1.3
General Health	Source: 2011 Census		
% Very Good Health (2011)	49	51	53
% Good Health (2011)	32	31	30
% Fair Health (2011)	13	13	12
% Bad Health (2011)	4	4	4
% Very Bad Health (2011)	1	1	1
Long term condition or disabilities	Source: 2011 Census		
% Health Problem Limits Activities a Lot (2011)	10	10	10
% Health Problem Limits Activities a Little (2011)	11	11	10
% No Health Limitation of Activities (2011)	79	80	80
Birth rates	Source: ISD, NHS Fife		
Birth Rate per 1000 Women Aged 15-44 (2013)	62	56	54
Number of births (2013)	575	3,872	56,014
Death rates	Source: Scottish Neighbourhood Statistics		
All cause mortality rate per 1000 population all ages (2013)	10	11	10
Number of deaths registered in the calendar year (2013)	496	3,845	54,700
Child Poverty	Source: DWP, Child Poverty Estimates		
% children (under 16) in poverty (2013)	22	19	18
% of the population SIMD employment deprived	Source: Scottish Index of Multiple Deprivation		
% population SIMD employment deprived (2012)	15	13	13
% of the population SIMD income deprived			
% population SIMD income deprived (2012)	16	13	13
Fuel Poverty	Source: Based Scottish Government data analysis by Changeworks		
Total Number of Households in Fuel Poverty (2011)	5,005	39,777	N/A

Percentage of Households in Fuel Poverty (2011)	23	25	N/A

Pharmacies in the Glenrothes Locality - 10

Pharmacy Name	Address	Postcode
Boots the Chemists	14 Lyon Square, Glenrothes	KY7 5NR
Cadham Pharmacy	8 Cadham Centre, Glenrothes	KY7 6RU
Your Local Boots Pharmacy	Cos Lane, Woodside Road, Glenrothes	KY7 4AQ
Lloyds Pharmacy	Unit 6, Minto Place, Glenrothes	KY6 1PD
Lloyds Pharmacy	Leslie Medical Practice, Anderson Drive, Leslie	KY6 3LQ
W Davidson	76 Main Street, Thornton	KY1 4AG
Superdrug Pharmacy	10 Falkland Gate, Kingdom Centre, Glenrothes	KY7 5NS
Dears Pharmacy	3 Glamis Centre, Glenrothes	KY7 4RH
Markinch Pharmacy	53 High Street, Markinch	KY7 6DQ
Lomond Pharmacy	50 Main Street, Kinglassie	KY5 0XA

GP Practice	% Share
20659 - Cos Lane Surgery	**18%**
20611 - North Glen Medical Practice	**17%**
20663 - Rothes Medical Practice	**15%**
20606 - The Lomond Practice	**14%**
21153 - Leslie Medical Practice	**12%**
20630 - The Glenwood Practice	**10%**
21454 - Markinch Medical Practice	**10%**
Other Prescribers	**5%**

97% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.

General Prescribing Data

Patients and Pharmacies

Ten pharmacies provide services within the Glenrothes locality

- The vast majority of prescriptions presented at the Pharmacies (99.8%) originated from Prescribers in NHS Fife.
- 44,822 unique patients presented prescriptions in 2016.
- The age distribution of these 44,822 unique patients were:
  - 18% aged between 0-17
  - 60% aged between 18 to 64
  - 22% aged 65 & older
- 80% of Patients presented a minimum of 2 prescription forms

Prescriptions

Breakdown of prescription types presented (year ending December 2016)

Form Type Code	Minor Ailments	Urgent Supply	GP10	Stock Order	Nurses Form	Pharmacist Form	Dental	Hospital	Addiction Services
Percentage:	1.70%	0.90%	94.11%	0.23%	1.86%	0.05%	0.58%	0.34%	0.23%

Breakdown of all prescription items by therapeutic Area (BNF Chapter)

BNF Chapter Description	Percentage:
Central Nervous System	**23%**
Cardiovascular System	**22%**
Gastro-Intestinal System	**10%**
Endocrine System	**9%**
Respiratory System	**8%**
Skin	**5%**
Infections	**5%**
Musculoskeletal & Joint Diseases	**4%**
Nutrition And Blood	**4%**
Obstetrics,Gynae+Urinary Tract Disorders	**3%**
Appliances	**2%**
Eye	**2%**
Ear, Nose And Oropharynx	**2%**
Other Chapters	**2%**

- 988,984 items were dispensed between all 10 Pharmacies
  - 445 Patients presented prescriptions originating from PCES (Out of Hours service)

Polypharmacy

- 11,618 patients received prescriptions for medicines in 5 or more distinct therapeutic (BNF Chapters)
  - 1804 (15.53% n=11,618) patients received prescriptions for 5 or more distinct therapeutic (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 9814 patients received prescriptions for 5 or more distinct therapeutic areas (BNF Chapters) where at least **one** medicine was considered High Risk.

- 867 patient received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters)
  - 43 (4.9% n= 867) patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 824 patients received prescriptions for 10 at least one medicine was considered High Risk.

Core Services

Minor Ailment Service

- There were 9,056 patients registered for Minor Ailments Service at the end of December 2016

- This generated a monthly total for December 2016 of 1,380 prescriptions.
- There were 732 registrations terminated for various reasons.

- A total of 16,809 (1.70%) of prescriptions processed for 12 months ending December 2016 were for the Minor Ailments Service.

Acute Medications service

For the month of December 2016

- Collectively for all 10 Pharmacies Total No of Priced AMS Items (Items on GP10 Forms where PSD has captured the barcode) was 78,533.

Chronic Medication Service

No of Patients Registered in December 2016	No of Registrations Ended in December 2016	No of Assessments	Total Number of patients registered by end of December 2016	Total Assessments done by end of December 2016
31	26	20	6,079	5,835

Public Health Service

2,096 prescription items were written within the Public Health Service in 12 months ending December 2016.

Service	Number of prescription items
Emergency Hormonal Contraceptive	**631**
Smoking Cessation	**1,465**

Injection Equipment

There are 2 pharmacies within Glenrothes Locality which are Fife Community Pharmacy Injection Equipment providers.

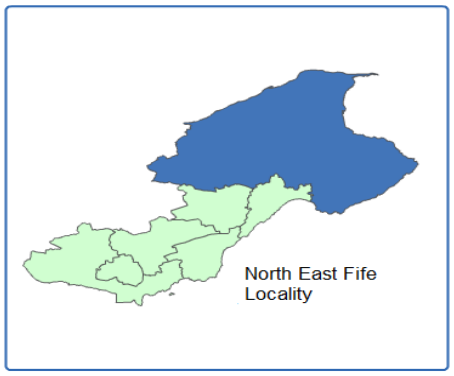
Pharmacy Name	Address	Postcode
Boots the Chemists	14 Lyon Square, Glenrothes	KY7 5NR
Dears Pharmacy	3 Glamis Centre, Glenrothes	KY7 4RH

Palliative Care - Just in Case boxes

There are 3 pharmacies within Glenrothes Locality which are part of the Fife Network of Palliative Care.

Pharmacy Name	Address	Postcode
Boots the Chemists	14 Lyon Square, Glenrothes	KY7 5NR
Cadham Pharmacy	8 Cadham Centre, Glenrothes	KY7 6RU
Your Local Boots Pharmacy	Cos Lane, Glenrothes	KY7 4AQ

Appendix 1d - North East Fife Locality Profile



Demography

	North East Fife Locality	Fife	Scotland
Population	Source: National Records of Scotland (formerly General Register Office Scotland		
Total Population (2013)	73,461	366,910	5,327,700
% aged 0-15 (Children) (2013)	14.4	17.5	17.1
% aged 16-64 (Working Age) (2013)	64.7	63.7	65.1
% aged 65+ (Pensionable Age) (2013)	20.9	18.8	17.8
Ethinicity	Source: 2011 Census		
% White Scottish (2011)	74	86	84
% White: Other (2011)	22.7	11.9	12.1
% Asian (2011)	2.4	1.6	2.7
% Other Minority Ethnic Group (2011)	1.3	0.8	1.3
General Health	Source: 2011 Census		
% Very Good Health (2011)	55	51	53
% Good Health (2011)	30	31	30
% Fair Health (2011)	11	13	12
% Bad Health (2011)	3	4	4
% Very Bad Health (2011)	1	1	1
Long term condition or disabilities	Source: 2011 Census		
% Health Problem Limits Activities a Lot (2011)	7	10	10
% Health Problem Limits Activities a Little (2011)	10	11	10
% No Health Limitation of Activities (2011)	82	80	80
Birth rates	Source: ISD, NHS Fife		
Birth Rate per 1000 Women Aged 15-44 (2013)	40	56	54
Number of births (2013)	596	3,872	56,014
Death rates	Source: Scottish Neighbourhood Statistics		
All cause mortality rate per 1000 population all ages (2013)	11	11	10
Number of deaths registered in the calendar year (2013)	789	3,845	54,700
Child Poverty	Source: DWP, Child Poverty Estimates		
% children (under 16) in poverty (2013)	11	19	18
% of the population SIMD employment deprived	Source: Scottish Index of Multiple Deprivation		
% population SIMD employment deprived (2012)	6	13	13
% of the population SIMD income deprived			
% population SIMD income deprived (2012)	7	13	13
Fuel Poverty	Source: Based Scottish Government data analysis by Changeworks		
Total Number of Households in Fuel Poverty (2011)	8,475	39,777	N/A
Percentage of Households in Fuel Poverty (2011)	28	25	N/A

Pharmacies in the North East Fife Locality - 18

Pharmacy	Address	Postcode
Boots the Chemists	2-6 St Catherine Street, Cupar	KY15 4BT
W Davidsons	40 High Street, Newburgh	KY14 6AQ
Lloyds Pharmacy	19 Crossgate, Cupar	KY15 5HA
Boots the Chemists	113-119 Market Street, St Andrews	KY16 9PE
W Davidsons	30 Commercial Road, Ladybank	KY15 7JS
Pittenweem Pharmacy	7 Market Place, Pittenweem	KY10 2PH
Rowlands	45-47 Bonnygate, Cupar	KY15 4BY
Rowlands	42 High Street, Auchtermuchty	KY14 7AP
Rowlands	Tayview Medical Practice, 16 Victoria Street, Newport on Tay	DD6 8DJ
East Neuk Pharmacy	23 Rodger Street, Anstruther	KY10 3DU
Wm Morrison	45 Largo Road, St Andrews	KY16 8PJ
Lomond Pharmacy	The Stables, Back Wynd, Falkland	KY15 7BX
Leuchars Pharmacy	The Post Office, 14 Main Street, Leuchars	KY16 0HN
T & K Brown	31/32 Shore Street, Anstruther	KY10 3AQ
Lloyds Pharmacy	St Andrews Community Hospital, Largo Road,St Andrews	KY16 8AR
Crail Pharmacy	18-20 High Street, Crail	KY10 3TE
W Davidsons	42 High Street, Elie	KY9 1DB
Rowlands	32 Castle Street, Tayport	DD6 9AF

Breakdown of all prescriptions sent to the 18 Pharmacies within North East Fife Locality

GP Practice	% Share
21609 - Tayview Medical Practice	**13%**
21830 - Pipeland Medical Practice	**11%**
20409 - Eden Villa Practice	**11%**
20004 - Anstruther Medical Practice	**11%**
20413 - Bank Street Medical Group	**10%**
20057 - Auchtermuchty Practice	**7%**
21736 - Dr Kyle & Partners	**7%**
21101 - Howe Of Fife Surgery	**6%**
21825 - Blackfriars Medical Practice	**6%**
21558 - Newburgh Surgery	**5%**
21204 - Pitcairn Practice Leuchars & Balmullo	**5%**
21811 - Feddinch Medical Practice	**2%**
Other Prescribers	**5%**

96% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.

General Prescribing Data

Patients and Pharmacies

Eighteen pharmacies provide services within the North East Fife locality

- The vast majority of prescriptions presented at the Pharmacies (99.5%) originated from Prescribers in NHS Fife.
- 58,144 unique patients presented prescriptions in 2016.
- The age distribution of these 58,1440 unique patients were:
  - 15% aged between 0-17

- 57% aged between 18 to 64
- 28% aged 65 & older

- 80% of Patients presented a minimum of 2 prescription forms

Prescriptions

Breakdown of prescription types presented (year ending December 2016)

Form Type Code	Minor Ailments	Urgent Supply	GP10	Stock Order	Nurses Form	Pharmacist Form	Dental	Hospital	Addiction Services
Percentage:	1.77%	0.97%	94.09%	0.20%	2.06%	0.02%	0.45%	0.32%	0.12%

Breakdown of all prescription items by therapeutic Area (BNF Chapter)

BNF Chapter Description	Percentage:
Cardiovascular System	**25%**
Central Nervous System	**20%**
Gastro-Intestinal System	**10%**
Endocrine System	**9%**
Respiratory System	**7%**
Skin	**5%**
Infections	**5%**
Nutrition And Blood	**4%**
Musculoskeletal & Joint Diseases	**4%**
Obstetrics,Gynae+Urinary Tract Disorders	**3%**
Appliances	**2%**
Eye	**2%**
Ear, Nose And Oropharynx	**2%**
Other Chapters	**2%**

- 1,198,022 items were dispensed between all 18 Pharmacies
  - 612 Patients presented prescriptions originating from PCES (Out of Hours service)

Polypharmacy

- 14,014 patients received prescriptions for medicines in 5 or more distinct therapeutic (BNF Chapters)
  - 2,302 (16.4% n=14,014) patients received prescriptions for 5 or more distinct therapeutic (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 11,712 patients received prescriptions for 5 or more distinct therapeutic areas (BNF Chapters) where at least **one** medicine was considered High Risk.

- 1,049 patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters)
  - 43 (4.1% n= 611) patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 1,006 patients received prescriptions for 10 at least one medicine was considered High Risk.

Core Services

Minor Ailment Service

- There were 9,802 patients registered for Minor Ailments Service at the end of December 2016
  - This generated a monthly total for December 2016 of 1,888 prescriptions.
  - There were 752 registrations terminated for various reasons.
- A total of 21,255 (1.77%) of prescriptions processed for 12 months ending December 2016 were for the Minor ailments Service.

Acute Medications service

For the month of December 2016

- Collectively for all 18 Pharmacies Total No of Priced AMS Items (Items on GP10 Forms where PSD has captured the barcode) was 97,804.

Chronic Medication Service

No of Patients Registered in December 2016	No of Registrations Ended in December 2016	No of Assessments	Total Number of patients registered by end of December 2016	Total Assessments done by end of December 2016
25	28	17	7,739	7,456

Public Health Service

3,057 prescription items were written within the Public Health Service in 12 months ending December 2016.

Service	Number of prescription items
Emergency Hormonal Contraceptive	**1,128**
Smoking Cessation	**1,929**

Injection Equipment

There are 3 pharmacies within North East Locality which are Fife Community Pharmacy Injection Equipment providers.

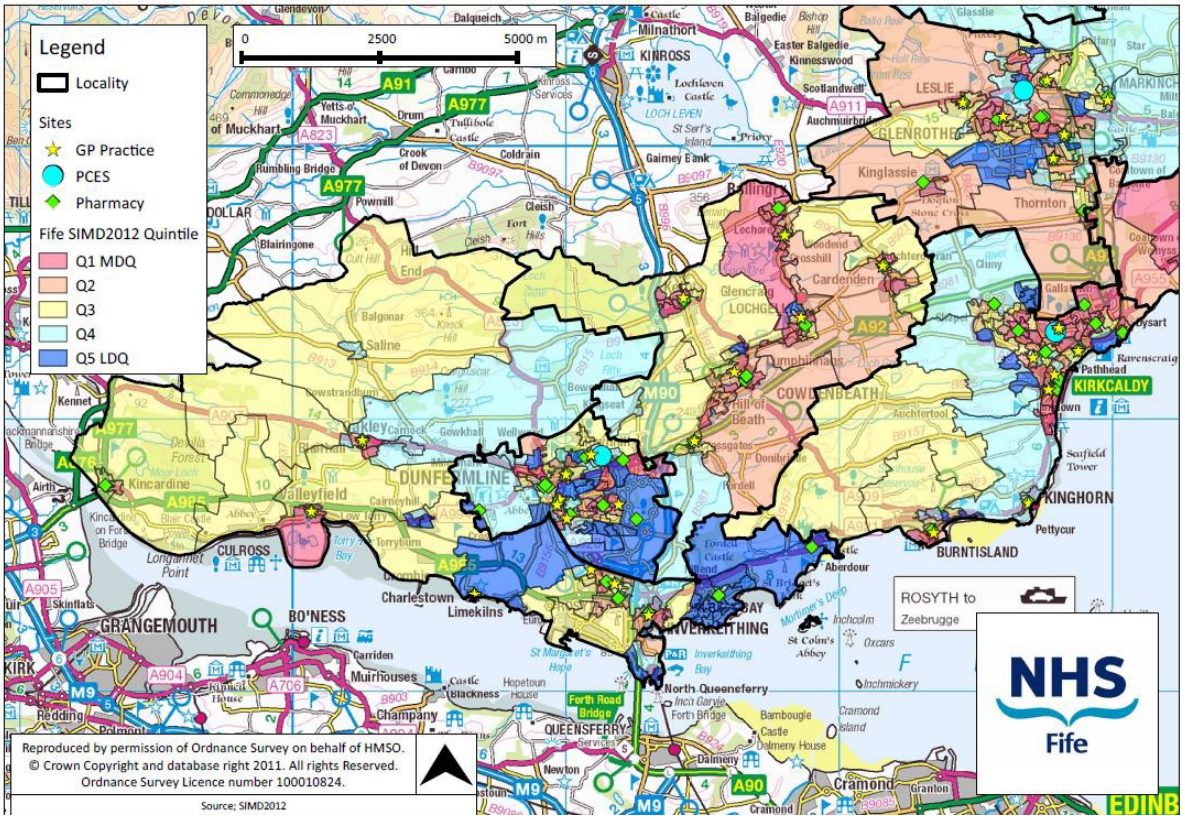
Pharmacy Name	Address	Postcode
Rowlands	45-47 Bonnygate, Cupar	KY15 4BY
T & K Brown	31/32 Shore Street, Anstruther	KY10 3AQ
Lloyds Pharmacy	St Andrews Community Hospital, Largo Road,St Andrews	KY16 8AR

Palliative Care - Just in Case boxes

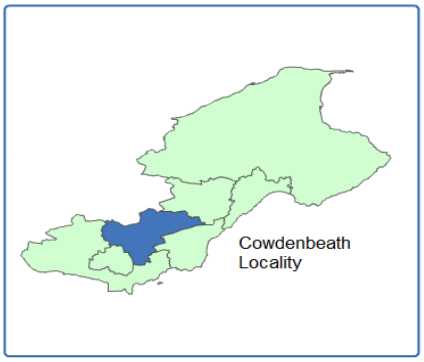
There are 6 pharmacies within North East Locality which are part of the Fife Network of Palliative Care.

Pharmacy Name	Address	Postcode
East Neuk Pharmacy	23 Rodger Street, Anstruther	KY10 3DU
Rowlands	42 High Street, Auchtermuchty	KY14 7AP
Rowlands	45-47 Bonnygate, Cupar	KY15 4BY
W Davidsons	40 High Street, Newburgh	KY14 6AQ
Rowlands	Tayview Medical Practice, 16 Victoria Street, Newport on Tay	DD6 8DJ
Lloyds Pharmacy	St Andrews Community Hospital, Largo Road,St Andrews	KY16 8AR

Appendix 1e - Map of West Division of Health & Social Care Partnership by SIMD quintiles



Appendix 1f - Cowdenbeath Locality Profile



Demography

	Cowdenbeath Locality	Fife	Scotland
Population	Source: National Records of Scotland (formerly General Register Office Scotland		
Total Population (2013)	40,498	366,910	5,327,700
% aged 0-15 (Children) (2013)	18.3	17.5	17.1
% aged 16-64 (Working Age) (2013)	63.3	63.7	65.1
% aged 65+ (Pensionable Age) (2013)	18.3	18.8	17.8
Ethinicity	Source: 2011 Census		
% White Scottish (2011)	94	86	84
% White: Other (2011)	5.1	11.9	12.1
% Asian (2011)	0.7	1.6	2.7
% Other Minority Ethnic Group (2011)	0.4	0.8	1.3
General Health	Source: 2011 Census		
% Very Good Health (2011)	46	51	53
% Good Health (2011)	31	31	30
% Fair Health (2011)	16	13	12
% Bad Health (2011)	6	4	4
% Very Bad Health (2011)	2	1	1
Long term condition or disabilities	Source: 2011 Census		
% Health Problem Limits Activities a Lot (2011)	13	10	10
% Health Problem Limits Activities a Little (2011)	12	11	10
% No Health Limitation of Activities (2011)	75	80	80
Birth rates	Source: ISD, NHS Fife		
Birth Rate per 1000 Women Aged 15-44 (2013)	62	56	54
Number of births (2013)	472	3,872	56,014
Death rates	Source: Scottish Neighbourhood Statistics		
All cause mortality rate per 1000 population all ages (2013)	12	11	10
Number of deaths registered in the calendar year (2013)	495	3,845	54,700
Child Poverty	Source: DWP, Child Poverty Estimates		
% children (under 16) in poverty (2013)	26	19	18
% of the population SIMD employment deprived	Source: Scottish Index of Multiple Deprivation		
% population SIMD employment deprived (2012)	19	13	13
% of the population SIMD income deprived			
% population SIMD income deprived (2012)	18	13	13
Fuel Poverty	Source: Based Scottish Government data analysis by Changeworks		
Total Number of Households in Fuel Poverty (2011)	4,682	39,777	N/A
Percentage of Households in Fuel Poverty (2011)	26	25	N/A

Pharmacies in the Cowdenbeath Locality - 12

Pharmacy Name	Address	Postcode
B Johnston	191 Station Road, Cardenden	KY5 0BN
Bestway National Chemists Ltd	39 Main Street, Kelty	KY4 0AA
Boots Uk Ltd	187 Station Road, Cardenden	KY5 0BN
Bestway National Chemists Ltd	92 Main Street, Crossgates	KY4 8DF
Boots The Chemist Ltd	High Street, Cowdenbeath	KY4 9QW
Rosewell Pharmacy Ltd	60 Loch Leven Road, Lochore	KY5 8DA
Rosewell Pharmacy Ltd	4 Bank Street, Lochgelly	KY5 9QQ
N & R Gordon Ltd	20 Broad Street, Cowdenbeath	KY4 8HY
Bestway National Chemists Ltd	66 Bank Street, Lochgelly	KY5 9QN
Wm Morrison Supermarkets	Units 1/2 Raith Centre, Cowdenbeath	KY4 8PB
Barrie Dear Ltd	60 Mains Street, Kelty	KY4 0AE
Rosewell Pharmacy Ltd	12 Benarty Square, Ballingry	KY5 8NR

GP Practices in the Cowdenbeath Locality - 8

Breakdown of all prescriptions sent to the Pharmacies within Cowdenbeath Locality

GP Practice	% Share
20305 - Cowdenbeath Surgery	**22%**
21421 - Benarty Medical Practice	**18%**
20803 - Kelty Medical Practice	**14%**
21384 - Meadows Practice	**14%**
21435 - Lochgelly Medical Group	**8%**
20358 - Crossgates Medical Practice	**6%**
20254 - Wallsgreen Medical Practice	**6%**
21440 - Dr K Thompson	**5%**
Other Prescribers	**7%**

95% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.

General Prescribing Data

Patients and Pharmacies

Twelve pharmacies provide services within the Cowdenbeath locality

- The vast majority of prescriptions presented at the Pharmacies (99.9%) originated from Prescribers in NHS Fife.
- 35,652 unique patients presented prescriptions in 2016.
- The age distribution of these 35,652 unique patients were:
  - 18% aged between 0-17
  - 60% aged between 18 to 64
  - 22% aged 65 & older
- 82% of Patients presented a minimum of 2 prescription forms

Prescriptions

Breakdown of prescription types presented (year ending December 2016)

Form Type Code	Minor Ailments	Urgent Supply	GP10	Stock Order	Nurses Form	Pharmacist Form	Dental	Hospital	Addiction Services
Percentage:	1.63%	0.64%	94.65%	0.15%	1.92%	0.09%	0.32%	0.35%	0.26%

Breakdown of all prescription items by therapeutic Area (BNF Chapter)

BNF Chapter Description	Percentage:
Cardiovascular System	**26%**
Central Nervous System	**23%**
Gastro-Intestinal System	**10%**
Endocrine System	**9%**
Respiratory System	**8%**
Nutrition And Blood	**4%**
Infections	**4%**
Skin	**4%**
Musculoskeletal & Joint Diseases	**4%**
Obstetrics,Gynae+Urinary Tract Disorders	**3%**
Appliances	**2%**
Eye	**1%**
Ear, Nose And Oropharynx	**1%**
Other Chapters	**2%**

- 977,997 items were dispensed between all 12 Pharmacies
  - 162 Patients presented prescriptions originating from PCES (Out of Hours service)

Polypharmacy

- 9,822 patients received prescriptions for medicines in 5 or more distinct therapeutic (BNF Chapters)
  - 1,488 (15.1% n=9,822) patients received prescriptions for 5 or more distinct therapeutic (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 8,334 patients received prescriptions for 5 or more distinct therapeutic areas (BNF Chapters) where at least **one** medicine was considered High Risk.

- 719 patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters)
  - 30 (4.2% n=719) patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 689 patients received prescriptions for 10 at least one medicine was considered High Risk.

Core Services
Minor Ailment Service

- There were 8,924 patients registered for Minor Ailments Service at the end of December 2016
  - This generated a monthly total for December 2016 of 1,359 prescriptions.
  - There were 617 registrations terminated for various reasons.

- A total of 15,939 (1.63%) of prescriptions processed for 12 months ending December 2016 were for the Minor Ailments Service.

Acute Medications service

For the month of December 2016

- Collectively for all 12 Pharmacies Total No of Priced AMS Items (Items on GP10 Forms where PSD has captured the barcode) was 77,106.

Chronic Medication Service

No of Patients Registered in December 2016	No of Registrations Ended in December 2016	No of Assessments	Total Number of patients registered by end of December 2016	Total Assessments done by end of December 2016
39	26	28	5,273	4,948

Public Health Service

2,090 prescription items were written within the Public Health Service in 12 months ending December 2016.

Service	Number of prescription items
Emergency Hormonal Contraceptive	**286**
Smoking Cessation	**1,804**

Injection Equipment

There are 5 pharmacies within Cowdenbeath Locality which are Fife Community Pharmacy Injection Equipment providers.

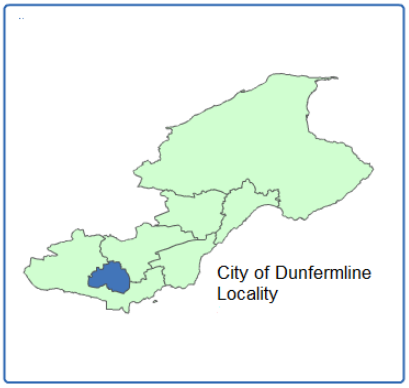
Pharmacy Name	Address	Postcode
Boots The Chemist Ltd	High Street, Cowdenbeath	KY4 9QW
N & R Gordon Ltd	20 Broad Street, Cowdenbeath	KY4 8HY
Rosewell Pharmacy Ltd	12 Benarty Square, Ballingry	KY5 8NR
Barrie Dear Ltd	60 Mains Street, Kelty	KY4 0AE
Bestway National Chemists Ltd	66 Bank Street, Lochgelly	KY5 9QN

Palliative Care - Just in Case boxes

There are 2 pharmacies within Cowdenbeath Locality which are part of the Fife Network of Palliative Care.

Pharmacy Name	Address	Postcode
Wm Morrison Supermarkets	Units 1/2 Raith Centre, Cowdenbeath	KY4 8PB
Rosewell Pharmacy Ltd	4 Bank Street, Lochgelly	KY5 9QQ

Appendix 1g - City of Dunfermline Locality Profile



Demography

	City of Dunfermline Locality	Fife	Scotland
Population	Source: National Records of Scotland (formerly General Register Office Scotland		
Total Population (2013)	54,712	366,910	5,327,700
% aged 0-15 (Children) (2013)	19.4	17.5	17.1
% aged 16-64 (Working Age) (2013)	64.9	63.7	65.1
% aged 65+ (Pensionable Age) (2013)	15.7	18.8	17.8
Ethinicity	Source: 2011 Census		
% White Scottish (2011)	86	86	84
% White: Other (2011)	11	11.9	12.1
% Asian (2011)	1.7	1.6	2.7
% Other Minority Ethnic Group (2011)	0.8	0.8	1.3
General Health	Source: 2011 CensuS		
% Very Good Health (2011)	55	51	53
% Good Health (2011)	30	31	30
% Fair Health (2011)	11	13	12
% Bad Health (2011)	3	4	4
% Very Bad Health (2011)	1	1	1
Long term condition or disabilities	Source: 2011 Census		
% Health Problem Limits Activities a Lot (2011)	8	10	10
% Health Problem Limits Activities a Little (2011)	9	11	10
% No Health Limitation of Activities (2011)	83	80	80
Birth rates	Source: ISD, NHS Fife		
Birth Rate per 1000 Women Aged 15-44 (2013)	59	56	54
Number of births (2013)	637	3,872	56,014
Death rates	Source: Scottish Neighbourhood Statistics		
All cause mortality rate per 1000 population all ages (2013)	9	11	10
Number of deaths registered in the calendar year (2013)	471	3,845	54,700
Child Poverty	Source: DWP, Child Poverty Estimates		
% children (under 16) in poverty (2013)	13	19	18
% of the population SIMD employment deprived	Source: Scottish Index of Multiple Deprivation		
% population SIMD employment deprived (2012)	11	13	13
% of the population SIMD income deprived			
% population SIMD income deprived (2012)	11	13	13
Fuel Poverty	Source: Based Scottish Government data analysis by Changeworks		
Total Number of Households in Fuel Poverty (2011)	4,899	39,777	N/A
Percentage of Households in Fuel Poverty (2011)	24	25	N/A

Pharmacies in the Dunfermline Locality - 12

Pharmacy Name	Address	Postcode
Boots The Chemists Ltd	Kingsgate Centre, Dunfermline	KY12 7QU
Bestway National Chemists Ltd	3 Abbey View, Dunfermline	KY11 4HA
Bestway National Chemists Ltd	1 St Andrews Street, Dunfermline	KY11 4QG
Asda Stores Ltd	Halbeath Road Retail Park, Dunfermline	KY11 4LP
J B B Dick Ltd	28 East Port, Dunfermline	KY12 7JB
Lloyds Pharmacy Ltd	43 Bellyeoman Road, Dunfermilne	KY12 0AE
Woodside Pharmacy Ltd	6 Alderston Drive, Dunfermline	KY12 0XU
Lloyds Pharmacy Ltd	Turnstone Road, Dunfermline	KY11 8JZ
Bestway National Chemists Ltd	18-20 Douglas Street, Dunfermline	KY12 7EB
Bestway National Chemists Ltd	Elliot Street, Dunfermline	KY11 4TF
Crossford Pharmacy	61 Main Street, Crossford	KY12 8NN
Fisher Pharmacy Ltd	85 Woodmill Street, Dunfermline	KY11 4JN

GP Practices in the Dunfermline Locality - 6

Breakdown of all prescriptions sent to the 12 Pharmacies within Dunfermline Locality

GP Practice	% Share
20466 - New Park Medical Practice	**19%**
20451 - Nethertown Surgery	**17%**
20490 - Bellyeoman Surgery	**17%**
20485 - Millhill Surgery	**16%**
20471 - Hospital Hill Surgery	**12%**
20502 - Linburn Road Health Centre	**8%**
Other Prescribers	**11%**

91% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.

General Prescribing Data
Patients and Pharmacies

Twelve pharmacies provide services within the Dunfermline locality

- The vast majority of prescriptions presented at the Pharmacies (99.8%) originated from Prescribers in NHS Fife.
- 55,940 unique patients presented prescriptions in 2016.
- The age distribution of these 55,940 unique patients were:
  - 18% aged between 0-17
  - 61% aged between 18 to 64
  - 20% aged 65 & older
- 73% of Patients presented a minimum of 2 prescription forms

Prescriptions

Breakdown of prescription types presented (year ending December 2016)

Form Type Code	Minor Ailments	Urgent Supply	GP10	Stock Order	Nurses Form	Pharmacist Form	Dental	Hospital	Addiction Services

Percentage:	1.45%	0.91%	92.76%	0.39%	2.56%	0.16%	0.76%	0.75%	0.26%

Breakdown of all prescription items by therapeutic Area (BNF Chapter)

BNF Chapter Description	Percentage:
Cardiovascular System	**23%**
Central Nervous System	**21%**
Gastro-Intestinal System	**9%**
Endocrine System	**9%**
Respiratory System	**7%**
Infections	**6%**
Skin	**5%**
Nutrition And Blood	**4%**
Musculoskeletal & Joint Diseases	**4%**
Obstetrics,Gynae+Urinary Tract Disorders	**3%**
Appliances	**3%**
Eye	**2%**
Ear, Nose And Oropharynx	**2%**
Other Chapters	**2%**

- 931,060 items were dispensed between all 12 Pharmacies
  - 1,123 Patients presented prescriptions originating from PCES (Out of Hours service)

Polypharmacy

- 10,767 patients received prescriptions for medicines in 5 or more distinct therapeutic (BNF Chapters)
  - 1,916 (17.8% n=10,767) patients received prescriptions for 5 or more distinct therapeutic (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 8,851 patients received prescriptions for 5 or more distinct therapeutic areas (BNF Chapters) where at least **one** medicine was considered High Risk.

- 611 patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters)
  - 21 (3.4% n= 611) patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 590 patients received prescriptions for 10 at least one medicine was considered High Risk.

Core Services

Minor Ailment Service

- There were 7,663 patients registered for Minor Ailments Service at the end of December 2016
  - This generated a monthly total for December 2016 of 1,109 prescriptions.
  - There were 714 registrations terminated for various reasons.

- A total of 13,482 (1.45%) of prescriptions processed for 12 months ending December 2016 were for the Minor ailments Service.

Acute Medications service

For the month of December 2016

- Collectively for all 12 Pharmacies Total No of Priced AMS Items (Items on GP10 Forms where PSD has captured the barcode) was 74,820.

Chronic Medication Service

No of Patients Registered in December 2016	No of Registrations Ended in December 2016	No of Assessments	Total Number of patients registered by end of December 2016	Total Assessments done by end of December 2016
107	23	15	4,838	4,544

Public Health Service

2,291 prescription items were written within the Public Health Service in 12 months ending December 2016.

Service	Number of prescription items
Emergency Hormonal Contraceptive	**1,036**
Smoking Cessation	**1,255**

Injection Equipment

There are 3 pharmacies within Dunfermline Locality which are Fife Community Pharmacy Injection Equipment providers.

Pharmacy Name	Address	Postcode
Woodside Pharmacy Ltd	6 Alderston Drive, Dunfermline	KY12 0XU
J B B Dick Ltd	28 East Port, Dunfermline	KY12 7JB
Bestway National Chemists Ltd	Elliot Street, Dunfermline	KY11 4TF

Palliative Care - Just in Case boxes

There are 2 pharmacies within Dunfermline Locality which are part of the Fife Network of Palliative Care.

Pharmacy Name	Address	Postcode
Asda Stores Ltd	Halbeath Road Retail Park, Dunfermline	KY11 4LP
Bestway National Chemists Ltd	18-20 Douglas Street, Dunfermline	KY12 7EB

Appendix 1h - Kirkcaldy Locality Profile

Demography

	Kirkcaldy Locality	Fife	Scotland
Population	Source: National Records of Scotland (formerly General Register Office Scotland		
Total Population (2013)	59,795	366,910	5,327,700
% aged 0-15 (Children) (2013)	18	17.5	17.1
% aged 16-64 (Working Age) (2013)	62.6	63.7	65.1
% aged 65+ (Pensionable Age) (2013)	19.4	18.8	17.8
Ethinicity	Source: 2011 Census		
% White Scottish (2011)	87	86	84
% White: Other (2011)	9.7	11.9	12.1
% Asian (2011)	1.9	1.6	2.7
% Other Minority Ethnic Group (2011)	1	0.8	1.3
General Health	Source: 2011 Census		
% Very Good Health (2011)	49	51	53
% Good Health (2011)	32	31	30
% Fair Health (2011)	14	13	12
% Bad Health (2011)	4	4	4
% Very Bad Health (2011)	1	1	1
Long term condition or disabilities	Source: 2011 Census		
% Health Problem Limits Activities a Lot (2011)	10	10	10
% Health Problem Limits Activities a Little (2011)	11	11	10
% No Health Limitation of Activities (2011)	79	80	80
Birth rates	Source: ISD, NHS Fife		
Birth Rate per 1000 Women Aged 15-44 (2013)	64	56	54
Number of births (2013)	705	3,872	56,014
Death rates	Source: Scottish Neighbourhood Statistics		
All cause mortality rate per 1000 population all ages (2013)	12	11	10
Number of deaths registered in the calendar year (2013)	706	3,845	54,700
Child Poverty	Source: DWP, Child Poverty Estimates		
% children (under 16) in poverty (2013)	22	19	18
% of the population SIMD employment deprived	Source: Scottish Index of Multiple Deprivation		
% population SIMD employment deprived (2012)	14	13	13
% of the population SIMD income deprived			
% population SIMD income deprived (2012)	16	13	13
Fuel Poverty	Source: Based Scottish Government data analysis by Changeworks		
Total Number of Households in Fuel Poverty (2011)	7,276	39,777	N/A
Percentage of Households in Fuel Poverty (2011)	26	25	N/A

Pharmacies in the Kirkcaldy Locality - 13

Pharmacy Name	Address	Postcode
Boots The Chemists Ltd	116-120 High Street, Kirkcaldy	KY1 1NQ
Lloyds Pharmacy Ltd	239 High Street, Burntisland	KY3 9AQ
Lloyds Pharmacy Ltd	18 High Street, Kirkcaldy	KY1 1LU
Lloyds Pharmacy Ltd	Hill Street, Kirkcaldy	KY1 1HN
Lloyds Pharmacy Ltd	63 High Street, Kinghorn	KY3 9UW
Lloyds Pharmacy Ltd	222 Dunearn Drive, Kirkcaldy	KY2 6LE
Asda Pharmacy Ltd	Carberry Road, Kirkcaldy	KY1 3NG
Boots The Chemists Ltd	Fife Central Retail Park, Chapel Level	KY2 6QL
Lloyds Pharmacy Ltd	2 Viceroy Street, Kirkcaldy	KY2 5HT
Lloyds Pharmacy Ltd	Whyteman's Brae, Kirkcaldy	KY1 2NA
Lloyds Pharmacy Ltd	28 Mid Street, Kirkcaldy	KY1 2PN
Macpharm Ltd	233 St Clair Street, Kirkcaldy	KY1 2BY
Wellbeing Pharmacies Ltd	High Street, Dysart	KY1 2UG

GP Practices in the Kirkcaldy Locality - 10

Breakdown of all prescriptions sent to the 13 Pharmacies within Kirkcaldy Locality

GP Practice	% Share
20998 - Path House Medical Practice	**16%**
20979 - Bennochy Medical Centre	**10%**
20950 - Nicol Street Surgery	**10%**
20964 - Dr Anderson & Partners	**9%**
20983 - St Brycedale Surgery	**8%**
21007 - Drs Dixon, Duggan, Egerton, Flynn & Mccrickard	**8%**
20151 - Burntisland Medical Group	**7%**
21011 - Drs Mitchell, Morris & Fordyce	**7%**
20907 - Kinghorn Medical Practice	**5%**
21026 - Kirkcaldy Health Centre Locum (ceased in November 2017)	**3%**
20184 - The Links Practice	**2%**
Other Prescribers	**14%**

89% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.

General Prescribing Data

Patients and Pharmacies

Thirteen pharmacies provide services within the Kirkcaldy locality

- The vast majority of prescriptions presented at the Pharmacies (99.9%) originated from Prescribers in NHS Fife.
- 57,793 unique patients presented prescriptions in 2016.
- The age distribution of these 57,793 unique patients were:

- 17% aged between 0-17
- 58% aged between 18 to 64
- 25% aged 65 & older

- 92% of Patients presented a minimum of 2 prescription forms

Prescriptions

Breakdown of prescription types presented (year ending December 2016)

Form Type Code	Minor Ailments	Urgent Supply	GP10	Stock Order	Nurses Form	Pharmacist Form	Dental	Hospital	Addiction Services
Percentage:	1.77%	0.88%	93.30%	0.07%	2.20%	0.03%	0.57%	0.68%	0.49%

Breakdown of all prescription items by therapeutic Area (BNF Chapter)

BNF Chapter Description	Percentage:
Cardiovascular System	**23%**
Central Nervous System	**23%**
Gastro-Intestinal System	**10%**
Endocrine System	**9%**
Respiratory System	**7%**
Infections	**5%**
Nutrition And Blood	**5%**
Skin	**5%**
Musculoskeletal & Joint Diseases	**3%**
Obstetrics,Gynae+Urinary Tract Disorders	**2%**
Appliances	**2%**
Eye	**2%**
Ear, Nose And Oropharynx	**2%**
Other Chapters	**2%**

- 1,257,727 items were dispensed between all 13 Pharmacies
  - 964 Patients presented prescriptions originating from PCES (Out of Hours service)

Polypharmacy

- 13,765 patients received prescriptions for medicines in 5 or more distinct therapeutic (BNF Chapters)
  - 2,179 (15.8% n=13,765) patients received prescriptions for 5 or more distinct therapeutic (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 11,586 patients received prescriptions for 5 or more distinct therapeutic areas (BNF Chapters) where at least **one** medicine was considered High Risk.

- 1,066 patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters)
  - 58 (5.4% n= 1,066) patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 1,008 patients received prescriptions for 10 at least one medicine was considered High Risk.

Core Services

Minor Ailment Service

- There were 9,189 patients registered for Minor Ailments Service at the end of December 2016
  - This generated a monthly total for December 2016 of 1,860 prescriptions.
  - There were 882 registrations terminated for various reasons.
- A total of 22,295 (1.77%) of prescriptions processed for 12 months ending December 2016 were for the Minor Ailments Service.

Acute Medications service

For the month of December 2016

- Collectively for all 13 Pharmacies Total No of Priced AMS Items (Items on GP10 Forms where PSD has captured the barcode) was 114,381.

Chronic Medication Service

No of Patients Registered in December 2016	No of Registrations Ended in December 2016	No of Assessments	Total Number of patients registered by end of December 2016	Total Assessments done by end of December 2016
82	45	48	9,146	8,867

Public Health Service

3,599 prescription items were written within the Public Health Service in 12 months ending December 2016.

Service	Number of prescription items
Emergency Hormonal Contraceptive	**934**
Smoking Cessation	**2,665**

Injection Equipment

There are 4 pharmacies within Kirkcaldy Locality which are Fife Community Pharmacy Injection Equipment providers.

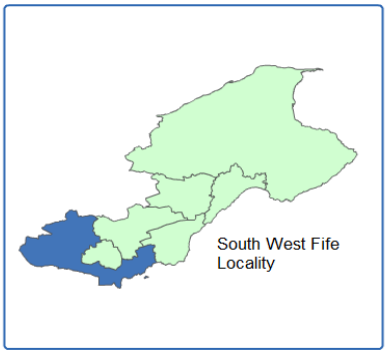
Pharmacy Name	Address	Postcode
Boots The Chemists Ltd	116-120 High Street, Kirkcaldy	KY1 1NQ
Lloyds Pharmacy Ltd	2 Viceroy Street, Kirkcaldy	KY2 5HT
Macpharm Ltd	233 St Clair Street, Kirkcaldy	KY1 2BY
Boots The Chemists Ltd	Fife Central Retail Park, Chapel Level	KY2 6QL

Palliative Care - Just in Case boxes

There are 5 pharmacies within Kirkcaldy Locality which are part of the Fife Network of Palliative Care.

Pharmacy Name	Address	Postcode
Lloyds Pharmacy Ltd	239 High Street, Burntisland	KY3 9AQ
Boots The Chemists Ltd	Fife Central Retail Park, Chapel Level	KY2 6QL
Lloyds Pharmacy Ltd	2 Viceroy Street, Kirkcaldy	KY2 5HT
Lloyds Pharmacy Ltd	Whyteman's Brae, Kirkcaldy	KY1 2NA
Asda Pharmacy Ltd	Carberry Road, Kirkcaldy	KY1 3NG

Appendix 1i - South West Fife Locality Profile



Demography

	South West Fife Locality	Fife	Scotland
Population	Source: National Records of Scotland (formerly General Register Office Scotland		
Total Population (2013)	50,048	366,910	5,327,700
% aged 0-15 (Children) (2013)	18	17.5	17.1
% aged 16-64 (Working Age) (2013)	63.9	63.7	65.1
% aged 65+ (Pensionable Age) (2013)	18.1	18.8	17.8
Ethinicity	Source: 2011 Census		
% White Scottish (2011)	85	86	84
% White: Other (2011)	13.6	11.9	12.1
% Asian (2011)	1	1.6	2.7
% Other Minority Ethnic Group (2011)	0.6	0.8	1.3
General Health	Source: 2011 Census		
% Very Good Health (2011)	52	51	53
% Good Health (2011)	31	31	30
% Fair Health (2011)	12	13	12
% Bad Health (2011)	4	4	4
% Very Bad Health (2011)	1	1	1
Long term condition or disabilities	Source: 2011 Census		
% Health Problem Limits Activities a Lot (2011)	8	10	10
% Health Problem Limits Activities a Little (2011)	10	11	10
% No Health Limitation of Activities (2011)	81	80	80
Birth rates	Source: ISD, NHS Fife		
Birth Rate per 1000 Women Aged 15-44 (2013)	54	56	54
Number of births (2013)	478	3,872	56,014
Death rates	Source: Scottish Neighbourhood Statistics		
All cause mortality rate per 1000 population all ages (2013)	9	11	10
Number of deaths registered in the calendar year (2013)	456	3,845	54,700
Child Poverty	Source: DWP, Child Poverty Estimates		
% children (under 16) in poverty (2013)	15	19	18
% of the population SIMD employment deprived	Source: Scottish Index of Multiple Deprivation		
% population SIMD employment deprived (2012)	11	13	13
% of the population SIMD income deprived			
% population SIMD income deprived (2012)	11	13	13
Fuel Poverty	Source: Based Scottish Government data analysis by Changeworks		
Total Number of Households in Fuel Poverty (2011)	4,571	39,777	N/A
Percentage of Households in Fuel Poverty (2011)	21	25	N/A

Pharmacies in the SW Fife Locality - 10

Pharmacy Name	Address	Postcode
Bestway National Chemists Ltd	31 High Street Kincardine	FK10 4RJ
Bestway National Chemists Ltd	Castlandhill Road Rosyth	KY11 2PZ
Lindsay & Gilmour	8 High Street Inverkeithing	KY11 1NN
Lindsay & Gilmour	51 High Street Inverkeithing	KY11 1NL
L Rowland & Co (Retail) Ltd	6 Queens Buildings Queensferry Road	KY11 2RA
L Rowland & Co (Retail) Ltd	12 Bay Centre Regent's Way	KY11 9YD
Oakley Pharmacy Ltd	14 Wardlaw Way Oakley	KY12 9QH
High Valleyfield Pharmacy	Chapel Street High Valleyfield	KY12 8SJ
Charlestown Pharmacy Ltd	1a Main Road Charlestown	KY11 3ED
JM Pharma Ltd	30 High Street Aberdour	KY3 0SW

GP Practices in the SW Fife Locality - 7

Breakdown of all prescriptions sent to the ten Pharmacies within SW Fife Locality

GP Practice	% Share
20752 - Inverkeithing Medical Group	**33%**
21755 - Primrose Lane Medical Centre	**12%**
21760 - Park Road Practice	**11%**
20729 - Valleyfield Medical Practice	**9%**
21308 - Dr Chan	**8%**
21651 - Inzievar Medical Practice	**8%**
21666 - Drs Boggon & Halford	**7%**
Other Prescribers	**13%**

90% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.

General Prescribing Data

Patients and Pharmacies

Ten pharmacies provide services within SW Fife locality

- The vast majority of prescriptions presented at the Pharmacies (92.6%) originated from Prescribers in NHS Fife.
- 41,655 unique patients presented prescriptions in 2016.
- The age distribution of these 41,655 unique patients were:
  - 17% aged between 0-17
  - 59% aged between 18 to 64
  - 24% aged 65 & older
- 80% of Patients presented a minimum of 2 prescription forms

Prescriptions

Breakdown of prescription types presented (year ending December 2016)

Form Type Code	Minor Ailments	Urgent Supply	GP10	Stock Order	Nurses Form	Pharmacist Form	Dental	Hospital	Addiction Services
Percentage:	1.93%	0.77%	93.09%	0.24%	3.00%	0.04%	0.43%	0.40%	0.09%

Breakdown of all prescription items by therapeutic Area (BNF Chapter)

BNF Chapter Description	Percentage:
Cardiovascular System	**24%**
Central Nervous System	**20%**
Gastro-Intestinal System	**9%**
Endocrine System	**9%**
Respiratory System	**8%**
Skin	**5%**
Infections	**5%**
Nutrition And Blood	**4%**
Musculoskeletal & Joint Diseases	**4%**
Obstetrics, Gynae+Urinary Tract Disorders	**3%**
Appliances	**3%**
Ear, Nose And Oropharynx	**2%**
Eye	**2%**
Other Chapters	**2%**

- 822,162 items were dispensed between all 10 Pharmacies
  - 129 Patients presented prescriptions originating from PCES (Out of Hours service)

Polypharmacy

- 9,859 patients received prescriptions for medicines in 5 or more distinct therapeutic (BNF Chapters)
  - 1677 (17% n=9,859) patients received prescriptions for 5 or more distinct therapeutic (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 8182 patients received prescriptions for 5 or more distinct therapeutic areas (BNF Chapters) where at least **one** medicine was considered High Risk.

- 692 patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters)
  - 26 (3.75% n= 692) patients received prescriptions for medicines in 10 or more distinct therapeutic areas (BNF Chapters) where NONE of the prescriptions were for a High Risk Medicine
  - 666 patients received prescriptions for 10 at least one medicine was considered High Risk.

Core Services

Minor Ailment Service

- There were 10,711 patients registered for Minor Ailments Service at the end of December 2016
  - This generated a monthly total for December 2016 of 1,279 prescriptions.
  - There were 665 registrations terminated for various reasons.
- A total of 15,894 (1.93%) of prescriptions processed for 12 months ending December 2016 were for the Minor ailments Service.

Acute Medications service

For the month of December 2016

- Collectively for all 10 Pharmacies Total No of Priced AMS Items (Items on GP10 Forms where PSD has captured the barcode) was 65,418.

Chronic Medication Service

No of Patients Registered in December 2016	No of Registrations Ended in December 2016	No of Assessments	Total Number of patients registered by end of December 2016	Total Assessments done by end of December 2016
26	19	19	4,632	4,450

Public Health Service

1,491 prescription items were written within the Public Health Service in 12 months ending December 2016.

Service	Number of prescription items
Emergency Hormonal Contraceptive	**275**
Smoking Cessation	**1,216**

Injection Equipment

There are 0 pharmacies within SW Locality which are Fife Community Pharmacy Injection Equipment providers.

Palliative Care - Just in Case boxes

There are 2 pharmacies within SW Locality which are part of the Fife Network of Palliative Care.

Pharmacy Name	Address	Postcode
L Rowland & Co (Retail) Ltd	6 Queens Buildings Queensferry Road	KY11 2RA
Oakley Pharmacy Ltd	14 Wardlaw Way Oakley	KY12 9QH

Appendix 2 - General Pharmacy Services Financial Report Summary (Financial Year 2017/18)

1. Non Cash Pharmacy Payments

Account Name	Financial Year Budget - £
Chemist Remuneration (Inc CMS)	3,779,024
Minor Ailment Service	960,000
Public Health Service	240,000
Dispensing Pool	5,206,704
Additional Fees	0
Establishment	1,773,700
Chronic Medication Service	0
Model Schemes Palliative Care	0
Total £	**11,959,428**

2. Pharmacy Additional Services

Service Name	Financial Year Budget - £
Methadone Prescribing Fees	930,200
Oxygen Services	0
Model Schemes Palliative Care	28,900
Pharm Adv to Resid Homes	15,000
Rota System Services	2,000
Sharps Service	42,500
Collection/Delivery-Ph	3,800
Total £	**1,022,400**

*This budget is for contingency supplies.
** Moved to IEP Service

3. New General Pharmacy Services

Account Name	Financial Year Budget - £
Stoma Payments	**492,400**

Appendix 3 - Glossary of acronyms & other terms

AMS - Acute Medication Service - one of the core services in community pharmacies

CMS – Chronic Medication Service - one of the core services in community pharmacies

CPSSS - Community Pharmacy Stop Smoking Service

CPUS - Community pharmacy prescriptions; can be used in the following instances;

- CPUS - for urgent supply of medicines
- CPUS NRT - for the stop smoking service
- CPUS EHC - for the emergency hormonal contraception service

EHC - Emergency hormonal contraception - one of the PHS core services in community pharmacies

GP10 - Prescription issued by GP

GP10N - Prescription issued by a nurse working in primary care e.g. GP practice

IEP – Injecting Equipment Provision

JIC - Just in Case

LDQ – Least deprived quintile (based on SIMD classification)

MAS - Minor Ailment Service - one of the core services in community pharmacies

MDQ – Most deprived quintile (based on SIMD classification)

MDS – Minimum data set – a form used in the community pharmacy stop smoking service to capture four week quit attempt data.

NRT - Nicotine replacement therapy.

ORT - Opioid Replacement Therapy

PCES - NHS Fife Primary Care Emergency Service, which provide the out of hour's service in four sites in Fife

PCR – Pharmacy Care Record – an on-line tool used in the Chronic Medication Service

PCS - Pharmaceutical Care Service(s)

PHS – Public Health Services - one of the core services in community pharmacies

PGD – Patient Group Direction

SIMD - Scottish Indices of Multiple Deprivation – a classification based on a range of health & social factors which bands populations into the most or least deprived areas

SHeS – Scottish Health Survey (in Fife 2008-2011 results)

THN - Take-home naloxone (programme)

UTI – Urinary Tract Infection

Fife Health & Social Care Integration Joint Board
Supporting the people of Fife together

MEETING TITLE:	Integration Joint Board	
AGENDA ITEM NO:	8.2	
DATE OF MEETING:	21 June 2018	
TITLE OF REPORT:	Public Health Assurance	
EXECUTIVE LEAD:	Dr. Margaret Hannah	
REPORTING OFFICER/ CONTACT INFO:	**NAME:**	Dr Margaret Hannah
	DESIGNATION:	Director of Public Health
	WORKPLACE:	Cameron House
	TEL NO:	01592 226459
	E-MAIL:	Margaret.hannah@nhs.net

Purpose of the Report (delete as appropriate)

~~**For Decision**~~	~~**For Discussion**~~	**For Information**

Situation

A review of public health governance processes has been undertaken over the last year to provide assurance that there is a clear line of sight across all areas of public health for which NHS Fife is accountable.
This paper sets out an agreed approach for public health governance which includes consultant level public health input to specific groups and committees in the H&SCP and input from the Senior Leadership Team into the public health assurance processes and committee.

Recommendation

- **Note** these lines of accountability

Background

A paper to EDG in November 2017 outlined both direct and delegated public health functions in Fife and the governance arrangements around them.

As a member of the Clinical Governance Committee for NHS Fife Board, the DPH has oversight on public health-related work in Corporate and Acute Services and this aspect of public health assurance is not discussed further in this paper.

In addition, there are some health promotion areas around services such as healthy weight, smoking cessation, breast-feeding and mental health promotion, which will be dealt with via the Fife-wide Division Clinical & Care Governance Group.

However, because of a great deal of cross-over, potential for duplication and the levels of risk around certain areas, discussions between Chief Officer of the IJB and the DPH have taken place to clarify assurance including overall clinical and care governance, immunisation, sexual health and BBV, child health, tobacco issues, and alcohol and drug issues, which are summarised below.

Other public health areas of joint interest to the H&SCP are resilience, screening, health promoting health service, the personal outcomes approach, oral health, DPH annual report and the Joint Health Protection Plan. It is agreed that these areas are led by public health with H&SCP input (for governance purposes) at the Public Health Assurance Committee.

For health inequalities work there is joint assurance as this work reports to the Fife Community Planning Partnership with further detail explained below.

Assessment

Overall Clinical and Care Governance
A gap was identified in relation to public health input into the Clinical and Care Governance Committee of the IJB. In line with strengthening public health governance in the IJB, a Consultant in Public Health will be a full member of this committee henceforth.

Immunisation
Clarification around immunisation governance has taken place. The DPH is NHS Fife's Executive Lead for Immunisation. A Fife-wide Immunisation Steering Group is being re-convened which includes input from all parts of NHS Fife – H&SCP, acute services and public health – to cover the full range of national programmes which are delivered. This group will be chaired by the Director of Public Health. An annual integrated immunisation report will be submitted to Clinical Governance Committee to provide NHS Fife Board with oversight across all programmes. This will be appraised firstly by the Public Health Assurance Committee which has input from the H&SCP SLT (Associate Director of Nursing) and will also be submitted to the Clinical and Care Governance Committee for information.

Furthermore, a multi-specialty delivery group has been set up to deliver the national Vaccine Transformation Programme which will include consultant level input from public health in the role of NHS Fife Immunisation Co-ordinator. This group is chaired by the Business Change Manager (BCM, known locally as the Immunisation Project Manager). Joint working arrangements are being established between the BCM and the Immunisation Co-ordinator.

Sexual Health and BBV
There is input at public health consultant level to the Fife-wide sexual health and BBV executive group which provides regular updates to the Fife-wide division governance committee. This has been agreed as sufficient for public health assurance.

Child health
Assurance for child health work is via the Clinical and Care Governance Committee of the IJB for child health as a whole with crossover to acute governance processes for maternity and paediatrics.
A consultant in public health provides input to these streams of work via the Children in Fife group and the Child Health Management Team. She also provides strategic leadership for child health work in the role of Child Health Commissioner. In addition to representation on

the Clinical and Care Governance Committee, these arrangements ensure public health assurance for child health programmes is maintained.

Tobacco issues
A consultant in public health leads NHS Fife tobacco-related policy development and links with health promotion on re-design for related services.

Health Inequalities
The new arrangements for implementing the Local Outcomes Improvement Plan has both Chief Officer of H&SCP and DPH as Delivery Leads supporting implementation of the Opportunities for All and Community-Led Services themes. Reporting progress is through the Fife Community Planning Partnership which has representation from both NHS Fife Board and the IJB. The PHAC will have a role in ensuring quality standards are maintained for the production of reports going to this body.

Culture Change
Public health has worked in an integrated way with the H&SCP, acute services and third sector to build capacity for a personal outcomes approach. Currently this work is funded by NHS Fife and the Fife Health and Wellbeing Alliance. Staff in the H&SCP are working to include elements of this practice in quality monitoring which in time will be reportable to the Clinical and Care Governance Committee. Other elements of culture change work are in the process of development and include trauma-informed care (to reduce the health-related harm from adverse childhood experiences) and growing a Culture of Kindness (to improve staff health and wellbeing). In time, this work will report to staff governance in both NHS Fife and IJB in relation to workforce development and staff safety and wellbeing.

Oral health
The national Oral Health Improvement Strategy in February 2018 sets out that leadership will be from public health for implementation. Details of reporting arrangements have yet to be finalised.

Alcohol and Drug Partnership
Following discussion of the annual report of the ADP at the last IJB, there will be regular reporting on activity to the Clinical and Care Governance Committee where there is consultant level input from public health. However, there is a gap in terms of consultant level input from public health into the ADP itself and discussions are taking place to explore this. The DPH is a member of the Alcohol Licensing Forum and is a formal consultee on applications for licenses received by the Alcohol Licensing Board.

Objectives: (must be completed)	
Health & Social care Standard(s):	1: I experience high quality care and support that is right for me
C&CG Strategic Objectives:	
Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to H&SC Committee meeting:	Public Health Assurance Committee Executive Directors Group
Impact: (must be completed)	
Financial / Value For Money There are no financial implications	

Risk / Legal:
This paper addresses the potential risk that a lack of clarity on public health governance could result in harm to Fife residents, reputational risk to IJB and/or litigation by affected residents
Public health included in revised Memorandum of Understanding between IJB and NHS Fife.

Quality / Customer Care:
Public health assurance provides oversight to key quality and care issues, eg. Data definitions and reliability, incident management and lessons learned, evidence into practice and practice into evidence, reducing health inequalities.

Workforce:
There are no workforce implications of this report

Equality Impact Assessment:
The IJB may reject papers/proposals that do not appear to satisfy 3 elements of the general equality duty, which are:

- eliminating discrimination;
- advancing equality of opportunity;
- fostering good relations.

Which of the 3 elements of the general duty have been complied with? Choose from one of the following statements (as appropriate):

1. An EqIA has not been completed and is not necessary for the following reasons (please include brief description);
   This paper provides a framework against which equality of outcomes can be better monitored and achieved. As such, its implementation will enhance the likelihood that inequalities will be addressed appropriately.
2. The general duties section of the impact assessment and the summary form has been completed (the summary form requires to be attached to the report);
3. An EqIA and summary form have been completed – the summary form is attached to the report.

For further information on EqIAs, click here (Fife Council link) and/or click here (NHS Fife link).

Consultation:

Appendices:
1. Public Health, Health Improvement, Disease Prevention and Resilience Quality Assurance Framework
2. Governance structure for NHS Fife's direct public health responsibilities
3. NHS Fife Public Health Assurance Committee constitution and terms of reference

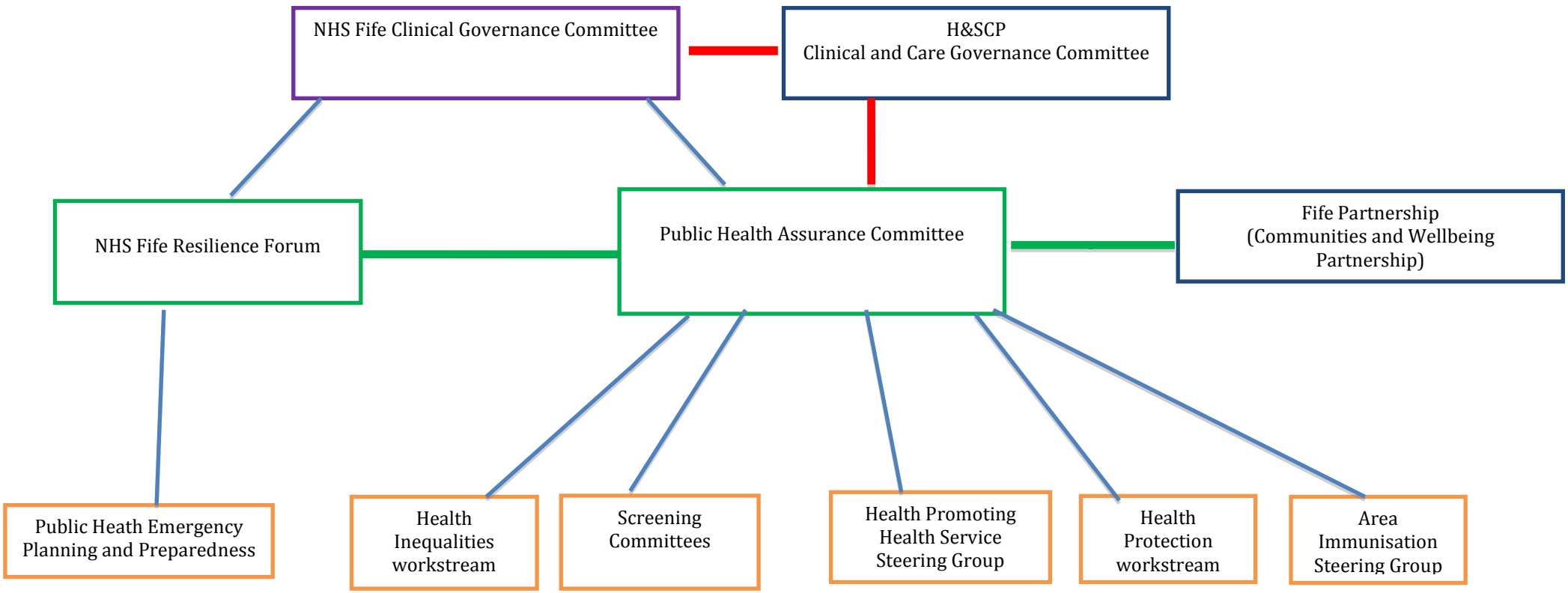
Appendix 1

Public Health, Health Improvement, Disease Prevention and Resilience Quality Assurance Framework

Topic	Led By	Contribution	PH lead	Accountable Committee
Sexual Health and BBV	H&SCP	Consultant in Public Health input into Executive Group	LW/ NH	Fife-wide division Governance, H&SCP
Child health	H&SCP	Consultant in Public Health acts as Child Health Commissioner for NHS Fife Board	LW	Child Health Management Team HSCP Community Planning partnership (via Children in Fife Group)
Tobacco Issues	H&SCP	Consultant in Public Health leads NHS Fife policy developments	PM	Care and Clinical Governance, H&SCP Staff Governance for staff policy issues, NHS Fife
Immunisation	Public Health	H&SCP	MH/EC	Clinical Governance, NHS Fife
Health Inequalities	Co-lead	Fife Council, H&SCP, Children's services, other agencies	MH/MK	Community Planning Partnership via Communities and Wellbeing Partnership
Resilience	Public Health	H&SCP, Acute Services, Estates, IT.	MH/NH	Clinical Governance, NHS Fife
Screening	Public Health	H&SCP, NHS Tayside, NHS Lothian, Acute Services	EC/PM	Clinical Governance, NHS Fife
Health Promoting Health Service, including Staff Well at Work.	Public Health	All parts of health service	MH/CMcD	Staff Governance, NHS Fife
Culture Change	Public Health	H&SCP, APF	MH	Staff Governance, NHS Fife
Oral Health	Public Health		EO'K	Clinical Governance, NHS Fife
DPH Annual Report	Public Health	H&SCP	MH	Clinical Governance, NHS Fife
Drug and Alcohol issues	Fife ADP	H&SCP	MH(for alcohol licensing)	Clinical and Care Governance, H&SCP
Joint Health Protection Plan	Public Health	Fife Council, SEPA, Scottish Water etc	CMcG	Clinical Governance, NHS Fife, Fife Council Safety and Risk Committee

Appendix 2

Governance Structure for NHS Fife's Public Health Direct Responsibilities



Blue line = direct report
Red line = cross assurance
Green line = for information

NHS FIFE PUBLIC HEALTH ASSURANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

1. PURPOSE

1.1 To provide oversight and accountability for the work of the public health directorate.

1.2 To provide assurance that the following Public Health responsibilities are being delivered effectively and to escalate any risks as appropriate around these functions:

- Planning for and management of health protection incidents (communicable disease and environmental health) in conjunction with Fife Council as laid out in the Joint Health Protection Plan (Public Health Act Scotland, 2008)
- Coordination and quality assurance of national screening and vaccination programmes
- Progress on delivering Health Promoting Health Service
- Undertaking an independent review of the health of the population and publishing this annually
- Action to reduce health inequalities

1.3 To provide assurance around specialist public health input being provided to the NHS, Fife Health and Social Care Partnership (HSCP), Fife Community Partnership and other key partners.

1.4 To ensure a mechanism for clinical governance reporting in relation to Public Health Department activity in line with NHS Fife Clinical Governance Policies, documenting quality improvement where relevant.

2. COMPOSITION

2.1 Core membership shall be as follows:-

- Director of Public Health(Chair)
- Consultant in Public Health (CPH)
- Consultant in Dental Public Health
- Administrative Representative
- Public Health Specialist Representative
- Emergency Planning Officer
- Health Protection Team Lead Consultant
- Public Health Pharmacist
- Associate Director of Nursing HSCP

2.2 If a member cannot attend a meeting they should arrange for a deputy to attend on their behalf.

2.3 Members of the department who have submitted a paper to the Agenda should be in attendance at the meeting.

2.4 Other members of the department will be invited to attend as required.

2.5 Membership and terms of reference will be reviewed every 2 years.

2.6 The committee shall meet as necessary to fulfil its remit but not less than three times a year.

3. ROLE AND REMIT

3.1 To receive reports and have identified strategic issues or public health risks escalated to the committee from the Area Immunisation Steering Group, BBV and Sexual Health Steering Group, Screening Programme Committees, the Health Protection Team and workstreams on health inequalities and the Health Promoting Health Service.

3.2 To oversee the maintenance of a departmental risk register which identifies all main categories of risks faced by the department and assess the likelihood and impact of such risks adversely affecting the achievement of the department's objectives.

3.3 To ensure that assessed significant risks are addressed and/or escalated to the Clinical Governance Committee/HSCP Clinical and Care Governance Committee/Executive Directors Group as appropriate.

3.4 To report any corporate risks that are identified to the Corporate Risk Register.

4. REPORTING ARRANGEMENTS

4.1 The Public Health Assurance Committee reports directly to NHS Fife Clinical Governance Committee via the Director of Public Health.

4.2 The Public Health Assurance Committee will also provide cross assurance to the HSCP Clinical and Care Governance Committee via the HSCP Associate Director of Nursing and provide reports for information to Fife Communities and Wellbeing Partnership.

4.3 The Committee will report corporate issues to Executive Directors Group.

4.4 The Committee will receive reports on public health risks from the groups that report to it (see reporting structure diagram).

5. Meetings

5.1 The minutes will be submitted to the Clinical Governance Committee and the Clinical and Care Governance Committee with reports available on request.

5.2 Approved minutes of the meetings will be circulated to the full Public Health department.

Date of Approval:
Date of Next Review: 1 December 2018

AGENDA ITEM NO:	8.3	
DATE OF MEETING:	21 June 2018	
TITLE OF REPORT:	Code of Corporate Governance	
EXECUTIVE LEAD:	Michael Kellet	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Jen McPhail
	DESIGNATION:	Chief Finance Officer
	WORKPLACE:	Rothesay House
	TEL. NO:	03451 555555 Ext:444715
	EMAIL:	Jen.mcphail@fife.gov.uk

Purpose of the Report (delete as appropriate)		
For Approval	**For Discussion**	

REPORT

Situation

This report provides the committee with the Draft Code of Corporate of Governance for the HSCP in line with good practice and external guidance form CIPFA and SOLACE

Background

Corporate Governance is the term used to describe the overall control system. It details how functions are directed and controlled, and how we relate to our communities. It covers the following dimensions:

- Service delivery arrangements.
- Structures and processes.
- Risk management and internal control.
- Standards of conduct.

These elements are all in situ and the code is an overarching document which brings these all together.

Assessment

The principal objective of the code is to increase credibility, accountability and public confidence in the IJB by providing a single framework document for Corporate Governance based on good practice and external guidance

Recommendation

The Board is asked to approve the Code of Corporate Governance.

Objectives: (must be completed)	
Health & Social care Standard(s):	All
IJB Strategic Objectives:	Effective Governance Arrangements
Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to committee meeting:	Internal Audit / External Audit

Impact: (must be completed)

Financial / Value For Money

It is not considered that this report has any significant financial implications.

Risk / Legal:

It is not considered that this report has any significant risk/legal implications.

Quality / Customer Care:

There are no quality/customer care implications arising directly from this report.

Workforce:

There are no workforce implications arising directly from this report.

Equality Impact Assessment:

1. An EqIA has not been completed and is not necessary as the content of this report does not propose any change to existing IJB policies.

Consultation:

Internal Audit / External Audit.

Appendices:

1. Appendix 1 Code of Corporate Governance

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

CODE OF CORPORATE GOVERNANCE

1 Introduction

1.1 Integration of Health and Social Care is the Scottish Government's programme of reform to improve services for people who use adult health and social care services. The Public Bodies (Joint Working) (Scotland) Act was granted Royal Assent on 1 April 2014. That meant changes to the law which required Health Boards and Local Authorities to integrate these services. The Act was a landmark adult health and social care reform for Scotland and is the most substantial reform to the country's national health services and social care services in a generation.

1.2 Integration means that the expertise and resources of health and social care are combined, shared, co-ordinated and planned jointly with other key partners including unpaid carers, the third sector and the independent sector. The integration process will support the improvement of the quality and consistency of health and adult social care services, especially for people with long term conditions and disabilities, many of whom are older people. The principal aim is to improve the health and wellbeing of the people of Fife.

1.3 One of the main aspects of the Public Bodies (Joint Working) (Scotland) Act is to create statutory Health & Social Care Partnerships in each local authority area in co-operation with health boards. This replaces Community Health Partnerships.

1.4 The integration process supports people in Fife to improve their own health and wellbeing as well as improving the quality and consistency of health and social care. This includes advice, support and services, especially for people with long term conditions and disabilities, many of whom are older people.

2 Corporate Governance

2.1 Corporate Governance is the term used to describe the overall control system. It details how functions are directed and controlled, and how we relate to our communities. It covers the following dimensions:

- Service delivery arrangements.
- Structures and processes.
- Risk management and internal control.
- Standards of conduct.

2.2 The key elements of the structures and processes that comprise the IJB's governance arrangements are summarised in sections 3 to 25 below.

3 The Integration Scheme

3.1 The Integration Scheme (Fife Integration Scheme August 2015 is important as it sets out the crucial aspects of how integration will look in Fife in the future including:

- The functions of health and social care which are delegated to the IJB.
- How the delegated functions will be delivered and monitored.
- The development of financial management and governance arrangements.

4 The Strategic Plan

4.1 The Fife Strategic Plan 2016-2019 (Fife Strategic Plan 2016-19) is at the heart of integration and sets out how health and social care services will be delivered in a more integrated way to improve the quality of support for people who need them and deliver the national health and wellbeing outcomes. The commissioning intentions of the Strategic Plan have been aligned to the NHS Fife Clinical Strategy and Fife Council Community Plan and Support the Fife Local Outcome and Improvement Plan (LOIP)

5 Participation and Engagement

5.1 The Participation and Engagement Strategy 2016-2019 (Participation and Engagement Strategy for Fife 2016-19 sets out how we will achieve meaningful involvement with the communities we serve so that we have the right systems and supports in place to enable effective engagement with stakeholders over the next three years. The strategy is a key strand of work in support of the strategic plan and will also take into account the national outcomes and legislative requirements for the planning and delivery of children's services and community justice as they are developed and implemented over the course of the coming years.

5.2 The Partnership in Fife has endeavoured to let those at the heart of communities have their say in shaping and influencing the plan. The approach to Public Engagement for the Health and Social Care Partnership in Fife has been co-produced using a Community Led Support model. This is in collaboration with public representatives from Health and Social Care and third sector public involvement groups as well as service users, care groups and staff from NHS Fife, Fife Council, Housing and the Scottish Health Council.

5.3 The Partnership is committed to establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation. Developing the vision which specifies the intended outcomes for citizens and service users continues to be progressed, communicated and translated into courses of actions. A diagram showing the governance arrangements can be viewed here Governance Arrangements.

6 Standing Orders

6.1 The Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable, be the rules and regulations for the proceedings of any Committees and Committees of the Fife Integration Joint Board and reference to the “Integration Joint Board” and “the Board”

in these Standing Orders should be interpreted accordingly. The term "Chairperson" shall also be deemed to include the Chairperson of any Committee or Committee but only in relation to such Committees or Committees.

6.2 In the Standing Orders "the Integration Joint Board" shall mean the Fife Integration Joint Board established in terms of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No 3) Order 2015.

7.1 Composition of the IJB

7.1 The IJB consists of sixteen voting members: eight Elected Members from Fife Council and eight NHS Fife Non-Executive Board members.

7.2 There are six non-voting professional advisors: Director of Health & Social Care also known as the Chief Accountable Officer; General Practitioner; Nurse Director; Medical Director; Chief Finance Officer and Chief Social Work Officer.

7.3 There are eight non-voting stakeholder members: Independent Sector Representative, Third Sector Representative, Staff Representative from Fife Council, Staff Representative from NHS Fife, Joint Trade Union Representative, Fife Council; Service User Representative, Carer Representative and Associate Director, Allied Health Professionals.

7.4 Other Officers are also in attendance at the IJB as required.

8 Terms of Reference of the IJB

8.1 The Terms of Reference for the Integration Joint Board (IJB) are formally set out in the Public Bodies (Joint Working) Integration Joint Monitoring Committees (Scotland Act) Orders 2014 with particular reference to the Scottish Statutory Instruments 2014 No.285.
http://www.legislation.gov.uk/ssi/2014/285/pdfs/ssi20140285 en.pdf

8.2 The primary function of the IJB is to

- Develop an annual commissioning plan for NHS Fife and Fife Council.
- Direct and carry out the functions delegated to it through the Fife Health & Social Care Partnership.
- Produce an annual report on progress.
- Oversee operational delivery of integrated services.
- Approve the annual accounts.

9 Terms of Reference of the Committees

9.1 Three committees have been established by the IJB as follows:

- Audit and Risk.
- Clinical and Care Governance.
- Finance and Performance.
- Strategic Planning Group

9.2 The principles of this Code of Corporate Governance apply equally to IJB committees which report directly to the IJB.

9.3 The Finance and Performance Committee has been established by the IJB to:

- The Finance and Performance Committee (FAP) is a Standing Committee of the Fife Integration Joint Board (IJB). The IJB's Standing Orders will apply to meetings of the FAP.

- The IJB shall appoint the members of the FAP. The FAP will comprise 6 voting members of the IJB, The Committee will include at least 3 voting members appointed by NHS Fife and 3 voting members appointed by Fife Council.

- The Chair of the FAP will be a voting Member nominated by the IJB, but the Chair of the IJB cannot also chair the FAP.

- 4 Members of the Committee will constitute a quorum at least one of whom must be a voting member appointed by Fife Council and one of whom must be a voting member appointed by NHS Fife.

- The Board Chair, Director of Health and Social Care, Chief Finance Officer and other Professional Advisors and senior officers will normally attend or be represented.

- The FAP may co-opt additional advisors as required.

- The FAP will meet at least 6 times each financial year. Additional meetings may be convened when considered necessary by the Committee.

- The FAP is authorised to instruct further investigation on any matters which fall within its Terms of Reference.

- Monitor the use of all resources available to the IJB.

- Review all resource allocations proposals outwith the authority delegated to the Director of Health and Social Care and making recommendations to the IJB.

- Review the IJB's financial strategy in support of the Strategic Plan.

- Review any planned future developments and the impact on the financial position.

- Review of annual budgets with recommendations to the IJB.

- The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.

- Ensuring that the Director of Health and Social Care establishes and implements satisfactory arrangements for reviewing and appraising service performance

against set objectives and the performance indicators and to receive regular reports on these and to review the outcomes.

- Reporting to the IJB on the resources required to carry out Performance Reviews and related processes.

- Reporting to NHS Fife and Fife Council on the performance of the IJB and responding to requests for information from Fife Council and NHS Fife.

- Ensuring that the Senior Management Team, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations.

- Reviewing implementation of Delivery Plan.

- To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees.

- The FAP may at its discretion set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the FAP.

9.4 The Audit and Risk Committee Terms of Reference state:

- The Audit and Risk Committee (AAR) is a Standing Committee of the Fife Integration Joint Board (IJB). The IJB's Standing Orders will apply to meetings of the AAR.

- The IJB shall appoint the members of the AAR. The AAR will comprise 4 members of the IJB, The Committee will include at least 2 voting members appointed by NHS Fife and 2 voting members appointed by Fife Council.

- The Chair of the AAR will be a voting Member nominated by the IJB, but the Chair of the IJB cannot also chair the AAR.

- 4 Members of the Committee will constitute a quorum at least one of whom must be a voting member appointed by Fife Council and one of whom must be a voting member appointed by NHS Fife.

- The Board Chair, Director of Health and Social Care, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior officers will normally attend or be represented. External audit will attend at least one meeting per annum.

- The AAR may co-opt additional advisors as required.

- The AAR will meet at least 3 times each financial year. There should be at least one meeting a year where the AAR meets the external and Chief Internal Auditor without other senior officers present.

- The AAR is authorised to instruct further investigation on any matters which fall within its Terms of Reference.

- The AAR will review the overall Internal Control arrangements to provide assurance to the Board and make recommendations to the Board regarding signing of the Governance Statement.

- Compliance with statutory financial requirements and achievement of financial targets.

- Acting as a focus for value for money and service quality initiatives.

- To review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board.

- Monitoring the annual work programme of Internal Audit.

- To consider matters arising from Internal and External Audit reports.

- Review on a regular basis action planned by management to remedy weaknesses or other criticisms made by Internal or External Audit.

- Review risk management arrangements, receive annual Risk Management updates and reports.

- Ensure existence of and compliance with an appropriate Risk Management Strategy.

- Reporting to the IJB on the resources required to carry out Performance Reviews and related processes.

- To consider annual financial accounts and related matters before submission to and approval by the IJB.

9.5 The Clinical and Care Governance Committee Terms of Reference state:-

Purpose

- To provide the Integration Joint Board (IJB), and through the Integration Joint Board, the NHS Fife Governance Committees and the Fife Council Scrutiny Committee responsible for overseeing social work with the assurance that services are taking account of all aspects of Clinical and Care Governance.

- To provide the IJB, and through the IJB, NHS Fife Governance Committee and the Fife Council Scrutiny Committee with the assurance that Clinical & Care Governance requirements are being managed within all Divisions of the Health & Social Care Partnership (HSCP).

- To provide a forum for the management of the Clinical & Care Governance components such as Patient and Client Safety, Risk Management, Clinical & Care Effectiveness, Involving People and Continuing Professional Development.

Responsibility

- To progress the strategic direction of HSCP Clinical & Care Governance.

- To receive reports from services about service developments, assurance and quality improvements pertaining to Clinical & Care Governance.

- To approve quality assurance knowledge, information and best practice across the HSCP.

- To assure staff of the importance of Clinical & Care Governance to the delivery of Safe, Effective, Person Centred Care.

- To agree annual objectives and a Business Plan for Clinical Governance for the Integrated Joint Board.

Membership

- The membership of the IJB Clinical & Care Governance Committee is designed to ensure that all aspects of Service Provision for the HSCP are covered for both Local and Fife-Wide Services.

- Core membership is;
  Three Councillors from Fife Council
  Three Non-Executive Directors from NHS Fife
  The Chair will be appointed by the Integration Joint Board.

  In attendance:

  Associate Medical Director
  Associate Nurse Director
  Chief Social Work Officer
  Divisional General Manager - East
  Divisional General Manager - West
  Divisional General Manager - Fife-wide
  Lead Pharmacist
  Head of Strategic Planning, Performance and Commissioning
  Head of Quality & Clinical Governance
  Patient Relations Manager
  Head of Quality Improvement
  Risk Manager

  Ex officio

  Chair of the Integration Joint Board
  Director of Fife Health & Social Care Partnership

  Administration Support

If any staff are unable to attend, a deputy should be nominated.
In addition other staff members can be co-opted onto the group or be invited to attend when relevant.

Reporting Arrangements

- The Clinical & Care Governance Committee is a Committee of the Integrated Joint Board.

- The Clinical & Care Governance Committee reports to the IJB.

Meetings

- The Group will meet 2 monthly between IJB meetings but may meet more frequently if deemed necessary by the Chair and not less than four times a year.

- Meetings will be quorate when at least 4 members are present.

- Members unable to attend should notify the Administrator in advance and make arrangements for a representative to attend in their place.

- Non-members invited to present specific Agenda items will be noted on the Minute as having been in attendance.

Remit

- The Committee shall have accountability to the board for ensuring that quality of care is given the highest priority at every level within integrated services. It will provide assurance that services are high quality, safe, effective and person centred by ensuring that:

  - Quality of care, effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of services and as far as possible is informed by scientific evidence.

  - The planning and delivery of services take full account of the perspective of patients and service users

  - Staff are supported in continuously improving the quality and safety of care and unacceptable clinical and care practice will be detected and addressed

  - Effective arrangements are in place to enable relevant health and social care professionals to be accountable for standards of care including services provided by the third and independent sectors.

  - To monitor the implementation of the recommendations from NHS Healthcare Improvement Scotland and the Care Inspectorate reviews and visits.

Authority

- The committee is authorised by the IJB to investigate any activity within its terms of reference and in doing so is authorised to seek any information it requires from any employee.

- In order to fulfil its remit, the Clinical and Care Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the IJB to attend meetings.

- The Committee is authorised by the IJB to have oversight of information governance

- The Committee is authorised by the IJB to review standards for service.

- The Committee is authorised by the IJB to review implementation of strategic plans.

9.6 The Strategic Planning Group Roles and responsibilities state:-

These are currently under review

Scrutiny

9.7 The Finance and Performance Committee will also scrutinise the Local Code of Good Governance and will receive and annual report in the form of an Annual Governance Statement from the Chief Accountable Officer on compliance with the Local Code and whether the Local Code requires to be updated.

10 How business is organised

10.1 The IJB and the committees play a key role in policy development and review and also holding officers to account. There is a clear distinction between the officer's role in proposing and implementing policies and the role of board members in reviewing policy and scrutinising decisions. The IJB provides a long-term view of strategic issues and also looks in detail at key aspects of the partnership's operations.

10.2 Challenge and scrutiny contribute to good governance by being a key part of transparent and accountable decision making, policy making and review. The potential impact of alternative service delivery models means that the sub-committees are a crucial mechanism for ensuring oversight. Each of the sub-committees is able to make recommendations and propose changes to be considered by the IJB.

10.3 Defining and documenting the roles and responsibilities of members and management, with clear protocols for effective communication in respect of the authority and partnership arrangements. A Chief Accountable Officer and a Chief Financial Officer have been appointed, in line with the legislation.

11 Code of Conduct

11.1 The Scottish Government published guidance in September 2015 setting out the roles, responsibilities and membership of the IJB. This guidance confirmed that IJBs are "devolved public bodies" for the purposes of the Ethical Standards in Public Life (Scotland) Act. This means that the IJB is required to produce a code of conduct for members (Code of Conduct).

11.2 The guidance advised that each IJB was required to review the model code of conduct for members of devolved public bodies and adopt it, with or without modifications, as its own code of conduct; applying it to all members and business of the IJB.

11.3 The IJB duly adopted the model code of conduct for members of devolved public bodies.

11.4 The Scottish Government advised in 2016 that they have worked in partnership with the Commissioner for Ethical Standards and the Standards Commission and have now drafted a code of conduct that is specifically for IJBs. Furthermore, they advised that they must be informed and sent a copy of the agreed code of conduct so that it can be approved by Scottish Ministers.

11.5 A revised code of conduct was therefore subsequently approved by the IJB on 2 June 2016. The Scottish Government officials advised they are content with the revised code of conduct and recommended that the Scottish Ministers approve the code of conduct once formally adopted by the IJB.

11.6 Induction training as part of an organisation development strategy has been provided to support the development needs of members and senior officers in relation to their strategic roles.

12 Acting in the public interest

12.1 IJB members and staff are expected to promote and support the principles in the Code of Conduct and to promote through their own personal conduct the values of the seven principles of public life as follows;

- Leadership
- Selflessness
- Integrity
- Objectivity
- Openness
- Accountability and Stewardship
- Honesty
- Respect

12.2 Certain employees may also be bound by their own professional and ethical codes of practice.

12.3 Our values should be visible in everything we do and contribute to person-centred, safe and effective services.

13 Good Governance Framework

13.1 Good Governance is about the culture, systems, processes and values by which the IJB conducts its business and delivers services. The IJB adheres to and works within a framework of internal values and expected external principles and standards which help to deliver good standards of governance. The standards reflect the conduct of business and day to day delivery of services and applies to all Board members and officers.

13.2 In 2016, CIPFA/SOLACE issued guidance, Delivering Good Governance in local Government: Framework, which is intended to be used as best practice for developing and maintaining a locally adopted code of governance. The framework sets out seven principles of good governance as follows:

A Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.

B Ensuring openness and comprehensive stakeholder engagement.

C Defining outcomes in terms of sustainable economic, social, and environmental benefits.

D Determining the interventions necessary to optimise the achievement of the intended outcomes.

E Developing the entity's capacity, including the capability of its leadership and the individuals within it.

F Managing risks and performance through robust internal control and strong public financial management.

G Implementing good practices in transparency, reporting, and audit to deliver effective accountability

13.3 The IJB governance arrangements have been assessed in line with this framework and an action plan has been developed to further strengthen the governance arrangements of the IJB and the partnership. Documentary evidence of compliance is available and is linked to the Good Governance Framework.

14 Financial Regulations

14.1 All relevant laws and regulations, internal policies and procedures require to be complied with and expenditure must be lawful. The financial management arrangements require to conform with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in local Government (2015).

14.2 The IJB Chief Financial Officer will discharge the duties in respect of the delegated resources by:

- Establishing financial governance systems for the proper use of the delegated resources.

- Ensuring that the Strategic Plan meets the requirement for best value in the use of the IJB's resources.

And

- Ensuring the resources that are allocated to the Health Board and Local Authority are spent according to the plan and that the provisions of the directions enable them to discharge their responsibilities in this respect.

14.3 The Health Board Accountable Officer and the Local Authority Section 95 Officer are responsible for the resources that are paid by the IJB to the Health Board and Local Authority in support of the Directions for operational delivery.

14.4 In the operational role within the Health Board and Local Authority, the Chief Accountable Officer is:

- Accountable to the Chief Executive of the Health Board for financial management of the operational budget, and is advised by the Health Board Director of Finance.

- Accountable to the Section 95 Officer of the Local Authority for financial management of the operational budget; and

- Accountable to the Chief Executive of the Local Authority and Chief Executive of the Health Board for the operational performance of the services managed by the Chief Accountable Officer.

14.5 The legislation requires that the IJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973).

14.6 In discharging these responsibilities, IJB members and senior officers are responsible for implementing effective arrangements for governing the IJB's affairs and facilitating the effective exercising of its functions including arrangements for managing risk.

14.7 As a consequence of these responsibilities, the IJB must regulate the actions taken on its behalf that carry financial implications to provide assurance of their propriety and consistency. It is furthermore a requirement of these regulations that all financial transactions instructed by the Board are within the legal powers of the Board.

14.8 The IJB therefore approved Financial Regulations which form a key element of the maintenance of a robust, clear and accountable governance framework for the IJB.

14.9 The IJB Financial Regulations apply from 1 April 2016 and set out the arrangements for the proper administration of the financial affairs of the IJB.

15 Scheme of Delegation

15.1 The effectiveness of the decision-making framework across the partnership is influenced by the information provided to decision makers, the robustness of data quality and delegation arrangements.

15.2 The Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards and that public money is safeguarded, properly accounted for and used economically, efficiently, effectively, equitably and ethically. The IJB's activities are furthermore guided by the relevant Scheme of Delegation which sets out the underlying principles and responsibilities on openness, integrity and accountability (Scheme of Delegation).

15.3 Reliance is placed on the existing counter fraud and anti-corruption arrangements in place within each partner which have been developed and are maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014).

16 Risk Management

16.1 The IJB has established a system of risk management arrangements for the functions delegated to it. The IJB's risk management arrangements provide an assessment of the key risks to the IJB. The IJB Risk Management Strategy sets out the framework for identifying and managing risks, for measuring the impact on performance and demonstrating clear accountability as to how these risks are being managed, along with any new or emerging risks which are considered to be significant. Key elements of the risk strategy include the way in which risks are identified, evaluated and controlled.

16.2 The operational delivery of services by the Local Authority and Health Board, as directed by the IJB, will be subject to their respective governance and risk management arrangements. The risk management strategy is embedded across the partners. Training and guidance is provided to staff.

17 Performance Scrutiny

17.1 Health and social care integration introduced a statutory based new model of cross-sector working and this determines that scrutiny of performance must be embedded in the local governance framework for whatever model of operation is selected.

17.2 External scrutiny is provided by the Care Inspectorate (formerly known as Social Care and Social Work Improvement Scotland) as well as the Health & Safety Executive (HSE) and Mental Welfare Commission who regulate, inspect and support improvement of adult social work and social care.

17.3 The Scottish Government's Clinical and Care Governance Framework outlines the proposed roles, responsibilities and actions that will be required to establish governance arrangements in support of the Act's integration planning and delivery principles and the required focus on improved outcomes.

17.4 The Finance and Performance Committee monitors performance targets and service standards. Measuring the performance of services and related projects ensures that

they are delivered in accordance with defined outcomes and that they represent the best use of resources and value for money.

18 Equality Responsibilities

18.1 The Equality Act 2010 stipulates that all public bodies across Scotland are required to produce and deliver a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty. The duty has two parts - a General Duty and Specific Duties. The General Duty came into force in April 2011 and applies to any organisation which carries out a public function, requiring due regard to be given to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.
- Advance equality of opportunity between persons who share a relevant characteristic and persons who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

18.2 The purpose of the general Equality Duty is to ensure that all public bodies mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key functions including the development of internal and external policies, decision-making processes, procurement, service delivery and improving outcomes for service users.(Mainstreaming Report)

18.3 In May 2012, further Specific duties came into force to support public bodies in their performance of the general equality duty. This places a statutory duty on designated public bodies to:

- Report progress on mainstreaming the public sector equality duty.
- Publish equality outcomes and report progress.
- Assess and review policies and practices (impact assessment).
- Consider award criteria and conditions in relation to public procurement.
- Publish in a manner that is accessible.

18.4 Linkages have been made with the equality leads in NHS Fife and Fife Council, to share practice and align engagement activities to avoid unnecessary duplication.

18.5 The IJB's Strategic Plan sets out how integrated health and social care support and services will be delivered in the future, following wide engagement with the people of Fife, users of service, their carers and public, independent and third sector providers and practitioners. To ensure successful delivery of the plan, it is vital that the IJB is fully committed to the values and ethos placed upon it by the Equality Act 2010, ensuring equality is mainstreamed in business and that everyone in Fife has

equal opportunities regardless of their age, ability, gender, sexual orientation, race, belief, childbearing or marital status.

18.6 A mainstreaming report was created in 2016, with equality outcomes based on the commissioning intentions of the strategic plan. The outcomes are currently being reviewed and following further consultation and engagement the report will be updated. With regards to conducting equality impact assessments, the IJB utilises the partnership designed documentation. The benefit of this approach is that it provides an effective recording mechanism that can provide management reports, internet publication of completed reports and is accessible to both Council and NHS staff as required.

19 Audit Arrangements

19.1 The audit assurance arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Head of Internal Audit (2010) and the Public Sector Internal Audit Standards (PSIAS). A risk based 5 year internal audit and annual audit plan for the IJB is approved by the Audit and Risk Committee. The audit plan considers the IJB's governance arrangements; the Strategic Plan and planning process; the Financial plan underpinning the Strategic Plan; risk management; performance management; information governance and relevant issues raised from the partner Health Board and Local Authority internal auditors. The Chief Internal Auditor has rights to access to all key positions including but not limited to the Chair of the Audit and Risk Committee and Chair of the IJB.

19.2 The IJB provides timely support, information and responses to external auditors and properly considers audit findings and recommendations at the Audit and Risk Committee.

19.2 The IJB must ensure adequate and proportionate internal audit arrangements for the review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This includes determining who is to provide the internal audit service for the IJB through recommending for appointment to the IJB.. The risk based audit plans for the IJB, Local Authority and Health Board are co-ordinated to ensure proper coverage, avoid duplication of efforts and determine areas of reliance from the work of each team.

19.3 The operational delivery of services within the Heath Board and Local Authority on behalf of the IJB will be covered by their respective internal audit arrangements as at present.

19.4 The risk based audit plan should be developed by the Chief Internal Auditors of the IJB and approved by the committee and shared with the relevant committees of the Health Board and Local Authority. The IJB annual internal audit report may also be shared as appropriate with the partner bodies.

20 Responsibilities Arising from the Code of Corporate Governance

20.1 It is the responsibility of the Chair of the IJB and the Chief Accountable Officer to ensure that Board members and staff understand their responsibilities. IJB Members and relevant managers shall receive copies of the Code of Corporate

Governance. Managers are responsible for ensuring their staff understand their responsibilities.

20.2 The Code of Corporate Governance will be published on the IJB's Intranet and on the IJB's public website.

21 Annual Governance Statement

21.1 The IJB is committed to reviewing annually the Code of Corporate Governance. The IJB is required to prepare an Annual Governance Statement in order to report publicly on the extent to which it complies with its own code of governance, which in turn is consistent with the good governance principles in the framework.

21.2 The IJB is required to conduct a review at least once in a year of the effectiveness of its system of internal control and to report publicly on compliance with its own code on an annual basis and on how it has monitored the effectiveness of its governance arrangements in the year and on planned changes.

21.3 The Annual Governance Statement therefore reports on the outcome of this review and is included in the Annual Accounts and is a valuable means of communication. It enables the IJB to explain to the community, service users and other stakeholders its governance arrangements and the controls it has in place to manage risks of failure in delivering its outcomes.

21.4 The basis of the Annual Governance Statement will be an overview of and opinion on the IJB's arrangements contained in the approved Local Code. The Annual Governance Statement will provide assurance that internal control and governance arrangements are adequate and operating effectively in practice *or,* where reviews of the internal control and governance arrangements reveal gaps, it will identify planned actions that will ensure effective internal control and governance in future.

21.5 The annual review, scrutiny and reporting processes will be in alignment with the publication of the Annual Accounts; Annual Report and Performance Information, which will include the Annual Governance Statement signed by the Chief Accountable Officer and the Chair of the IJB. An Annual Performance report on Health and Social Care Integration will be prepared by the Chief Accountable Officer, presented to the IJB for approval and submitted as laid out in regulations.

21.6 The Annual Governance Statement will include a review of the collective performance of the IJB including previously identified actions and the progress made against implementation. Self-assessment of IJB's performance should follow the framework.

21.7 Any failures of controls (financial or otherwise) will be considered for disclosure within the Annual Governance Statement along with any remedial actions identified for significant failures. Factors which indicate a significant failure include, but are not limited to: matters reported on by internal or external audit; increased risk to service delivery; impacts to planned use of resources; material impact to the financial statements; risks to data integrity or patient confidentiality, including any lapses of data security; and breaches of the Financial Regulations and/or Standing Orders.

22 Independent Assurances

22.1 The review by the Chief Accountable Officer should be supported by internal and independent assurances, including those of the internal audit annual report and external audit annual report. Internal and external auditors read the governance statement and consider whether it reflects compliance with the essential features. They identify any information that is materially incorrect based on, or inconsistent with, their knowledge of the IJB, or that is otherwise misleading.

23 Ongoing Review and Continuous Improvement

23.1 The IJB is committed to improving governance on a continuing basis through a process of evaluation and review to ensure compliance with best practice guidance and when necessary measures will be put in place to address areas identified for improvement. This includes how they have monitored and evaluated the effectiveness of their governance arrangements in the year, and on any planned changes in the coming period. Monitoring also includes self-assessment and improvement planning.

23.2 The arrangements each year are subject to annual review to consider any revised guidance issued from the Scottish Government or Audit Scotland. The IJB may also, on its own or if directed by the Scottish Ministers, vary and revoke Standing Orders for the regulation of the procedure of business of the IJB and of any Committee. The Audit and Risk Committee has a role in advising the IJB on these matters.

24 Feedback

24.1 The IJB aims to continuously improve service delivery and it is important that this Code remains relevant. We would therefore be happy to hear from you with regard to new operational procedures, changes to legislation, confusion regarding the interpretation of statements or any other matter connected with the Code.

25 Conclusion - Good Governance in Practice

25.1 The IJB promotes the application of the values and principles in all its operations and expects high standards of conduct and behaviour. Good Governance principles and values must be followed in any work, activity or decision undertaken on behalf of the IJB. Good Governance underpins all of the IJB's strategies, plans, policies, frameworks, procedures and activities which involve employees and IJB members. Partnership activities and plans rely upon the input and overview of IJB members who represent Fife's communities and are essential to decision making and scrutiny responsibilities.

25.2 The Code of Good Governance sets out the systems established to achieve good governance arrangements. IJB Members and officers are expected to be aware of and must adhere to the values, the governance and the conduct principles in IJB related activity.

CONFIRMED MINUTES OF EXTRAORDINARY CLINICAL & CARE GOVERNANCE COMMITTEE, WEDNESDAY 4 APRIL 2018, 9AM, COMMITTEE ROOM 2, 5TH FLOOR, FIFE HOUSE

Present:	Councillor Tim Brett (Chair) Simon Little, NHS Board Member Councillor David J Ross
Attending:	Nicky Connor, Associate Nurse Director Claire Dobson, Divisional General Manager (West) Cathy Gilvear, Partnership Quality Clinical & Care Governance Lead Michael Kellet, Director Health and Social Care Partnership Paul Madill, Consultant in Public Health Medicine
Apologies for absence:	Wilma Brown, NHS Board Member Pauline Cumming, Risk Manager Dougie Dunlop, Chief Social Work Officer David Heaney, Divisional General Manager (East) Dr Seonaid McCallum, Associate Medical Director Carolyn McDonald, Associate Director AHPs NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning Evelyn McPhail, Director of Pharmacy Julie Paterson, Divisional General Manager (Fife Wide) Andrea Smith, Lead Pharmacist Margaret Wells, NHS Board Member Helen Woodburn, Head of Quality & Clinical Governance
In attendance:	Elaine Dodds, PA to Associate Medical Director, Fife Health & Social Care Partnership (**Minutes**)

NO	HEADING	ACTION
1.	**CHAIRPERSON'S WELCOME & OPENING REMARKS**	
	Councillor Brett welcomed everyone to the special meeting which had been called and asked Michael Kellet and Claire Dobson to lead the discussions. Councillor Brett acknowledged the meeting was not quorate therefore the minutes from this meeting will be ratified at Clinical & Care Governance Committee on meeting on 9th May 2018.	

2.	**PCES INTERIM OVERNIGHT CONTINGENCY PROPOSAL**	
	Claire Dobson presented a report on PCES Interim Overnight Contingency Proposal to members by explaining emergency action which is required to be taken as of 9th April due to staffing issues within the service. Claire Dobson explained an immediate interim solution is required to address the deficit in medical input overnight and to ensure clinical safety and sustainability. The solution involves: • Moving to one centre overnight based at VHK with effect from 9th April 2018 • Maintaining adequate overnight home visiting capacity, in particular at the weekends. The following questions/queries were raised as a result of the report: *1)* Is the service is confident they can staff the overnight shift? *Yes.* *2)* Although there are lower numbers attending out of hours between midnight - 8am, is it likely that queues will build if operating from the one site? *This would be unusual, we have suggested a staffing model to support demand.* 3) Is there only one GP going to do home visits and if so, how will 2 urgent cases be dealt with at the same time in different parts of Fife? *Although the model is GP in the base and mobile, the service will be flexible to meet the demand. We have been testing a home visiting model delivered by the Urgent care Practitioners and would utilise this group staff as well as Specialist paramedics to support home visiting.* 4) Will the Centre be manned by a GP at all time if both GPs are out on mobile calls? – *The Centre will be manned by Urgent Care Practitioners should the GPs require to go out on mobile calls at the same time.* *5)* What are the plans for communicating the changes? – *A Communication Plan has been developed. The plan includes a timeline for briefing staff, members of the IJB, Elected Members, MSPs and MPs. A press release will also be issued. It was suggested a named person be given to MPs and MSPs for them to discuss any issues direct.* *6)* Will this change affect the Community Transformation Programme consultation currently being undertaken? – *No the consultation will not be effected.* *7)* Are you confident there are enough GPs to man the centre and car? – *Yes*	

	8) At present how do we go about getting GPs to work in the service? - *There are no salaried GPs that work within the service. GPs are independent contractors and although they are signed up to work within the service, a majority of the GPs do not do regular shifts.* *9)* Will patients in NEF be able to access Tayside facilities? – *As is currently the case when patients in Newport, Wormit and Tayport call NHS 24 they will be offered appointment in Tayside. All other patients within Fife will be offered appointments at Victoria Hospital, Kirkcaldy.* *10)* Is there scope to arrange for patients in areas such as St Andrews and Kincardine to be offered appointments within other Health Board areas closer to their home? – *Claire Dobson agreed to discuss this with NHS 24.* 11) Are Community Hospitals included? – *Cameron, Glenrothes, Cupar and St Andrews Hospitals are included within PCES. A large amount of work within community hospitals is being undertaken including "predicting in advance" and "supporting and recognising acute illness and patients".* What if someone has transport issues and is unable to get to VHK during the night? – *Transport issues will be discussed with patients, we would encourage people to be seen in a treatment centre but recognise this is not always possible. If transport is an issue and if it is clinically indicated the individual would be seen at home.* *12)* Are the new arrangements being monitored – *Yes, daily reports on the service will be undertaken for a 3 month period.* *13) Will patients get prescriptions dispensed at VHK - Yes* *14) Why do we not close Glenrothes and keep the other centres open? – PCES is a single service therefore cannot compensate the gaps in Glenrothes from pulling staff from other centres as there is not enough staff.*	
3	**CONCLUSIONS**	
	The Committee: • **<u>Supported</u>** and **<u>Endorsed</u>** the interim solution being implemented to address the deficit in medical input overnight and to ensure clinical safety and sustainability.	

CONFIRMED MINUTES OF EXTRAORDINARY CLINICAL & CARE GOVERNANCE COMMITTEE, WEDNESDAY 18 APRIL 2018, 9AM, COMMITTEE ROOM 2, 5TH FLOOR, FIFE HOUSE

Present:	Councillor Tim Brett (Chair) Simon Little, NHS Board Member Councillor Mary Lockhart Councillor David J Ross
Attending:	Nicky Connor, Associate Nurse Director Claire Dobson, Divisional General Manager (West) Dougie Dunlop, Chief Social Work Officer Cathy Gilvear, Partnership Quality Clinical & Care Governance Lead David Heaney, Divisional General Manager (East) Michael Kellet, Director Health and Social Care Partnership Paul Madill, Consultant in Public Health Medicine Dr Seonaid McCallum, Associate Medical Director Fiona McKay, Head of Strategic Planning, Performance & Commissioning Julie Paterson, Divisional General Manager (Fife Wide)
In attendance:	Roz Barclay, Change & Improvement Manager Elaine Dodds, PA to Associate Medical Director, Fife Health & Social Care Partnership (**Minutes**) Karen Gibb, Change & Improvement Manager Jim Kerr, Transformational Change Manager
Apologies for absence:	Wilma Brown, NHS Board Member Pauline Cumming, Risk Manager Carolyn McDonald, Associate Director AHPs NHS Fife Evelyn McPhail, Director of Pharmacy Andrea Smith, Lead Pharmacist Margaret Wells, NHS Board Member Helen Woodburn, Head of Quality & Clinical Governance

NO	HEADING	ACTION
1.	**CHAIRPERSON'S WELCOME & OPENING REMARKS**	
	Councillor Brett welcomed everyone to the special meeting and informed them the notes were being recorded with the Echo Pen to aid production of notes. These recordings are also kept on file for any possible future reference.	

2.	**DECLARATION OF MEMBERS' INTEREST**	
	There were no declarations of interest.	
3.	**APOLOGIES FOR ABSENCE**	
	Noted above.	
4.	**PRIMARY CARE EMERGENCY SERVICE (PCES) UPDATE**	
	Councillor Brett requested an update on the PCES position following the implementation of contingency arrangements on Monday 9th April. Claire Dobson reported within PCES contingency arrangements were put in place from midnight until 8am each night by basing services at VHK. Although the changes have been challenging in terms of making the change so quickly however staff have coped well with the changes. Activity levels within the service have been as predicted which on average is 8-10 attendances every night and 5 home visits and this has remained the case since the contingency arrangements were put in place. Arrangements have been made for North East Fife patients to go to Tayside however to date no patient has required treatment overnight. Home visits within North East Fife have remained unchanged. Simon Little advised he was reassured with the arrangements which have been implemented and asked if data was available and if discussions had been undertaken with A&E. Claire Dobson confirmed a comprehensive data collection system within PCES called ADASTRA collects comprehensive data from when a patient contacts NHS 24 until when they are discharged. Each day a report can be made from the previous night's activity and can provide information for individual patients as well as geographical areas. Claire Dobson confirmed discussions and close working with acute colleagues to look at how to position resources to support minor injuries at QMH as well as PCES service at Victoria Hospital, Kirkcaldy Councillor Brett asked if there were any staffing issues arisen in terms of the new arrangements. Claire Dobson confirmed there are no issues to date. The service has had the opportunity to test the use of a Specialised Paramedic from the Scottish Ambulance Service who have similar specialist skills to Urgent Care Practitioners i.e. medicines and prescribing. Positive learning has been gained which will be taken forward in the future.	

	Dr McCallum added the model is successful in other areas where Specialist Paramedics are first response rather than GPs. The committee: • **Noted** the PCES update • **Acknowledged** the commitment and hard work from staff during the contingency arrangements and the difficulty the short notice caused for staff and patients but accepted it was unavoidable given the urgency of the situation. • **Agreed** an update should be presented at a future meeting if any significant issues arise with contingency arrangements.	
5.	**COMMUNITY TRANSFORMATION PROGRAMME – DRAFT CONSULTATION PROGRAMME**	
	Claire Dobson advised the Situation, Background, Assessment, Recommendation (SBAR), full proposal and public facing proposal were being presented to the Committee and encouraged discussion and questions. There is a requirement for the Committee to consider and approve the consultation proposal prior to it being presented to the Integrated Joint Board for approval. The Committee agreed to address each workstream individually: Roz Barclay presented the **Community Health and Wellbeing Hub** proposal. The Committee raised/discussed the following: Page 18 – Councillor Brett asked if the term "locality" should be "areas" as they are known as areas within the council. Mr Kellet advised the partnership use the term locality across the partnership and therefore will retain language to ensure consistency. Page 19 – Single point of access (SPOA) – Councillor Brett asked whether referrals will only be from professionals or will members of the public be able to refer? It was confirmed members of the public will not be able to refer to the service direct as it will be a single point of access (SPOA) for professionals. Councillor Brett stated that the single point of access (SPOA) section implies there will be no waiting list or times. Is this the reality? Dr McCallum explained that the key issue is around working differently. At present there can be a number of referrals however with the proposed changes there will be discussions within multi disciplinary teams which will reduce duplication of referrals. For example, Whitefield Day Hospital, Queen Margaret Hospital has reduced waiting times from six weeks to one week by implementing the model. Page 21 – Under "Rapid assessment and diagnostics hubs" of the chart, it currently reads "Develop a locality model of rapid assessment hubs in Dunfermline, Levenmouth, and Glenrothes, with a mobile model for the Howe	

	and North East Fife ....." Councillor Brett advised the Howe and North East Fife is part of North East Fife. Roz Barclay agreed to amend the document accordingly. Page 21 – Councillor Brett asked why the disc representing South West Fife on the map of Fife was a different colour from the rest of the discs. Roz Barclay explained the purple discs are Community Health and Wellbeing Hubs and the blue discs are Locality huddles. There is an extra locality hub within South West Fife to enable the team to work together within that area. Roz Barclay confirmed South West Fife is not receiving any additional services from the rest of Fife. Mrs Dobson agreed to make the graphic more clear. Simon Little raised concerns regarding the complexity of the document and the inability to communicate though this document to the general public. He added there were too many confusing terms within the document such as hubs and huddles which people will not understand and that the document is wide open to misrepresentation on what the partnership is trying to achieve. Mr Kellet explained the document which has been presented to the Committee today is the full proposal which is aimed at Committees and Boards. A summary document and an easy read version is in the process of being developed. The Committee are asked to agree the substance of the proposal recognising an easy read version will be constructed. Simon Little requested supporting evidence be documented and made available prior to undertaking the public meetings etc. as part of the consultation process as members of the public will be keen to see the statistics behind the need for change. Mrs Dobson agreed to include evidence and figures within the document and as part of the preparation for the consultation. Councillor Lockhart suggested piloting the easy read version with home care staff as they visit and communicate with the elderly population. Councillor Lockhart requested the anticipated impact on the GP Contract over the next 5 years and the impact on GP and other Specialist Training in the education centres overall should be taken into consideration. Councillor Brett added that members of the public will ask how it will affect them and their family and what differences will be seen. This information should be included in an early part of the document. Councillor Brett asked if the changes will be measured in approximately 5 years time to determine whether the benefits of the changes have been achieved. It was confirmed that an evaluation process will be part of the process. Seonaid McCallum presented the **Out of Hours Urgent Care** proposal. The Committee raised/discussed the following points:-	**RB** **CD** **CD**

	Simon Little raised concerns regarding the figures in the tables on Page 33 which give financial details of the options. Simon Little reported the figures were confusing and did not appear to correctly add up. Claire Dobson reported the calculations were in relation to option appraisal and various models and agreed to ensure the contents in the tables are clear and correct. On Page 25 Councillor Brett asked why the number of NHS Fife contacts through NHS 24 was 94,468 and the PCES referral rate was 55,954 resulting in a 40,000 difference? Seonaid McCallum explained many individuals do not require referral to be seen face to face by staff at PCES as clinically it may be appropriate to offer clinical advice. For example women can be advised to go to pharmacy for UTI treatment. Page 25 Councillor Brett queried why home visits have decreased by 19.6%? Dr McCallum reported that the capacity for home visits is manageable at the moment however it is anticipated that there will be an increase in home visits required in future due to more people being treated at home and in community hospitals. Councillor Brett asked if the urgent care resource hub was for receiving calls only or can someone go to the hub? Dr McCallum explained an urgent care resource hub is an area where staff from a number of health and social care urgent services will work together to coordinate service delivery and will be done in a clinically led way. At present patients are allocated geographically to the next available appointment. This will change to a response according to a patient's clinical needs and the team will have the knowledge of the different professions and specialties. For example if a patient is likely to require to be seen by a secondary care clinician or admission to acute hospital care they will be offered an appointment close to the hospital Page 31 – Councillor Brett requested in column one, third bullet point changed to "VHK minor injuries flow". Page 33 - Councillor Brett asked whether the cost figures in bold are required as they bring attention to the figures which suggest the changes are based on finance rather than clinical need. Councillor Ross agreed that the cost should not be included as the public will go with the cheaper option. Michael Kellet agreed this would be beneficial in terms of the redesign not being driven by financial reasons but by clinical need. Page 34, Bullet point 3 – "Provide Urgent Care with immediate access to facilities such as radiology, laboratory results and ECG" Councillor Brett asked if this will be available 24/7 at Victoria Hospital and Queen Margaret Hospital. Dr McCallum confirmed these services will only be available 24/7 at Victoria Hospital, Kirkcaldy.	**CD** **RB**

	Page 34 – Councillor Brett asked for confirmation that North East Fife patients can go to Tayside and West Fife patients to Forth Valley be added into the text. Claire Dobson confirmed a Service Level Agreement (SLA) is in place with Tayside which is enhanced at present due to the current contingency arrangements in place. Further discussions with Tayside and Forth Valley are planned to determine the contingencies required to be put in place moving forward. Dr McCallum added she had been liaising with the Associate Medical Directors of Forth Valley and Tayside who have been very supportive. Simon Little raised the issue of IT development and the importance of having the systems in place to support the proposals. Simon Little referred to Page 3 of the SBAR, last sentence on Background – "This programme requires estates, information technology and workforce developments to follow and underpin the models of care" by highlighting the potential for clarification and questions to be asked regarding the detail. Karen Gibb presented the **Community Hospitals** proposal. The Committee raised/discussed the following: Michael Kellet reported that the community hospitals proposal is in the proposal and consultation paper and the Committee are asked to agree to communicate to the public that work on community hospitals is part of this process and that further detail will be available later in the year. Councillor Brett asked what the public is expected to come back with on community hospitals. Michael Kellet advised the last page of the summary document contains a questionnaire which includes a question on part 3 of the consultation for members of the public to complete. Councillor Lockhart requested workshops be arranged to allow members of the public to feed in at an early stage of the consultation. David Heaney agreed this would be helpful as a proactive exercise before consultation. Simon Little suggested using locality groups and cluster lead groups prior to formal consultation. Councillor Brett referred to Page 37 - "33% of people were there because they were waiting for a different type of care package either in their own home or a care facility" and "46 assessment beds". Councillor Brett asked if this would be enough with the new models of care. David Heaney confirmed the IJB invested £4.1m in new models of care in 2016/17 and that these will grow and roll out over the next few years. On Page 40 – "At present we do not have the right combination of beds in the right locations to meet needs. For example in the west of Fife there are fewer	

	beds to meet the needs of the population" – Councillor Brett asked in terms of being asked at a public meeting what is being done about it - Claire Dobson confirmed work on developing test of change to establish what works best for the community and population is being undertaken. Simon Little asked a potential question that will be asked at public meetings - What will happen if we do not do anything? - Dr McCallum explained if we do nothing then patient safety is at risk as the data clearly shows an ageing demographic and there is a potential increase in home visits resulting in response times not being met. In addition there is a risk of not attracting clinicians to the service. Simon Little suggested the main statement should be "It is for your own safety" and urged that facts and figures are available to support the statement. Michael Kellet agreed it is important to reiterate that in order to make it a sustainable safe service then change has to be made. Councillor Brett asked whether workforce development has been involved in the process to date. David Heaney confirmed the Local Partnership Forum (LPF) and staff side have been involved and work will go on to engage with staff and keep them up to date on any workforce developments. **Consultation document – Joining up Care Fife – Have your say** Councillor Ross referred to the questions on the last page of the consultation document – "Do you agree with how Part 2 proposes to redesign out of hours care – do you prefer current option, option 1 or option 2? - Why are we consulting on something not sustainable by offering the current option? Councillor Brett added that if the person does not agree then there is no requirement to have current option box. Claire Dobson reported that this is advice received from the Scottish Health Council and agreed to discuss further with them. Councillor Lockhart suggested that if there is not a question asking if they still prefer the current service even though unsustainable then the public are not getting the opportunity to state an opinion. It is up to the HSCP to inform the public that what is being on offered is an improvement which is not about money but about providing a service which is appropriate to times which have changed dramatically for people's needs and resources available. *Michael Kellet, Claire Dobson and Seonaid McCallum left the meeting.* Councillor Brett referred to Page 4 and asked for clarification on the following points: • How does mental health fit? – Julie Paterson reported there are particular	

	strands of work being pulled together as well as mental health redesign work which will be included when appropriate to do so. • "Equity-minimising the impact of social, economic and access inequalities" – If centralising to one centre in Fife how does it improve access? – Jim Kerr reported as part of the review an equality impact assessment and stakeholder engagement have been undertaken. • "Locally based clinical co-ordination of urgent care means more people receive the right care sooner" - Is this not being done in SPOA centrally? How is it locally based? – Local means Fife. Simon Little requested more information on the impact assessment which was undertaken. Jim Kerr reported the standard impact assessment is attached to the SBAR as an appendix. The standard impact assessment identified 3 areas of potential adverse impact. A full impact assessment will run alongside the period of public consultation. Simon Little asked for assurance that a transportation policy is in place. Roz Barclay advised that transportation arrangements are currently in place to deal with the PCES contingency arrangements at present and that a transportation policy will be updated as options are agreed. Simon Little suggested the transportation policy be available as part of the consultation process. Members requested to see a copy of the Impact Assessment documentation. Councillor Ross asked what provisions are being put in place to allow people with communication difficulties, such as BSL users take part in the consultation in the consultation. Jim Kerr confirmed provisions are being put in place. Simon Little suggested having public meeting in every locality. Fiona McKay suggested following the format of engagement plans which Fife Council adopted when consulting about Plan for Fife and Fife Council budget. Fiona McKay agreed to provide link with Fife Council team. Councillor Brett asked for the options of NEF going to NHS Tayside and West Fife to NHS Forth Valley to be included in the proposal Councillor Brett requested more information on the engagement and consultation process.	
6.	**CONCLUSIONS**	
	Following detailed discussions the Committee: **Endorse** the proposal to go out to consultation.	

UNCONFIRMED MINUTES OF CLINICAL & CARE GOVERNANCE COMMITTEE, TUESDAY 9 MAY 2018, 2PM, CONFERENCE ROOM 2, GROUND FLOOR, FIFE HOUSE

Present:	Councillor Tim Brett (Chair) Wilma Brown, NHS Board Member Christina Cooper, NHS Board Member Simon Little, NHS Board Member
Attending:	Nicky Connor, Associate Nurse Director Claire Dobson, Divisional General Manager (West) Simon Fevre, Staff Side Representative David Heaney, Divisional General Manager (East) Michael Kellet, Director Health and Social Care Partnership Dr Seonaid McCallum, Associate Medical Director Carolyn McDonald, Associate Director AHPs NHS Fife Fiona McKay, Head of Strategic Planning, Performance & Commissioning Evelyn McPhail, Director of Pharmacy Paul Madill, Consultant in Public Health Julie Paterson, Divisional General Manager (Fife Wide)
Apologies for absence:	Pauline Cumming, Risk Manager Dougie Dunlop, Chief Social Work Officer Cathy Gilvear, Partnership Quality Clinical & Care Governance Lead Councillor David J Ross Andrea Smith, Lead Pharmacist Helen Woodburn, Head of Quality & Clinical Governance
In attendance:	Elaine Dodds, PA to Associate Medical Director, Fife Health & Social Care Partnership (**Minutes**) Avril Sweeney, Manager, Risk Compliance Norma Aitken, Head of Corporate Services Elaine Law, Service Manager, Adults East Lynne Garvey, Children's Services Manager Nicola Harkins, GIRFEC/Child Health Change Manager

NO	HEADING	ACTION
1.	**CHAIRPERSON'S WELCOME & OPENING REMARKS**	
	Councillor Brett welcomed everyone to the meeting. Due to the high number of papers Councillor Brett asked officers to keep introductory remarks as short as possible	

2.	**DECLARATION OF MEMBERS INTERESTS**	
	Simon Little declared he had been asked to join the Dundee Drug Commission and has stressed that he is working independently and not as part of the Health and Social Care Partnership.	
3	**APOLOGIES FOR ABSENCE**	
	Apologies were noted as above.	
4	**MINUTES OF PREVIOUS MEETING**	
	The Committee: • **Approved** the minute of 13 March 2018 • **Approved** and **ratified** the minute of 4 April 2018 with the amendment that the meeting was not quorate and the minutes therefore required ratification at today's meeting. • **Requested** the minute of 18 April 2018 be distributed to members for comment and approval.	
5	**MATTERS ARISING**	
	The following items from the action list were discussed: 6.5 Clinical & Care Governance Terms of Reference – The Memorandum of Understanding for the NHS Fife Clinical Governance Committee will be signed off in the near future therefore the Terms of Reference for the Clinical & Care Governance Committee will be reviewed at the next meeting. 6.10 Podiatry Diabetes Service – Members agreed this item should be removed from the action list as it is being dealt with at Divisional level. The action list will be updated.	
6	**GOVERNANCE**	
	6.1 QUALITY REPORT	
	Nicky Connor presented the Clinical Quality Report which has been created to provide assurance to the Committee on the overall position in relation to themes, and national and local identified priorities which are relevant to the Health & Social Care Partnership. Nicky explained the report is a draft template which will be developed and will include social care in the future. The report will be updated and	

	presented at each Committee meeting. Members were asked to feedback on the format and content of the report. Following discussion Nicky Connor agreed to present a report at a future Committee meeting on the work being undertaken around pressure ulcers. Carolyn McDonald agreed to include Committee members in the Falls Strategy consultation. Nicky Connor agreed to present a report on HAI at a future Committee meeting providing details of the focussed work in relation to catheter related Ecoli. Simon Little queried the figures on extreme adverse event which is lower than the CGC of 60% and asked whether there was under reporting. Nicky Connor confirmed the figures in the report were correct however agreed to compare them with NHS Fife figures. Simon Fevre asked how services/issues can be added to the report. Nicky Connor explained the information within the report is informed by the harm data and information in clinical systems. Services/issues will be addressed at Divisional level through a clinical report and it will be agreed if there is a requirement to escalate specific issues to the CCGC. Councillor Brett praised the work around the reduction in Inpatient Self Harm cases. Members noted the success of the Scottish Patient Safety Programme (SPSP) is being shared across Fife and showcased nationally. Members noted further work around social care measures and data collections is taking place and will be discussed at the next meeting. The Committee: • **Noted** the Quality Report	**ALL** **NC** **CMcD** **NC** **NC**
	6.2 PERFORMANCE REPORT	
	Fiona McKay presented the Performance Report which provides an overview of progress/performance in relation to: • Performance against National Outcomes; • Health and Social Care – Performance Information; and • Health and Social Care – Management Information	

		Members noted the report had been presented to the Integrated Joint Board on 26th April. Discussion took place regarding the requirement for the Performance Report to be presented to the Committee in addition to the Quality Report. Councillor Brett and Simon Little agreed to discuss and agree how often the report is required to be brought to the Committee. The Committee: • **Noted** the report	**TB/SL**
	6.3	**MEDICINES GOVERNANCE – SAFE & SECURE USE OF MEDICINES**	
		Evelyn McPhail presented the report which explained the standards for the safe use and storage of medicines which have been set by The Safe & Secure Use of Medicines Policy and Procedures (SSUMPP). Evelyn explained everyone working in NHS Fife handling medicines are expected to observe the standards and familiarise themselves with what is considered good practice. Members were informed a Safe Use of Medicines Group has been established which is co chaired by Nicky Connor and Andrea Smith. The Group is developing a revised Audit report to ensure procedures and guidance are being adhered too. The Report may require to be brought to the Committee in the future. The Committee: • **Noted** the report.	
	6.4	**RISK REGISTER**	
		Fiona McKay presented the report by explaining two additional risks had been added to the report – numbers 22 and 23. Members discussed if it was necessary for the Risk Register to be presented at every meeting. Members agreed the requirement of the Committee to review the risks on behalf of the IJB and therefore the Risk Register should be presented at each meeting. Fiona McKay explained a Working Group has been established to align clinical risks and social care risks. The Committee: • **Noted** the report	

	• **Acknowledged** the risks within the report and action being taken • **Agreed** the report should be presented and reviewed at every meeting**.**	
	6.5 GP CLUSTER UPDATE	
	Dr Seonaid McCallum presented the report which gave information on the quality improvement work taking place within the GP Clusters. Members agreed the report was informative and highlighted the good work going on within GP Clusters. The Committee • **Noted** the report.	
	6.6 PROFESSIONAL MEDICAL REVALIDATION	
	Dr Seonaid McCallum presented the Report which explained the medical revalidation process which is required to "assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards". Dr McCallum explained the medical revalidation process and data is dealt with on an NHS Fife wide basis and not specifically for the partnership. Councillor Brett asked how GPs who work within the out of hours service and GPs who work sessional are revalidated. Dr McCallum explained all GPs have to be on a NHS Board's GP Performance list and have a Responsible Officer who will oversee the revalidation process. The Committee • **Noted** the report • **Agreed** a Report should be presented annually to the Committee.	
	6.7 PUBLIC HEALTH GOVERNANCE	
	Mr Madill presented the report which explained a review of the public health governance processes had been undertaken over the last year to provide assurance that there is a clear line of sight across all areas of public health for which NHS Fife is accountable. Mr Madill reported a gap had been identified in relation to public health involvement in the Clinical & Care Governance Committee therefore he will now attend the Committee going forward.	

	Simon Little asked how decisions are made in relation to where consultant support is prioritised with various groups and Committees and what happens to the groups who have not got support. Mr Madill reported the decision around support is taken at a strategic level with input from the Partnership, NHS Board and Fife Council. Julie Paterson added she meets regularly with Margaret Hannah, Director of Public Health and when there are issues arising which particularly require consultant support then Public Health will fully support. Councillor Brett asked for clarification on dentists and whether they are contracted and revalidated by the Board. Dr McCallum agreed to brief Councillor Brett on the issue out with the meeting. The Committee: • **Agreed** the lines of accountability.	**SMcC**
	6.8 DUTY OF CANDOUR/ADVERSE EVENTS POLICY	
	Nicky Connor introduced the report which gave information on the ongoing progress regarding the implementation of the Duty of Candour. Members noted the national guidance has been published and both NHS Fife and Fife Council have groups in place to support the implementation. The Committee: • **Noted** the ongoing work. • **Noted** further updates on implementation will be brought to future meetings.	
	6.9 CAMHS UPDATE	
	Julie Paterson presented the report which gave details of two main initiatives to improve performance. Work is also progressing to review the demands on the workforce and to identify solutions to both ensure optimum staffing availability and support and ongoing progress in relation to waiting times. Members raised concerns and sought clarification around the patients who are not deemed to be high risk and therefore required to wait the longest. Julie Paterson confirmed referrals are being triaged according to patient needs. The Committee:	

	• **Noted** the report.	
	6.10 PAEDIATRIC REDESIGN	
	Julie Paterson introduced Lynne Garvey, Senior Manager for Children Services and Nicola Harkins, who were in attendance to answer queries which members may have. Julie Paterson presented the report. Members were asked to note the significant work that is being undertaken to address the redesign of a fragile service and endorse the need to redesign at pace by introducing skill mix to ensure the service can be delivered. Carolyn McDonald asked for the current position in relation to Advance Nurse Practitioner (ANP) roles and AHPs. Nicola Harkins reported there are currently Advance Nurse Practitioners within Learning Disabilities. Work is ongoing across NHS Fife to look at Advance Nurse Practitioner roles for the future. Nicky Connor reported work is ongoing to scope the needs across all services in relation to ANPs to inform a 3-4 year plan of what services anticipate they will require. Nicky Connor added the Advance Practice Across Fife Strategy will be launched next month which is the approach across Nursing, Midwifery and AHPs across Fife to look at how to strengthen and understand the roles in relation to ANPs. A copy of the Strategy will be presented at a future Committee meeting. Lynne Garvey confirmed Paediatricians have been involved in the process by identifying what their current workload should look like and agreed what should be taken over by nurses and AHP colleagues. Simon Fevre suggested it is an appropriate time for the governance around communication, training and workforce modelling to be part of Local Partnership Forum (LPF) discussions. Julie Paterson reassured members that all parties have been fully involved in the review and it will be taken to LPF in due course. The Committee: • **Noted** the report	**NC**
	Lynn Garvey and Nicola Harkins left the meeting.	

	6.11 Mental Health (Health & Safety)	
	Item discussed in private session.	
	6.12 SCOTLAND'S HEALTH & SOCIAL CARE STANDARDS	
	Nicky Connor presented the report which explained Scotland's new Health and Social Care Standards which came into effect on 1 April 2018. The Care Inspectorate, Healthcare Improvement Scotland (HIS) and other scrutiny bodies will take these standards into account in relation to inspections and registrations of health and social care services. Further information from The Care Inspectorate and HIS detailing how the Standards will be implemented has yet to be received. Members acknowledged the need for staff to be made aware of what the Standards mean for their health and social care settings and how they will impact on their work. The Committee: • **Noted** the requirement for staff engagement • **Agreed** a similar report should be submitted to the Integrated Joint Board to make members aware of the Standards • **Suggested** a workshop should be arranged in the Autumn to seek assurance on how the Standards will be implemented and measured.	
7.	**TRANSFORMATION**	
	7.1 Fife MacMillan Improving the Cancer Journey (ICJ)	
	Julie Paterson presented the report which: • Provided evidence that people affected by cancer require ongoing support. • Highlighted the importance of ICJ in H&SC strategic planning. • Highlight the importance of maintaining continuity between the Integrated Community Cancer Care Project and the Improving Cancer Journey Service, for people affected by cancer The Committee: • **Noted** the contents of the report • **Agreed** a 6 monthly update should be presented for information. .	

	Elaine Law left the meeting.	
8.	**EXECUTIVE LEAD REPORTS AND MINUTES FROM LINKED COMMITTEES**	
	8.1 East Division Clinical & Care Governance Group – 17/1/18	
	8.2 West Division Clinical & Care Governance Group – 20/3/18	
	8.3 Fife wide Division Clinical & Care Governance Group – 22/2/18	
	8.4 NHS Quality & Safety Governance Group – 9/3/18	
	The above minutes were noted.	
	8.5 Integrated Professional Advisory Group (IPAG)– 8/3/18 – Verbal update	
	Carolyn McDonald reported the meeting scheduled to take place on 4th May had been cancelled due to the number of apologies received. An engagement event for Area Clinical Forum (ACF) and IPAG is being arranged to focus on how to maximise clinical and care staff's contribution to and ownership of decisions about health and care services in Fife.	
9.	**FOR NOTING**	
	9.1 Clinical & Care Governance Workplan	
	9.2 Infection Control Committee Minutes	
	The above items were noted.	
10.	**ANNUAL REPORTS**	
	10.1 Care Inspectorate Report	
	Fiona McKay presented the report which informs members of the range of inspections that have been undertaken recently by the Care Inspectorate, and highlighted the grades rewarded. The Committee • **Noted** the report.	
	10.2 Pharmaceutical Care Services in NHS Fife 2018/19	
	Evelyn McPhail presented the report which is required on an annual basis to formally develop and publish the Pharmaceutical Care Service (PCS) Report.	

	The Committee • **Noted** and **endorsed** the report.	
	Norma Aitken, Dougie Dunlop, Fiona McKay, Claire Dobson, David Heaney, Paul Madill, Carolyn McDonald, Avril Sweeney and Evelyn McPhail left the meeting. A private session of the Committee commenced which was minuted separately.	
11.	**DATE OF NEXT MEETING**	
	Friday 10th August at 10am in Conference Room 2, Ground Floor, Fife House	

UNCONFIRMED MINUTES OF FINANCE AND PERFORMANCE COMMITTEE HELD ON FRIDAY 11 MAY 2018, 9:30AM, CONFERENCE ROOM 1, GROUND FLOOR, FIFE HOUSE

Present:	Cllr David Graham (Chair) Martin Black, NHS Board Member Simon Little, NHS Board Member Margaret Wells, NHS Board Member
Attending:	Norma Aitken, Head of Corporate Services Ashleigh Allan, Finance Business Partner, Fife Council Claire Dobson, Divisional General Manager (West), Fife H&SCP Fiona McKay, Head of Strategic Planning, Performance & Commissioning, Fife H&SCP Evelyn McPhail, Director of Pharmacy, NHS Fife Jen McPhail, Chief Finance Officer, Fife H&SCP Rose Robertson, Deputy Director of Finance, NHS Fife
Apologies:	Cllr David Alexander
In attendance:	Ingrid Tjeransen (Minutes) Roslynn Barclay, Change & Improvement Manager (West),Fife H&SCP Karen Gibb, Change & Improvement Manager (East),Fife H&SCP

NO.	HEADING	ACTION
1.	**WELCOME AND APOLOGIES**	
	DG welcomed everyone to the meeting and apologies were noted as above.	
2.	**DECLARATIONS OF INTEREST**	
	There were none.	
3.	**DRAFT MINUTES OF FINANCE AND PERFORMANCE COMMITTEE OF 16TH MARCH 2018**	
	MW referred to the below quote within Agenda Item 6: "*MW asked why the posts of Change Manager would be required on a permanent basis as surely change must come to an end*". MW asked that the wording be changed to read '*transformational change*' rather than '*change*'. IT to amend. MW agreed change was always going to be continual. SL requested a rolling action log. IT to action.	**IT** **IT**

	The minutes were approved as an accurate record.	
4.	**ANNUAL WORKPLAN 2018-19**	
	DG introduced the Annual Workplan for 2018-19. The Committee were reminded that this is essentially for guidance and is subject to change. Additional items may be brought before the Committee at any time. SL referred to previous discussions regarding Fife Alcohol and Drug Partnership (ADP) and the proposal for reports to come to this Committee. FM explained that Fife ADP are currently undergoing a review of programme and will commission different services based on needs. ADP will be invited to speak on these findings following the review. MB referred to improvement plans for staff sickness absence which appear on the workplan under the month of August. MB argued that this is insufficient and should be addressed on a monthly basis. FM replied that work with colleagues in Fife Council is currently underway to develop the improvement plans and once they are established regular updates will be provided. DG agreed that this is important, in particular with regards to how absence affects the budget, for example, the use of agency staff to cover sickness absence. FM reminded the Committee that absence figures are also included within the Performance Report. MW queried why the draft financial plan for 2018/19 does not appear before Committee until March 2019. JM clarified that this is an error and should read 2019/20. IT to amend.	**IT**
5.	**FINANCE REPORT**	
	JM presented the Finance Report based on the financial position as at 31st March 2018. Key areas include: - a decrease on the deficit position reported in January 2018; - identified overspends within complex care packages being offset by significant forecast budget underspends due to staffing vacancies within various community services; - underspends in sexual health and rheumatology drug costs; - a reduction in the projected overspend within social care primarily due to movement of adult packages, homecare and receipt of winter funding monies; - a decrease in the forecast overspend for acute set aside services; - a shortfall in achieved savings attributed to the delay in implementing community service redesign and unidentified savings not materialising in full; - START has overachieved - Children's Services report a projected increase in their underspend due to the receipt of immunisation monies from the Scottish Government. It is not possible to deliver a breakeven position in 2017/18. As per the Integration Scheme the risk share is 72% NHS Fife and 28% Fife Council. DG thanked JM for the informative report.	

	SL noted that, although it is significant that the community redesign implementation has been delayed, it is important to ensure that the correct model is used. SL congratulated EM on excellent work in relation to the formulary. MB stated that the last minute saving on the NHS side is unfortunate as this cannot be carried forward. JM explained that Health receive budget allocations throughout the year whereas Fife Council receive a set amount at the beginning of the financial year. MW said that it is positive that difficulties have been highlighted and are being addressed. The Committee noted the financial position.	
6.	**FINANCIAL FORECASTING**	
	JM explained how financial forecasting currently operates. The information is recorded manually on a 3 part form and sent for approval. The data, which includes the cost of care, is then entered into a spreadsheet which generates a forecast. A number of issues have been identified with the current process including the lack of a procedure/process to define compliance/responsibility and timeliness for provision of timely accurate information/impacting on inaccurate data held to produce forecasting and the risk of error and/or duplication of records. No data on breaks being recorded thus forecasting not adjusted to reflect non provision of service. Regular reconciliation to the financial ledger is not completed due to the volume of transactions, lack of unique identifiers across both systems and lack of available resources to complete. A small working group has been established and comprises of finance representatives, service managers and contracts colleagues. The group are responsible for identifying all areas of concern within the current system and determining how these can be remedied. A policy and procedure will be implemented which will outline key data required for input and define responsibilities. A temporary full time resource has been allocated by Fife Council to complete full reconciliation into the financial ledger and this will be replicated within the contracts team. The current social work system SWIFT is due to be retendered. FM is leading on SWIFT replacement with assistance from Business Technology Solutions (BTS), Fife Council. Once operational, electronic upload onto the new system will be required. It is important to note, at this point, that no data has ever been deleted from SWIFT. It is likely to take up to 2 years to complete tender and implement a new system. SL said that it would be helpful to have a single ledger across H&SC from a scrutiny perspective. JM replied that a single ledger would not eliminate this issue and no other Partnerships have moved in this direction and RR added that it would not be beneficial in terms of forecasting because NHS Fife do not use the ledger for this purpose. The Finance and Performance Committee noted the actions being undertaken and look forward to receiving progress reports routinely.	

7.	**PERFORMANCE REPORT**	
	FM introduced the Performance Report for April 2018 and queried whether it is necessary for this report to also go to the Clinical and Care Governance Committee. It is important to ensure the information is as up to date as possible and this proves difficult when operating to different timescales. Key points include: - additional performance information from pharmacy now included; - introduction of START to individuals in STAR units; - plans to integrate front door discharge support model into START team. FM referred to current work underway mapping out adult care packages in terms of hours involved. MW agreed that this information would be helpful. SL referred to the average length of stay (on discharge) within STAR beds and asked that a rolling average over 3 months be provided. DG reminded the Committee that this is a work in progress and continues to improve and develop. SL spoke of a presentation held at a previous IJB on poly pharmacy and asked for a progress update. EM said that it is still in development and is dependent upon funding received from the GMS service. EM reported that a Consultant Pharmacist post for Care of the Elderly has been proposed and, if implemented (subject to NES funding), will be the first of its kind in Scotland. SL enquired about financial issues relating to voluntary organisations. FM said that any discussion relating to this would have to be at a private session. FM advised the Committee that the Care at Home tender has just gone out and agreed to present on this once in place. SL agreed that this would be useful.	**FM**
8.	**HEALTH AND CARE EXPERIENCE SURVEY**	
	FM introduced the Health and Care Experience Survey. The report only became available last week and is now in the public domain. Appendix 1, prepared by ISD, illustrates how Fife is performing in comparison to other Partnerships. The report is produced every 2 years and will also go to the Clinical and Care Governance Committee. DG referred to Question 5 within Appendix 2 which relates to GP appointment wait times and said that several of his constituents have complained of being told to queue outside their surgery for an appointment. MB said that he has heard similar complaints. FM said that ISD can break down the data further and offered to arrange. EM noted that the Fife figures fall below those of the Scottish average, highlighting the impact of resilience problems within Fife. It is hoped that the new GP Contract will have a positive impact on figures but this will not be evident immediately. MW asked what can be done in relation to areas which are performing below the Scottish average. FM agreed to ask Dr McCallum. EM reminded everyone that this must be handled in a sensitive manner as GPs are already under significant pressure.	**FM** **FM**

	DG shared concern regarding the reducing numbers of GPs and the impact upon services but reminded everyone that percentages can be misleading as they are not indicative of actual numbers.	
9.	**COMMUNITY TRANSFORMATION PROGRAMME (PRESENTATION)**	
	CD introduced the consultation proposal for changes to be taken forward as one community transformation programme and asked that the Committee discuss, consider and approve to the Partnership Board. CD informed everyone that this proposal has been presented to other Committees and groups and any received comments/suggested changes have now been incorporated into the report. MW asked for the inclusion of a Gant Chart and noted that the proposal places a lot of emphasis on frailty and older people and not so much on other areas such as mental health. SL reminded the Committee of possible implications associated with not endorsing the programme. In relation to the performance of the system and associated finance as a whole SL recommends that the group approve. MB said that he is reluctant to endorse in the present form and believes that areas are still require development. CD reminded the Committee of the need to transform and change. Large parts of the Clinical Strategy refer to transformational change. This is an ideal opportunity to remain ahead of the curve. DG said that it is difficult to approve in the present form as both he and his party have concerns. SL asked that, rather than endorse today, the Committee approve the direction of travel and note progress. NA reminded the Committee that the final paper will go public next week with the publication of the IJB papers. The Committee agreed to endorse the direction of travel while recognising the need for further work to be applied throughout the document.	
10.	**AOCB**	
	DG acknowledged that there is a vacancy on this Committee on the Fife Council side. NA agreed to send out a declaration of interest. DG asked that it be noted that the huge amount of work from all the teams across the Health and Social Care Partnership is both recognised and greatly appreciated.	**NA**
11.	**DATE OF NEXT MEETING**	
	TBC	

Unconfirmed

Health & Social Care Local Partnership Forum (H&SC LPF)
Wednesday 16th May 2018
Room 2, 5th Floor, Fife House, Glenrothes

Present: Michael Kellet, Director of Health and Social Care (Chair)
Simon Fevre, Staffside, (Co-Chair)
Eleanor Haggett, Unison (Co-Chair)
Debbie Thompson, Joint Trades Union Secretary
Stuart Bain, HR Business Partner, Fife Council
Bruce Anderson, Head of Staff Governance, NHS Fife
Jen McPhail, Chief Finance Officer
Yvonne Wania, Unison Fife
Geraldine Law, Chartered Society of Physiotherapists
Sharon Adam, RCN
Lorna Sheriffs, Unison Fife
David Heaney, Divisional General Manager (East)
Claire Dobson, Divisional General Manager (West)
Julie Paterson, Divisional General Manager (Fife Wide)
Susan Robertson, UNITE
Wilma Brown, Employee Director, NHS Fife
Lynn Parsons, Society of Chiropodists and Podiatrists
Leigh Murray, RCN
Kenny McCallum, Unison Fife
Chu Chin Lim, Fife LNC Co-Chair

Apologies Gillian Tait, RCN
Connie Flint, Communications Officer, Health and Social Care
Wendy McConville, Unison Fife

Minute prepared by: Michelle Allan, MSO to Michael Kellet

		ACTION
1.	**Apologies** Apologies received as above.	
2.	**Previous Minute** Amendment to the minute: Matters Arising – Included discussion in relation to L Parson backfill. Absence/Attendance Management – amended to reflect trial of triage system.	

3.	**Matters Arising** LP – Backfill. WB updated that a meeting was held with JP/WB/LP to discuss options for back filling LP's post. JP provided an update that the post is being advertised as a 4 day position and the advert is signed off and with HR for processing. ICASS East/West - Agreed to schedule a meeting with DH/DT/SB. Update to be provided at next meeting. Localities to be added as a substantive agenda item at next meeting.	DH/DT/SB
4. **4.1**	**Finance Update** **Budget Update** JMcP updated that the draft out turn budget for 2017/18 is indicating a £8.8m budget deficit. The final figure will be confirmed by audit in July. The partnership will receive £350K for winter monies. **Turn Over Efficiency Target** JMcP updated that Fife Council Social Care have a turn over target of 6.25% which is averaged at 3.5% on a £74m budget. This does not affect the recruitment process. The proposal for NHS Fife is a 0% – 5% turn over target with an average of 2.22% on a £135m budget, with an annual review. SF sought clarity over budget holder/recruitment restrictions. JMcP confirmed that budget holders will not be restricted from using normal practices to cover gaps, e.g. back fill, additional hours. WB noted the pressures that exist within community services when there are vacancies. JP noted that this will incur no real change to the current process and that due to pressures in staffing managers may have to accept that waiting times will increase. DT expressed that the impact on staff is not recognised in the turn over target paper. MK noted that there is no change being proposed so staff should not be impacted. MK did however acknowledge the additional pressure staff face whilst there are vacancies. Agreement that LPF will monitor and review the target annually.	
4.2		

4.3	**Management Review** JMcP updated that there are £350k-£500k of savings to be identified from management positions. Management has been identified as Fife Council FC10 and above and NHS Fife Grade 8A and above. MK updated that a working group will be formed of HR Partners/Staff Side and H&SCP Management to advance work in this area. It is acknowledged that some Grade 8A posts and above will be clinical posts and although they will likely be exempt from this process the ultimate decision will be that of the working group. WB raised that staffside have not been involved in this process from the outset and this would have been useful. MK acknowledged this. YW queried the timeline for this to take place. JMcP confirmed that the savings are to be achieved in this financial year. SF noted that communication to staff in relation to this is important, however an opportunity to comment on the paper prior to comms being issued would be welcomed. Agreed for comments to be submitted by Friday 25th May. Request from staff side for approximate numbers of staff involved.	ALL JMcP
5.	**Consultancy/Agency Usage** JMcP provided an update on the costs. The figures for Local Government are yet to be finalised. Query over the consultancy costs for SLT – JMcP will track and confirm these.	
6. **6.1**	**Transformation** **Community Transformation Update** CD updated that since the update provided at the previous LPF Meeting the proposals have been to various committees; H&SCP Clinical and Care Governance, NHS Clinical Governance, H&SCP Finance and Performance and Strategic Planning Group. A special IJB meeting is being held on 22nd May to consider the proposals. The most recent version of the proposal to be shared with LPF members.	

6.2	**Community Transformation Staff Engagement Plan** Karen Gibb updated that the project team are seeking views on how best to engage with staff. There is an offer from the project team to attend team meetings if this would be helpful. SF noted that engagement will take place over three months in the summer and consideration needs to be given to how best to engage with community based staffed, home carers, non-hospital based staff. SF also raised that it is key that staff are released to attend briefings/engage in the process.	
6.3	**Transformation Group** JP updated that the group was set up in 2015 to engage with staff and seek views and suggestions. The group have progressed 14 tests of change with one continuing at present. JP will provide LPF members with an update on the position of tests of change. SLT made the decision to discontinue the group, with the acknowledgement of the importance of seeking views and opinions from the workforce and SLT to consider a future model to capture this. JP will issue a final wrap up to confirm the end of the group with an update on what the group has achieved to date.	JP JP
6.4	**Joint Strategic Transformation Group** The minutes were noted.	
7.	**Out of Hours (PCES)** CD updated that a paper went to EDG following the last LPF meeting and a three month contingency plan was implemented on 9th April for out of hours (midnight – 8.00am). CD informed that GP recruitment issues continue and there is a current advert for salaried GP's for the service. CD noted that the staff have been exemplary during the changes and have continued to provide an excellent service. CD advised that there has been effective partnership working with NHS Tayside in that patients from North East Fife have the option of attending Kings Cross Hospital, Dundee.	

	LP raised whether GP's have been receiving triple time to cover shifts in PCES. CD confirmed that there were incentivised shifts for the first week only. It is recognised that a review of the payment structure is required. CD also noted that the accommodation issues within Victoria Hospital are known and action is being taking to resolve. LM raised the communication which has taken place with the workforce and the need to refresh this. CD welcomed suggestions on how best to inform and engage staff. DT queried whether factors such as ambulance usage, financial impact, patients experience are being captured/tracked. CD confirmed that all this data is being recorded. SF noted that some comms that are in the public domain could be misleading and that our own staff need to be reassured, particularly those that work in Glenrothes Hospital. DH agreed to action comms to this staff group.	DH
8.	**H&SCP Workforce and Organisational Development Group** Mk updated that the first meeting is scheduled for Friday 18th May. The group will look at the existing workforce strategy with a view to refreshing it.	
9. **9.1** **9.2**	**Absence/Attendance Management** **Wellbeing Strategy** DH updated that a group has been set up with DH, EH, SB and Cindy Graham to take a proactive approach to supporting employees to be in the workplace. A 4DX workshop is taking place on 6th June involving Home Care Team Managers and Home Care Coordinator. Colleagues from Building Services who have been through a similar exercise will also be involved. **Attendance Figures** It was noted that attendance in East Division has improved greatly, after particular attention was paid to this hot spot area.	

10. **10.1**	**Health & Safety** **Ravenscraig Ward – HSE Inspection** JP updated that HSE visited Ravenscraig Ward at Whytemans Brae in March in relation to a previous incident. HSE made various recommendations for improvement and an action plan has now been devised. WB and SF confirmed that staff side are involved in this process. **Health & Safety Forum** LM raised that the next meeting is taking a particular look at violence and aggression and that inviting Stuart Armstrong to attend would be appropriate.	MK
11.	**LPF Action Plan** BA noted significant improvement in all three areas.	
12.	**iMatter** BA updated that the questionnaires will go out to staff at the end of June. BA requested that managers updated their teams/new starts/leavers.	
13.	**Dignity at Work** BA circulated the H&SCP Reports and NHS Reports in advance of the meeting. Agreement for LPF to consider strategies and set priorities for improvement. Agreed to set up a small working group.	
14.	**Divisional Updates** **Fife Wide** JP noted that there was a mental health event held yesterday which was well attended with over 200 attendees. The feedback from this event will inform the work on mental health redesign. Walk a Mile Event is on 15th June at Silverburn, Leven and Stratheden. DT requested that the details be passed on. JP advised that a positive piece of work is the paediatric redesign and an SBAR will be brought to a future LPF Meeting.	JP

	East DH updated that an initial meeting for community transformation workforce group have taken place, involved in this meeting are DH, CD, BA, SF and EH. Fife Business Awards – Home Care Total Mobile won the award. The good piece work undertaken by all managers and staff involved was acknowledged. Home Care Redesign is now complete, particular thanks to Cindy Graham, Service Manager, Trade Unions and HR Partners. **West** CD is working on a review of winter, the output of which will inform planning for winter 2018. Fife Council is also taking a retrospective look at winter/severe weather and H&SCP will feed in to this. Positive workshop held with Marie Curie in April.	
15.	**AOCB** No items	
16.	**Date of Next Meeting** 11th July 2018, 10.00am	

ACTION NOTE FROM 16.05.18 MEETING

	ACTION	BY WHOM	BY WHEN
1.	ICASS East/West - Agreed to schedule a meeting.	DH/DT/SB	11.07.18
2.	Management Review Staff Comms – comments to be submitted.	ALL	25.05.18
3.	Management Review – figures of staff involved to be provided to Trade Unions	JMcP	ASAP
4.	Transformation Group – provide update on tests of change/issue final wrap up of group	JP	11.07.18
5.	Community Paediatric Redesign SBAR to be provided to LPF Members	JP	11.07.18

Fife Health & Social Care Partnership

Supporting the people of Fife together

INTEGRATION JOINT BOARD WORK SCHEDULE 2018

PREVIOUS MEETING – FOR INFORMATION ONLY

SPECIAL IJB MEETING **Tuesday 22 May 2018**	**Committee Rooms 1 & 2, 5th Floor, Fife House – 2.00 pm – 5.00 pm**
STRATEGY	
Community Transformation Programme	Claire Dobson / David Heaney Seonaid McCallum

Thursday 21 June 2018	**Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT 10.00am – 1.00pm**
PERFORMANCE	
Finance Report 2017-18	Jen McPhail
Issue of Additional Directions by the Integration Joint Board	Jen McPhail
Performance Report	Fiona McKay
STRATEGY	
Community Transformation Programme	Claire Dobson / David Heaney Seonaid McCallum
Improving The Cancer Journey	Julie Paterson (Jacquie Stringer)
GMS Contract Update	Seonaid McCallum
Fife Advocacy Strategy	Louise Bell
Carers Strategy for Fife 2018-2021	Louise Bell
GOVERNANCE	
Pharmaceutical Care Services Plan	Evelyn McPhail
Public Health Governance	Margaret Hannah
Code of Corporate Governance	Jen McPhail
MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING	
Audit & Risk Committee	Provided by Ingrid Tjeransen
Clinical & Care Governance Committee	Provided by Elaine Dodds
Finance & Performance Committee	Provided by Ingrid Tjeransen
Local Partnership Forum Committee	Provided by Michelle Allan
Schedule of Work	Provide by Wendy Anderson

DEADLINE FOR SUBMISSION OF REPORTS – Monday 21 May 2018

Thursday 30 August 2018	**Fife Voluntary Action, Leven Training Room, Craig Mitchell House, Flemington Road, Glenrothes, Fife, KY7 5QF** **10.00am – 1.00pm**
PERSONAL STORY – TOTAL MOBILE	Nicky Connor
PERFORMANCE	
Finance Report	Jen McPhail
Performance Report	Fiona McKay
STRATEGY	
Primary Care Improvement Plan	Seonaid McCallum
Supported Accommodation – Specific Needs Housing	John Mills
Relocation of St David's Day Service in St Andrews	David Heaney
The Role of H&SC Partnerships in Reducing Health Inequalities	Fiona McKay
Workforce & Organisational Development Strategy	Michael Kellet
GOVERNANCE	
NHS Fife Board Assurance Framework	Michael Kellet
MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING	
Audit & Risk Committee	Provided by Ingrid Tjeransen
Clinical & Care Governance Committee	Provided by Elaine Dodds
Finance & Performance Committee	Provided by Ingrid Tjeransen
Local Partnership Forum Committee	Provided by Michelle Allan
Schedule of Work	Provide by Wendy Anderson

DEADLINE FOR SUBMISSION OF REPORTS – Monday 30 July 2018

Wednesday 24 October 2018	**Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT 10.00am – 1.00pm**
PERFORMANCE	
Finance Report	Jen McPhail
Performance Report	Fiona McKay
Climate Change Duties 2017/2018	Fiona McKay (Avril Sweeney)
STRATEGY	
Joining Up Care (Phase 2)	Claire Dobson / David Heaney / Seonaid McCallum
Health Promoting Health Service – Annual Return	(from Dev Session 16/5/18)
GOVERNANCE	
General Medical Services Contact – Memorandum of Understanding	Seonaid McCallum
MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING	
Audit & Risk Committee	Provided by Ingrid Tjeransen
Clinical & Care Governance Committee	Provided by Elaine Dodds
Finance & Performance Committee	Provided by Ingrid Tjeransen
Local Partnership Forum Committee	Provided by Michelle Allan
Schedule of Work	Provide by Wendy Anderson

DEADLINE FOR SUBMISSION OF REPORTS – Monday 24 September 2018

Thursday 20 December 2018	**Conference Rooms 2/3, Ground Floor, Fife House, North Street, Glenrothes, Fife, KY7 5LT 10.00am – 1.00pm**
PERSONAL STORY – HIGH HEALTH GAINS AND LOCALITY HUDDLES	Nicky Connor
PERFORMANCE	
Finance Report	Jen McPhail
Performance Report	Fiona McKay
STRATEGY	
GOVERNANCE	
MINUTES FROM OTHER COMMITTEES & ITEMS FOR NOTING	
Audit & Risk Committee	Provided by Ingrid Tjeransen
Clinical & Care Governance Committee	Provided by Elaine Dodds
Finance & Performance Committee	Provided by Ingrid Tjeransen
Local Partnership Forum Committee	Provided by Michelle Allan
Schedule of Work	Provide by Wendy Anderson

DEADLINE FOR SUBMISSION OF REPORTS – Monday 19 November 2018

TO BE ALLOCATED		
Delayed Discharge In-Depth Report	Source (IJB 22.09.16 Agenda Item 89.7)	
Health Inequality	Fiona Mckay and DGM's (IJB 16.11.17)	
Pharmacy Budget Alignment	Evelyn McPhail (IJB mins 22.6.17)	
Ethical Care Charter	Email from MK 24.01.18 – C&CG first	
Risk Management Policy and Strategy	Withdrawn from 26.04.18 Agenda – to appropriate sub-committee first	
IJB Risk Register	Withdrawn from 26.04.18 Agenda – to appropriate sub-committee first	
Health and Care Experience Survey	David Heaney	To be allocated once it is know which sub-committees dates it will go to
ADP Annual Report	Julie Paterson	First Meeting 2019
Risk Register Strategy	Fiona McKay	
Strategic Risk Register	Fiona McKay	
Climate Change Duties 2017/2018	Fiona McKay (Avril Sweeney)	Oct/Nov 2019