



AGENDA

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 25 NOVEMBER 2022 AT 10.00 AM
THIS WILL BE A VIRTUAL MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
Participants Are Asked to Join Ten Minutes
Ahead of the Scheduled Start Time**

	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS	Christina Cooper	-
2	CONFIRMATION OF ATTENDANCE / APOLOGIES	Christina Cooper	-
3	DECLARATION OF MEMBERS' INTERESTS	Christina Cooper	-
4	MINUTES OF PREVIOUS MEETING 30 SEPTEMBER 2022	Christina Cooper	3 - 9
5	MATTERS ARISING ACTION NOTE 30 SEPTEMBER 2022	Christina Cooper	10 – 11
6	CHIEF OFFICER UPDATE	Nicky Connor	-
7	FIFE INTEGRATION JOINT BOARD DRAFT AUDITED ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO MARCH 2022	Audrey Valente	12 - 82
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12	WORKFORCE STRATEGY & PLAN 2022 – 2025	Roy Lawrence	193 – 257
13	PHARMACEUTICAL CARE SERVICES REPORT 21/22	Hazel Close	258 – 310
14	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED Audit & Assurance Committee Confirmed Minute from 14 September 2022 Verbal Update from 11 November 2022 Finance, Performance & Scrutiny Committee Confirmed Minute from 16 September 2022 Verbal Update from 9 November 2022 Quality & Communities Committee Confirmed Minute from 9 September 2022 Verbal Update from 8 November 2022 Local Partnership Forum Confirmed Minute from 21 September 2022	Dave Dempsey Arlene Wood Sinead Braiden Nicky Connor	311 - 334
15	AOCB	All	-
16	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – FRIDAY 9 DECEMBER 2022 INTEGRATION JOINT BOARD – FRIDAY 27 JANUARY 2023	All	-

MEMBERS ARE REMINDED THAT QUERIES ON THE DETAIL OF A REPORT SHOULD BE ADDRESSED BY CONTACTING THE REPORT AUTHORS IN ADVANCE OF THE MEETING

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

Copies of papers are available in alternative formats on request from Norma Aitken, Head of Corporate Services, 6th Floor, Fife House – e:mail Norma.aitken-nhs@fife.gov.uk



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 30 SEPTEMBER 2022 AT 10.00 AM

Present	Christina Cooper (CC) (Chair) David Graham (DG) (Vice-Chair) Fife Council – David Alexander (DA), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Martin Black (MB), Sinead Braiden (SB), Alistair Morris (AM), Arlene Wood (AW) Chris McKenna, Medical Director, NHS Fife Wilma Brown, Employee Director, NHS Fife Ian Dall (ID), Service User Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative, NHS Fife Morna Fleming (MF), Carer Representative Kenny Murphy (KM), Third Sector Representative Debbie Thompson (DT), Joint TU Secretary, Fife Council
Professional Advisers	Nicky Connor (NC), Director of Health & Social Care Audrey Valente (AV), Chief Finance Officer Lynn Barker (LB), Associate Director of Nursing
Attending	Lynne Garvey (LG), Head of Community Care Services Bryan Davies (BD), Head of Primary & Preventative Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Roy Lawrence (RLaw), Principal Lead Organisation Development and Culture Lisa Cooper (LC), Immunisation Programme Director Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Adviser Clare Gibb (CG), Communications Adviser Hannah Grubb (HG), Participation and Engagement Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO TITLE

ACTION

1 CHAIRPERSON'S WELCOME / OPENING REMARKS

The Chair welcomed everyone to the Integration Joint Board, including Hannah Grubb, Participation and Engagement Officer and Clare Gibb, Communications Adviser who have both joined the partnership recently and are observing the meeting as part of their induction.

The Chair reminded the Board that her term of office on the NHS Board comes to an end in December this year. She will therefore be standing down as Chair of the IJB from 1 December 2022 and was pleased to advise that Arlene Wood has been appointed to the Chair from that date. The Board wished Arlene well in this new role.

1 CHAIRPERSON'S WELCOME / OPENING REMARKS (CONT)

The Chair advised that meeting dates for 2023 Committee and IJB meetings were being agreed and discussion on how these will be held (Virtual / Blended / In Person) at a future development session.

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

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

2 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Dave Dempsey, Janette Owens, Joy Tomlinson, Helen Hellewell and Ben Hannan.

3 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

4 MINUTES OF PREVIOUS MEETING 29 JULY 2022

The Minute from the meeting held on 29 July 2022 was approved as an accurate record.

5 MATTERS ARISING – ACTION NOTE

The Action Note from the meeting held on 29 July 2022 was approved as accurate.

6 CHIEF OFFICER UPDATE

The Chair handed over to Nicky Connor for this item.

Nicky confirmed that a briefing had been sent to IJB members the previous day which updated on upcoming changes in the Senior Leadership Team. Nicky expressed her thanks to Bryan Davies, Head of Primary & Preventative Care Services who leaves on 7 October 2022 to take up a new post with Borders. Lisa Cooper will take up this post on Monday 10 October 2022.

Thanks were expressed to all staff, within the partnership and all other sectors, who have participated in the recent Inspection. This report on this is due to be released early November 2022, a briefing will be provided to the IJB and the findings will present through due governance when available.

The current global challenges which are being faced, including the cost-of-living crisis, have been acknowledged in many forums. Consideration is being given to support for the Independent sector and a report will be brought to the next Finance, Performance & Scrutiny Committee.

Nicky and the Chair both expressed their thanks, on behalf of the Board, to all staff within the partnership and our partners for the continued efforts during these times of ongoing system pressures. .

7 FINANCE UPDATE

The Chair handed over to Audrey Valente who presented this report which had been discussed at the Finance, Performance and Scrutiny (FP&S) Committee on Friday 16 September 2022.

Audrey Valente advised the financial position of the delegated and managed services, as at 31 July 2022 the forecast for Fife Health & Social Care Partnership is currently a surplus £6.950m. Currently the key areas of overspend are Hospital & Long-Term Care and Adult Placements. These overspends are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Homecare, Adults Fife-wide, Adults Supported Living and Social Care Fieldwork.

Unachieved savings totalling £3.794m from prior years, which were delayed due to Covid-19, have been brought forward, and as at July 66% of these are likely to be delivered. Resource Scheduling (Total Mobile) saving of £0.750m is projected to be undelivered in 2022-23. This saving will be funded from reserves on a one-year basis from the uncommitted reserves balance, as approved by the IJB in March 2022. The savings associated with the implementation of MORSE (£0.800m) will not be delivered in full in 2022-23. It is projected that only 50% will be delivered with the remaining 50% of this saving funded from reserves on a one-year basis, as approved by the IJB in March.

July projected full year costs for Covid-19 related expenditure is £18.429m. Reserves for Covid-19 brought forward from 2021-22 of £35.993m are to be utilised to cover this expenditure. Recently a letter was received from Scottish Government regarding the unspent £17.5m Covid-19 funding, which will need to be returned to Scottish Government.

The Chair then invited Arlene Wood, Chair of Finance, Performance & Scrutiny Committee (FP&S) to comment on discussions at the Committee before questions from Board members. The Committee had raised concerns around the return of covid funding to Scottish Government and asked for additional information on two areas of underspend, which will be provided to FP&S at a later meeting.

Discussion took place around the return of the Covid-19 funding, how this was to be achieved, spend to save options, any additional costs to be taken into account and the provision of PPE to staff going forward. Audrey advised that initial figures are based on Quarter 2, but will be updated during Quarters 3 and 4. Audrey is in regular dialogue with Scottish Government and the situation is constantly evolving.

Questions were asked around the situation with recruitment and Nicky advised that significant work on this was ongoing. The response to the STV advert had been encouraging with a number of staff now in post and others being processed, consideration is being given to a further expansion of this campaign. The Workforce Action Plan (Item 10) later in the agenda would provide information on the work which is ongoing on this.

Graeme Downie raised the question of increasing the mileage allowance for Social Care Workers, which Audrey explained was not in the gift of the IJB as staff are employed by Fife Council and any decisions would need to come from

7 FINANCE UPDATE (CONT)

the employing organisation. Graham Downie proposed that consideration be given to a view to bringing external care workers closer in parity to Fife Council and NHS Fife. Additional funding to external providers is currently under discussion to allow an uplift to all of their care staff for the next six months, this will then be reviewed. This will be discussed further at a Finance, Performance and Scrutiny committee Paul Dundas confirmed that this proposal had been well received by external providers.

Paul Dundas also advised that Fife has joined a national collective group which will allow IJB to take advantage of collective buying power eg for PPE purchasing.

It was agreed that Governance would be the subject of a future Development Session and this will be discussed with the Chair.

NC

The Board examined and considered the key actions and next steps and approved the financial monitoring position and use of Reserves as at July 2022.

8 PERFORMANCE REPORT – EXECUTIVE SUMMARY

The full version of this report was discussed at the Finance, Performance & Scrutiny Committee on 16 September 2022. The Chair introduced Fiona McKay who presented the report. Fiona advised that there are still challenges within the system but significant work is ongoing to support patients and their families and allow safe movement of people through the system.

The Chair then invited Arlene Wood, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Arlene advised that the Committee were assured by the report and there were a few areas of challenge which they discussed.

Ian Dall felt it was difficult to see trends from the data contained in the summary report, Fiona offered to share the full report with him as this contains trend information.

FM

Chris McKenna spoke of the extreme pressures within NHS Fife and Social Care and how the IJB could support this to deliver better outcomes. Fiona acknowledged there were challenges and it is important to do the best we can within the resources available. The recent redesign of the portfolios within the partnership which allowed the creation of Primary & Preventative Care Services allows more focus on early intervention and prevention.

Rosemary Liewald raised the issue of consultation of service users on Adult Day Care Centres. Fiona McKay advised that a Test of Change is currently underway within Napier House Care Home in Glenrothes to determine how we go forward with day care provision post pandemic.

The Board discussed and were assured by the report.

9 ANNUAL PERFORMANCE REPORT 2021-2022

This report had been discussed at the Quality & Communities Committee on 9 September 2022 and the Finance, Performance & Scrutiny Committee on 16 September 2022. The Chair introduced Fiona McKay who presented the report.

Fiona thanked the IJB members who were part of the Strategic Planning Group who worked on this Report. Feedback received from the two committees had been taken on board and included in the final report.

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

Sinead advised that Quality & Communities had welcomed the report and were assured by the content.

Arlene advised that Finance, Performance & Scrutiny welcomed the opportunity to feed back on the report and had raised two issues which had been incorporated in the updated report.

Morna Fleming raised questions relating to the Deaf Communications Service, short break provision for over 65's, delayed discharges and Inspections. Fiona McKay responded to each of these in turn.

Martin Black raised the issue of dangerous access to the Methil Care Home which is under construction. Fiona confirmed that this has been raised with Fife Council and assurance received that access will be sufficient once the project is completed.

Discussion took place around surge beds in Community Hospitals and how best to minimise delays in discharging patients. There is no capacity to further increase the number of available beds Due to capacity and workforce challenges. There is work being progressed in relation to Home First to help continue to address and support timely discharge from hospital.

The Board discussed and were assured by the report.

10 FIFE HSCP YEAR 1 WORKFORCE ACTION PLAN 2022-2023

This report had been discussed at the Quality & Communities Committee on 9 September 2022 and the Finance, Performance & Scrutiny Committee on 16 September 2022. The Chair introduced Roy Lawrence who presented the report. Roy thanked everyone for the work done on this to date and advised that Scottish Government have not yet provided their feedback on the Workforce Strategy, although this was expected at the end of August 2022. Once received this feedback will come back to the IJB at a future meeting.

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

Sinead advised that Quality & Communities were content to approve the Action Plan. Arlene confirmed that Finance, Performance & Scrutiny were also content with this and asked that priorities and timescales be reviewed.

10 FIFE HSCP YEAR 1 WORKFORCE ACTION PLAN 2022-2023 (CONT)

The Board approved the Year 1 Action Plan and were assured that the Workforce Strategy Group will report to SLT 3 times per year on progress. The Group will also report to the IJB, LPF and Committees annually on progress.

11 REVISION TO GOVERNANCE MANUAL

This report had been discussed at the Audit & Assurance Committee on 14 September 2022. The Chair introduced Norma Aitken who presented the report. The revision came about following the approval of the updated Integration Scheme in March 2022 and was in line with current legislation.

Since the Governance Manual had been collated there had been a suggested change to the Terms of Reference for the Quality and Communities Committee. This would be discussed at the next Q&C meeting and the manual updated as appropriate.

The Chair thanked the wider team involved in the revision of the manual.

The Chair then invited Sinead Braiden (on behalf of Dave Dempsey, who was unable to join the meeting) to comment on discussions at the Committee before questions from Board members. Sinead advised that the Committee were content to approve the revised manual and acknowledged the significant amount of work which had gone into this.

David Graham asked how and when the manual would be revised in future. Norma advised this would be every two years unless there were major legislative changes or requirements identified by the IJB in that time.

The Board were assured that adequate and appropriate governance arrangements are in place to discharge the duties which are delegated to the IJB and noted that a copy of the updated Manual will be issued to each IJB member.

12 IJB STRATEGIC RISK REGISTER

This report had been discussed at the Audit & Assurance Committee on 14 September 2022. The Chair introduced Audrey Valente who presented the report which was reviewed in July 2022, with another revision due in October 2022.

The Chair then invited Sinead Braiden (on behalf of Dave Dempsey, who is unable to join us today) to comment on discussions at the Committee before questions from Board members.

Sinead advised that the committee welcomed this report and the significant work which goes into it. They were happy to see the delineation between operational and strategic risks.

Arlene advised that the committee found the report was easy to read and highlighted that despite actions the level has not reduced on some risks. The committee identified that work may be needed on risk appetite and this will be explored further.

Audrey advised that a lot of work is being done on risks, both within the partnership and with partner organisations. Risk appetite requires to be reviewed by the IJB. Discussion took place around the high level of residual risk and how we impact on the different risk registers that exist.

12 IJB STRATEGIC RISK REGISTER (CONT)

Board members noted the Risk Register and were assured that risks continue to be managed by the risk owners with scrutiny being applied by the respective governance committees. Discussion took place on the risk register and any further information which is required.

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

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

Audit & Assurance Committee (A&A) – 19 July 2022 / 14 September 2022

Sinead Braiden updated in the absence of Dave Dempsey that there were no items for escalation from this meeting. The Annual Accounts were discussed in depth. A further meeting had taken place on 14 September 2022 and again there were no items for escalation from this meeting. Discussions include the Governance Manual and Risk Register.

Finance, Performance & Scrutiny Committee (FP&S) – 8 July 2022 / 16 September 2022

Arlene Wood advised that there no items for escalation from these meetings.

Quality & Communities Committee (Q&C) – 5 July 2022 / 9 September 2022

Sinead Braiden advised that the document process for Complaints was raised at the July meeting and this was being monitored. Winter Lessons, Home 1st and the Mental Health Strategy progress report were discussed at the September committee meeting. There were no escalations.

Local Partnership Forum (LPF) – 20 July 2022

Simon Fevre had no items for escalation from the LPF. There had been a further LPF meeting on 21 September 2022, discussions including Action Planning for the iMatter survey, the health and wellbeing of staff and the current system pressures.

Strategic Planning Group (SPG)

David Graham advised that work on the new Strategic Plan is going well and moving forward. There were no escalations.

14 AOCB

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

15 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 28 OCTOBER 2022

INTEGRATION JOINT BOARD – FRIDAY 25 NOVEMBER 2022

IJB DEVELOPMENT SESSION – FRIDAY 9 DECEMBER 2022

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 30 SEPTEMBER 2022

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

COMPLETED ACTIONS

<p>MINUTES OF PREVIOUS MEETING 26 NOVEMBER 2021 - AW queried Section 8 - discussion at A&R Committee re outstanding recommendations from 2020 Annual Audit and will this be reported back to IJB. NA confirmed a high-level mid-year report will be brought to provide assurance that actions are being closed off.</p>	<p>Audrey Valente</p>	<p>25 November 2022</p>	<p>Will be brought to A&A then IJB in the future</p>
<p>KINCARDINE AND LOCHGELLY HEALTH AND WELLBEING CENTRE – OUTLINE BUSINESS CASES – presentation to be shared with IJB Members</p>	<p>Justin Gilbert / Wendy Anderson</p>	<p>ASAP</p>	<p>Completed – circulated via e-mail 29/07/22</p>
<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED - question raised at Q&C meeting on 5 July 2022 regarding Complaints and the process for these being escalated to the IJB. Audrey Valent advised there is a Complaints Procedure and she will check this and get back to Sinead.</p>	<p>Audrey Valente</p>	<p>30 September 2022</p>	<p>Completed – responded to at Q&C Committee</p>



Meeting Title:	Integration Joint Board
Meeting Date:	25 November 2022
Agenda Item No:	7
Report Title:	Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2022
Responsible Officer:	Nicky Connor, Director Fife Health & Social Care Partnership
Report Author:	Audrey Valente, Fife HSCP Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- Finance Governance Board, 1 July 2022.
- Senior Leadership Team
- Audit and Assurance Committee, 19 July 2022.
- Audit and Assurance Committee, 9 November 2022 where some final adjustments were discussed and agreed for onward approval by the Integration Joint Board as outlined in the recommendations.

3 Report Summary

3.1 Situation

The attached report is the draft audited annual accounts to financial year end 31st March 2022.

The 2021/22 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP) and requirements of International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribes the format to be used in presenting income and expenditure information. The Annual Accounts provide an overview of financial performance in 2021/22 for the IJB.

3.2 Background

The attached document provides the draft provisional outturn, which has been audited, of the delegated and managed services of Health & Social Care Partnership.

3.3 Assessment

The outturn position as at 31 March 2022 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	664,203	614,134	(50,069)	7.5
Set Aside Acute Services	40,227	40,227	0	0.0

The IJB reported total income of £704.430m for the financial year 2021/22, which was made up of £664.203m integrated budget and £40.227m relating to set aside.

The IJB reported total expenditure for the financial year 2021/22 of £654.361m, which comprised of £614.134m spend on integrated services and £40.227m on set aside.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £6.099m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £40.227m and there is a break-even position. Partner discussions continue to ensure services are delegated in line with the Ministerial Steering Group (MSG) recommendations.

Pharmacy (budget of £10.258m) transferred back to NHS Fife Corporate Directorate during April 2021, which was agreed at the Finance & Performance Committee of 11 September 2020. As the Director of Pharmacy and Medicines reports to the Chief Executive of NHS Fife it was deemed appropriate to transfer the budget into Corporate Directorates within NHS Fife.

As income to the IJB exceeded expenditure in year, a surplus of £50.069m was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2022. This is mainly the result of specific funding received late in the year to be utilised to fund the continued costs of Covid-19, and other earmarked carry forwards such as Primary Care Improvement Fund, Action 15, and Mental Health Recovery & Renewal. These funds were received late in the financial year and funding will be carried forward to 2022/23 as per Scottish Government guidance. Funding was also received in year to help provide additional interim care beds and care at home services; and any unspent balances have been carried forward to be utilised in 2022/23.

The surplus at year end means that there was no requirement to implement the risk share agreement during 2021/22.

In addition a draft Annual Governance statement is included within the Draft Annual Accounts. The Annual Governance Statement explains the Integration Joint Board's (IJB) governance and internal control arrangements and how the IJB complies with the CIPFA and SOLACE framework "Delivering Good Governance in Local Government", which details the requirement for an Annual Governance Statement. The IJB's governance framework places reliance on the Codes of Corporate Governance of Fife Council and NHS Fife in addition to having its own Code of Corporate Governance.

The Accounts remain DRAFT until approved and signed at IJB on 25th November 2022.

3.3.1 Quality / Customer Care

There are no quality/customer care implications associated with this report.

3.3.2 Workforce

There are no workforce implications associated with this report.

3.3.3 Financial

As per 3.1 above, a surplus of £50.069m was reported in the comprehensive income and expenditure statement as at 31 March 2022 and therefore there was no requirement to implement the risk share agreement during 2020/22.

3.3.4 Risk / Legal / Management

There are no Legal implications for this report although the Statement of Annual Accounts is a formal requirement of the IJB as a legal entity.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

There are no environmental/climate change impacts associated with this report.

3.3.7 Other Impact

No other impacts anticipated from this report.

3.3.8 Communication, Involvement, Engagement and Consultation

There has been regular dialogue with Director of Finance for Fife Council and NHS Fife and their teams in development of these draft audited annual accounts.

4.4 Recommendation

- **Assurance** – The Integration Joint Board are asked to be assured that the draft annual accounts have been reviewed by external audit and discussed at the Audit and Assurance Committee.
- **Discussion** – note the IJB's draft Audited Annual Accounts
- **Decision** – agree/disagree that the accounts are approved for signature.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2022

Appendix 2 – Fife Integration Joint Board 2021/22 Annual Audit Report - Draft

6 Implications for Fife Council

Fife Council are currently holding reserves on behalf of the IJB.

7 Implications for NHS Fife

No implications for NHS Fife.

8 Implications for Third Sector

No implications for the Third Sector.

9 Implications for Independent Sector

No implications for the Independent Sector.

10 Directions Required to Fife Council, NHS Fife or Both

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

11 To Be Completed by SLT Member Only

Lead	Audrey Valente
Critical	
Signed Up	
Informed	

Report Contact

Author Name: Audrey Valente

Author Job Title: HSCP Chief Finance Officer

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



**Fife Health
& Social Care
Partnership**

Fife Integration Joint Board Audited Annual Accounts

For the Financial Year to 31 March 2022

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MANAGEMENT COMMENTARY

Introduction

This commentary provides an overview of progress against the objectives and strategy of the Fife Integration Joint Board (IJB). It considers our Financial Performance for the year ended 31st March 2022 and provides an indication of risks and issues which may impact upon finances in the future.

The Coronavirus (Covid-19) pandemic continued to have a significant impact on service delivery. The financial position was monitored via the Local Mobilisation Plan and the Scottish Government funded the additional costs of Covid-19 in 2021/22. There will be challenges ahead as Covid-19 specific funding ceases and expenditure incurred becomes business as usual. Work is on-going to determine the recurring financial impact of Covid-19. Adherence to governance and strong financial management will be key.

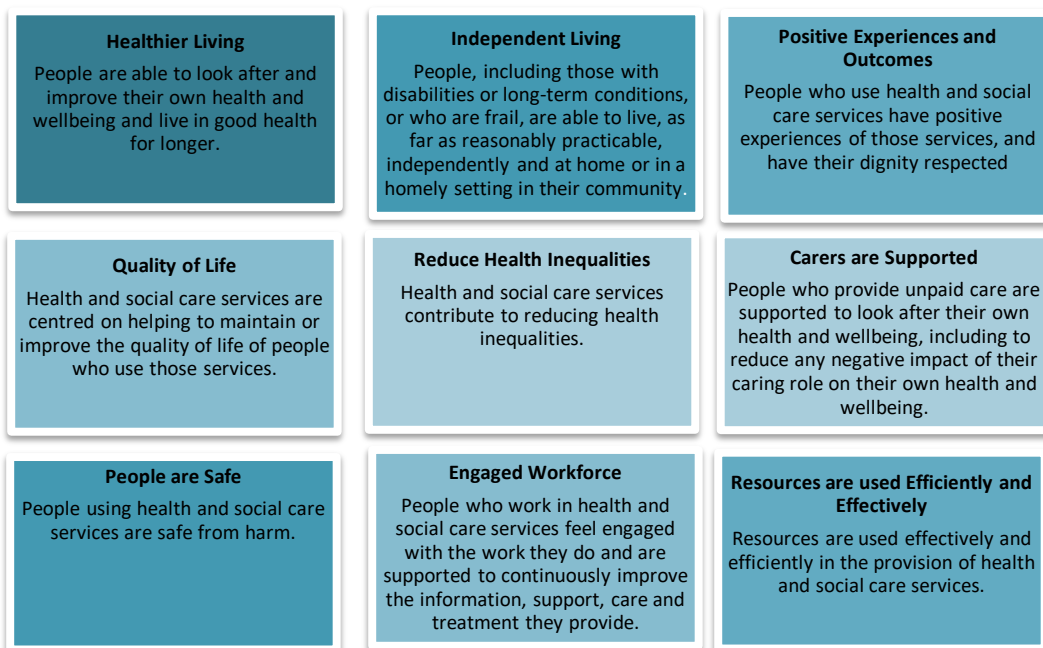
Role and Remit

Fife IJB was established as a body corporate by order of Scottish Ministers in October 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. Fife IJB is responsible for the planning and operational oversight of a range of integrated services of Fife Council and Fife NHS, striving to fulfil the vision to enable the people of Fife to live independent and healthier lives.

The IJB is the decision-making body that meets regularly to discuss, plan, and agree how health and social care services are delivered in Fife. It is responsible for overseeing the development and preparation of the Strategic Plan for services delegated to it, allocating resources in accordance with the plan and ensuring that the national and local Health and Wellbeing Outcomes are met. Fife Health and Social Care Partnership (HSCP) is directed to deliver based on decisions made by the IJB. The directions govern the delivery as they outline what the partners are required to do, the budget allocated, and how the delivery will be monitored. The scope of services delegated to the IJB is outlined in the Integration Scheme.

Purpose and Objectives

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes established by the Scottish Ministers, and Fife Council and NHS Fife are committed to working jointly and have entered into the agreement to achieve these aims and outcomes. The 9 National Outcomes are:



We are responsible for planning the future direction of, and overseeing the operational delivery of, integrated health and social care services for the people of Fife. These services are delegated to Fife IJB by NHS Fife and Fife Council and are mostly delivered by Fife HSCP, in conjunction with our partners in the Third and Independent Sector. The services are



Fife HSCP has undergone a period of significant change which became effective as of June 2021. The diagram above reflects the new structure of service provision, these services are provided in a way which, so far as possible:

- Is integrated from the point of view of service-users.
- Takes account of the needs of service-users in different parts of Fife and takes account of the characteristics, and circumstances of different service-users.
- Respects the rights of service-users.
- Takes account of the dignity of service-users.

- Takes account of the participation by service-users in the community in which service-users live.
- Protects and improves the safety of service-users.
- Improves the quality of the service and is planned and led locally in a way which is engaged with the community (including, service-users; those who look after service-users, and those who are involved in the provision of health or social care).
- Best anticipates needs and prevents them arising.
- Makes the best use of the available facilities, people, and other resources.

Strategy

The Strategic Plan sets out the vision and future direction of health and social care services in Fife. Locality plans are also developed and refreshed annually for each of the seven local areas within the HSCP to ensure that services respond to local priorities, needs and issues of communities. The HSCP works with around 300 organisations across the voluntary and independent sectors, and they are a vital part of the Partnership in delivering high quality services which are person-focused and inclusive.

The Strategic Plan is the blueprint for change and sets out the IJB’s priorities for 2019/22. (https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0028/188263/HSCP_Strategic_Plan_2019-2022.pdf) The Plan is driven by law, national and local policy, and aims to meet the needs of people now and in the future. It aims to make better use of new technology and working within available financial and workforce resources to tackle inequalities and offer early interventions. The Strategic Plan has five key priorities as follows:



The plan was developed, consulted upon, and agreed with health, social care, voluntary and independent sectors along with the public prior to being approved by the IJB. The Strategic Plan will be refreshed in 2022/23 for 2022 to 2025. The Plan is a live document, and we will continue to engage with all those interested in health and social care to deliver the outcomes as described.

Despite the challenges on services of the ongoing pandemic, we have adapted the way we work internally, as well as with partner organisations. We have shown how important integration is and what can be achieved by working together with a common goal of providing the best person-centred care and support we can for our communities ensuring that we continue to strive to meet our five key priorities.

During 2021/22 the number of completed adaptations reduced due to covid restrictions, however, the One Stop Shop has opened within the year, aiming to provide advice and assessment on adaptations to service users. Also, the Smart Life in Fife system is being promoted to encourage people to access independent living at an early stage.

Innovative ways of working were implemented within 2021/22, via a test of change within the Child Development Centres, these are centres which support children with complex needs and life limiting conditions. Demand for the service is extremely high and new flexible ways of working, increased outreach, improving teamwork and learning, and creating hubs has improved the joined up working for the children and expanded the provision of a more consistent service.

The 7 locality core groups were paused due to the pandemic, Link Life Fife aims to reduce pressure on GP practices for those individuals over 18 years who require support for stress and anxiety, a team of 9.5 FTE were recruited in 2021 and are now receiving referrals. The Well is another Community Led Support Service, the service adapted during the pandemic and provided Near-me or telephone consultations to give continued support on health and wellbeing, including isolation and bereavement support.

Staff were trained in 2021/22 in Interpersonal Psychotherapy (IPT) as an alternative to Cognitive Behavioural Therapy (CBT), IPT is suitable for those with eating disorders or depression. Cases have increased during the pandemic and this new method increases the chance of successful intervention and reduces the need for onward referral to mental health services.

Morse was introduced in August 2021, Morse is a 'real time' clinical and administrative record, accessible by partners in primary and secondary care, has brought many benefits, including clinical assessments for patients in the community being accessible on the same day and all calls being received on a single point of access meaning that further advice can be given with knowledge of previous calls, this is positive for patient safety, efficiency, and continuity of care.

During 2021/22 Interim care home beds are being used to allow individuals to leave hospital, and receive enablement support in a homely setting, allowing them to build confidence and maintain daily living skills to support a return home and a suitable care package being available.

Despite the pandemic increasing the costs of construction and limitations on site, the Methil Care Village replacement project has continued and is planned to be ready for

residents to move in during 2022/23. The care village has an older people care home, individual houses for adults with disabilities and a nursery on the same site.

The Fife Council Plan for Fife 2021-24 Update (Recovery and Renewal) has a vision to have a Fairer Fife, and will put a community wealth building approach at the heart of everything; to

- Recover from the pandemic: taking immediate action to support our children and young people, those people who have been most affected, and our business community
- Renew our public services through a new commitment to work in partnership with our communities, with a focus on place
- Re-align our strategies, plans and ways of working to make this happen and deliver our ambitions

The Plan commits to tackling poverty and preventing crisis, leading economic recovery, and addressing the climate emergency.

The NHS Fife Director of Public Health Annual Report has adopted the priorities of Scottish Government and wants to see:

- A Fife where we live in vibrant, healthy, and safe places and communities
- A Fife where we flourish in our early years
- A Fife where we have good mental wellbeing
- A Fife where we reduce the use of, and harm from, alcohol, tobacco, and other drugs
- A Fife where we have a sustainable, inclusive economy with equality outcomes for all
- A Fife where we eat well, have a healthy weight and are physically active

The ambitions directly impact our health and wellbeing and the services we require to provide. Achieving these priorities would ensure that our community has the access to the services they require and prevent crisis from occurring.

During the pandemic, people came together to work on shared goals, to overcome obstacles and 'get things done' which was a positive. The implications of the coronavirus pandemic are likely to affect life outcomes for people for some time after it ends. This will be seen through increased or changed demand for services and is expected to impact on health and poverty levels in Fife, and a move from crisis support to prevention.

Mission 2025 is something that we are actively working towards, and our aim is to be the best performing or most improved Health and Social Care partnership by 2025, focusing on empowering staff to achieve quality outcomes for users of our services whilst making the most effective use out of our collective resources.

Systems leadership continues to be a priority for us, and we want to create the conditions where all of our leaders work together towards a common vision by focussing on relationships; building trust and putting people at the centre of everything we do.

There is also a need to understand what impact the National Care Service will have on future models of care and the associated cost implications. The National Care Service Bill was published in June 2022, the Bill will make Scottish Ministers accountable for adult social care in Scotland, with services designed and delivered locally.

Operational Performance 2021/22

During 2021/22 Services continued to work within government guidelines and restrictions, adapting and reacting to new variants and the continued effects of the coronavirus pandemic (Covid-19). Demand on services continues and we have had to respond to these challenges by looking at new ways of working and increased use of technology to ensure the health and social care needs of the most vulnerable people in our communities are met, whilst some services remain on pause.

We have learned a lot since March 2020 and the start of the pandemic, we have a strong, resilient workforce and their commitment to TeamFife has been admirable. Ways of working changed; mobile and home working have proven to be very efficient and will continue. A hybrid of home, office and mobile working affords our workforce a better work life balance, whilst still maintaining social care services to the people of Fife.

During 2021/22, as new variants of Covid-19 meant that some restrictions continued, the Partnership actively participated in NHS Fife and Fife Council Executive Teams and Command/Incident Management structures when required. Regular meetings continued between the Chief Officer and Chief Executives of both NHS Fife and Fife Council. This has supported whole system working and partner engagement in all the key decisions taken within the Health and Social Care Partnership. Through professional structures, there has been close working with the Medical Director, Nurse Director and Chief Social Worker to support the clinical and care governance aspects of the key decisions taken. The actions taken throughout this pandemic have supported integrated working. Integrated and whole system working remain key as we move out of the pandemic.

As we learn to live with Covid-19 and government restrictions are lifted, focus is now on recovery and reform and the Partnership has a critical role in supporting the health and wellbeing of the people of Fife as we move forward.

The continued increasing demand on our services due to the pandemic are coupled with rising demographics and people with complex needs living longer. Mental Health related illness is also expected to increase.



374,130 People living in Fife (growth rate 0.2%)
62% aged 16-64 years, 12% aged 65-74 and
21% aged over 75 years (Under 65's expected to fall
by 2028, whereas 65-74's are expected to increase by
10% and over 75's by 31% by 2028)



Life expectancy is 81.4 years for females and 77.2
years for males in Fife
Healthy life expectancy is 59.0 years for females and
57.4 years for males in Fife



Depression is the 2nd largest cause of ill health,
anxiety disorders is 4th
The pandemic has been associated with increased
loneliness, anxiety, depression and stress

Going forward it is extremely clear that we must respond to changing needs and wants and services must be modernised as we recover. We must continue to provide new and innovative methods of service delivery as we have proven we can 'get things done' and we must keep up this momentum.

Key Performance Indicators

The performance relating to Partnership service includes both national and local performance as well as management performance targets. Many of these measures are already regularly included and referenced in reports to NHS Fife and Health & Social Care Partnership Committees.

The Ministerial Strategic Group for Health and Community Care (MSG) have identified indicators which require to be tracked by Integration Joint Boards, there are 14 indicators within the following categories:

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

The indicators are reviewed on a rolling annual basis.

Due to the Covid-19 Pandemic there has been significant challenges with admissions to hospital towards the end of the financial year. Work is underway to utilise interim care home beds to allow people to leave hospital and be admitted to a care home whilst they await a care at home provision, early indications show that this has been successful with 2/3rds of individuals returning home.

The significant increase in admissions has led to indicators for the average length of stay on discharge being greater than target, this is mainly due to the individuals first choice of care home not having capacity, and the length of time in a STAR bed (a bed where the service user receives re-enablement care) exceeding the target as they await support to return home. This is also a result of not moving residents between care homes as per public health advice.

There has been a increase in demand for the number of weekly hours of care at home required for Older People during the pandemic, this has been difficult to manage due to capacity and recruitment issues in both external and internal services. Partnership working with the external care providers continues to improve and work has been on-going to increase the rate of pay at weekends to help retain and motivate employees. The Care at Home service continues its redesign, and will see an enhancement to the START service which assists with reenablement. The Care at Home Collaborative, supported by Scottish Care, started in November 2021, bringing together 15 care at home providers to work better together, to maximise resources and capacity to help service users return to their own home, following a period in an interim care home placement.

A new Home First Strategy for Fife is currently in development, with many advances having been made in this area across a range of areas. A new project 'Front Door' is being developed. This will seek to have Patient Flow Co-ordinators involved in the planning of discharge as the patient presents at the 'front door', to try and get work started earlier in the process on identifying suitable pathways. A Rapid Assessment Discharge Unit is being developed, eleven beds have been created to enable bedside support, such as rehabilitation services. Work is ongoing with Fife Council Housing Service to Support Independent Living using TEC (Technology Enabled Care) which can assist with daily activities - switching on lights using a tablet for example. These initiatives aim to ensure the right care is available at the right time to the right people using the resources available in the most effective way.

Other key challenges include the additional demand for mental health services, a CAMHS (Child and Adolescent Mental Health Service) Urgent Response Team is in place to ensure same day assessments can be made available as presentations to Hospital A&E remain high. Recruitment is ongoing to address capacity issues and wait times, and a training needs analysis will be completed to ensure the right competencies exist across the range of teams in CAMHS. Psychological Therapies is also an area where recruitment is difficult, this is a national issue, therefore the service is progressing recruitment with lower grades of staff who can work with people with less complex problems and free capacity amongst experienced staff to take the more complex presentations, with a view to clearing the wait list.

The HSCP intend to review Benchmarking across Scotland, particularly the Ministerial Steering Group indicators and consider Best Value linked to outcomes for people and this will be progressed during 2022/23.

Financial Performance 2021/22

The outturn position as at 31 March 2022 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	664,203	614,134	(50,069)	7.5
Set Aside Acute Services	40,227	40,227	0	0.0

The IJB reported total income of £704.430m for the financial year 2021/22, which was made up of £664.203m integrated budget and £40.227m relating to set aside.

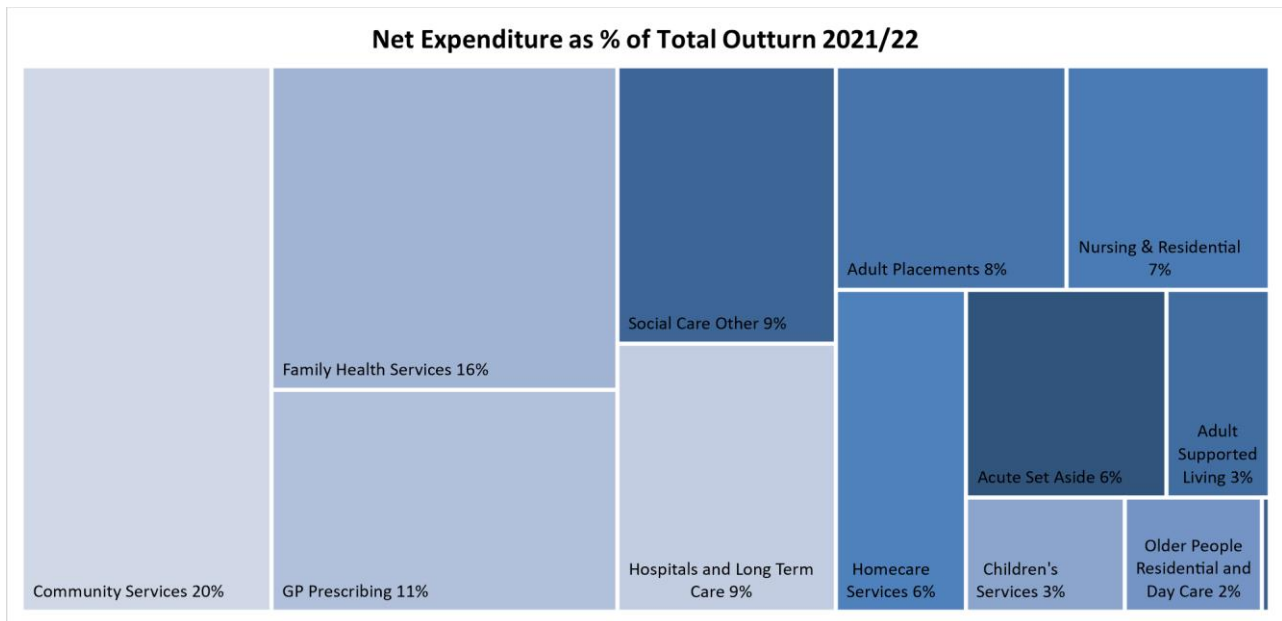
The IJB reported total expenditure for the financial year 2021/22 of £654.361m, which comprised of £614.134m spend on integrated services and £40.227m on set aside.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £6.099m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £40.227m and there is a break-even position. Partner discussions continue to ensure services are delegated in line with the Ministerial Steering Group (MSG) recommendations.

Pharmacy (budget of £10.258m) transferred back to NHS Fife Corporate Department during April 2021, as agreed at the F&P Committee. The Director of Pharmacy and Medicines reports to the Chief Executive of NHS Fife, it was therefore deemed appropriate to transfer the budget into Corporate Directorates within NHS Fife.

As income to the IJB exceeded expenditure in year, a surplus of £50.069m was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2022. This is mainly the result of specific funding received late in the year to be utilised to fund the continued costs of Covid-19, and other earmarked carry forwards such as Primary Care Improvement Fund, Action 15 (of the Mental Health Strategy), and Mental Health Recovery & Renewal. Because these funds were received late in the financial year, funding will be carried forward to 2022/23 as per Scottish Government guidance. Funding was also received in year to help provide additional interim care beds and care at home services; and any unspent balances have been carried forward to be utilised in 2022/23.

The surplus at year end means that there was no requirement to implement the risk share agreement during 2021/22.



Within the favourable position of £50.069m, the core underspend is £5.847m. The main areas of underspend within the Delegated and Managed Services are Community Services £2.586m, GP Prescribing £0.805m, Children Services £1.118m, Older People Nursing & Residential £0.859m, Adults Fife Wide £0.279m, Adults Supported Living £1.158m, Social Care Fieldwork Teams £1.906m and Housing £0.644m. These are partially negated by overspends on Hospital and Long-Term Care £0.660m, Family Health Services £0.374m, Older People Nursing and Residential £0.361m, Social Care Other £0.686m and Adult Placements £1.335m.

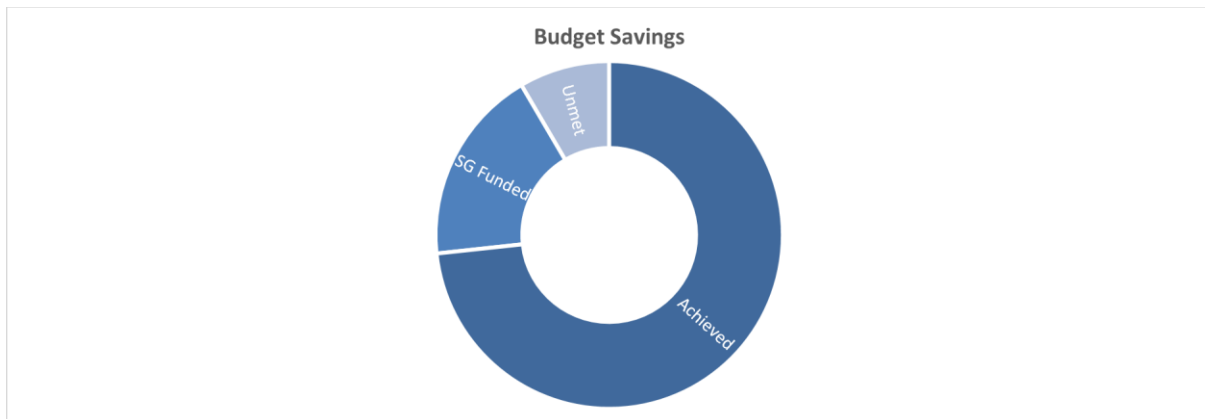
Underspends in core areas are mostly attributable to staffing vacancies, many of which continue to be difficult to recruit to, especially for specialist roles. Work is ongoing to review the skill mix in a bid to successfully recruit to vacant posts.

The overspends in hospital and long-term care are mainly due to the use of agency staff to cover vacancies and Family Health Services overspend is due to GP practices being handed back to be managed by the NHS. An increase in bad debt within Older People Nursing and Residential, a backdated pay award in Social Care Other and an increase in the number of packages to meet demands results in an overspend in Adult Placements.

The IJB commenced 2021/22 with an uncertain and challenging financial position as the pandemic continued. Hospitals were under immense pressure, discharges were delayed, and the workforce continued to adapt to meet service needs and react to the pandemic.

The IJB approved budget was set predicated on implementing an approved saving plan to deliver £5.484m of savings which were funded by Scottish Government in 2020/21 and

brought forward to 2021/22, and a further £8.723m agreed for 2021/22, totalling an overall savings target of £14.207m. A report to IJB in March, sought and gained approval for reserves to be utilised to fund two savings initiatives (£1.150m) for one year temporary, if required, these are due to delays in the benefits from new systems being implemented.



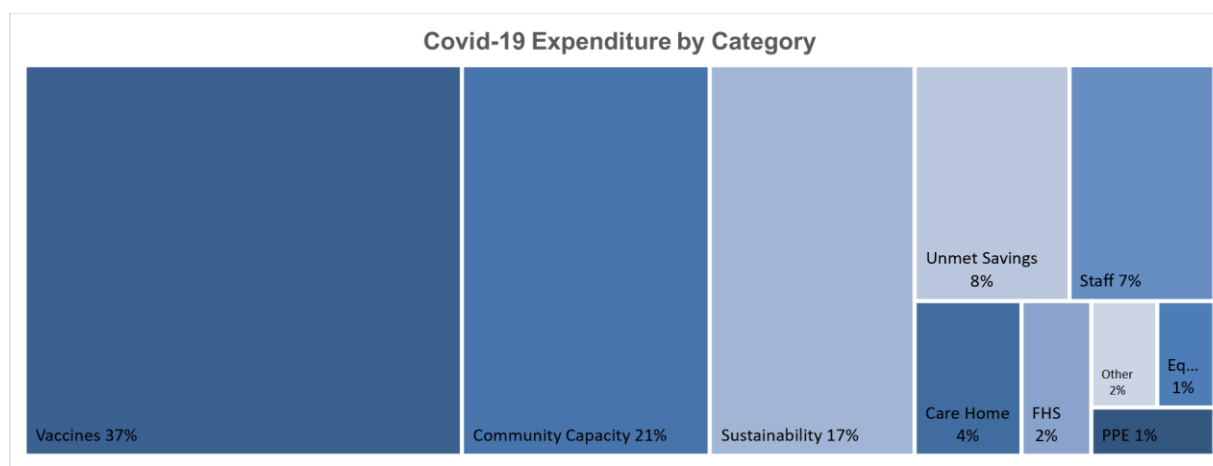
Savings of £10.413m were met in 2021/22 by services. £3.794m of agreed unmet savings from prior years have been carried forward to 2022/23 and work is ongoing to ensure that plans are in place to progress the delivery of these savings on a recurring basis.

Key pressures within the 2021/22 accounts have been:

- The significant increased demand for our services associated with an increasing population, in particular an increasing ageing population and increased complexity of care needs. Adult packages increased in year, due to Community Services, Day Care and Respite remaining on hold due to the pandemic.
- The significant increased demand to ensure the flow from hospital discharges was effective and timeous in moving service users to a home or homely setting, to free hospital beds for admissions. Care home beds were used as an interim measure to allow service users to free up hospital beds whilst waiting on care package availability.
- The inability to recruit staff to the Partnership which in some cases required higher cost recruitment for locum and agency staff to cover services.
- A number of GP Practices were handed back to the Board therefore the partnership incurred the associated costs of staffing these and providing cover.
- Bad Debt for care invoices increased from previous years.

Covid-19 Expenditure

Actual spend on Covid-19 in 2021/22 was £33.052m. This was partially funded by reserves of £13.719m with further funding received in year. The balance of the funding received in year, £35.993m, has been carried forward as an earmarked reserve for Covid-19 expenditure in 2022/23. This reserve is the only funding available to support the additional costs of Covid-19 expenditure, Scottish Government have confirmed that no further funding will be received to support all delegated services. Scottish Government have indicated that any reserve not required to meet costs reported in the Local Mobilisation Plan in 2022/23 may not be available to carry forward to reserves. Work is ongoing to determine the recurring costs of Covid-19 and include this pressure in future years budget modelling.



Reserves

The Fife Integration Scheme 2015, states that a planned underspend position for delegated and managed services will be held by the Integration Joint Board to be carried forward as a reserve.

The opening reserves balance at April 2021 was £29.643m. In year allocations of £16.473m were passed to services, mainly for Covid-19 related expenditure, with the balance of £13.170m remaining in reserve. Further to this, late funding received from Scottish Government for Covid-19 expenditure and for new commitments such as Mental Health Recovery and Renewal totalling £66.542m was received and carried forward to reserves, giving a total reserve of £79.712 at March 2022.

	Balance B/fwd	Transfers out	Transfers in	Balance to C/fwd
	£M	£M	£M	£M
Total Earmarked incl Covid-19	22.755	-16.436	59.956	66.276
Uncommitted	6.888	-0.037	6.585	13.436
Total Reserves	29.643	-16.473	66.541	79.712

At March 2022, earmarked reserves (including Covid-19) total £66.275m and it is expected that this balance will be utilised in full during 2022/23. The remainder of the reserve, £13.436m as at March 2022 is currently uncommitted. This amount differs slightly from the Provisional Final Outturn Report presented to the IJB, due to further information on late funding being available to carry forward to reserves. Use of the £13.436m requires approval at Committee as per the Reserve Policy Governance.

Value for Money

Value for money is a key priority for the Partnership and all service redesign, purchasing, procurement and commissioning must comply with the best value and procurement guidance of the relevant bodies. It is extremely important that expenditure is managed within the financial resources available to ensure that they align to the 3-year financial strategy and our long-term objective to achieve financial sustainability.

Financial Outlook

2021/22 has been another difficult year with the effects of Covid-19 continuing throughout the year, as we worked towards recovery from the pandemic as well as demand on services as restrictions were lifted. Moving forward there is significant financial uncertainty due to the global economic crisis and there is predicted to be a reduction in future contributions from Fife Council and NHS Fife along with an increase in costs across the economy on inflation, energy, supplies, pressure on pay costs and an ageing demographic. This uncertainty will be a significant challenge and will need to be dealt with in the immediate and longer term. Reserves held total £79.712m, however only £13.436m of this remains uncommitted as at March 2022. Use of reserves is not a sustainable solution, as it only provides a short-term one-off funding, any use of uncommitted reserves is agreed at Committee in line with the reserves policy.

Included within the total reserves figure of £79.712m, £35.993m has been carried forward into 2022/23 to fund Covid-19 related expenditure. No further funding is anticipated from Scottish Government during 2022/23 as we begin to move out of the pandemic. Work is ongoing to identify any recurring costs of the pandemic, such as increased care packages and ongoing use of PPE (personal protective equipment). Some services may have an increase in demand and our uncommitted reserves may be required to meet demands. We will continue to work with services to ensure costs are minimised, but where this is not possible, we will need to reflect any future cost pressures as part of our forward planning.

Services have shown they can adapt, work together, and get things done and the Transformation Team/Project Management Office will be integral to progressing whole system change going forward. Finance will work closely with the Transformation Team to ensure savings, benefits and investments are captured and monitored. A robust governance model has been created that will inform future financial modelling.

It is expected that Mental Health Services will see a continued surge in requirements and a Public Health Scotland announced funding from the Mental Health Recovery and Renewal Fund. Our share of the funding, £4.118m, was received late in 2021/22 and has been earmarked and carried forward in reserves. The Mental Health Recovery and Renewal Funding is aimed at improving how people can manage their mental health with appropriate early support and be referred to additional support when required. The funding reflects the unprecedented changes we have all faced during the pandemic and demonstrates that mental wellbeing is a priority to ensure everyone thrives.

Older people requiring Care at Home and the use of interim beds to move people out of hospitals are also recognised as a priority area for 2022/23 with funding on a recurring basis. The unspent balances at March 2022 have also been earmarked and carried forward into reserves. Home First is a Scottish Government directive to transform discharge from hospital, Fife's vision is to 'enable people in Fife to live longer healthier lives at home or in a homely setting'. A group has been set up and aims to use this funding to develop the future model of community care in an integrated manner, with a focus on prevention, anticipation and supported self-management to realise this vision, ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital.

The budget for 2022/23 has been set and balanced. Previously agreed savings of £3.794m which have not been met have been brought forward. No new savings initiatives were required to balance the budget. Senior Leadership Team will provide updates during 2022/23 to provide assurance that these savings targets are on course to be met on a recurring basis.

It has become clear that the impact of the pandemic will remain for years to come and there will be pressure on services and core budgets. Work will progress at pace to assess future budget gaps, and finance will work with services and the Senior Leadership Team to progress change rather than cuts. We need to adapt the way we work to allow us to provide essential services to the most vulnerable people.

The Senior Leadership Team will need to consider all options, such as reconfiguring services, alternative operating models, opportunities to work with partners, and adapting current services to meet needs effectively to ensure we stay focused on key priorities and are providing the right services.

Strong financial management will be key and close monitoring will be a priority. The HSCP will continue to contain or reduce costs wherever possible and to use all funding streams available to them in order to mitigate the new financial pressures that they face. The HSCP are committed to reviewing all areas of expenditure and identify all possible corrective action that can be taken as an immediate measure to reduce costs wherever possible in order to deal with the new pressures and the challenges arising. It is imperative that every effort is made to control costs within the overall budget.

The medium-term financial strategy will be refreshed in 2022/23 and it will address the various new and additional pressures that will face the Health and Social Care Partnership over next financial year and also into future years.

The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:

- the economic crisis – the cost of inflation, energy and pay costs;
- the ageing population leading to increased demand and increased complexity of demand for services alongside reducing resources;
- Covid-19 lasting impact on the economy;
- continuing difficulties in recruitment leading to the use of higher cost locums and agency;
- the Transformation Programme does not meet the desired timescales or achieve the associated benefits;
- workforce sustainability both internally in health and social care and with our external care partners.

During 2022/23 the review of the acute set- aside will be progressed and steps made towards transferring this to the Health and Social Care Partnership. We will see the continuation of a whole system approach to delivering services and the Fife pound being utilised to deliver services that best meets the needs of the people of Fife.

Conclusion

2021/22 has been another exceptional year and the partnership has continued to deliver care, adapt to new ways of working, and support integration whilst dealing with challenges and complex issues. Achieving what we have has been dependent on the significant contribution of our staff and we would like to recognise this and acknowledge our employees have worked tirelessly to ensure critical services are sustained in these unprecedented times.

.....
Nicky Connor Chief Officer	Christina Cooper Chair of the IJB	Audrey Valente Chief Finance Officer
Date.....	Date.....	Date.....

STATEMENT OF RESPONSIBILITIES

This statement sets out the respective responsibilities of the IJB and the Chief Finance Officer, as the IJB’s Section 95 Officer, for the Annual Accounts.

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Integration Joint Board that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure that the Annual Accounts are prepared in accordance with legislation (The Local Authority (Scotland) Regulations 2014) and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003, as amended by the Coronavirus (Scotland) Act 2020.)
- Approve the Annual Accounts for signature.

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 25 November 2022.

Signed on behalf of the Fife Integration Joint Board

.....

Christina Cooper
Chair of the IJB

Date

Responsibilities of the Chief Finance Officer

The Chief Finance Officer, as the S95 Officer, is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (The Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and applied them consistently.
- Made judgements and estimates that are reasonable and prudent.
- Complied with legislation.
- Complied with the Local Authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept proper accounting records which are up to date.
- Taken reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board including prevention and detection of fraud and other irregularities.

Statement of Accounts

I certify that the financial statements give a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2022, and the transactions for the year then ended.

.....

Audrey Valente CPFA
Chief Finance Officer

Date

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the Integration Joint Board are appointed through nomination by NHS Fife and Fife Council. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses or remuneration paid to the Chair or Vice Chair in 2021/22 or prior years.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff. All Partnership officers are employed by either NHS Fife or Fife Council, and remuneration for senior staff is reported through the employing organisation. Specific post-holding officers are non-voting members of the Board.

The IJB approved the appointment of the current Chief Officer in 2019. The Chief Officer was appointed by the IJB in consultation with NHS Fife and Fife Council. The remuneration of the Chief Officer was set by NHS Fife and Fife Council. The Chief Officer is employed by NHS Fife and is seconded to the Integration Joint Board in accordance with section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014. The Chief Finance Officer is employed by Fife Council.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total (£) 2020/21	Senior Employees Salary, Fees & Allowances	Total (£) 2021/22
84,831	N Connor Chief Officer	88,898
79,172	A Valente Chief Finance Officer	81,119
164,003	Total	170,017

There were no payments to officers in 2021/22 or prior years in relation to bonus payments, taxable expenses, or compensation for loss of office. The amounts in the above table do include Thank You Payments from SG offered, if accepted.

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

However, the IJB has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits.

The Local Government Pension Scheme and the NHS Pension Scheme (Scotland) 2015 are funded schemes with contributions from both the employer and the employee and as such the accrued benefits includes both of these contributions.

The pension benefits shown relate to the benefits that the individual has accrued as a consequence of their total service. In respect of the Local Government Pension Scheme this includes any service with a council subsidiary body, and not just their current appointment. In respect of the NHS Pension Scheme this relates to the benefits that the individual has accrued as a consequence of their NHS employment.

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/21 £	For Year to 31/03/22 £		Difference from 31/03/21 £	As at 31/03/22 £
N Connor Chief Officer	17,625	18,580	Pension Lump Sum	1,839 0	4,384 0
A Valente Chief Finance Officer	19,397	19,752	Pension Lump Sum	2,000 0	37,000 60,000
Total	37,022	38,332	Pension	3,839	41,384
			Lump Sum	0	60,000

Note: A Valente amounts based on all LGPS membership not just current employment.

Exit Packages

There were no exit packages paid in 2021/22 (2020/21, none).

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Nicky Connor
Chief Officer

Date

.....

Cristina Cooper
Chair of the IJB

Date

ANNUAL GOVERNANCE STATEMENT

The Annual Governance Statement explains the Integration Joint Board's (IJB) governance and internal control arrangements and how the IJB complies with the CIPFA and SOLACE framework "*Delivering Good Governance in Local Government*", which details the requirement for an Annual Governance Statement. The IJB's governance framework places reliance on the Codes of Corporate Governance of Fife Council and NHS Fife in addition to having its own Code of Corporate Governance.

Scope of Responsibility

The Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards; that public money is safeguarded; properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

The IJB Vision is to enable the people of Fife to live independent and healthier lives. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value. The Integration Scheme delegated Health and Social Care functions to the IJB and the IJB is responsible for strategic direction and operational oversight of the Integrated Services. A Directions Policy sets out the process for formulating, approving, issuing and reviewing Directions from the IJB to the partner organisations, NHS Fife and Fife Council.

In discharging operational delivery responsibilities, the Chief Officer places reliance on the NHS Fife and Fife Council's Codes of Corporate Governance and systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB. Any issues arising from operations are brought to the attention of the IJB by the Chief Officer.

These arrangements can only provide reasonable and not absolute assurance of effectiveness.

2021/22 Governance Framework

The Board of the IJB comprises 16 voting members, nominated by either Fife Council or NHS Fife, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the governance framework in existence during 2021/22 were:

- Integration Scheme has been reviewed by the partner bodies and approved by Scottish Government in March 2022. This has allowed for the creation and adoption of a new Committee Structure.
- Regular meetings of the IJB and Governance Committees together with Development Sessions for IJB members.
- The Strategic Plan is the main document determining the direction of the IJB for period 2019/2022.

- Governance Manual in place to house all governance documents such as the code of corporate governance, standing orders, scheme of delegation, model code of conduct etc.
- Creation of the Transformation Board and the implementation of a Project Management Office.
- The 7 localities now have Locality Plans which are published on the website.
- Liaison between IJB internal audit and Fife Council and NHS Fife internal audit functions.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2021/22 this included the following which aid governance:

- Finance and Performance Information regularly reported to the IJB
- Formalised budget setting process
- Financial regulations
- Scheme of Delegation
- Governance Manual
- Standing Orders
- Code of Conduct
- Financial Directions to Partners
- IJB Strategic Risk Register reported to Committees and the IJB
- Formal appointment of Internal Audit arrangements.
- Workforce and Organisational Development Strategy and Implementation Plan
- Public Participation and Engagement and Communication Strategies
- 2021/22 Internal Audit Plan

Developments in 2021/22

The pandemic continues to have an impact on developments in 2021/22. Many actions have been awaiting the conclusion of the Integration Scheme review. This work is being undertaken by a multi-disciplinary working group.

The IJB adopts a continuous improvement approach as part of our ongoing effort to enhance our governance arrangements and system of internal control. The updates to the main areas for improvement identified during 2020/21 are as follows:

Improvement Area identified in 2020/21	Update in 2021/22
Implementation of statutory guidance regarding set aside services in collaboration with NHS Fife	This work has been heavily impacted by Covid and will roll forward to 2022/2023 – See key actions below
Implementation of statutory guidance regarding Directions which was approved at IJB in April 2021	Directions Policy and guidance have been produced and implemented
Implementation of various internal and external audit actions and recommendations	Work has been undertaken with the internal auditors and Audit and Risk Committee to update, refresh and consolidate audit actions

Organisational restructure changes and associated governance	A new Senior Leadership Team is in place and working towards further organisational restructure and associated governance to support the Strategic Plan Objectives
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Other key actions highlighted in 2020/21 have been completed with the exception of the following actions. Work on these will continue into next financial year, 2022/23, however, none of these arise from any significant governance issues or weaknesses. See below:

Key Actions 2022/23
<ul style="list-style-type: none"> • Actions once Review of Integration Scheme concluded: • Development and implementation of approved Risk Strategy, risk appetite and robust Risk Management reporting. Regular risk reporting does occur. A session on risk appetite is planned for the coming year 2022/23. • Further refinement of the Board skills matrix and Board self-assessment framework. • Formal adoption and implementation of self-assessment governance review to provide focus on key areas of development. Further work will be required to refine this now the review of the Integration Scheme is complete. • Further work continues in relation to the Ministerial Steering Group report.
<ul style="list-style-type: none"> • Development of statutory guidance regarding set aside services in collaboration with NHS Fife.
<ul style="list-style-type: none"> • Develop a Board Induction Programme in conjunction with NHS Education for Scotland (NES).

Significant Changes to the Governance Framework Since 1 April 2022

Since the year end, the IJB has agreed its new Governance Committee Structure. The Governance Committees are:

- Audit and Assurance
- Finance, Performance and Scrutiny
- Quality and Communities

Terms of Reference were agreed on 22 April 2022

Compliance with Best Practice

The IJB complies with the CIPFA Statement on “The Role of the Chief Financial Officer in Local Government 2016”. The IJB’s Chief Finance Officer has overall responsibility for the IJB’s financial arrangements and is professionally qualified and suitably experienced to lead the IJB’s finance function and to direct finance staff.

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).

The IJB Internal Auditors, the NHS Fife Internal Audit Team as appointed by the Audit and Risk Committee, comply with the “The Role of the Head of Internal Audit in Public

Organisations” (CIPFA) and operate in accordance with “Public Sector Internal Audit Standards” (PSIAS). The NHS Fife Chief Internal Auditor reports directly to the Audit and Risk Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the IJB Audit and Risk Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment and is approved by the Audit and Risk Committee.

The Audit and Risk Committee performs a scrutiny role and monitors the performance of the Internal Audit services to the IJB. The functions of the Audit and Risk Committee are undertaken as identified in Audit Committees: Practical Guidance for Local Authorities. The IJB’s Chief Internal Auditor has responsibility to review independently and report to the Audit and Risk Committee annually, to provide assurance on the governance arrangements including internal controls within the IJB. In addition, the Internal Audit sections of Fife Council and NHS Fife are subject to an independent external assessment of compliance with the PSIAS at least once every 5 years.

Review of Adequacy and Effectiveness

The IJB is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review was informed by the IJB’s risk management framework, the IJB Assurance Statement, and internal and external audit reports. Any significant issues relating to the partner bodies are brought to the attention of the IJB. In the current year, the Annual Governance Statements of NHS Fife and Fife Council show that no such issues have been identified.

The annual internal audit assurance report offers substantial assurance in respect of Fife IJB’s overall arrangements for risk management, governance, and control for the year to 31 March 2022.

The IJB has confirmed that there are no significant governance issues that require to be reported for 2021/22.

Conclusion and Opinion on Assurance

Considerable progress has been made in improving governance structures and processes throughout 2021/22.

On the basis of assurances provided, we consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB’s principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

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Nicky Connor
Chief Officer

Christina Cooper
Chair of the IJB

Date **Date**

Financial Statements

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services commissioned for the year in accordance with the integration scheme.

2020/21				2021/22		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
55,222	-	55,222	Hospital & Long Term Care	56,500	-	56,500
115,534	-	115,534	Community Healthcare	111,296	-	111,296
175,322	-	175,322	Family Health Services & Prescribing	181,978	-	181,978
16,591	-	16,591	Children's Services	17,496	-	17,496
229,287	-	229,287	Social Care	245,721	-	245,721
1,324	-	1,324	Housing Services	885	-	885
249	-	249	IJB Operational Costs	258	-	258
41,460	-	41,460	Acute Set Aside	40,227	-	40,227
634,989	-	634,989	Cost of Services	654,361	-	654,361
	(664,632)	(664,632)	Taxation and Non-Specific Grant Income		(704,430)	(704,430)
0	0	(29,643)	(Surplus) or Deficit	0	0	(50,069)
		(29,643)	Total Comprehensive Income and Expenditure			(50,069)

There are no statutory or presentation adjustments which affect the IJB's application of the funding received by NHS Fife and Fife Council. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement presents the movement during the year on the reserves held by the IJB. The movements which arise due to statutory adjustments which affect the General Fund Balance will be separately identified from the movements due to accounting practices, if required.

Movements in Reserves During 2021/22	General Fund Balance	Total Reserves
Opening Balance at 31st March 2021	£000 (29,643)	£000 (29,643)
(Surplus)/ Deficit	(50,069)	(50,069)
(Increase) or Decrease in 2021/22	(50,069)	(50,069)
Closing Balance as at 31 March 2022	(79,712)	(79,712)
Movements in Reserves During 2020/21	General Fund Balance	Total Reserves
Opening Balance at 31st March 2020	£000 -	£000 -
(Surplus)/ Deficit	(29,643)	(29,643)
(Increase) or Decrease in 2020/21	(29,643)	(29,643)
Closing Balance as at 31 March 2021	(29,643)	(29,643)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2022. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2021		Notes	31 March 2022
£000			£000
29,662	Short term Debtors	6	79,721
29,662	Current Assets		79,721
19	Short-term Creditors	7	9
19	Current Liabilities		9
29,643	Net Assets		79,712
29,643	Usable Reserve: General Fund	8	79,712
29,643	Total Reserves		79,712

The Statement of Accounts present a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2022 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 30 June 2022 and the audited accounts were authorised for issue on 25 November 2022.

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Audrey Valente - CPFA
Chief Finance Officer

Date

Notes to the Financial Statements

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the Integration Joint Board's transactions for the 2021/22 financial year and its position at the year-end of 31 March 2022.

The Fife Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Joint Venture between Fife Council and NHS Fife. The IJB is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS).

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income and receipt of the income is probable.
- Where income and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

1.3 Funding

The Fife IJB is primarily funded through funding contributions from the statutory funding partners, Fife Council and NHS Fife. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Fife IJB area.

This funding was reported on a net expenditure basis from NHS Fife and Fife Council.

1.4 Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet. All monies held on behalf of IJB were held by partners, the reserves balance is held by Fife Council on behalf of the IJB.

1.5 Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. The Chief Finance Officer is a non-voting board member. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. The Chief Officer's and Chief Finance Officer's absence entitlement as at 31 March have not been accrued as it is not deemed to be material.

There are no further charges from funding partners for other staff and these costs have remained with the funding partners.

1.6 Material Items of Income and Expenditure

The cost to the IJB in 2021/22 relating to the Covid-19 pandemic was £33.052m. This comprised of additional expenditure for vaccinations, staff cover, additional capacity in the community, sustainability payments to care homes and to fund agreed budget savings which were not achieved due to the impact of the pandemic.

2. Critical Judgements in Applying Accounting Policies & Uncertainty about future events

In applying the accounting policies, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. Critical judgements are as follows:

2.1 PPE

The NSS (National Supplies Service) supplied PPE to the NHS and Social Care throughout the pandemic. The PPE was consumed by the partners and therefore should be reflected in the accounts of the partner organisations where they are acting as principal. Whilst the partner bodies may include the amounts in their accounts, the LAASAC guidance does not require the IJB to include the amounts in the IJB Accounts.

2.2 Thank You Payments to NHS and Social Care Staff

In 2020/21 The First Minister announced a thank you of £500 (pro rata) to be given to all employees of NHS and Social Care.

Funding for NHS and Family Health Service Contractors was received and paid in 2020/21 Social Care staff was received and paid out in 2021/22.

Funding of £2.127m was requested in respect of Fife Council Employees and funding of £3.041m in respect of Third Sector. These amounts were received and paid out in 2021/22. The amounts are not to be included in the accounts of the IJB as the council is acting as agent.

2.3 Set Aside

The funding contribution from NHS Fife includes £40.227m in respect of 'set aside' resources relating to acute hospital and other resources. The IJB has responsibility for the consumption of, and level of demand placed on, these resources, however the responsibility for managing the costs of providing the services remain with NHS Fife. Therefore, the overspend incurred by the service has not been included in these accounts and is borne by NHS Fife.

2.3 Public Sector Funding

There is a high degree of uncertainty about future levels of funding for Local Government and the NHS and this will directly impact on the IJB.

It is anticipated that funding from partners will reduce, and therefore significant efficiencies will be required. Work is ongoing to determine the impact of this and the medium-term financial strategy will be updated accordingly.

3 Events After the Reporting Period

The Chief Finance Officer issued the accounts on 25th November 2022. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions

existing at 31 March 2022, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4 Expenditure and Income Analysis by Nature

2020/21 £000		2021/22 £000
230,611	Services commissioned from Fife Council	246,606
404,129	Services commissioned from Fife NHS Board	407,497
221	Other IJB Operating Expenditure	230
28	Auditor Fee: External Audit Work	28
(664,632)	Partners Funding Contributions & Non-Specific Grant Income	(704,430)
(29,643)	(Surplus) or Deficit	(50,069)

5 Taxation and Non-Specific Grant Income

2020/21 £000		2021/22 £000
(503,130)	Funding Contribution from NHS Fife	(521,950)
(161,502)	Funding Contribution from Fife Council	(182,480)
(664,632)	Taxation and Non-specific Grant Income	(704,430)

The funding contribution from NHS Fife shown above includes £40.227m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS Fife which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources. There are no other non-ringfenced grants and contributions.

6 Debtors

31 March 2021 £000		31 March 2022 £000
9	NHS Fife	43,477
29,653	Fife Council	36,244
29,662	Debtors	79,721

7 Creditors

31 March 2021 £000		31 March 2022 £000
-	NHS Fife	-
-	Fife Council	-
19	External Audit Fee	9
19	Creditors	9

8 Usable Reserve: General Fund

The IJB could hold a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.
- The balance at March 2021 for Covid-19 was £15.180m in the 2020/21 Annual Accounts. Changes made by SG to Covid-19 classification in the Local Mobilisation Plan has required the £15.180m to be further analysed as Covid-19, Urgent Care and Care Homes, 2020/21 figures have therefore been re-stated.

2020/21				2021/22			
Balance at 1 April 2020	Transfers in 2020/21	Balance at 31 March 2021 (re-stated)		Transfers Out 2021/22	Transfers in 2021/22	Movement in Reserves (MIRS)	Balance at 31 March 2022
£000	£000	£000		£000	£000		£000
(2,524)	(2,524)		Primary Care Improvement Fund	1,011	(5,072)		(6,585)
(1,349)	(1,349)		Action 15	716	(1,588)		(2,221)
(30)	(30)		District Nurses		(183)		(213)
(18)	(18)		Fluenz				(18)
(315)	(315)		Alcohol and Drugs Partnerships		(1,385)		(1,700)
(1,339)	(1,339)		Community Living Change Plan				(1,339)
(13,719)	(13,719)		Covid-19	13,719	(35,993)		(35,993)
(2,000)	(2,000)		Free Style Libre / Other	500			(1,500)
(935)	(935)		Urgent Care	408	(423)		(950)
(526)	(526)		Care Homes	82	(373)		(817)
			Mental Health Recovery & Renewal		(4,118)		(4,118)
			Budival		(213)		(213)
			Child Healthy Weight		(23)		(23)
			Acceleration of 22/23 MDT recruitment		(300)		(300)
			Multi Disciplinary Teams		(1,384)		(1,384)
			GP Premises		(430)		(430)
			Afghan Refugees		(47)		(47)
			Dental Ventilation		(669)		(669)
			Interface Care		(170)		(170)
			Care at Home		(3,345)		(3,345)
			Interim beds		(2,320)		(2,320)
			Telecare Fire Safety		(69)		(69)
			Social Care RLW Workforce Uplift		(516)		(516)
			Self Directed Support (SDS)		(417)		(417)
			Workforce Wellbeing Funding		(196)		(196)
			School Nurse		(146)		(146)
			Remobilisation of Dental Services		(313)		(313)
			Psychological Therapies		(264)		(264)
(22,755)	(22,755)		Total Earmarked & Covid-19	16,436	(59,957)	(43,520)	(66,276)
-	(6,888)	(6,888)	Contingency/ Uncommitted	37	(6,585)	(6,548)	(13,436)
-	(29,643)	(29,643)	General Fund Reserve Total	16,473	(66,542)	(50,068)	(79,712)

9 Related Party Transactions

The IJB has related party relationships with NHS Fife and Fife Council. In particular, the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships and directions to partners.

Transactions with NHS Fife

2021/21 £000		2021/22 £000
(503,130)	Funding Contributions received from NHS Fife	(521,950)
404,129	Expenditure on Services Provided by NHS Fife	407,498
110	Key Management Personnel: Non-Voting Board Members	114
14	External Audit Fee	14
(98,877)	Net Transactions with NHS Fife	(114,324)

Key Management Personnel: The non-voting Board members directly employed by NHS Fife and recharged to the IJB are the Chief Officer. Details of the remuneration for the specific post-holders is provided in the Remuneration Report.

Balances with NHS Fife

31 March 2021 £000		31 March 2022 £000
9	Debtor balances: Amounts due from NHS Fife	43,472
-	Creditor balances: Amounts due to NHS Fife	-
9	Net Balance with NHS Fife	43,472

Transactions with Fife Council

2020/21 £000		2021/22 £000
(161,502)	Funding Contributions received from Fife Council	(182,480)
230,611	Expenditure on Services Provided by the Fife Council	246,606
111	Key Management Personnel: Non-Voting Board Members	115
14	External Audit Fee	14
69,234	Net Transactions with Fife Council	64,255

Key Management Personnel: The Non-Voting Board members employed by Fife Council and recharged to the IJB is the Chief Finance Officer. Details of the remuneration for the specific post-holders is provided in the Remuneration Report.

Balances with Fife Council

31 March 2021 £000		31 March 2022 £000
29,653	Debtor balances: Amounts due from Fife Council	36,240
-	Creditor balances: Amounts due to Fife Council	-
29,653	Net Balance with Fife Council	36,240

Support services were not delegated to the IJB and are provided by NHS Fife and Fife Council free of charge. Support services provided mainly comprised: provision of financial management; human resources; legal; committee services; ICT; payroll; internal audit, and the provision of the Chief Internal Auditor.

10 External Audit Fee

The IJB has incurred costs of £28,000 in respect of fees payable to Audit Scotland with regard to external audit services carried out in 2021/22 (2020/21, £28,000).

11 Contingent Assets and Liabilities

The IJB is not aware of any material contingent asset or liability as at 31 March 2022.

The IJB is a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) established by the Scottish Government which reimburses costs to members where negligence is established.

All amounts in respect of claims or reimbursement by CNORIS, which may arise under the CNORIS scheme are reported in NHS Fife Accounts.

12 VAT

The Integration Joint Board is a non-taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where Fife Council is the provider, income and expenditure exclude any amounts related to VAT, as all VAT collected is payable to H.M. Revenue and Customs and all VAT paid is recoverable from it. Fife Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where NHS Fife is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the IJB.

Independent auditor's report to the members of Fife Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Fife Integration Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the body as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is six years. I am independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Fife Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the

override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth ACMA CGMA
Audit Director
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

25 November 2022

Fife Integration Joint Board

2021/22 Annual Audit Report



 AUDIT SCOTLAND

Prepared for Fife Integration Joint Board and the Controller of Audit
November 2022

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Key messages

2021/22 annual accounts

- 1 Our audit opinions on the annual accounts of the IJB are unmodified.
- 2 Identified misstatements of £3.25 million were adjusted in the audited annual accounts.
- 3 There has been progress across our prior year recommendations.

Financial management and sustainability

- 4 The 2021/22 budget included £14.2 million of savings and £3.8 million of these were unachieved.
- 5 After additional Covid -19 funding the IJB returned an overall surplus of £50 million for 2021/22 and reserves now stand at £80 million.
- 6 There is a forecast underspend on core activities of £7 million for 2022/23 with staff vacancies cited as the main cause.

Governance, Transparency and Best Value

- 7 Leadership and vision remain strong.
- 8 There has been progress with transformation but pressures on the sector continue to grow.
- 9 Engagement with staff has continued to be good and there is a clear commitment to staff wellbeing.
- 10 A workforce strategy has been developed but vacancies are proving difficult to fill.

Introduction

1. This report summarises the findings arising from the 2021/22 audit of Fife Integration Joint Board (the IJB).
2. The scope of the audit was set out in our 2021/22 Annual Audit Plan presented to the meeting of the Audit and Risk Committee (now Audit and Assurance Committee) on 27 April 2022.
3. This report comprises the findings from:
 - the audit of the Fife IJB's annual accounts
 - consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#)
 - a review of the arrangements put in place by the IJB to secure Best Value.
4. The global coronavirus pandemic has had a continued impact on the IJB and its partner bodies during 2021/22. This has had implications for the services they deliver and their ability to achieve strategic priorities. We considered the risks related to the pandemic as part of our audit planning and did not consider there to be any significant audit risks for 2021/22.

Adding value through the audit

5. We add value to the IJB, through the audit by:
 - identifying and providing insight on significant risks, and making clear and relevant recommendations
 - sharing intelligence and good practice through our national reports ([Appendix 2](#)) and good practice guides
 - providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability.

Responsibilities and reporting

6. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices.

7. Also, the IJB is responsible for compliance with legislation, and putting arrangements in place for governance and propriety that enable it to successfully deliver its objectives.

8. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government in Scotland Act 1973, the [Code of Audit Practice 2016](#) and supplementary guidance, and International Standards on Auditing in the UK.

9. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the effectiveness of the IJB's performance management arrangements,
- the suitability and effectiveness of corporate governance arrangements,
- the financial position and arrangements for securing financial sustainability, and
- Best Value arrangements.

10. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#) and supplementary guidance.

11. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

12. Our annual audit report contains an agreed action plan at [Appendix 1](#) setting out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and the steps being taken to implement them.

Auditor Independence

13. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

14. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2021/22 audit fee of £28,000 (2020/21 £28,000) as set out in our Annual Audit Plan remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

15. This report is addressed to both the IJB and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

Audit appointment from 2022/23

16. The Accounts Commission is responsible for the appointment of external auditors to local government bodies. External auditors are usually appointed for a five-year term either from Audit Scotland's Audit Services Group or a private firm of accountants. The current appointment round was due to end in 2020/21 but this was extended for a year so that 2021/22 is the last year of the current appointment round.

17. The procurement process for the new round of audit appointments was completed in May 2022. From financial year 2022/23 Azets will be the appointed auditor for the IJB and its constituent bodies. We are working closely with the new auditors to ensure a well-managed transition.

18. A new [Code of Audit Practice](#) applies to public sector audits for financial years starting on or after 1 April 2022. It replaces the Code issued in May 2016.

Thank you

19. We would like to thank IJB members and officers, together with finance staff at constituent bodies for their co-operation and assistance over the last six years.

1. Audit of 2021/22 annual accounts

The principal means of accounting for the stewardship of resources and performance

Main judgements

Our audit opinions on the annual accounts of the IJB are unmodified.

Identified misstatements of £3.25 million were adjusted in the audited annual accounts.

There has been progress across our prior year recommendations.

Our audit opinions on the annual accounts are unmodified

20. The IJB's annual accounts for the year ended 31 March 2022 were approved by the IJB on 25 November 2022. As reported in the independent auditor's report:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the Remuneration Report, Management Commentary and the Annual Governance Statement were all consistent with the financial statements and properly prepared in accordance with the relevant regulations and guidance.

The annual accounts were submitted for audit by the statutory date

21. The IJB, working with constituent bodies, was able to submit the accounts for audit and place them for inspection in line with regulations with no delay caused by Covid-19.

We provided our audit opinion in line with our locally agreed audit timetable by the end of November 2022

22. Audit Scotland set a target date of 31 October 2022 for the completion of local government audits for 2021/22. However, the extent of delays to the completion of audits in previous years together with continuing Covid-19

restrictions and resourcing issues and prioritisation of constituent body audits (on which the IJB relies) meant that we were unable to commit to this target date at Fife IJB. We agreed a local delivery target of the end of November, which was achieved.

There were no objections raised to the annual accounts

23. Interested persons have the right to inspect and object to the annual accounts of local government bodies in Scotland. The Local Authority Accounts (Scotland) Regulations 2014 require local government bodies to publish a public notice on its website that includes details of the period for inspecting and objecting to the accounts.

24. The IJB complied with this requirement and no objections to the accounts were received.

Overall materiality is £6.4 million

25. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of any misstatement in the annual accounts. We identify a benchmark on which to base overall materiality, such as gross expenditure, and apply what we judge to be the most appropriate percentage level for calculating materiality values, we also determine a lower performance materiality threshold. In assessing performance materiality, we have considered factors such as our findings from previous audits, any changes in business processes and the entity's control environment including fraud risks.

26. Our initial assessment of materiality was carried out during the planning phase of the audit and following review on receipt of the unaudited annual accounts remains unchanged. Materiality and reporting thresholds are identified in [Exhibit 1](#).

Exhibit 1 Materiality values

Materiality level	Amount
Overall materiality	£6.4 million
Performance materiality	£3.8 million
Reporting threshold	£250 thousand

We have obtained assurance over the significant risks identified in our audit plan

27. [Exhibit 2](#) sets out the significant risks of material misstatement to the financial statements we identified in our 2021/22 Annual Audit Plan. It summarises the further audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work completed.

Exhibit 2

Significant risks of material misstatement in the financial statements

Audit risk	Assurance procedure	Results and conclusions
<p>1. Risk of material misstatement due to fraud caused by the management override of controls</p> <p>As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<p>Agreement of balances and transactions to Fife Council and NHS Fife financial reports / ledger / correspondence.</p> <p>Constituent body auditor assurances obtained over:</p> <ul style="list-style-type: none"> the completeness, accuracy and allocation of income and expenditure to IJB activities included in IJB accounts consolidation schedules. year-end adjustments and journals. <p>Review of financial monitoring reports during the year.</p>	<p>We received assurances from constituent body auditors in relation to financial information provided, controls in place and results of testing at constituent bodies.</p> <p>We reviewed the consolidation adjustments made to arrive at figures in the IJB accounts.</p> <p>We reviewed key reconciliations undertaken by the IJB.</p> <p>We did not identify any management override of controls and concluded that the financial position of the IJB was supported.</p>

Other areas of audit focus

28. In addition to the significant risk arising from possible management override of controls, we identified a risk of material misstatement in relation to the accounting for Covid-19 income and expenditure following omissions that were corrected during the previous year's audit. Based on our assessment of the likelihood and magnitude, we did not deem this a significant risk but undertook specific procedures.

29. We reviewed the treatment of Covid-19 funding and expenditure, together with transactions between constituent bodies and identified net payments of £3.25 million from NHS Fife to Fife Council that were not properly reflected in the IJB accounts [Exhibit 3](#).

Significant findings

30. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices. We have one significant finding to report [Exhibit 3](#).

Exhibit 3

Significant findings from the audit of financial statements

Issue	Resolution
<p>1. Cost of activities commissioned</p> <p>Transactions between NHS Fife and Fife Council in relation to funding and reserves were not fully adjusted in the IJB accounts.</p> <p>A reconciliation of payments between constituent bodies to consolidation adjustments was requested which identified net transactions of £3.25 million included as cost of services provided by NHS Fife which should have been disclosed as costs of services provided by Fife Council. IJB contribution income and the operating surplus were unaffected.</p>	<p>The audited accounts were amended.</p> <p>Recommendation 1</p> <p>(Refer Appendix 1, action plan)</p>

Identified misstatements were adjusted in the audited accounts, these were below our performance materiality and we did not need to revise our audit approach

31. Adjusted misstatements of £3.25 million, identified in [Exhibit 3](#), were below our performance materiality. We have reviewed the nature and causes of these misstatements and concluded that they rose from issues that have been isolated and identified in their entirety and do not indicate further systemic error. We did not need to revise our audit approach.

32. There were a number of other minor presentational amendments made to the accounts during the course of the audit including the netting down of debtors and creditors with the council.

There has been progress across our prior year recommendations

33. In our annual audit report for 2020/21 we carried forward 14 recommendations for improvement. There has been progress on many of these recommendations, with 10 now marked as complete, as set out in [Appendix 1](#).

2. Financial management and sustainability

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Main judgements

The 2021/22 budget included £14.2 million of savings and £3.8 million of these were unachieved.

After additional Covid -19 funding the IJB returned an overall surplus of £50 million for 2021/22 and reserves now stand at £80 million.

There is a forecast underspend on core activities of £7 million for 2022/23 with staff vacancies cited as the main cause.

The 2021/22 budget included £14.2 million of savings

34. On 26 March 2021 the IJB approved a budget for core services of £556 million for 2021/22. This included prior year unachieved savings of £5.5 million and further new savings of £8.7 million (a total of £14.2 million) to close the funding gap.

35. The 2020/21 Covid-19 funding position and costs continued to be managed separately from the budget for core services, as part of the Local Mobilisation Plan (LMP) process with the Scottish Government.

There was an underspend of £5.8 million on core activities but £3.8 million of planned savings (27%) remained unachieved

36. At the end of 2021/22, £3.8 million of the £14.2 million savings approved remained unachieved. However, additional Covid-19 funding was provided to compensate for the non-delivery of £2.6 million of these savings and there was an overall underspend on core activities of £5.8 million. This was due in part to positive management action, with some services remaining paused. However, underspends were also incurred due to unintentional staff vacancies in a number of areas.

Covid-19 costs of £33 million were met from reserves and additional funding

37. Covid-19 costs of £33 million for 2021/22 have been reported separately from the costs of core activities in finance reports and form part of the Local Mobilisation Plan arrangements with the Scottish Government.

38. These costs were met using £13.7 million of brought forward reserves (held specifically for Covid-19) together with £19.3 million additional Covid-19 funding received in the year. In total the IJB received additional Covid-19 funding of £55 million in 2021/22 with £36 million carried forward in earmarked reserves.

After additional Covid-19 funding the IJB achieved a surplus of £50 million

39. The IJB also received additional funding for specific and other purposes late in the year and much of this also remained unspent.

40. Together with an underspend on core services of £5.8 million, this resulted in an overall surplus of £50 million for 2021-22 and increased total reserves to almost £80 million at the 31 March 2022. This is the second year the IJB has returned a surplus and increased the level of reserves ([Exhibit 4](#)).

Exhibit 4

Performance against budget (before additional contributions)

The IJB returned a surplus of £50 million and carried forward £80 million of reserves in 2021/22

IJB budget summary	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Final Budget	529	547	538	597	654	704
Actual spend	538	555	547	604	624	654
Over/ (under) spend before deficit funding	9	8	9	7	(30)	(50)
Overall reserves c/f	0	0	0	0	30	80

Source: Fife IJB Accounts

41. Of the £80 million of reserves carried forward almost £36 million is committed for future Covid-19 costs and just over £30 million is committed for other purposes. The remaining £13.4 million is identified as uncommitted.

42. Additional funding for core activities was received too late in 2021/22 for it to feature in the budget for 2022/23 but subsequent finance updates indicate

how reserves will be used. Whilst finance updates identify all earmarked reserves, there is little narrative to explain their purpose and it is not always clear when reserves are expected to be used.

Recommendation 2

Consider the need for budget and finance reports to include more information on the use of reserves.

The 2022/23 budget includes planned delivery of £2.5 million of savings and £1.2 million of uncommitted reserves

43. The 2022/23 budget for core services was set on the basis that £2.5 million of previously unachieved savings would now be delivered and £1.2 million of uncommitted reserves could be used.

44. The planned use of reserves was approved to compensate for the further delay to delivery of savings from the Total Mobile and MORSE initiatives.

45. Expected Covid-19 costs for 2022/23 remained uncertain and continued to be managed as part of the Local Mobilisation Plan reporting process (outwith the budget for core activities).

46. Budget gaps for 2023/24 and 2024/25 were identified as £4.5 million and £7.7 million respectively (including £3.2 million of ongoing recurrent Covid-19 costs identified).

47. Update of the Medium Term Financial Strategy (MTFS) was deferred to enable the revised Strategic Plan to be reflected later in the year.

There is a forecast underspend on core activities of £7 million for 2022/23, with staff vacancies cited as the main cause

48. The Finance Report to the September 2022 IJB forecasts an underspend on core services of £7 million. Staff vacancies continue to feature in the explanations as a main cause of budget variances. In some cases vacancies mean that costs are higher due to the use of agency and bank staff but overall vacancies are probably the biggest factor in the overall forecast underspend.

49. Adult Placements continues to be an area of significant overspend as commissioned packages remain higher than budgeted by around £4 million. The overspend is more than offset by underspends in other service areas with a large underspend in Adult Supported Living due to community support services remaining paused. There are ongoing reviews of care packages but it may be that the budget needs to be further realigned.

50. Despite projected underspending, the finance update for September shows that the planned use of uncommitted reserves has increased to £5.5 million. This is to meet new cost pressures and in some cases to build capacity or to fund invest-to-save initiatives.

Discussions are ongoing between IJBs and the Scottish Government around the use of Covid-19 reserves

51. Discussions are ongoing between IJBs and the Scottish Government around the use of the balance of Covid-19 funding reflected in reserves. We understand the Scottish Government have indicated that the balance of unspent Covid-19 funding held in reserves will be clawed back. However, it remains unclear how this will be achieved.

Systems of internal control operated effectively

52. IJB controls exist to ensure the integrity of information reported to the IJB and included in the Annual Accounts are in accordance with the Integration Scheme.

53. We received assurances from constituent body auditors that controls in place were effective and that arrangements for the prevention and detection of fraud and error were appropriate.

3. Governance, transparency and Best Value

The effectiveness of scrutiny and oversight and transparent reporting of information

Main Judgements

Leadership and vision remain strong.

There has been progress with transformation but pressures on the sector continue to grow.

Engagement with staff has continued to be good and there is a clear commitment to staff wellbeing.

A workforce strategy has been developed but vacancies are proving difficult to fill.

Leadership and vision remain strong

54. Following a period of interim management arrangements in 2020/21 permanent appointments were made to heads of service posts within the Health and Social Care Partnership (HSCP) and a new management structure was introduced in July 2021.

55. The Chief Officer's intention with the new management structure is to better develop user focused care pathways by ensuring that staff who need to work together from across the partner organisations are part of the same team.

56. The Senior Leadership Team (SLT) have established an extended leadership team and are working to establish a 'Team Fife' culture to support a vision of being amongst the best performing HSCPs by 2025. This is known as 'Mission 2025'.

There has been progress with transformation but pressures on the sector are growing

57. There is a transformation governance board supporting the Senior Leadership Team and a Project Management Office is now in place.

58. There has been continued progress with transformation projects and transformation updates have been provided to the IJB. However, updates do not currently include financial information or forecast savings.

59. Financial planning has never been as important or as challenging and the IJB are in the process of updating the Medium Term Financial Strategy (MTFS) which will follow the completion of the revised Strategic Plan.

60. The revised MTFS will need to reflect the ongoing Covid-19 pressures identified as part of the LMP process and further identify and model pressures affecting the sector.

61. It will be important that savings identified in the MTFS are deliverable and the IJB will need to work with its partners to ensure the revised MTFS is robust.

Recommendation 3

Ensure that financial plans and strategies fully reflect pressures and that savings identified remain deliverable.

Engagement with staff has continued to be good and there is a clear commitment to staff wellbeing

62. Communication and engagement continue to be good with weekly briefings and regular meetings of the Local Partnership Forum (LPF). A LPF annual report has again been produced for 2021/22.

63. There is a clear commitment to staff wellbeing which features in the weekly Director's Briefings to staff and is a standing item on LPF agendas. There have been a number of practical initiatives available to staff and funds are held in an earmarked reserve for ongoing initiatives.

64. Staff wellbeing will be increasingly important to the delivery of service during this period of ongoing pressure and change. Reducing sickness absence rates amongst council services, which have been running at around 14% during 2021/22, will also help reduce costs.

A workforce strategy has been developed but vacancies are proving difficult to fill

65. A health and social care workforce strategy has been developed and submitted to the Scottish Government. It identifies a growing issue with staff vacancies and the challenges of recruiting in a number of areas. Issues which are likely to have an ongoing impact on service delivery and waiting times for some time.

66. Recruitment is recognised not just as a problem for the HSCP's own workforce but also as a problem for its care partners in the independent sector. A collaborative approach to addressing issues is recognised.

The revised Integration Scheme was approved and further improvements have been made to governance arrangements

67. The revised Integration scheme was approved by constituent bodies and the Scottish Government in March 2022. The revised scheme is clearer on responsibilities for strategic direction (IJB) and operational delivery (constituent bodies). It also provides greater flexibility around the committee structure supporting the IJB.

68. Revised committee arrangements with refreshed terms of reference have been introduced which has further helped clarify roles. The IJB's governance manual has also been updated following the approval of the revised integration scheme.

Risk management continues to improve

69. There have been further improvements to risk management arrangements with a clear delineation of strategic and operational risks and a clarification of risk ownership. Work on a revised shared risk appetite / policy statement and strategy is ongoing.

70. Arrangements meant that the Audit and Assurance Committee may seek clarification from other committees on aspects of risk management, in addition to highlighting any issues with arrangements to the full IJB. The IJB and its committees may probe areas of operational risk in their oversight roll.

There have been improvements to wider participation and engagement arrangements

71. The HSCP has established a participation and engagement team to help ensure that service users and stakeholders are consulted and involved in service redesign. Work on an updated Participation and Engagement Strategy is underway.

Collaborative approaches are being fostered and there has been increasing use of technology

72. Collaborative approaches to care are being fostered with joint working initiatives such as the Care at Home Collaborative, which brings together 15 care at home providers to better help service users in a return to their own homes.

73. Over the Covid-19 period good use has been made of digital solutions such as 'Near Me' to facilitate service delivery. The partnership is also making more use of sensor technology as part of assessment processes and there is use of geographic information systems to better plan service delivery.

An internal review of compliance with the best value framework was undertaken and an annual performance report produced

74. Integration Joint Boards have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for

scrutinising performance and monitoring progress towards their strategic objectives.

75. The IJB approved a best value framework in 2019 and took a position statement in 2020. There was no review in 2021 and we made a recommendation in our 2020/21 AAR in relation to coverage of best value in the annual performance report.

76. A review against the best value framework was taken to the Finance Performance and Scrutiny Committee in July 2022 and coverage in the Annual Performance Report has improved. There remains scope for the better use of performance information to demonstrate value for money and continuous improvement.

National Care Service

77. The Scottish Government has now published the National Care Service (Scotland) Bill in support of its vision of further social care reform. Although the legislation lays down a framework for reform, there is still much to be decided about what the National Care Service will look like and this will be determined through an ongoing co-design process.

78. The proposals are for a new national body the 'National Care Service' accountable to Scottish Ministers and at a local level care boards to replace integration authorities. Care Boards will be accountable to the NCS for the delivery of social care.

National performance audit reports

79. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2021/22 we published some reports which may be of direct interest to the IJB as outlined in [Appendix 2](#).

Appendix 1. Action plan 2021/22

2021/22 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>1. Cost of activities commission</p> <p>The cost commissioned activities in the IJB accounts not been adjusted for payments between constituent bodies.</p>	<p>Ensure that payments between constituent bodies are reconciled to consolidation adjustments made when producing the IJB accounts.</p> <p>Paragraph 42.</p>	<p>Reconciliation of payments between constituent bodies and consolidation adjustments to be undertaken as part of closedown in 2022/23.</p> <p>Audrey Valente 30/6/2023</p>
<p>2. Use of reserves</p> <p>Planned use of reserves was not part of the budget setting report for 2022/23. Finance updates identify all earmarked reserves but there is little narrative to explain their purpose and it is not always clear when reserves are expected to be used.</p>	<p>Consider the need for budget and finance reports to include more information on the planned and actual use of reserves.</p> <p>Paragraph 42.</p>	<p>Changes will be considered for future reports.</p> <p>Audrey Valente 31/3/2023</p>
<p>3. Financial pressures and identified savings</p> <p>Financial planning has never been as important or as difficult. It will be increasingly important that pressures are properly modelled and that forecast savings are deliverable.</p>	<p>Ensure that financial plans and strategies fully reflect pressures and that savings identified remain deliverable.</p> <p>Paragraph 42.</p>	<p>The updated MTFs and budget for 2023/24 will include known pressures and deliverable savings.</p> <p>Audrey Valente 31/3/2023</p>

b/f 1. Supporting Working Papers	Ensure that working papers provided in respect of changes in funding and budgets are complete and properly supported.	Complete
b/f 2. Performance information in the management commentary	Make better use of performance information to support the strategic story in the management commentary.	Ongoing Revised action: Further discuss with heads of service how best to link the strategic story with performance indicators for the 2022/23 management commentary. Responsible officer: Fiona McKay / Audrey Valente Revised date: 30/6/2023
b/f 3. Annual Governance Statement	Continue to refine the Annual Government Statement through a focus on significant weaknesses with clear linkage to actions and time scales.	Complete
b/f 4. Constituent body contributions	Make it clearer in budget setting reports how contributions have been uplifted.	Complete
b/f 5. Best Value reporting	Consider fuller coverage of Best Value responsibilities in the annual performance report.	Complete
b/f 6. Budget setting	Budgets should be set by the IJB at activity level in line with strategic priorities.	Ongoing Revised action: The resource transfer will be reanalysed as service expenditure for 2023/24 budget report. Work to realign budgets will continue. Responsible officer: Audrey Valente Revised date: 31/3/2023
b/f 7. Finance reports	Improve finance reports by analysing expenditure fully across services, explaining changes in budgets, and including activity information and unit costs.	Ongoing Changes in budgets are now covered in finance reports. Revised action: Resource transfer line in finance reports to

		<p>be analysed as a cost of service.</p> <p>Work with constituent bodies to further improve the use of activity information in budget monitoring reports.</p> <p>Responsible officer: Audrey Valente</p> <p>Revised date: 31/3/2023</p>
b/f 8. Operational financial management	Consider the need for more detailed review of financial management arrangements in areas of service overspend.	<p>Complete</p> <p>The CFO is not formally responsible for operational financial management but will continue to work with service heads and constituent bodies to improve arrangements.</p>
b/f 9. Savings plans	Detailed plans should be developed for the delivery of the redesign and transformation initiatives in the Medium Term Financial Strategy.	Complete
b/f 10 Medium Term Financial Strategy	Update the MTFS to take account of the impact of Covid 19.	Complete
b/f 11. Governance arrangements	Ensure that the revised governance arrangements are clear on operational management responsibilities.	Complete
b/f 12. Transformation plans	Ensure that transformation initiatives are reviewed and revised to reflect the impact of Covid-19	Complete
b/f 13. Performance reporting	Improve periodic performance reporting through the inclusion of concise summaries and clearer conclusions.	<p>Ongoing</p> <p>Revised action: Development session will explore with members improvements required.</p> <p>Responsible officer: Fiona McKay</p> <p>Revised date:31/3/2023</p>

b/f 14. Emergent good practice

Undertake a review of the emergent good practice identified by Health and Social Care Scotland and assess the suitability of initiatives for Fife.

Complete

Appendix 2. 2021/22 performance reports and briefings

May

[Local government in Scotland Overview 2021](#)

June

[Covid 19: Personal protective equipment](#)

July

[Community justice: Sustainable alternatives to custody](#)

September

[Covid 19: Vaccination programme](#)

January

[Planning for skills](#)

[Social care briefing](#)

February

[NHS in Scotland 2021](#)

March

[Local government in Scotland: Financial Overview 20/21](#)

[Drug and alcohol: An update](#)

[Scotland's economy: Supporting businesses through the Covid 19 pandemic](#)

Fife Integration Joint Board

2021/22 Annual Audit Report

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Phone: 0131 625 1500 Email: info@audit-scotland.gov.uk

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Meeting Title:	Integration Joint Board
Meeting Date:	25 November 2022
Agenda Item No:	8
Report Title:	Finance Update
Responsible Officer:	Nicky Connor, Director of Health & Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- Local Partnership Forum – 16 November 2022
- Finance, Performance & Scrutiny Committee – 11 November 2022 where the overspend within the Adult Placement budget was discussed. In addition, the covid costs being recalled by the Scottish Government was deliberated and consideration whether bed blocking due to covid could be allocated to these costs to be investigated.

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed services based on 30 September 2022. The forecast for Fife Health & Social Care Partnership is currently a surplus £7.226m.

3.2 Background

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

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

3.3 Assessment

As at 30 September 2022 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £7.226m.

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

These overspends are offset by the underspends in:-

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

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

3.3.1 Quality / Customer Care

There are no Quality/Customer Care implications for this report

3.3.2 Workforce

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

3.3.3 Financial

The medium-term financial strategy will be reviewed and updated in 2022-23.

3.3.4 Risk / Legal / Management

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

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

There are no impacts on the environment

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](https://www.fife.gov.uk/media/10123/ClimateActionPlan2020_summary.pdf)

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

Not applicable.

4 Recommendation

- **Assurance** – the IJB are asked to be assured that there is robust financial monitoring in place and scrutiny through the Finance Performance and Scrutiny Committee.
- **Decision** – approve the financial monitoring position as at September 2022.
- **Decision** – approve the use of the reserves as at September 2022.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report 30 September 2022

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Approved 2022-23 Savings Tracker

6 Implications for Fife Council

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

7 Implications for NHS Fife

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

8 Implications for Third Sector

This report reflects payments made to Third Sector providers.

9 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

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

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

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

Lead	Audrey Valente
Critical	SLT
Signed Up	
Informed	

Report Contact

Author Name: Audrey Valente

Author Job Title: Chief Finance Officer

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



**Fife Health
& Social Care
Partnership**



Finance Report as at 30 September 2022

11th November 2022



Supporting the people of Fife together



FINANCIAL MONITORING

FINANCIAL POSITION AS AT SEPTEMBER 2022

1. Introduction

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

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

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

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

2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the projected underspend of £7.226m at the current time is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m. It is critical that the H&SCP manage within the budget envelope approved in this financial year.

3. Additional Budget Allocations for Year

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

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

Additional Contributions	Allocated	To be Allocated
	£000's	£000's
PCIF (reduction in allocation due to reserve held)	-2.830	
Primary Care Development Fund (PCIF to pharmacotherapy)	-2.258	
Alcohol and Drug Partnership (transfer from NHS to FC to make payments)	-0.075	0.827
Integration Fund		0.159
District Nurses		0.333
Mental Health Recovery		
Action 15 Mental Health Strategy		1.265
Anticipated additional pay award funding	3.306	3.306
Perinatal & Infant Mental Health		0.032
Camhs Improvement		0.433
School Nurse		0.276
22-23 Uplifts		3.375
Mental Health Act		

Mental Health & Wellbeing in Primary Care Services		0.105
Urgent Care Redesign	0.681	
FHS non-cash limited	15.718	
Family Nurse Partnership		0.023
Naxolone for Police Scotland		0.029
Vitamins for pregnant women and children		0.045
Levendale Funding - balance after savings met		0.078
Other & Earmarked reserve	4.597	
Other (Budget adjustment/ Income)	-14.100	
Total of Additional Allocations to contributions from NHS	5.039	10.286
Gas/ Electric budgets not funded by FC	-0.233	
Education contribution to OT equipment	0.016	
Total Additional Allocations to contributions from FC	-0.217	
Total Budget Movement for HSCP from April - September	4.822	

4. Directions

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

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

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn underspend of £7.226m as below.

Fife Health & Social Care Partnership									
As at 30 September	2022/23								
Objective Summary	Budget April	Budget July	Budget Sept		Forecast Outturn July	Forecast Outturn Sept	Variance as at July	Variance as at Sept	Movement
	£m	£m	£m		£m	£m	£m	£m	£m
Community Services		117.653	114.996		113.140	109.303	-4.513	-5.693	-1.180
Hospitals and Long-Term Care		56.813	56.058		58.647	58.116	1.834	2.058	0.224
GP Prescribing		77.576	77.266		76.776	76.466	-0.800	-0.800	0.000
Family Health Services		109.665	108.208		109.865	108.308	0.200	0.100	-0.100
Children's Services		14.696	14.676		14.166	14.576	-0.530	-0.100	0.430
Resource transfer & other payment	418.130	52.006	51.965		51.971	51.930	-0.035	-0.035	0.000
Older People Residential and Day Care	14.930	14.930	15.320		14.377	14.794	-0.553	-0.526	0.027
Older People Nursing and Residential	40.524	40.524	41.516		40.225	41.463	-0.298	-0.053	0.245
Homecare Services	39.823	40.543	40.543		40.020	39.901	-0.523	-0.641	-0.118
Older People Fife Wide	0.793	1.785	0.793		1.790	0.885	0.005	0.093	0.088
Adults Fife Wide	8.185	8.185	8.103		7.090	6.927	-1.095	-1.176	-0.081
Social Care Other	7.939	5.868	4.676		4.974	3.516	-0.894	-1.160	-0.266
Adult Placements	54.339	54.462	54.353		58.437	60.043	3.975	5.690	1.715
Adult Supported Living	23.563	23.563	23.563		20.250	19.969	-3.313	-3.594	-0.281
Social Care Fieldwork Teams	17.351	17.351	18.346		16.943	16.975	-0.408	-1.389	-0.980
Housing	1.837	1.837	1.837		1.837	1.837	0.000	0.000	0.000
Total Health & Social Care	627.414	637.457	632.236		630.507	625.010	-6.950	-7.226	-0.276

The main areas of variances are as follows:

5.1 Community Services

Budget £114.996m, Forecast £109.303m, underspend £5.693m

Community Services are forecasting an underspend of £5.693m. This is mainly due to vacancies across AHP services, Dental and Health Promotion services and Mental health. Attempts to recruit to all vacancies across HSCP continue. There is also an underspend which relates to a reduced spend on sexual health and rheumatology drugs due to a decrease in activity.

The movement from July forecast is a favourable movement of £1.180m and is mainly due to MORSE savings being funded and savings from Levensdale.

5.2 Hospital and Long-Term Care

Budget £56.058m, Forecast £58.116m, overspend £2.058m

Hospital & Long-Term Care is forecasting an overspend position of £2.058m. £1.018m is attributable to Mental Health old age services and adult services where there are high usage/costs on medical locums. This overspend is partially offset by vacancies within specialist nurses. Community hospital inpatient services continues to overspend by £1.690m on bank and agency to cover vacancies, sickness, and increased patient supervision. There are underspends of £0.675m within palliative care services and Fife rehab services to offset this.

The movement from July forecast is an adverse movement of £0.224m and is mainly due to further usage of locums.

5.3 GP Prescribing

Budget £77.266m, Forecast £76.466m, underspend £0.800m

As at September, 4 months of actual General Practice Prescribing data to the end of July is available. Using that data, other available indicators, and 3 years previous positive outturns, the GP Prescribing forecast outturn is an £0.800m underspend. Worldwide the aftermath of the pandemic and the current economic environment leave supply, demand, and pricing of medicines at risk to increases, however several positive factors influencing prescribing are also currently in play, including stabilised Tariff prices and new Primary Care Rebate Schemes. A move to a single East Region Formulary is progressing, potentially reaping further benefits.

There has been no movement in the forecast position from July.

5.4 Older People Residential and Day-care

Budget £15.320m, Forecast £14.794m, underspend £0.526m

The forecast position is an underspend of £0.526m. The underspend is due to staffing mainly due to difficulties in recruiting. There are also vacancies in Day-care as staff are not currently being replaced while the service is unavailable due to Covid.

There has been a minimal movement of £0.027m in the forecast position from July.

5.6 Homecare

Budget £40.543m, Forecast £39.901m, underspend £0.641m

The forecast underspend is £0.641m. This underspend is due to vacant posts. Funding was provided to expand Homecare Services in the Community and launch an emergency peripatetic team within Homecare, these posts have been difficult to recruit to. Recruitment campaigns are underway in the hope to attract potential employees.

The movement from July forecast is a favourable movement of £0.118m and is mainly due to further delay in filling vacant posts.

5.7 Adults Fife Wide

Budget £8.103m, Forecast £6.927m, underspend £1.176m

The forecast underspend is £1.176m. The underspend is mainly due to budget being set for packages for named individuals expected to require a service, which have not yet started/been delayed.

There has been a small movement in the forecast position from July of £0.081m due to further delays.

5.8 Social Care Other

Budget £4.676m, Forecast £3.516m, underspend £1.160m

The forecast underspend is £1.160m. The underspend is mainly due to budget being set aside for payments which are no longer required. This funding will be required going forward as there are unlikely to be covid consequential from Scottish Government

There is a favourable movement from the July projection of £0.266m this is due to vacant posts.

5.9 Adults Placements

Budget £54.353m, Forecast £60.043m, overspend £5.690m

The forecast position is an overspend of £5.690m. The overspend is due to packages that have been commissioned in excess of the budget of £4.202m. An underachievement on approved savings of £0.167m on the Procurement Saving and £0.365m on re-provision of care (offset by vacancies across the service). There is also £0.956m of additional packages approved, which includes £0.477m relating to 21/22.

There is an adverse movement from the July position of £1.715m which is due to the increase in packages and a backdated payment of £0.477m.

5.10 Adults Supported Living

Budget £23.563m, Forecast £19.969m, underspend £3.594m

The projected outturn is an underspend of £3.594m. This is due to the Community Support Service vacant posts which will not be filled until the future design of the service is established and agreed.

There is a favourable movement of £0.281m which is due to further posts becoming vacant.

5.11 Social Care Fieldwork Teams

Budget £18.364m, Forecast £16.975m, underspend £1.389m

The projected outturn is an underspend of £0.980m. This is mainly due to staff vacancies.

There is a favourable movement from the July projection of £0.980m due to further delays in filling vacant posts and additional vacant posts for Adult Capacity Funding.

6. Savings

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

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

34% of the savings (£1.275m) relating to Managed General Practice Modelling, Procurement Strategy and Re-Provision of Care is being met using temporary in year savings as substitutes, which will require to be met on a permanent basis in future years.

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

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

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

7. Covid-19 and the Local Mobilisation Plan

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

Quarter 2 projected full year costs for Covid-19 related expenditure is £15.732m, a reduction of £2.697m from the July position. Expenditure relating to Care packages and direct payments was removed from the LMP and will be funded from Capacity in the Community Funding, the Support fund was re-opened, and the expenditure projection was increased in anticipation of claims being made. Reserves for Covid-19 brought forward from 2021-22 of £35.993m are to be utilised to cover this expenditure.

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

The main areas of expenditure are

Projected Costs for Covid-19 @ Sept 2022	Total £m
Vaccinations	6.517
Workforce and Capacity	3.750
PPE, Equipment	0.675
Community Capacity	1.797
Sustainability payments to providers	2.982
Other	0.011
Total Covid-19 Costs	15.732

8. Reserves

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

Of this, £66.276m is earmarked for specific purposes. £35.993m relates to Covid-19 expenditure but is not projected to be required in full. The remaining £28.783m includes support to external organisations to reflect the rising cost of living pressures. This is currently estimated to cost an additional £0.600m by the end of the financial year. In addition to this, there is an amount of £0.200m for internal care at home staff to reflect a temporary user allowance for a period of 12 months (backdated to April 2022) for all employees who use their personal vehicle to deliver Council services and travel more than 2000 business miles per annum This was agreed at Fife Council Cabinet Committee on 20 October and reflects the 12-month cost to the HSCP. The £28.783m is committed to be spent in full in 2022-23.

The remaining balance of £13.436m was uncommitted at April 2022. An in-year adjustment to classification has resulted in £1.500m being reclassified from earmarked to uncommitted, increasing the total to £14.936m.

Total Reserves	Balance April 2022 £M	Committed at Sept 2022 £M	Balance at Sept 2022 £M
Total Earmarked	28.783	28.783	0
Covid-19	35.993	15.732	20.261
Uncommitted Reserves Available for Allocation	14.936	5.882	9.054
Total Reserves	79.712	50.397	29.315

Detail of the earmarked reserves and commitments for approval are shown in Appendix 2.

9. Risks and Mitigation

9.1 Savings

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

9.2 Forward Planning

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

9.3 Covid-19

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

10. Key Actions / Next Steps

The Senior Leadership Team (SLT) have been looking at contingency measures to put in place temporarily over the Winter period, which may require use of current underspends.

SLT have also started to work on future budget modelling and meetings have taken place to begin to look at how to bridge any future gaps.

The medium-term financial strategy will be refreshed in 2022-23 and it will address the various new and additional pressures that will face the Health and Social Care Partnership over next financial year and into future years.

During 2022-23 the review of the acute set-aside will be progressed and steps made towards transferring this to the Health and Social Care Partnership. We will see the continuation of a whole system approach to delivering services and the Fife pound being utilised to deliver services that best meets the needs of the people of Fife.

Audrey Valente
Chief Finance Officer
11th November 2022

Appendix 2

Earmarked Reserves	Balances Committed
	£m
PCIF	6.585
Action 15	2.221
District Nurses	0.213
Fluenz	0.018
Alcohol and Drugs Partnership	1.700
Community Living Change Plan	1.339
Urgent Care redesign	0.950
Care Homes	0.817
Mental Health Recovery & Renewal	4.118
Buvidal	0.213
Child Healthy Weight	0.023
Acceleration of 22/23 MDT recruitment	0.300
Multi Disciplinary Teams	1.384
GP Premises	0.430
Afghan Refugees	0.047
Dental Ventilation	0.669
Interface Care	0.170
Care at Home (includes support for Cost of Living Increase)	3.345
Interim beds	2.320
Telecare Fire Safety	0.069
Social Care RLW Workforce Uplift	0.516
Self Directed Support (SDS)	0.417
Workforce Wellbeing Funding	0.196
School Nurse	0.146
Remobilisation of Dental Services	0.313
Psychological Therapies	0.264
Total Earmarked	28.783

Covid-19 Reserves	Opening Balance at April 2022	Projected per LMP Q2	Balance @ Sept 2022
Covid-19 Reserves	35.993	15.732	20.261

Uncommitted Reserves	Balance at April 2022	Agreed @July	For approval @Sept
	£m	£m	£m
Opening Balance	13.436		
Reclassified from Earmarked	1.500		
Additional Staff to create capacity to progress transformation projects		0.893	
Research Manager/ Strategic Planner		0.140	
Participation & Engagement Staff		0.146	
Housing Adaptations backlog investment		0.644	
Community Alarms - Analogue to Digital		1.235	
Community Care Services – Purchase of chairs		0.024	
Moving & Handling Trainer – fund for additional 4 months		0.014	
Reviews of Adults Packages OP Team Costs		0.064	
Reviews of Adults Packages Adults Team Costs-Spend to save		0.350	
Total Mobile - Unachieved saving (as agreed at IJB March		0.750	
Gas & Electricity additional funding (cost pressure to reflect price increase)		0.230	
MORSE- Unachieved saving (as agreed at IJB March)		0.400	
Band 2-4 Regrading		0.191	
Contact centre (staffing costs test of change)		0.150	
Upgrades to Wellesley Unit		0.300	
Childrens Services - Staffing ANPS			0.273
Pharmacy/Pain post			0.054
FELS driver Temp 6 months- increased equipment delivery			0.024
Bed Flow coordinators 4FTE (temp 1 year)			0.125
Balance	14.936	5.531	0.351

Notes

- Balance of reserves available for allocation has increased from £13.436m to £14.936m
- £5.531m was previously approved and committee.
- Approval is sought to commit a further £0.351m from reserves.
- The remaining balance available for use is £9.054m.

TRACKING APPROVED SAVINGS

HEALTH & SOCIAL CARE

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under)/over achieved £m	Rag Status
All	2021-24	MORSE (Saving reduced on perm basis in budget setting by 0.400m)	0.800	0.400	(0.400)	Amber
Complex & Critical	2021-24	Bed Based Model	0.200	0.200	0.000	Green
Complex & Critical	2020-23	Managed General Practice Modelling	0.200	0.000	(0.200)	Red
		Managed General Practice Modelling (Temp substitute)		0.200	0.200	Green
Complex & Critical/ Community Care	2021-24	Review of respite services	0.070	0.070	0.000	Green
Complex & Critical	2021-24	Review of Alternative travel arrangements - Service Users	0.174	0.174	0.000	Green
Complex & Critical/ Community Care	2020-23	Resource Scheduling (Total Mobile)	0.750	0.000	(0.750)	Red
Complex & Critical	2020-23	Procurement Strategy	0.200	0.000	(0.200)	Red
		Procurement Strategy (Temp Substitute - Adults Fieldwork temp vacancies)		0.200	0.200	Green
Complex & Critical/ Community Care	2020-23	Re-provision of Care	1.400	0.394	(1.006)	Red
		Re-provision of Care (Temp Substitute for Adults saving - vacancies in Supported Living)		0.875	0.875	Green
Grand Total			3.794	2.513	(1.281)	66.2%

Rag Status Key:-

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

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

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

Summary			
Rag Status	Savings Target £m	Overall Forecast £m	(Under)/over £m
Green	0.444	1.719	1.275
Amber	0.800	0.400	(0.400)
Red	2.550	0.394	(2.156)
Total	3.794	2.513	(1.281)



Meeting Title: Integration Joint Board
Meeting Date: 25 November 2022
Agenda Item No: 9
Report Title: Public Sector Climate Change Duties 2022
Responsible Officer: Nicky Connor, Director of Health and Social Care
Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Decision

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

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

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

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

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

2 Route to the Meeting

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

- SLT
- Finance, Performance & Scrutiny Committee – 11 November 2022 where the recommendations outlined in section 4.4 were agreed.

3 Report Summary

3.1 Situation

This report is to advise the Integration Joint Board (IJB) of its statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015; and to ask members to consider priorities for climate change governance, management, and strategy for the year ahead

3.2 Background

The Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as “major players” to submit a climate change report to the Scottish Government by 30 November each year. IJB’s were first included in the annual reporting exercise in 2016/17. This will be the sixth report for Fife IJB and will cover the period 2021/22.

The Sustainable Scotland Network (SSN) is the organisation collating information on behalf of the Scottish Government and they have provided an online form for this purpose.

The required reporting focuses on corporate emissions arising from organisational operations and service delivery, as well as key information on: Organisational Profile; Governance, Management and Strategy; Adaptation; Procurement; and Validation.

In developing guidance, the Scottish Government has recognised the unique nature of IJB’s and does not expect IJB’s to address every aspect of the report in the same way that NHS Boards and Local Authorities are expected to do. For example, IJB’s are not required to respond to the questions on corporate emissions, as these will be addressed by the responses from NHS Fife and Fife Council who are the asset owners.

3.3 Assessment

The submission to Scottish Government is not meant to be viewed as an assessment process with a pass or fail, it is an opportunity to review climate change action within the IJB and promote continuous improvement. The Scottish Government has advised that where information is not held, it is

acceptable to explain the situation and any action planned to develop that area, if applicable.

The key focus for the IJB's submission is within the section on climate change governance, management, and strategy. The IJB is to set out its top priorities for improvement for the year ahead. Last year the IJB outlined the following areas for consideration

- In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 - 2030
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies
- Reconsider options to highlight the potential Environmental/Sustainability impacts within reports to the IJB and the governance committees and the benefits in moving to alternative approaches to highlight impacts of decisions and awareness raising.

As the focus for the IJB and the Health and Social Care Partnership for 2021/22 has been on responding to, and recovering from, the pandemic, progress on these areas of work has been limited. For this reason, it is recommended that we retain the first three priorities for progression during the current year.

The Climate Fife (Sustainable Energy and Climate Action Plan – SECAP) 2020 – 2030 was approved by Fife Council's Environment and Protective Services Sub Committee in February 2020. Climate Fife is a Fife-wide plan, however, at this stage comprises actions driven by Fife Council and key public sector partners. It has been designed with the four outcomes of Fife's Community Plan (the Plan4Fife) in mind, which are:

1. Opportunities for all
2. Thriving places
3. Inclusive growth and jobs
4. Community led services.

It is recommended that the IJB/HSCP continue to support the aims and actions from the Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 - 2030. A link to the Plan is shown at para 3.3.6

Staff across the Partnership continue to have an awareness of the climate change plans and strategies of the partner bodies and are encouraged to use resources, such as heating, light and water, efficiently and recycle and reduce waste as much as possible. By making more use of technological solutions, such as TotalMobile, Near Me and MS Teams, we have been able to reduce paper and printing use and staff and service user travel. One of the positive aspects of the coronavirus outbreak was the reduction in pollution as a result of the lockdown. With a large group of staff working from home, and increased use of Microsoft Teams for meetings and collaborative

working, there continue to be significant reductions in travel and printing costs.

It is recommended that the IJB continues to support awareness raising for staff and continues to work with partners to identify opportunities to work more efficiently and sustainably.

The HSCP Strategic Plan also focusses on working together to improve health and well-being in the community and references the Plan4Fife actions including working with people in their own communities, using our collective resources wisely and the development of locality priorities. These will help to reduce travel and support the reduction of Fife's carbon footprint. In the revised Strategic Plan 2019-2022 the IJB outlined its commitment to addressing Climate change with the inclusion of the following statement.

“Fife IJB recognises its position of responsibility in relation to tackling climate change and produces an annual Climate Change report in line with legislation.

We have a corporate responsibility to manage resources in a sustainable manner and in a way that minimises damage to the environment, for example through reducing the use of paper, recycling and reducing waste as much as possible and the use of technological solutions to help to reduce travel and support the reduction of Fife's carbon footprint.”

It is recommended that the IJB/HSCP continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies. It is also recommended that Fife IJB maintains a focus on positive contributions to climate change within the revision of the Strategic Plan 2022-2025.

In 2021/22 we have amended the SBAR template to highlight the Climate Change Report and allow staff to set out any climate change impacts in relation to reports coming to Committees/IJB. Environment and sustainability impacts are also considered as part of the equality impact assessment process within business cases for Transformation Projects to help support awareness raising and impacts on communities. It is recommended that in the year ahead we will review these and highlight any benefits or positive impacts on climate change strategies.

3.3.1 Quality / Customer Care

There are no direct quality or customer care impacts arising from this report.

3.3.2 Workforce

There are no direct workforce impacts arising from this report.

3.3.3 Financial

There is no direct financial impact arising from the reporting duty.

3.3.4 Risk / Legal / Management

There is a legal requirement to report under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

The IJB is required to consider the risks around climate change and how it can work with partner bodies to mitigate these.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

The annual reporting of climate change action is to support the reduction of environmental impacts and support climate change adaptation initiatives. [ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

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

4.4 Recommendation

Decision – Members are asked to consider and agree the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report as follows:

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

5 List of Appendices

There are no appendices included with this report.

6 Implications for Fife Council

7 Implications for NHS Fife

8 Implications for Third Sector

9 Implications for Independent Sector

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

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

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

Lead	Audrey Valente
Critical	
Signed Up	
Informed	

Report Contact

Author Name: Avril Sweeney

Author Job Title: Manager, Risk Compliance

E-Mail Address: Avril.sweeney@fife.gov.uk



Meeting Title:	Integration Joint Board
Meeting Date:	25 November 2022
Agenda Item No:	10
Report Title:	Winter Plan: Executive Summary
Responsible Officer:	Nicky Connor, Director HSCP
Report Author:	Lynne Garvey, Head of Service

1 Purpose

This Report is presented for:

- Assurance

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

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- Resources are used effectively and efficiently in the provision of health and social care services.

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

- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

The Integration Joint Board (IJB) can be assured the full suite of papers associated with winter planning has been discussed and scrutinised at the Quality and Communities Committee, Finance, Performance and Scrutiny Committee and the Local Partnership Forum. It was recommended that in presenting this to the IJB that the detail discussed at Committees would be appendices with an Executive Oversight Report highlighting key areas of assurance and risk.

Quality and Communities Committee

The committee questioned and was assured that people who go home to be assessed for packages of care is agreed with the family and a leaflet will be given to patients on admission to highlight the importance of not being in hospital. It was felt that the recruitment challenges were a major concern. Assurance was given

regarding the ongoing recruitment campaigns. Questions also related to the importance of effective communication to the public regarding changes in practice. Confirmation that a robust communication plan was being worked on was well received.

The chair confirmed with the Committee that they were assured of actions being taken to address the predicted forthcoming winter pressures and agreement to progress the paper to the IJB.

Finance, Performance and Scrutiny Committee

It was noted by the Committee that planning needs to be all year round and the focus should not just be on Winter although further actions may be required to support the delivery of critical services throughout Winter. The Committee also enquired about the actions in the Scottish Government (SG) letter and discussion took place regarding whether the actions were new or if the Health and Social Care partnership (HSCP) were ahead of the game with some of the actions. Assurance was given that plans were well underway to ensure most of the recommendations were initiated in Fife. The Chair sought assurance that the Senior Leadership Team were confident that the whole system will be able to deliver on the capacity that will be required to support inpatient activity considering the 45 surge beds that were opened have not been closed. Advised that the biggest challenge is recruiting and capacity, and the risk would be discussed daily and actions taken to ensure service delivery in the most critical areas.

The chair confirmed with the Committee that they were assured of actions being taken to address the predicted forthcoming winter pressures and agreement confirmed to progress the paper to the IJB.

Local Partnership Forum

The Local Partnership Forum were satisfied with the actions being taken to address the predicted forthcoming winter pressures and were assured that there would be ongoing monitoring and engagement regarding the implications for the workforce"

3 Report Summary

3.1 Situation

This report provides an Executive Summary of the Health and Social Care Partnership Winter Plans. The plan provides assurance to the IJB that there are whole systems plans in place and that any risks will be closely monitored over the winter period with systems in place to support response in line with business continuity plans.

3.2 Background

There has always been a need to plan and deliver services 365 days of the year, however, this winter there is a need to continue to deliver the services, balancing increased pressures as we stabilise, improve and recover from the COVID-19 pandemic as well as the expected greater demand on our services over the winter period. This makes additional preparations key to supporting our workforce and service delivery for the people of Fife over the winter period critical.

Over the past few months considerable work has been ongoing to support preparations and readiness for winter.

3.3 Assessment

For assurance the following report was discussed at committees and is

attached as appendix 1A. The SBAR report describes actions that the HSCP are taking to address winter pressures within the report there are 4 sections:

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

The key areas of assurance given are:

- There is full commitment to working whole system with partners to plan and deliver our services this winter.
- There are proactive actions being taken to build on our current models to maximize flow and capacity against all of the Nationally recommended actions including: • Home First • Discharge without Delay (Use of Planned Date of Discharge [PDD] compulsory) • Criteria Led Discharge • Hospital to Home transition teams with re-ablement focus/Discharge to Assess • Hospital at Home • Anticipatory Care Plans • Effective End of Life Pathways in strong collaboration with our Hospice colleagues.
- In addition, there is proactive work progressed to streamline processes for patients on the Adults with Incapacity (AWI) / Guardianship Pathway; enhancing support to care homes; commission beds in care homes to support interim and assessment beds
- There has been positive recruitment to many of the areas of new investment and proactive work is ongoing to continue to reach full recruitment. There is a very proactive recruitment campaign in local communities and through Scottish Television Advertising. In addition, band 2 Health Care Support Workers (HSCWs) are being recruited aligned to community nursing teams which supports further resilience. Workforce is one of our key risks and is described later in this report.
- In addition to the actions described above there is considerable preventative work being progressed such as flow and navigation centre supporting redirection and increased access to and development of new pathways across our Health and Social Care System and Telecare service linked to smart life Fife.
- We will be monitoring the position on a whole system basis over winter with the daily community huddle using the "OPEL" tool to assess the position with key actions and escalations in place and this is supported with clear alignment to service business continuity plans. Health and Social Care services are well connected into NHS Fife, Fife Council and the Local Resilience Partnership to support clear communications and escalations as appropriate.

In addition to the risks described in the risk section of this report key areas of risk include:

- Workforce pressures and resilience. To mitigate this, work is ongoing to support recruitment and there is a strong focus across operational services, in conjunction with the Local Partnership Forum to support staff health and wellbeing. The daily huddle, using the OPEL tool concerns workforce pressures. Our focus on workforce resilience and support also includes strong working with the third and independent sector.

- Unpredictability. As well as the pressures that we are actively planning for there are some areas where there is a risk of the impact of more unpredictable pressures which will likely have a cumulative impact including the potential for adverse weather, impact of potential industrial action and impact of winter virus including flu and covid. This will be monitored closely at the daily huddle with oversight through the Senior Leadership Team.
- Demand: The full impact of demand on services this winter will require to be requiring assessed over winter. As outlined above there are continuity plans, routes of escalation and connections to partners to support reliance.

3.3.1 Quality / Customer Care

Quality of patient care and safety are at the heart of all of the HSCP actions that are being progressed. Increasing capacity within the workforce across a number of areas of service delivery and in particular, within areas experiencing pressures, will have a positive impact on the quality of service delivery and the experience of those in receipt of services. Increased capacity will enable improvement in access to services as well as other waiting times and ensure that people are supported at the right time in the right place by the right intervention and also help to ensure that wherever possible this support is provided at home or closer to home within a homely setting.

3.3.2 Workforce

Fife HSCP welcomed the Scottish Government funding to support the wellbeing of our Primary Care and Health and Social Care workforce over winter and made use of the allocation in a range of areas, in accordance with the guidance set out in the letter dated 2/11/21. The allocation was used to support our workforce in practical, pastoral, training and reflective learning spaces and to commission an in-depth project in collaboration with Hull University to better understand and be able to respond to the issues our workforce are facing in relation to absence and wellbeing. All measures that were put in place were agreed after extensive consultation with services, the Local Medical Committee (LMC), trade union representatives and the Local Partnership Forum and the 3rd and independent sectors.

The Health and Social Care workforce strategy and action plan outline a range of actions we will take to support the workforce over the coming year.

The Local Partnership Forum will continue to monitor this closely. Workforce is an area considered on a daily basis at the whole system huddle.

3.3.3 Financial

This paper provides assurance of significant investment by SG ensuring both sustainability and growth in the market, which will ultimately improve services to the people of Fife. The investment, some of which will be made available on a recurring basis, will allow the HSCP to not only respond to the current delay situation and plan effectively for winter but will also allow us to move forward with our strategic objective of delivering care in home or homely setting.

3.3.4 Risk / Legal / Management

Risk assessment and mitigation against the risks are contained within the ADP and local/ IJB risk registers. There is a risk that the test of change to incentivise external provision will incur ongoing costs but this will be managed via the ongoing commitment to care at home and transformation. There are risks associated with recruiting an expanded workforce in the current climate. It will be important to coordinate recruitment campaigns in order to ensure that recruiting to one area of service delivery does not create pressures elsewhere in the system. There will therefore be close liaison with all service delivery areas across NHS Fife, Fife Council, Fife HSCP and the third and independent sectors in order to achieve synergies around recruitment and to optimise recruitment campaigns to achieve system wide benefit.

3.3.5 Equality and Diversity, including Health Inequalities

An equality and diversity impact assessment has been undertaken for the home first strategic programme which underpins much of this work.

3.3.6 Environmental / Climate Change

No specific actions associated with

3.3.7 Other Impact

Not applicable.

3.3.8 Communication, Involvement, Engagement and Consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of the ADP.

4.0 Recommendation

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

5 List of Appendices

Appendix 1A – SBAR Winter with associated appendices

6 Implications for Fife Council

There will be close working to support whole system working over winter

7 Implications for NHS Fife

There will be close working to support whole system working over winter

8 Implications for Third Sector

There will be close working to support whole system working over winter

9 Implications for Independent Sector

There will be close working to support whole system working over winter

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

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

Author Name: Lynne Garvey

Author Job Title: Head of Service Community Care Services

Email Address: Lynne.garvey@nhs.scot



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Various Committees

Meeting Date: November 2022

Agenda Item No:

Report Title: HSCP Winter Planning 2022/23

Responsible Officer: Nicky Connor, Director, HSCP

Report Author: Lynne Garvey, Head of Community Care Services

1 Purpose

This Report is presented to the Committee for:

- Discussion and Assurance
- Please refer to glossary (**Appendix 5**)

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 Resources are used effectively and efficiently in the provision of health and social care services.

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

- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

Route Following the Meeting

Please provide details of where report will go once discussed at this meeting eg SLT Formal (Assurance/Business/Strategic); Governance Committee (specify which); Integration Joint Board – or Not Applicable if dealt with at this meeting.

Integration Joint Board	Friday 25 November 2022
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3 Report Summary

3.1 Situation

The impact of the pandemic on our Health and Social Care system is ongoing, and the demands on Health and Social Care Partnership (HSCP) services have been, and continue to be, under substantial pressure.

Winter planning and continuing to flex and work in the way that we have over the last two years is fundamental to ensure our readiness and preparedness for the coming winter months.

This report will:

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

3.2 Background

The SG recognises the need for the Health and Social Care systems to stabilise and improve as we recover from COVID-19 pandemic. As a result, the focus nationally is on a limited set of priorities for 2022/23 to enable the system and workforce to recover. The HSCP priorities are defined within the ADP. This plan is set out in partnership with NHS Fife (lead partner), Fife Council and the HSCP and each organisation have a shared responsibility to undertake effective planning to manage the impact of winter/ demand and pressures across all health and social care. The relationships and joint working with third sector, independent sector and Scottish Ambulance Service (SAS) are crucial to the success of this plan.

Fife's ADP describes how services will cope with increased demand over the winter period and throughout the next 2 years, share responsibility to undertake joint effective planning of capacity, ensure that care is delivered in a timely and effective manner and build on existing strong partnership working to initiate planning principles that will be tested at times of real pressure.

Further to the ADP submission, on the 4th October 2022, the Cabinet Secretary issued a letter which set out the actions to support winter resilience across our health and care systems. The letter stated that HSCPs must renew their focus on the following actions:

- Home First
- Discharge without Delay (Use of Planned Date of Discharge [PDD] compulsory)
- Criteria Led Discharge
- Hospital to Home transition teams with re-ablement focus/Discharge to Assess
- Hospital at Home
- Anticipatory Care Plans

- Effective End of Life Pathways in strong collaboration with our Hospice colleagues

3.3 Assessment

This section of the report will focus on describing the HSCP response to the ADP, will list and report on actions being taken aligned to the letter Supporting our Health and Social Care System, 12 October 2022 and highlight recruitment as set out in the actions in the letter Winter Planning for Health and Social Care; 5th October 2021.

Section 1: ADP

The ADP includes commentary for national and local priorities, reflecting on previous year and outlining deliverables for 2022/23 as well as considering service delivery over next three years. Within the ADP there are specific actions relating directly to Health and Social care. These are described in the key deliverable section of the ADP but cover broad themes such as:

- Workforce planning - planning for surge capacity to include a robust Medical, Nursing & Allied Health Professional (AHP) model
- Continue 7-day step-down for Acute (AU1 and AU2) and review a potential Emergency Department (ED) pathway in Hospital at Home. Increase capacity in Intermediate Care Team (ICT) in preparation for winter
- Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian
- Promote interim care home moves for people waiting on packages of care (PoC)
- Review current clients who have packages of care and require a renewed assessment
- Increase weekend staffing – funding for staff to work weekends to support weekend discharges.
- Autumn/Winter covid and flu vaccination campaign: all people eligible in line with JCVI guidance and CMO direction will have been offered access to a vaccination by 05/12/2022
- Home Care Capacity. Develop capacity within the in-house care at home provision (Short Term Assessment and Review Team [START]) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care
- Develop a home first strategy for Fife
- Embed OPEL reporting across all services

Attached with this paper is an extraction from the ADP tracker that describes actions that are being taken to meet the deliverables in the ADP by the HSCP (**Appendix 4**).

Section 2: Letter

Fife has progressed many actions aligned to the above priorities as follows:

Home First

Reliably achieving safe, timely and person-centred discharge from hospital to home is an important indicator of quality and a measure of effective and integrated care.

A Home First Strategy for Fife is being developed, through a strategic oversight group. Seven sub-groups are in place with some key functions:

- Information Data - developing shared platform for all community care development of a whole programme dashboard.
- Anticipatory Care - All community patients at risk of readmission will have an ACP. Work began in care homes to start this process.
- Screen and Assess for Frailty - support Frailty Screening and Assessment services in the operational delivery of the Home First model. Set direction for Frailty Screening and Assessment services in relation to actions from the Home
- Integrated Discharge Planning - pathways and processes for discharges to star beds and care at home beds; and how referrals are received and collated.
- Commissioning and Resourcing
- Intermediate Care - promote the delivery of digital solutions, which will support the implementation of the aims & objectives of the strategy within Intermediate Care services
- Housing & Social Determinants - closely aligned to discharge hub work commenced to ensure timely house adaptations.

Improving patient flow is a key objective of the HSCP. The HSCP Home First Programme is one of the main sources of work contributing to this objective.

The Front Door model is part of the Home First Programme and sits within the Integrated Discharge Planning Subgroup, with oversight from the Home First Strategic Oversight Group.

Currently, the approach to discharge involves the assessment of a patient from a clinician's perspective after medical treatment and plan on a discharge pathway based upon a person being clinically fit. Through the identification of a patient discharge pathway closer to the time of admission than at being medically fit, this model will contribute to reduced length of stay in hospital and instances of delayed discharge through earlier assessment and signposting.

This project will also allow identification earlier in the patient's pathway where major changes that require a great deal of time to plan and put in place (eg specialist housing/major adaptations/ long terms care etc.) solutions that will be ready when the patient is clinically fit to leave hospital.

The Front Door Team is made up of a multi-disciplinary group of professionals that includes a Social Work Senior Practitioner, Social Workers, Social Work Assistants, Assessment and Review Practitioners (ARPs), Patient Flow Coordinators and dedicated Business Support. These staff are co-located in an office space attached to the Victoria Hospital, Kirkcaldy (VHK) and will be present on the Admission Wards, working closely with ward staff, AHP, the Discharge Hub in the VHK and linking with the Voluntary Sector Organisations that can offer support to service users.

Discharge without Delay (use of PDD)

In Hospital, 'in day' capacity and demand are better aligned when discharges occur earlier in the day, across simple and more complex pathways. Robust planning prevents delay for patients with no social care involvement in discharge, and delay is prevented for more complex discharges by early and effective whole-system planning and preparation for discharge jointly with patients, families and carers.

Planning for discharge by setting a PDD as a united extended Multi-disciplinary team (MDT) ensures community teams are ready and able to support the transition of patients from hospital to home without delay. Adopting 'home first' as an ethos

ensures patients stay in hospital only as long as is clinically and functionally necessary.

Preventing delay relies on protecting time to plan and prepare as a whole-system team, rigour and discipline around the completion of tasks essential for discharge, systems and processes to support joint decision making and ensuring that we do this for every patient, every time.

Key elements of the approach in Fife are to prioritise early, whole-system planning, create tomorrow's capacity today and to discharge to assess as default. Key components of this approach are to:

- Ensure 'Enhanced Work-up' occurs at front door to identify early those who could be turned around quickly.
- A "Home First" approach should be adopted, asking "why not home, why not now" at every point of a patient's journey through the development of clear communication.
- To implement Trak changes to enable the PDD and referral date to be accurately recorded and monitored by 30th November 2022.
- To implement Trak changes to enable the PDD and referral date to be accurately recorded and monitored

Discharge Without Delay seeks to begin planning for discharge on admission rather than working towards an expected date of discharge. It involves setting a clearly defined PDD.

Progress to date involves the recruitment of an Integrated Discharge Coordinator who is working across NHS Fife and HSCP. Work being led by the Coordinator includes tests of change across five pathfinder wards within the Acute and Community Hospitals with the aim of reducing length of stay. Tests of change include ward-based Discharge Coordinators and a Patient Flow Coordinator, embedding Discharge Planning Together (DPT) documentation, traffic light prioritisation of patient discharges, MDT, PDD focused meetings, pharmacy / dispensary prioritisation of Integrated community assessment and support services (ICASS) and social care patient exits.

A Community Pharmacy situation background assessment recommendation (SBAR) has been completed which is awaiting final sign off on test of change options that could help improve processes to enable discharges within the Community Hospitals.

A dashboard summarising discharge data and reports detailing ward-based figures have been created and are being used to inform tests of change as well as SG reporting.

Criteria Led Discharge

Criteria Led Discharge (CLD) is integral to the Discharge Without Delay Programme, specifically the work stream around PDD. NHS Fife and the Fife Health & Social Care Partnership have adopted a DPT approach with a variety of resources being developed including:

- Initial leaflet on role of acute in medical management and varied pathways for discharge with a focus on "Home First" model.
- The DPT document which seeks to set PDD within 24-48 hours of admission, and to manage patient/next of kin (NOK) expectations of realistic medicine in health and social care.

Within this document the PDD is highlighted and agreed with the patient and NOK, along with 'what matters to them' during their acute admission. Further, potential barriers to discharge are identified at a much earlier stage in order to reduce their

impact. Our focus is on the patients' needs and journey and not bed management, ensuring they have a clear understanding of the treatment, procedures and outcomes that are required to take place in the acute environment.

This model supports the use of shared resources across Acute and Fife HSCP in a focused and co-ordinated approach which enables the MDT to work together to facilitate D/C at the earliest possible point. Two pathfinder wards within Victoria Hospital have Discharge Co-ordinators and are engaged in a test of change using the new documentation and PDD focus. In addition, the use of a Discharge Co-ordinator for each ward has allowed nursing staff to concentrate on their care for patients, releasing them from organising and coordinating the components of a successful discharge. This has allowed a greater focus on earlier discharge and forward planning.

Along with actions detailed above, the concerted approach of the Discharge without Delay Programme and the Fife Health and Social Care Discharge Hub based within the acute hospital has allowed for a seamless pathway for patients from the front door of the acute hospital to discharge. Accepting referrals for those patients with additional and complex requirements, following periods in hospital, the Discharge Hub work with their health and social care partners closely to arrange ongoing care as required. This work includes daily meetings reviewing patient discharge pathways, involving senior healthcare MDT and social care agencies, to ensure a seamless transfer to place a patient in the right place, at the right time, at the earliest opportunity.

Hospital to Home Transition Teams

The National Interface Care Programme has been implemented in NHS Fife, in partnership with HSCP. This has focused on developing Outpatient Antibiotic Therapy (OPAT) and Respiratory pathways with HSCP leading on the enhancement of respiratory pathways and care between NHS Fife and the Partnership.

To enhance this service a number of key actions have been taken:

- Increase of existing Community Respiratory staffing to include additional Specialist Nursing and Respiratory Physiotherapy to meet anticipate increase in demand by 20%. Recruitment is partially complete with the remainder of staffing to be recruited to over the next two months.
- Development of joint working models with Acute and Community Respiratory Team with MDT case conferences to improve the pathway of care for patients and drive forward earlier discharge.
- Further training of Community Specialist Respiratory training to increase non-medical prescribing capacity to ensure acute respiratory exacerbations can be managed at home to prevent unnecessary admissions.
- Development of a direct referral pathway from the SAS to the Community Respiratory Service to reduce unnecessary acute admissions after initial home assessment by ambulance staff.

Discharge to Assess

In Fife to ensure services are discharging without delay (using PDD model) and providing a hospital to home transition with re-ablement focus and following the discharge to assess model, the Care at Home Service has placed Assessment Practitioners directly into the acute setting of VHK. They will carry out initial reviews and monitor progress of those admitted into the Acute Hospital and follow their pathway through from Accident and Emergency (A&E) to ward stabilisation to discharge home. Their progression with the patient will ensure that PDD's are

being met for those whose pathway is to return to their own home setting. Providing initial data information to the Care at Home's Re-ablement Team who upon discharge at PDD will fully assess the patient within their own homely environment and not within an acute setting. The Specialised Assessor will ensure accurate reflection of someone's critical care needs for home without the requirement for multiple assessors entering the acute setting daily to assess for care packages once the patient has become fit for discharge.

Hospital at Home

The Hospital at Home Service secured short term funding from Health Improvement Scotland (HIS) that will enable the Service to undertake an "in-reach" test of change into the VHK. Currently Hospital at Home Teams are informed of step-down patients planned for discharge on the day however, for numerous reasons; including the complex planning and assessment these do not always happen. This can result in inefficiencies due to places being held therefore some admissions to Hospital at Home are being declined. The test of change facilitates the implementation of in-reach band 6 Nurse Practitioner (NPs) to commence Hospital at Home step down assessments within the acute setting. By testing this model of care, Hospital at Home Service aims to facilitate timely and safe discharge to Hospital at Home and support the front door model and ensure smoother, more timely and appropriate discharges to the service with clear intervention plans. Commencing Hospital at Home assessments for step down patients in the acute environment and supporting the front door team will positively impact admission, assessment and documentation time required in the community and this will result in increased capacity and resilience across Hospital at Home and the system by:

- Identifying appropriate referrals for step-down for Hospital at Home
- Increase capacity and caseloads as a result of more streamlined and efficient triage and assessment process, specific to Hospital at Home
- Aim to offer 7-day a week in reach
- Accepting later step-down admissions i.e. move from a 5pm cut off to an 8pm cut off as assessment and documentation will already have been completed. If no treatment is required admission can be at any time with review the following day.
- Improving patient experience
- Supporting the Front Door model

Hospital at Home - SAS Direct Access Referral Process

To support being able to accept Care Home out of hours SAS direct referrals, a test of change was carried out over a period of two months to determine demand and implement defined processes and pathways.

Following this test of change, further enhancements and improvements to the process were made and now the Fife Flow and Navigation Centre (FNC) receive and triage the referral, check Hospital at Home capacity and refer direct to the applicable Hospital at Home team.

Hospital at Home - Repatriation Acute Step-down Referrals from Ninewells Hospital

Following the Service securing permanent funding from the HSCP, East Hospital at Home Team have recruited three Staff Nurse posts to support the creation of formal pathways and a referral process for repatriation of step-down patients from Ninewells Hospital to North East Fife Hospital at Home.

The implementation of this will commence end October 2022 and will be undertaken on a phased roll out approach.

Anticipatory Care Planning (ACP)

The HSCP has adopted the Home First model, within which Anticipatory Care is a distinct Sub-group. The ACP Sub-group comprises of a multi-disciplinary and multi-agency group of professionals across Fife that represents General Practitioners (GPs), Geriatricians, Care Homes, Social Work, AHPs, Voluntary Sector, Nursing and Fife Council.

ACPs have existed in Fife for some time. However, through the oversight of the ACP Sub-group, it became clear that there was a lack of consistency in terms of the ACP format used, the quality of information contained within the ACP and how this plan was available SAS and to Primary and Secondary Care settings.

The ACP Sub-group has progressed the following key actions:

- In Fife, there is now an agreed ACP format that will be completed in all care homes and that all residents will be offered the opportunity to complete.
- HSCP Care Homes and Independent Partner Care Homes are rolling out the agreed ACP format as an initial Test of Change.
- All Fife GP Practices are aware of this new format and will transfer the received ACP from the Care Home on to the Electronic Key Information Summary (EKIS) held by the Practice.
- Information contained within the EKIS will be made available to Secondary Care settings via the NHS Portal.

All of these actions are monitored via monthly ACP sub-group meetings with oversight from the Home First Strategic Oversight Group that is Chaired by the Head of Service for Community Care Services.

Further actions being progressed via the ACP sub-group are as follows:

- Roll out of training for Care Home staff in respect of ACP completion.
- Future roll out of training for unpaid Carers (via Fife Carer's Centre) as ACP's are promoted in the community.
- Future development of the Life Curve App alongside ACP's as a means for individuals to self-manage any decline in their health or abilities prior to statutory service involvement and support access to local community groups and activities to promote well-being.

Effective End of Life Pathways

Within Fife the Specialist Palliative Care Service, incorporates the in-patient hospice provision. Palliative Care in Fife, as in every region of Scotland is on a journey. The journey started before the Covid-19 pandemic but has been hugely influenced by it, not least in the urgent pressure it brought for the Service to fully understand the needs of the Fife population and to tailor its care and support based on this intelligence.

The pandemic necessitated rapid and radical changes to the way that care was delivered right across health and social care, including within the Palliative Care Service itself.

By April 2020 the Service were faced with rapidly rising demand for palliative care in people's own homes and Care Homes. This rising community demand reflected the fact that many more people with advanced illness were choosing to be at home and palliative care needing to come to them.

Given the picture of reduced hospice demand and increased demand in the community, the Service transformation began to create a seven-day multi-disciplinary Outreach Team working across all care and residential settings alongside health, social care and third sector colleagues. This team have been able to offer responsive care and support to around 60 patients and families in their own homes and care homes, and to in-reach to community hospitals and the acute sector with great flexibility and speed.

The Service have also successfully introduced a seven-day single point of access (SPOA) and are able to reach many more people in Fife than previously – an increase of around 40%. Around 40% of the calls received are for advice only, 27% lead to community assessment, 24% lead to hospital assessment and 6% identified for hospice admission.

The Specialist Palliative Care Service are now supporting more people with non-cancer diagnoses. There has been a doubling in the number of people under their care who die at home, with their patients spending significantly fewer days in hospital in their last weeks of life.

- 3,297 fewer days in hospital in their last 100 days of life (35% reduction) and 1,293 fewer days in their last 30 days (30% reduction)

The collective mission in Fife is to continue to work together to build on progress to date and to identify where unmet needs remain.

Further to the above actions in the letter Mr Yousaf and Ms Robison also recommend additional measures to support improved flow as follows:

Streamline processes for patients on the Adults with Incapacity (AWI) / Guardianship pathway

Fife HSCP, through the national Social Work Scotland network, and a supporting literature review, has reviewed all processes, working timeframes and guidance for the range of AWI pathways for patients lacking capacity, i.e. 13ZA; for those individuals for whom no-one holds welfare decision making powers; Private Guardianship, where there is an identified person such as a family member who wishes to seek application for Welfare Guardianship or Local Authority Guardianship - to be pursued in the event there is no appropriate person able/willing to accept private Welfare Guardianship responsibilities.

Timelines for the various stages of the pathways have been truncated to reduce/remove unwarranted delay, where the HSCP is the responsible party.

Revised Practice Guidance has been developed, with the final draft at the concluding stages. It is intended that training be concluded and this revised guidance will be operational by end of November 2022.

Additional capacity has also been put in place to provide administration to progress chase actions with, for example, there Legal Aid Board to ensure information is as "live" as possible, and the system has robust oversight of real time situation.

Support for Care Homes: Building on the successful support provided to care homes during the pandemic; Care Homes must be supported by having timely access to professional support and clinical advice (particularly in the Out of Hours [OOH] period) to enable admission prevention and more planned interventions to keep residents safe in their own home.

The Care Home liaison Nurses carry out at least weekly support calls to each care home in Fife to discuss any concerns the service may have, this includes staffing, clinical issues and any significant occurrences that have been submitted since their previous call. The team may also signpost the care home to other relevant professionals/ services such as Tissue Viability Team, Mental Health Care Home

Liaison Team, Infection Prevention and Control Team. From these calls the team will risk assess the information provided and if required carry out a face-to-face visit to the care home to provide further support and advice.

The HSCP are currently in the process of recruiting additional ANP's specifically for care homes to provide additional clinical support going forward. It is the intention that the ANP team and the care home liaison team will work closely together to enable admission prevention, ensure safety of residents and prevent unnecessary hospital admissions.

Work is underway with the Urgent Care Services Fife (UCSF) Team to introduce a professional-to-professional telephone line for care homes to access out of hours care in a more timely and efficient manner, once again with the focus of reducing unnecessary hospital admissions. Professional and clinical advice for care home staff will also be enhanced within the out of hours period by enabling direct contact from care homes to Fife's urgent care hub based within the flow navigation centre. The aim is that this will support direct access to urgent care negating the need to contact NHS24, prevent admission and support care at home.

The introduction of a care home pathway for SAS to refer directly to the Hospital at Home Team is currently underway. The intention is to ensure unnecessary attendance at ED which is distressing for residents.

In addition to this, access to additional ANPs, 1st Contact Physiotherapist, Pharmacy Prescriber and Mental Health practitioners have also been appointed to support primary care resilience.

All these models are designed to ensure care in the right time at the right place, prevent admission and release capacity for Primary Care Services.

Commission beds in Care Homes as NHS beds to support transfer of care from hospitals to release capacity.

In order to facilitate and enhance the flow through the Health and Social Care Systems Assistant Practitioner (AP) posts were created to support the Interim bed model. The APs work independently within the Care Home facilities linking closely with Care Home staff and ARPs. These posts assist individuals placed within interim beds in Care Home facilities across Fife whilst awaiting preparations for discharge home. The posts are managed and based within ICT and supported by the Physiotherapy and Occupational Therapy staff. The main aims of the role are to case manage for individuals who have been placed within an interim bed, provide ongoing general rehabilitation intervention programmes to support the personal outcomes approach as planned by the discharging ward therapy staff as well as discharge planning alongside the ARPs.

Monitoring

The Scottish Government issued a letter on 17th October 2022 acknowledging the actions set out in the Health and Care Winter Overview referenced above. The letter further actions that that in order to provide assurance on the state of resilience across Scotland, a winter preparedness checklist, which sets out key areas against winter priorities is required to be submitted. Fife's checklist. The HSCP have developed an action plan to ensure that appropriate action is taken to improve resilience based on this checklist.

Section 3

With reference to the SG letter Winter Planning for Health and Social Care 5th October 2021, **Table 1** illustrates the positive recruitment to ensure new investment being put into place to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our Health and Social Care systems.

Table 1: Investment in Services

Red	Under 50% Achieved
Amber	50% and Over Achieved
Green	100% Achieved

SERVICE AREA	PLANS FOR SPEND	STAFFING REQUIRED	STATUS
Growth in internal Homecare & START staff	Additional Home Carers and Home Care Support Staff	1 Mobile Emergency Care Services Supervisor at Fife Council 6. 6 Full Time Equivalent Schedulers at Fife Council 4. 8 Co-ordinators (30 staff per Home Care Coordinator) at Fife Council 7. 2 Full Time Equivalent trainers at Fife Council 7. 16 Start Enablement Support Worker at Fife Council 5. 7 Lead Officers (1 per Area) at Fife Council 9.	
		42 carers	14 Carers posts recruited to
Help to Stay at Home	Passport to Voluntary Organisation	Funding agreed with three organisations across Fife to increase support for people to discharge from hospital. Fife Shopping and Support Service – Settling Service, increase capacity with Link Living and Later Life choices.	
Technology Enabled Care (TEC)	Near Me/ TEC	Digital Programme Manager	
Homecare Peripatetic Team	Additional Staff	14 - 28-hour posts and Travel £50K.	2 - 28 - hour posts Home Carers recruited
Social Work Mental Health Staff	Additional Staff	1 x Fife Council 10 Team Manager. 8 x Promotional from Fife Council 8 to Fife Council 9 Plus. 8 x Backfill Posts Fife Council 8s.	1 Team Manager 3 MHOs appointed.

Management costs	Additional Staff to support growing and nurturing the workforce	1 Full Time Equivalent at Fife Council grade 10 Management Post. 1 Full Time Equivalent Organisation and Development Post at Fife Council grade 9. 1 Full Time Equivalent Accounting Technician.	
Providing additional Care in the Community to leave Care Homes	50 in care to come out then cycles of 30. Block bookings. 50%double up/50% single. Then move on to normal packages	Interim beds used to support discharge with dedicated block booking from care at home providers in place to support discharge – to date there has been 26 block rotas of approximately 70 hours per week	
External providers weekend enhancement	1/3 extra for weekend enhancement	Test of change to pay enhanced hours +1/3 extra at weekends to external providers of care at home to retain staff.	
Interim Bed Funding - £40m			
Hospital at Home	Health Improvement Scotland funding Year 1. Additional Staffing for Year 2	6 Working Time Equivalent Band 6 Nurse Practitioners. 6 Working Time Equivalent Band 5 Staff Nurses. 2 Working Time Equivalent Admin Cover. 1 Working Time Equivalent Band 5 Pharmacy Technician.	60% of posts recruited to
Intermediate Care Team	Additional Staffing	10 Working Time Equivalent Occupational. Therapist/Physio Band 6. 10 Working Time Equivalent Rehab Support Workers Travel at £4k per annum.	60% of posts recruited to
Social Work discharge team	Additional Staffing	2 Full Time Equivalent at Fife Council 8 Social Workers. 1 Full Time Equivalent at Fife Council 4 Business	

		Support (Hosp Discharge).	
Front Door Model Team	Additional Staffing	5.4 Working Time Equivalent Band 6 Patient Flow Coordinator. 2 Full Time Equivalent at Fife Council 8 Social Worker. 4 Full Time Equivalent at Fife Council 6 Social Work Assistant. 1 Full Time Equivalent at Fife Council 9 Senior Social Work Practitioner. 2 Full Time Equivalent Assessment Review Practitioners.	70% of posts recruited to.

Despite full efforts to recruit home carer posts there is still considerable vacancy. The HSCP has recognised that different approaches are required to attract more people into the care services.

A television campaign was launched in July 2022 to be broadcast throughout STV's East of Scotland locality. The campaign did provide interest across multiple areas of social care with the statistics specifically for Care at Home carers detailed below. Plans are in place to run the campaign again in November. Along with the television campaign, for the first time the service is also running localised poster campaigns. These posters will be placed in local shops, community centres, doctors etc so those living in that area are aware there is work in that area – local recruitment for the local area. A QR code to a form, will create a call back to the person, along with a local telephone number and email address. This will simplify the application process and for those not on social media or actively looking at job sites give them the awareness of opportunities close to home with flexible hours and working days.

Facebook promotions using carousel display have been created, with the view that this will be published for each of the 7 localities.

Section 4 – further workstreams to address winter pressures

Fife's Flow and Navigation Centre (FNC)

Fife's Flow and Navigation Centre (FNC) is hosted within Fife HSCP and in line with the Urgent and Unscheduled Care Collaborative, launched on 1st June 2022, work remains ongoing to enhance our FNC through increased access to and development of new pathways across our Health and Social Care System.

Reporting via our Unscheduled Care board, we have sought, through utilising data to better understand the pressures on our system, target change ideas that will have the biggest impact prior to and during winter. These include increasing pathways available to the Scottish Ambulance Service to Social Care Pathways, Community Respiratory teams, direct access to MIUs and Hospital at Home.

The FNC is also in the process of testing the provision of direct access to Care Homes OOHs for professional to professional advice, which will be expanded further during November. Testing so far has demonstrated that 93% of

professional to professional calls result in the resident not requiring onward referral to other Health Care Services.

The FNC plays a pivotal role in supporting Covid-19 anti-viral treatment pathways across Fife. These are currently being developed, with enhancements to the clinical model, to allow all treatment to be delivered via oral treatment within the Community, to prevent the need for an Acute Hospital attendance.

Telecare service redesign for social care

Fife HSCP currently provides an online option for people in Fife to complete a Self-Assessment using Smart Life in Fife. Research shows that early intervention and prevention is most effective in the initial stages of ageing. It is for people who are beginning to have difficulties at home. The website offers advice, services, and recommendations. It is a simple online system that guides people through an easy step by step process to identify what solutions might be best for the person. It gives advice on exercise and aging well, links to local amenities and national assistive providers. It also has links to Fife Equipment Loan Store. People can use it themselves or a family member or carer can help them.

Fife HSCP plan to increase the scope of this online service by having an additional tool – the Life Curve. This would give people and practitioners the ability to see where people are on the Life Curve and what actions they can take to make choices and take control of their health and mobility at an earlier stage.

Additional support for Care Homes to assess and admit timely

Bed flow coordinators will be employed within the private sector and in house to support timely discharges. The function of the coordinator to assess, co-ordinate and facilitate placements across designated Fife Care Homes to ensure that safe, effective and timely discharges and admissions are supported. To liaise and navigate effectively across the H&SC system to reduce time barriers, support Care Home Managers and achieve a seamless flow of discharge and admission into designated Care Homes. Work in a collaborative and coordinated approach to standardise the discharge and admission pathway from Hospital to all designated Care Homes

Recruit band 2 Health Care Support Workers (HSCWs) to support care at home

Band 2 HSCW will be recruited into District Nursing teams to help support complex care packages. When a double up car package cannot be met in either START or mainstream care at home support will be offered from an alternative team to ensure the person is discharged from hospital. Integrated teams working in this way is at the heart of collaborative integrated working and has been tested in Fife's community care services with a positive impact.

3.3.1 Quality / Customer Care

Quality of patient care and safety are at the heart of all of the HSCP actions that are being progressed. Increasing capacity within the workforce across a number of areas of service delivery and in particular within areas experience pressures will have a positive impact on the quality-of-service delivery and the experience of those in receipt of services. Increased capacity will enable improvement in access to services as well as other waiting times and ensure that people are supported at the right time in the right place by the right intervention and also help to ensure that wherever possible this support is provided at home or closer to home within a homely setting.

3.3.2 Workforce

Fife HSCP welcomed the Scottish Government funding to support the wellbeing of our Primary Care and Social Care workforce over winter and made use of the allocation in a range of areas, in accordance with the guidance set out in the letter dated 2/11/21.

The allocation was used to support our workforce in practical, pastoral, training and reflective learning spaces and to commission an in-depth project in collaboration with Hull University to better understand and be able to respond to the issues our workforce are facing in relation to absence and wellbeing. All measures that were put in place were agreed after extensive consultation with services, the local LMC, trade union representatives and the Local Partnership Forum and the 3rd and independent sectors.

The funding was used in a variety of ways, including:

- New high-quality mattresses and pillows for all sleepover beds in social care
- Wellbeing bags were distributed to all workers in social care with a range of practical items and details on wellbeing supports available to them
- Support was given to our Care at Home Collaborative to utilise the funding in the independent sector
- Locum cover was supported to allow our GP's, Pharmacist's and Dentist's to have protected learning time
- Outdoor wellbeing sessions were provided as well as psychology and spiritual support across primary care
- A vending machine was placed in a Community Hospital that could be accessed by primary and social care staff
- Training in the 'Coach Approach' and 'Mental Health Awareness' was put in place for managers

Feedback on these was very positive, e.g. 100% of the evaluation responses say they feel better equipped after undertaking the mental health awareness training. Other feedback included:

"All the carers I provided bags to advised they felt appreciated and recognised. It was very positive, and they were very thankful." (Wellbeing bags)

"Very impressed with the quality of the mattress, a big thumbs up"

"I found the sessions to be valuable as a self-development, awareness and reflection tool as well as a valuable tool to use in role. It was such a worthwhile training" (Team Leader, 3rd Sector – Coach Approach Training)

"I felt really good about myself and told everyone I met about the experience I had just had. Although it wasn't very physical, I slept like a baby, something I struggle with." (Outdoor wellbeing sessions)

As highlighted, the funding had a significantly positive impact across primary and social care and supported the wellbeing of our workforce over winter.

3.3.3 Financial

This paper provides details of a significant investment by SG ensuring both sustainability and growth in the market, which will ultimately improve

services to the people of Fife.

Investment of over £300m, some of which will be made available on a recurring basis will allow the HSCP to not only respond to the current delay situation and plan effectively for the Winter but will also allow us to move forward with our strategic objective of delivering care in a home or homely setting.

3.3.4 Risk / Legal / Management

Risk Assessment and mitigation against the risks are contained within the ADP and local/ Integrated Joint Board (IJB) risk registers. There is a risk that the test of change to incentivise external provision will incur ongoing costs but this will be managed via the ongoing commitment to care at home and transformation.

There are risks associated with recruiting an expanded workforce in the current climate. It will be important to coordinate recruitment campaigns in order to ensure that recruiting to one area of service delivery doesn't create pressures elsewhere in the system. There will therefore be close liaison with all service delivery areas across NHS Fife, Fife Council, Fife HSCP and the third and independent sectors in order to achieve synergies around recruitment and to optimise recruitment campaigns to achieve system wide benefit.

3.3.5 Equality and Diversity, including Health Inequalities

An equality and diversity impact assessment has been undertaken for the home first strategic programme.

3.3.6 Environmental / Climate Change

3.3.7 Other Impact

3.3.8 Communication, Involvement, Engagement and Consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of the ADP.

4 Recommendation

- **Assurance** – assure members of actions that are being taken to address the predicted forthcoming predicted winter pressures.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Annual Delivery Plan

Appendix 2 - Supporting our Health and Social Care System 12 October 2022

Appendix 3 - Winter Planning for Health and Social Care 5th October 2021

Appendix 4 – Extraction from ADP submission

Appendix 5 – Glossary

6 Implications for Fife Council

7 Implications for NHS Fife

8 Implications for Third Sector

9 Implications for Independent Sector

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

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

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

Lead	Lynne Garvey, Head of Community Care Services
Critical	Rona Laskowski, Head of Complex and Critical Care Services Lisa Cooper, Head of Primary & Preventative Care Services Audrey Valente, HSCP Chief Finance Officer Fiona McKay, Head of Strategic Planning, Performance & Commissioning Helen Hellewell, Associate Medical Director Lynn Barker, Associate Director of Nursing Roy Lawrence, Principal Lead for Organisational Development & Culture Kathy Henwood, Head of Education and Children's Services, Justice Services and CSWO
Signed Up	
Informed	

Report Contact

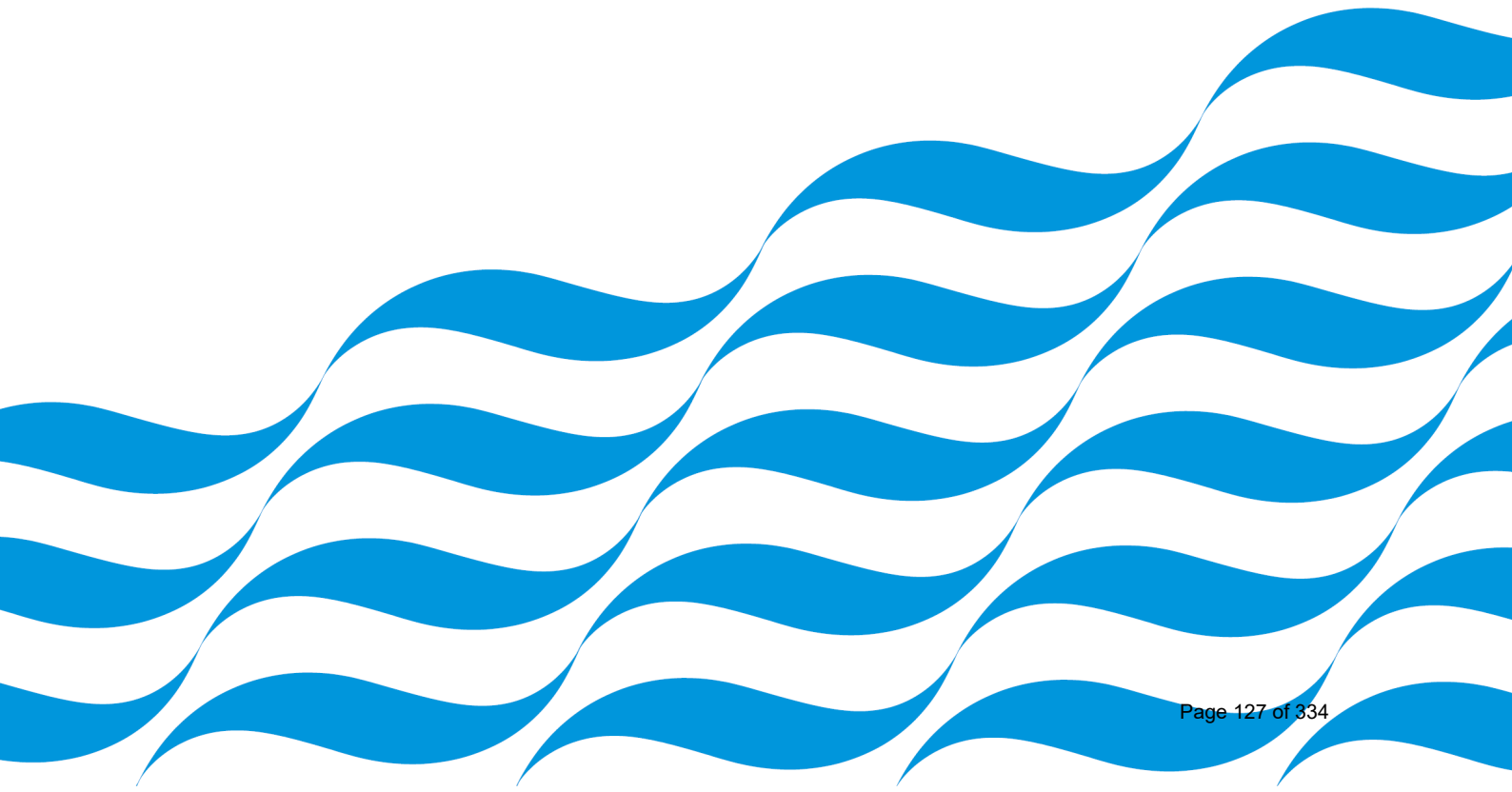
Author Name: Lynne Garvey

Author Job Title: Head of Community Care Services Lynne.garvey@nhs.scot



**Fife
Annual Delivery Plan
2022/23**

Final v6.0: 22 September 2022



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1 Introduction and Context

This is the Annual Delivery Plan for health and care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for 2022/23. The plan has been constructed reflecting on the experience of the last 2 years and focusses on the immediate term recovery from the COVID-19 pandemic.

The Scottish Government commissioning letter recognises the need for our health and care system to stabilise and improve with the focus on a limited set of priorities for 2022/23 to enable our system and workforce to recover from the incredible pressure experienced over the past two years and is still experiencing.

2 Context

The delivery plan provides an overview of our strategic planning work, including the alignment of national and local priorities and the agreed NHS Fife corporate and functional objectives for 2022/23.

At the time of writing, the NHS has come out of emergency measures however, COVID-19 continues to be present across the range of hospital, primary and community health and care services. This brings a significant challenge and focus on the need to adapt the planning and delivery of our health and care services for the future, as we learn to live with the ongoing impact of COVID-19.

The current pressure across the health and care system continues to impact on our services in terms of increased unscheduled and urgent care and a reduction in the levels of elective care possible during this time. This combined with the ongoing challenge of maintaining workforce levels is putting the overall health and care system under sustained levels of pressure.

The reduction to aspects of elective care has resulted in an increase in waiting times for patients but also appears to be causing an increase in A&E attendances and emergency admissions as patients waiting for treatments and procedures become more acutely unwell. NHS Fife has continued to deliver as much of the elective programme as possible however there remains a significant challenge in both bringing elective capacity back to pre-COVID-19 levels and managing the demand for unscheduled and urgent care.

As capacity continues to be challenging, we must work with the Scottish Government, our staff and public to manage expectations of service provision given the resources available. The next few years will be critical in bringing balance back to the health and care system.

The Annual Delivery Plan have been discussed at the private sessions of the Finance, Resource and Performance Committee, the Staff Governance Committee and NHS Fife Board in July before submission to Scottish Government. Updates will be provided to other key stakeholders including the Area Clinical Forum, Area Partnership Forum and Integration Joint Board (IJB).

3 Approach to Planning for 2022/23

We continue to align to the guiding principles of whole system, safe and person-centred care, agile, flexible and responsive, realistic medicine/care, protecting our workforce, digitally enabled and data enabled.

3.1 Planning Assumptions

The following planning assumptions underpin our delivery plan:

- There is still significant impact of COVID-19 on the health and care system including non-emergency services and our services will require to be adaptable to further waves
- Balancing the capacity to deliver non-COVID-19 services whilst living with COVID-19 and taking into account other seasonal demands and clinical prioritisation
- Level of services pre-pandemic have not resumed
- The extended role of Public Health will continue
- Continuation of the vaccination programme for COVID-19 and Influenza, aligned to the wider vaccination transformation programme for 2022/23
- Redesign of Urgent Care and Unscheduled Care Collaborative will change the models of urgent and emergency care services
- Extend and embed digital health and care into our models of care
- Primary and Community Care pathways will include self care
- Consideration of the National Care Service implementation on all strategic planning
- Data analysis and evidence will support planning and decision making
- Mutual aid, joint working, regional approaches and support from National Boards will be embedded in local planning and delivery.

3.2 Strategic Planning

Strategic planning continues to be aligned to the 4 strategic priorities for NHS Fife:

- To improve health and wellbeing
- To improve the quality and safety of health and care services
- To improve staff experience and wellbeing
- To improve value and sustainability

As the ADP covers services operationally delivered by the Health and Social Care Partnership and governed by the Fife Integration Joint Board, there are priorities in the IJB strategic plan included in this document. The strategic plan for the Health and Social Care Partnership is currently refreshed and a new plan will be in place by November 2022.

The key focus for 2022/23 is the development and publication of the Population Health and Wellbeing Strategy. The Strategy has a focus on population health, improving inequalities, health and wellbeing, and recovery for COVID.

The Strategic Planning and Resource Allocation Process (SPRA) is now an established strategic planning tool in its third year. SPRA has been undertaken for 2022/23 to support strategic, financial and workforce planning. The actions from SPRA have been used to inform this Annual Delivery Plan as well as NHS Fife's Corporate Objectives, Financial and Workforce Plans for 2022/23.

Supporting the delivery of national and local priorities in Fife is the Corporate Programme Management Office (PMO). The team provide programme management, quality improvement support and project support to the service teams to deliver on the strategic and operational objectives through effective programme and change management.

NHS Fife's Integrated Performance and Quality Report, the key report for assurance of performance, within the organisation has been reviewed during 2021/22 in line with Active Governance and a revised format and metrics adopted to provide assurance to the Board. The improvement actions for each 'at risk' metric is now directly related to the objectives, risks and delivery actions through SPRA and this document.

A team from Acute Services and the Planning Department in Fife is working with the Whole System Modelling (WSM) in Public Health Scotland primarily planning using

emergency admissions modelling. This has been part of the COVID response planning for the past 2 years and is continued to be used. Initial scoping work has been carried out for elective care modelling but this is still at very early stages.

3.3 Governance arrangements

The executive led Portfolio Board, established in 2021, has oversight of the strategic programmes including the delivery of the PHW strategy. This includes all members of the Executive Directors' Group and is supported by the Corporate PMO. The role of the Employee Director is an essential aspect of this group, to support effective partnership working and ensure the voice of staff is heard. In addition, senior leaders from across the organisation are represented and support the range of programmes and projects underway.

The Portfolio Board reports to the Public Health and Wellbeing Committee of NHS Fife Board.

The timeline for discussion at key stakeholder meetings with some dates beyond the SG submission date.

Timeline for sharing Annual Delivery Plan with key groups

30 June 2022	Shared with EDG
12 July 2022	Report to Finance, Performance and Resource Governance Committee in Private Session
14 July 2022	Report to Staff Governance Committee in Private Session
26 July 2022	Report to NHS Fife Board in Private Session
27 July 2022	Submission to SG

Future Dates

6 Oct 2022	Presentation to ACF
21 Sept 2022	Presentation to APF

4 Local Priorities

4.1 Population Health and Wellbeing Strategy 2023-28

The Strategy will be NHS Fife's key strategic document going forward planning for the medium to long term. Health and care services continue to remain under challenge as COVID is still present in the community and is still impacting on health services, the public and staff. This must be reflected in this strategy.

There are 4 key parts of the strategy development: review of the Clinical Strategy 2016-21; a Health and Wellbeing Review; Public and Staff Engagement; and recommendations for Population Health and Clinical Services. The milestone plan illustrates the specific activities and sequencing of the work to be undertaken including independencies as well as the governance of the process and strategy.

4.2 Financial Improvement Plan

During the last two financial years, the organisation has been, understandably, limited in the work required to work towards reducing and removing its underlying financial deficit of c. £25m. However, despite the pandemic, the organisation progressed work through its Strategic Planning and Resource Allocation (SPRA) process to develop plans and infrastructure to deliver against the important organisational challenge of achieving financial balance. Consequently, the Financial Improvement and Sustainability (FIS) programme has been established to deliver this.

4.3 Management of Corporate Risks

As part of the review and development of our risk management arrangements, a Corporate Risk Register (CRR) is being established to replace the current Board Assurance Framework (BAF). This will contain the highest scoring risks from across the organisation that have the potential to affect the whole organisation, or operational risks which have been escalated.

The corporate risk profile is being developed by the executive and senior teams in partnership and involved consideration of existing and potential new risks. It is expected that Corporate Risks will be reported to the Board by late 2022 and risk appetite will be a key consideration underpinning escalation decisions.

The Board has recently considered the level of risk it is prepared to tolerate under each of the four strategic priorities. This statement of risk appetite will be used by the Board going forward when considering strategic and operational decision-making.

4.4 Anchor Institution

NHS Fife has the ambition to establish itself as an Anchor Institution in Fife. The Board members, Executive Directors Group and Acute Services Management Team have all been part of its development with further engagement with NHS Fife's Area Clinical Forum and Area Partnership Forum.

The Anchors themes will be threaded through the Population Health and Wellbeing Strategy with the local Anchor Institution Programme Board agreeing key themes set out by the Health Foundation.

The areas being focussed on are:

- **Employability:** Current existing and emerging areas of Anchor Intuition work within Fife include Kickstarter and No-one Left Behind. These programmes are a review of employability processes, widening access to work and offering career opportunities to local people from deprived or excluded communities.
- **Procurement:** NHS Fife procurement team is exploring the areas of procurement that could go into our local economy. Establishment of a Community Benefit Gateway is underway, working with Community Planning Partners. NHS Fife Anchors work is linked closely to Fife's Community Planning Priorities, where Executive Directors are members of our most senior strategic planning partnerships.
- **Sustainability:** Development of sustainability plans are underway, developing a new NHS Fife Greenspace Strategy with the inclusion of our Community Planning Partners.

4.5 Climate Change

NHS Fife is in the process of implementing the revised policy for NHS Scotland on the Climate Emergency and Sustainable Development DL (2021) 38.

A Board Champion (Director of Public Health) and an executive lead (Director of Property & Asset Management) have been agreed and the implementation of the policy is one of the 25 corporate objectives for 2022/23. The resources required to implement the policy are also part of the Strategic Planning & Resource Allocation (SPRA) process for 2022/23.

An increase in our dedicated and specialist workforce will be required to implement the Climate Emergency and Sustainability Policy, specifically in respect of the roles required by the Policy set out above. Sharing skills and technical expertise in relation to Climate Change and Sustainability presents a key opportunity for a regional approach and there will be requirements to develop the roles, knowledge, and skills of staff across the NHS to support the delivery and development of the Strategy.

NHS Fife now employs two students from the University of St Andrews as interns over the summer period to allow for further planning and implementation of greenspace and sustainable travel.

Notwithstanding the need to develop core capacity and expertise within NHS Fife, there is an opportunity for shared learning and development of expertise across the East Region. In order to support this collaboration, an East Region Climate Emergency and Sustainability Group is proposed with membership from the executive leads in each Board and other relevant colleagues.

The initial priorities for sharing capacity and expertise have been identified as follows:

- Climate Change Adaptation and Risk Assessment
- Green space and Biodiversity
- Sustainable Travel Planning
- Environmental Management System requirements

Interest and commitment of staff to a Greener NHS continues to grow and there are clear synergies and opportunities in relation to staff health and wellbeing, for example in relation to active travel, access to green space and positive staff engagement. A recent successful workshop had identified a shared interest with partner organisations in Fife and is the start of the process of developing a shared vision and strategy for the improvement of our greenspaces and biodiversity. Fife benefits from strong local relationships with partners, NHS Fife and Fife H&SCP are already contributors to the River Leven Programme and exploring opportunities for joint work on greenspace.

An investment of £1.8m funded by Scottish Government has allowed for several energy-saving measures such as solar arrays and LED lighting to be implemented in a variety of sites which will lead to a significant reduction in Carbon emissions and a corresponding saving in utility bills. Further proposals are being developed to decarbonise several hospital and other sites. Any new build projects include a range of measures to ensure they meet future requirements such as net zero and removing fossil fuel sources.

Discussions are underway with the PPP service providers in line with new guidance issued by Scottish Future Trust (SFT) in terms of what opportunities there may be to decarbonise the 2 key assets within Fife.

4.6 Fife Immunisation Strategic Framework 2021-2024

NHS Fife and Fife HSCP have worked collaboratively to develop a 3-year Immunisation Strategic framework 2021-2024. The vision is for *'A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course'*.

Four high-level priorities for action were identified following an in-depth review process that took place in 2021, and significant progress was made towards these in 2021/22.

Achievements during this period include the full transfer of immunisations from General

Practice through the completion of the Vaccine Transformation Programme in March 2022, and the delivery of the extended flu and COVID vaccination programmes.

A key focus for 2022/23 is completing the transition to an integrated Community Immunisation Service that brings together the governance and delivery of vaccinations across the life-course, including flu and COVID vaccination, childhood, adult and selected vaccinations. A new equality impact assessment will be published in 2022 to reflect these changes in the service, and actions will focus on ensuring equitable access for vaccinations, targeted work to reduce inequalities in uptake and engaging with our partners in local communities to promote the service and build trust in vaccinations.

A further priority for 2022/23 will be strengthening local monitoring and evaluation processes by making effective use of emerging digital support tools. Significant progress was made in 2021/22 to recruit to a sustainable immunisation workforce, and activity for 2022/23 includes further exploration of synergies with the Community Treatment and Assessment Care Centres (CTAC) workforce, developing career frameworks, and enhancing the prescribing function within the service.

5 Workforce

5.1 Staff wellbeing

Providing a healthy working environment which supports, promotes, and protects the physical and mental wellbeing of our employees is an integral part of the NHS Fife and Fife Health & Social Care Partnership Workforce Plans for 2022-2025. The plans outline how we integrate support for our employees to stay well into all of our work. We have made supporting wellbeing and maximising attendance a key focus of our recovery work in 2022/23. In addition, we continue to work on creating a culture of kindness, where employees look after each other. This is a shared commitment led by our Board and our Executive team working in partnership with our staff.

We have a multidisciplinary team, including Occupational Health specialists, Health Promotion, Psychology and Spiritual Care professionals delivering a broad range of workplace and related staff support services, co-ordinated by the Staff Health and Wellbeing Group. Our commitment to Wellbeing is evidenced by NHS Fife holding the Healthy Working Lives Gold Award since 2016. “Well@Work” is the branding of NHS Fife’s employee Health and Wellbeing programme.

Our approach is focused on the Four Pillars of Wellbeing, as detailed in the diagram below, with each area of wellbeing being supported by:

- Workplace policies, processes, and guidance
- Internal wellbeing initiatives
- Resources available to those employees who need them
- Communications for all employees on wellbeing and how to access support



The NHS Fife Staff Health & Wellbeing Framework due to be published by the Summer of 2022 will detail our range of commitments and will support the ongoing review of the effectiveness of our work in this area to maximise the support to our employees. Through this work we will also continue to integrate the national work on Wellbeing and align to the ‘Nurture’ ambitions of the National Workforce Strategy for Health & Social Care in Scotland.

5.2 Recruitment and retention of workforce

NHS Fife recognises and is committed to addressing the challenge of building a sustainable workforce and the need for us to recruit and retain staff to achieve this aim. We are aligning our work to the ambitions of the National Workforce Strategy for Health & Social Care in Scotland with particular emphasis on the Attract, Train and Employ pillars. During the emergency response phase of the pandemic, we have recognised the need for our work to balance across short-, medium- and long-term resourcing commitments.

In the last 12-month period we have progressed the launch of our new East Region Recruitment Shared Service model to create a modern, sustainable recruitment function as well as using innovative recruitment approaches through targeted local and national campaigns aimed at targeting a range of job groups.

We have increased our recruitment of Band 2 to 4 Nursing & Midwifery roles utilising the additional Scottish Government funding allocation for 2021/22 and introduced our International Recruitment service through the Memorandum of Understanding with Yeovil District Hospital NHS Foundation Trust welcoming our first cohorts of Nurses and Radiographers.

Work on our Employability agenda has commenced, with a range of activity to identify and deliver enhance training and job support to our local communities with the Kickstart initiative being a positive organisational commitment in 2021/22. Progress with our second year Employability action plan is underway, which aims to extend and expand our range of training and support initiatives for our local communities

Building on this work over the next year we aspire to fully implement the East Region Recruitment Shared Services model, working with partner Boards in ensuring the development of enhanced recruitment processes for mutual benefit.

Taking lessons learned from our targeted recruitment efforts to continue to innovate to support delivery of our strategic recruitment approach, we continue to look at how we promote NHS Fife as an employer of choice using a values-based approach, engaging with staff to look at workforce practices including agile working which enhance experience and complement the development of our services.

Actions are ongoing to develop and deliver strategic and career frameworks for NMAHP Bands 2 to 4, providing enhanced career pathways for our Nursing & Midwifery workforce building a sustainable pipeline of International Recruits through our partnership working arrangements and in collaboration with the National Centre for Workforce Supply.

6 Recovery and protection of planned care

6.1 Planned Care Activity

The recovery of planned care is an organisational priority. Maintaining the level of capacity required within Victoria Hospital, Kirkcaldy continues to be challenging, due to the unprecedented demand for urgent and unscheduled care. As a result, every effort has been made, where appropriate, to maximise the capacity and opportunity available within the day surgery unit at Queen Margaret Hospital, Dunfermline. Activity at Queen Margaret Hospital relates to urgent and routine elective surgery, with Victoria Hospital mainly focusing on the more urgent and complex cases. All trauma and emergency procedures are performed at Victoria Hospital, however there are plans to move some procedures back to Queen Margaret Hospital later this year.

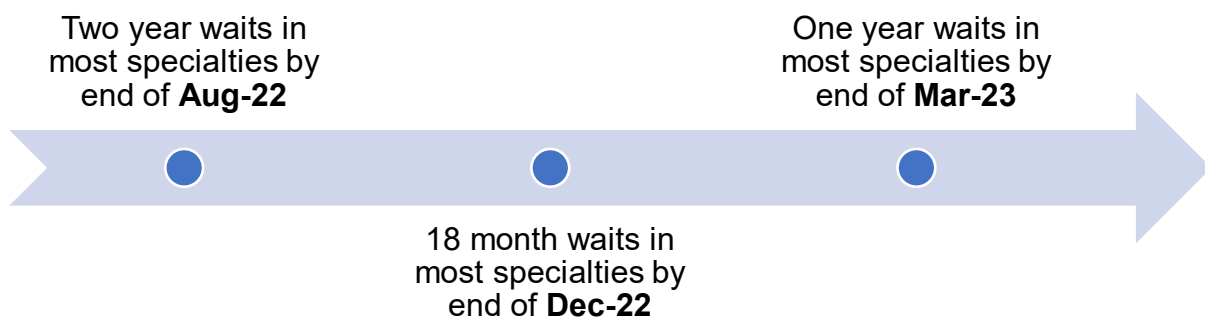
In the week ending 3 July 2022, Outpatient and TTG activity was at 90% and 85%, respectively, of the activity that was scheduled pre-pandemic. NHS Fife's ability to

achieve 100% of pre-pandemic activity is being impacted by continuing restrictions due to physical distancing, enhanced infection control as well as unscheduled care pressures. The recovery plan submitted to Scottish Government in March 2022 was based on our previous approach of achieving a sustainable position in Fife, where waiting list funding has been directed to substantively recruited posts enabling us to build our capacity over time to meet an historical recurring capacity gap. Additional resource has been requested in order to deliver 100% of pre-covid activity and prevent further increase in the waiting list size during 2022/23.

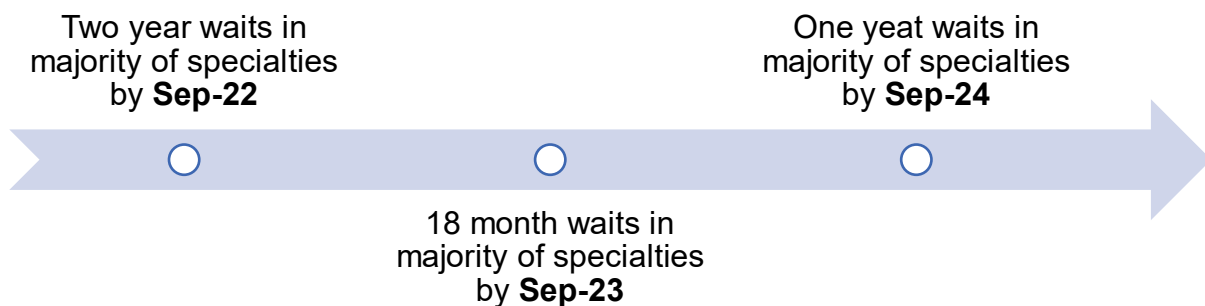
The result of reduced activity, coupled with an anticipated increase in referrals, will in effect lead to increased waiting list size for Outpatients and for TTG which is evidenced by a month-to-month increase basis at present.

On 6 July 2022, the Cabinet Secretary for Health confirmed new targets to eliminate long waits for planned care:

Outpatients



Inpatients/daycases



At the time of writing, work is underway to identify the actions required to achieve these targets and to understand the financial and workforce implications. These revised targets and accompanying plan will provide an opportunity to agree with the Scottish Government what is possible with the current level of funding and what is required to accelerate recovery. The exception to this will be Orthopaedics, which after January 2023 and the opening of the Fife Orthopaedic National Treatment Centre (FNTC), that will see an additional 336 joints scheduled each year. Staff absence and continuing unscheduled care pressures remain a significant challenge to the delivery of planned care services.

6.1.1 Centre for Sustainable Delivery

Clinical and managerial teams with our Acute Services have engaged with the national Centre for Sustainable Delivery (CfSD) team to understand the revised Heat Map process. The Heat Map for Fife is a visual graph that illustrates Fife's progress against national

improvement projects including the productive opportunity (e.g., number of Outpatient appointments saved) for each project. There is a workplan underneath that plans the delivery of these projects with timelines.

Specialty meetings have been undertaken with clinical and operational leads to discuss improvement potential. Data reports are being generated to be able to evidence local improvement to ensure sustained improvement; this will make the ongoing reporting of data more meaningful.

A co-ordinated data-led improvement planning exercise is underway. NHS Fife have a long history of involvement with the Scottish Access Collaborative and has contributed to and learned from collective best practice. This will continue through engagement with the CfSD and will be driven by our local Integrated Planned Care Programme Board.

Active Clinical Referral Triage (ACRT) is progressing well and there are plans to continue to roll out over most specialties.

At present there is an administration review of long waiting patients both on OP waiting lists and patients waiting on treatment or a procedure. Discussions are taking place on how we can implement clinical review of patients who have endured significant long waits. Initial thoughts are for clinical review of TTG patients waiting longer than 18 months. It is recognised that there is little justification for reducing clinical activity to focus on review of long waits. In outpatients, we continue to prioritise urgent and urgent suspicion of cancer patients and those routine patients who have been waiting the longest.

6.1.2 Supporting patients to wait well

We recognise that some patients have been waiting a long time and therefore we write to them to confirm they still require their procedures or to be seen and provide a number to contact if they have any concerns or if their condition has worsened. This resulted in very few responses or reduction in the number of patients on the waiting list. We are developing a revised process initially concentrating whereby medical secretaries will contact very long waiting patients by phone and also intend to include signposting to appropriate patient information.

As we move toward completion and commissioning of the National Treatment Centre (Fife Orthopaedics) later this year, therapy resource will be utilised to establish a flexible Occupational Therapy / Physiotherapy service working across 7 days. It will also be utilised to embed a digital first approach to orthopaedic preassessment and to work with arm's length external organisations (ALEOs) to consider universal, targeted and specialist waiting well programmes.

6.2 Cancer

6.2.1 Prehabilitation

Scottish Government funding was secured to support Prehabilitation in eight Maggie's Centres across Scotland, including Fife. Centres have been working with site specific specialties for self-referral or referral from other specialties as well as drop-in support. Films have been developed for each centre and staff have undertaken additional training including nutrition training. The Pilot is up and running in Fife with a focus on colorectal cancer with access for this group for emotional, nutritional, and physical wellbeing however, centres are also accepting referrals from anyone with cancer.

Pathway Navigators have been recruited to support patients as they progress through their pathways. A Single Point of Contact Hub is currently under development to ensure patients referred urgent suspected cancer or who are diagnosed with cancer are able to access timely information about their journey and be signposted as required for more

advanced support. The Hub will work closely with tracking staff to ensure patients receive timely appointments as they progress through a targeted pathway.

6.2.2 Early Cancer Diagnosis Centre

An Early Cancer Diagnosis Centre pathway (ECDC) was established in Fife on 1 July 2021 to enable GPs to refer patients who have non-specific but concerning symptoms. The aim is to provide a diagnosis within 21 days of referral. This is a nurse-led service supported by a Pathway Navigator and lead clinician. Over 700 patients have been referred via this route, 16% of which received a cancer diagnosis. Slots have been ringfenced to allow swift access to CT. Discussion is underway regarding expanding the principles of ECDC into tumour specific types, which will also incorporate Active Clinical Referral Triage (ACRT). We will also be exploring GP direct access to CT to further enhance services.

6.3 Recovery of diagnostic activity

Whilst endoscopy services have re-commenced, including the Regional Endoscopy Unit, patients requiring colonoscopies are admitted on a non-respiratory pathway and those requiring upper gastrointestinal scopes receive a point of care test for Covid-19 on arrival. Physical distancing and enhanced infection control procedures remain in place and lead to reduced capacity. As there is also reduced capacity due to recruitment difficulties and staff absence, patient priorities at this time remain urgent suspicion of cancer, urgent and Bowel Screening patients.

Plans for the additional activity for 2022/23 are in place but we are awaiting confirmation of funding from the Scottish Government. If the funding requested is confirmed, we will achieve over 100% of pre-covid activity by Q2. The focus will be on seeing patients based on clinical priorities, stabilising the waiting list size and reducing the number of long waiting patients. Should the guidance on enhanced infection control procedures reduce, then this may have an additional positive impact on the capacity available.

Cytosponge continues to progress well, following adoption in Fife in late 2020. These clinics are currently run by our GI Specialist nurse team, for symptomatic and surveillance patient groups with 68 patients having had this procedure since April 2022 and it is envisaged that activity for 2022/23 will be around 600 for the year.

Colon Capsule (CCE) commenced in NHS Fife in May 2022, following successful implementation of our new Endoscopy Management System (EMS). From this date 17 patients have had CCE, and it is anticipated that annual activity will be around 300 cases.

Confirmation of funding for Cytosponge and Colon Capsule is awaited.

Radiology has remobilised but has seen a significant increase in demand for inpatient imaging and urgent outpatient referrals and has had to focus activity on supporting hospital flow and urgent imaging. Extended days and weekend working remain in place.

As part of a national review of radiology capacity and demand and 5-year recovery plan, NHS Fife has submitted plans to the Scottish Government to increase capacity to meet current and future demand and reduce the backlog in patients waiting for routine imaging.

These plans also address the associated equipment and staffing requirements based on a sustainable workforce plan which includes the development of assistant practitioner posts, trainee sonographer posts and of reporting radiographers.

The plan submitted for 2022/23 includes the replacement of a CT scanner and provision of an additional Ultrasound scanner funded by the National Imaging Equipment Board.

Plans for the additional activity are in place but we are awaiting confirmation of funding from the Scottish Government. If the funding requested is confirmed, we will achieve 144% of pre-covid activity in Q1 and Q2 and 121% in Q3 and Q4. The focus will be on removing

the backlog of patients waiting, reducing the waiting list size and implementing sustainable workforce solutions.

6.4 Other Services

6.4.1 Community Children and Young People Services

The focus of children and young people's services will be on the implementation of two key strategic documents – the revised Guidance for Child protection and The Promise.

From a Fife perspective, the proposal is to create an implementation group which will coordinate the implementation of the guidance. There will be 5 strands of work that the implementation group will focus on

- Digital and data
- Workforce
- Communication
- Quality assurance and evaluation
- Interagency Referral Discussion (IRD) Process

The Promise

The Promise is a 10-year plan to improve outcomes of children who are looked after and those on the edge of care and was published by the Care Inspectorate in 2021.

The focus of the work in relation to the promise is set out below in keeping with the 5 priority areas, the five fundamentals and the 5 foundations (Voice, family, people, care and scaffolding). This will be taken forward in partnership with colleagues in children and families services

Health Visiting Pathway

The Universal Health Visiting Pathway (UHVP), (Scottish Government, 2015) (Appendix 1) was launched in 2015 as the framework of practice for the refocused Health Visiting roles as intimated in CEL13 (Scottish Government, 2013) (Appendix 2). To ensure that the

- Health Visiting Service will deliver against UHVP, GIRFEC and CYP (Scotland) Act 2014.
- All pre-school children in Fife will receive appropriate assessment, intervention and evaluation to support families in meeting children's health and wellbeing needs and improve long- term outcomes.

There will be a focus over the next 3 years to increase and stabilise the workforce in line with the case load weighting tool used to ensure that Safe staffing levels will be achieved, reducing the risk that the organisation will not deliver against national aims, objectives and statutory obligations as outlined in policy and law (GIRFEC and CYP Scotland Act 2014).

Children will receive adequate assessment to determine whether their health and wellbeing needs are being met. This will reduce the risk of unidentified needs and allow for early intervention resulting in improved outcomes for children.

6.4.2 Acute Women and Children Services

The publication of Scottish Government's Women's Health Plan (WHP) has raised the profile of women's health needs throughout their life stages with one in three women experiencing a reproductive or women's health problem at some point in their life. Gynaecology Services therefore need to be responsive to their needs.

The areas being considered for NHS Fife patients are:

- Deprivation is known to reduce life expectancy and additionally, in 2020, the termination of pregnancy rate was over two times higher in the more deprived areas.
- Increased public awareness and focus on the impact of the Menopause is understandably resulting in increased demand. Management strategies must be remodelled to meet the demand and expectation of women going through menopause.
- Collaborative working across all sectors is required to address the key outcomes as detailed in the WHP:
 - Menopause
 - Endometriosis
 - Abortion and contraception
 - Postnatal contraception
 - Women's general health
 - Miscarriage
 - Breastfeeding
 - Mental Health and Wellbeing

The redesign of Gynaecology Services is underway, to ensure services meet the needs of women, whilst providing a safe, clinical environment, including a 24/7 front door emergency service including triage and emergency assessment, plus a post-surgical inpatient area.

Waiting well is a key component of managing Gynaecology waiting lists with the implementation of Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) to support.

In relation to the Women's Health Plan, an oversight group has been established that meets every 2 months to review the progress of the subgroups working on the key priorities within the Plan. Initial indications show positive engagement from clinical staff with some good progress already made.

Within inpatient Surgical Paediatric services, patients have continued to be prioritised in a timely manner, and work is now in progress to target the longer waiting patients with a significant proportion of patients have now been appointed and a plan is in development to address the remaining patients.

Current Out-patient activity in Acute Paediatrics is returning to pre-pandemic levels but with some persisting restriction related to physical distancing. Whilst providing near sufficient out-patient capacity to meet previous and anticipated levels of demand, there remains insufficient capacity to address the backlog of new patients which developed throughout the pandemic. Work is ongoing to optimise capacity and address this backlog in as timely a manner as possible.

Progress is being made in reviewing the Community Paediatrics workforce, exploring skill mix opportunities to increase capacity and access to Community Child Health services.

The anticipated re-launch of the Best Start programme will focus local action on the development of a sustainable approach to the provision of Transitional Care in the new-born period. Consideration is also being given to the effects of further re-organisation of local and national Neonatal Intensive Care services on local skills development and maintenance and future medical workforce recruitment and retention.

7 Stabilising and improving urgent and unscheduled care

7.1 National Urgent and Unscheduled Care Collaborative

Following the launch of the national Urgent and Unscheduled Care Collaborative on 1 June 2022, Fife are in the process of providing a summary of key productive opportunities for improvement across the eight high impact changes. This has been carried out via a

collaborative, system-wide self-assessment of current progress against the eight high impact changes. Key priority areas have identified via the self-assessment tool, and these includes programmes already underway such as the Redesign of Urgent Care, or link to aspects of other wider programmes such as the Primary Care Improvement Plan. Work is ongoing to establish the most effective local delivery teams and programme structures.

Within each of these priority areas, improvement plans will be further developed with key trajectories and linkage to key performance measures. Along with reporting to the national team, all project workstreams have operational delivery groups in place reporting to the NHS Fife Programme Board on a monthly basis, and onwards to the Portfolio Board.

Pathway development is focussed on preventing admission to acute sites through community interface and jointly supported services. Respiratory Pathways will incorporate closer working across the acute and community services including the Specialist Community Respiratory Nurse Team, Community Pharmacy and General Practice. The aims of this approach will be to ensure that those with a chronic respiratory condition will be able to remain in their own home and avoid unnecessary or prolonged admissions to hospital for acute presentations of their condition. This has already started to take shape in Fife and has been demonstrated to improve the patient journey.

The Discharge without Delay (DwD) programme will be implementing Planned Date of Discharge (PDD) and minimise length of stay with streamlining of discharge processes and ward practices.

7.2 General Practice appointments

NHS Fife GP Practices offer a combination of face-to-face, and virtual consultations and a recent localised audit found that 75% of those patients seen virtually did not require to be seen face-to-face. Whilst there is some variation, this is supported by a wider multidisciplinary team (MDT) of Physiotherapists, ANPs, Treatment Care nurses and pharmacists, as expert generalists employed by the HSCP.

Through the continued implementation of the GMS (2018), we will continue to increase the wider MDT support to all practices across Fife, releasing GPs to focus on patients with more complex needs and chronic disease management. We plan to have delivered all three priority areas outlined within Memorandum of Understanding 2 (MOU2) by March 2023, which are:

- Community Treatment and Assessment Care (CTAC) Services
- Vaccination Transformation Programme (VTP)
- Pharmacotherapy

We have individual improvement plans in place with practices who are having sustainability challenges, with support from the wider cluster and HSCP services. Overarching plans are in place to support practices more broadly, including introduction of an MDT resilience team to support practices facing sustainability challenges and recruitment of rotational posts with 2c practices, including Physician Associate posts.

We will develop a dataset to allow us to understand GP activity, starting with 2c practices and work with Public Health Scotland (PHS) to develop a local dataset in parallel to the national data project.

7.3 Accessing Unscheduled Care

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area. In 2018, Fife HSCP implemented Locality Planning Core Groups across seven areas.

The locality groups work closely with local communities. Group membership includes representatives from HSCP, Fife Council, NHS Fife, Community/Third sector, Police Scotland, Public Health Scotland, carers and local people. The aims of these groups are to:

- Support GPs to play a central role in providing and co-ordination care to local communities, and, by working more closely with a range of others including the wider primary care team, secondary care and social care colleagues, and third sector providers – to help improve outcomes for local people
- Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care

To address health inequalities in accessing unscheduled care, the locality groups consider the data profiles produced by Public Health Scotland and engage with stakeholders to understand the local population needs. The local information will inform targeted approaches to raising awareness.

Focus is to provide the right care, at the right time, in the right place and key part of this is looking to move unscheduled presentation to urgent or even scheduled care. In line with the Redesigning Urgent Care Programme, we have sought to prevent unscheduled presentations through providing access to our local Flow and Navigation Centre, via NHS 24, as a single point of access. An initial clinical assessment via a senior clinician can occur within patients own home prior to a decision on the need to travel to an unscheduled care site.

In and out hours, the wider Urgent Care offering allows patients to be seen within their own practice, at home or within one of the three centres across Fife. Where patients need to be seen within a centre, patients are supported via a taxi to attend. With unscheduled care mental teams, working closely with our GP OOH service, there are sustainable unscheduled care services. Furthermore, within our Unscheduled Care settings, the accessibility of our services is enhanced through 24/7 access to interpretation services.

However, we need to engage further with our local communities to understand and make sure that all our population feel their health needs are met and that there are no barriers to unscheduled care services, whether that be logistically, understanding of pathways or culturally.

7.4 Urgent Care Service and Unscheduled Care

Positive progress has already been made toward integrated Urgent Care Services within Fife. The Fife Flow and Navigation Centre (FNC) is hosted by Fife Urgent Care Services (UCSF), which covers Fife GP OOHs Service and is operationally managed within the HSCP. It is supported via a joint HSCP and Acute Services governance structure. This has provided a collaborative approach to developing access to and pathways from FNC in seeking to prevent unscheduled presentations. As part of this development, rotational Advanced Nurse Practitioners have been employed, covering FNC, GP OOHs and Acute medical admissions.

In line with the reinvigoration of Redesign of Urgent Care delivery structures, Fife's Flow and Navigation Centre will continue to facilitate delivering the right care, at the right time and in the right place. Clinically assessing the need for admission to secondary care, the FNC constantly seeks to offer access to more healthcare providers and wider primary and secondary care pathways. This includes direct access to FNC assessment for patients within Community Pharmacies who require advice on the correct pathway for injuries. With the Scottish Ambulance Service who are already accessing FNC for clinical decision

support, we are working with specialties across primary and secondary care to expand the services in which SAS can directly refer to, with access to Community Respiratory and Social Care pathways planned.

Along with seeking direct patients away from secondary care, FNC are working with services across Fife to enhance their ability to schedule patients who would have previously presented via unscheduled routes. This includes direct access to MIUs for SAS crews and scheduling patients into secondary care front door and ambulatory areas, to support improved flow across our acute sites

Fife is constantly seeking to improve and will be undertaking a stocktake of the current activity coming through FNC, using data and feedback from our users, to identify where new pathways could be developed further. Overseen by a system wide MDT team across primary and secondary care, the emphasis will be on rapid tests of change to access the impact on new pathways and/or processes.

Concurrently, Fife have been developing our In-hours Urgent Care Service, with a cohort of ANPs providing urgent care to patients across Fife, supporting GP Practices. In-hours Urgent Care has recently come under the Governance structure of UCSF, allowing for further integration between in and out of hours, with a clear interface with unscheduled care via the FNC. Plans are in place to consider rotational ANP and Urgent Care Practitioner roles between in and out of hours and the colocation of in and hours urgent care, adjacent to Victoria Hospital.

Furthermore, we are currently evaluating how we further develop our Minor Injury Units (MIUs), with close links to UCSF already, towards a more Urgent Care Centre Model, 24/7 where necessary.

A new National Integrated Urgent and Unscheduled Care Collaborative was launched in June 2022 with the aim to deliver a whole system approach to urgent and unscheduled care. Through a gap analysis and self-assessment process NHS Fife and Fife HSCP has collaboratively prioritised the above three improvement focus areas. Earlier learning from previous tests of change will now be embedded in sustainable system changes through a redesign process led and delivered by Acute Services and HSCP. The prioritised areas that will be focussed on will be:

- Care Closer to Home
- New Models of Acute Care
- Redesign of Urgent care

7.5 Care Closer to Home

Through Planned Date of Discharge (PDD) we will look to assess a patient's discharge pathway earlier in the admissions process. This will enable services to be alerted early to support in the planning of a person's discharge (considering their full support needs) instead of doing so at the point of being assessed as fit from a clinical perspective. This will likely see changes to how MDT sessions are currently run in the discharge process.

The Home First Programme aims to deliver a new single point of access model. As part of this model, it is hoped we can reduce the variety in the methods of referral that are currently received, channel this into fewer contact points and integrate systems to reduce hand-offs between services. We are also exploring how we can assess a person's needs nearer the point of initial referral contact. To ensure when the referral is passed to area teams to deliver services we have as a holistic assessment as possible already done, which in turn should help support the co-ordination of that person's care in their homely setting.

This will be delivered through work packages attached to the Discharge without Delay (DwD) workstream. These include the development of a new HSCP Front Door Model

which will plan for discharges from acute into community care right at the point of admission, which is a key principle of DwD. This new model will be multi-disciplinary in nature comprising both NHS and Council Social Work employees with the vision to include third sector teams.

We are also undertaking a pathfinder project to move from an Estimated Date of Discharge model to a Planned Date of Discharge (PDD) model, which will allow us to reduce length of stay and move from bed based to community care more quickly.

NHS Fife intends to recruit a Lead Nurse to work between both acute and community to ensure PDD is adopted and utilised successfully

8 NHS dental services

The Public Dental Service (PDS) has resumed most services except for the Childsmile programme. We have focused on the pre-pandemic treatment that had to be delayed and have been booking routine exams since the end of last year. The service is now in the position of seeing all routine care. The National Dental Inspection programme resumed early this year.

We will resume the toothbrushing programme from August this year after negotiating access to the schools.

We are working through the referral service backlog and have employed the use of Near Me to expedite the waiting times.

Child General Anaesthetic services are still not to full capacity as we are reliant on working within the anaesthetic department guidelines which have not yet moved on from pandemic measures. We therefore can only provide a limited service in this area.

9 Mental Health Transition and Recovery Plan

9.1 Mental Health Strategy

Progress with the delivery of the 6 commitments of the Mental Health Strategy continues with workstreams meeting and progressing actions. An update report has been developed and will be considered by the Health & Social Care Partnership Clinical and Care Governance Group in September 2022. The update report highlights many excellent pieces of work to deliver the commitments of the strategy and identifies future developments.

Reflecting on the changes to services during the pandemic and additional funding from Scottish Government over the last couple of years, work is now underway to refresh the Strategy to ensure it is fit for purpose.

The redesign of the mental health asset base and infrastructure is a key deliverable as part of the Strategy and provides the opportunity to review service delivery both for inpatients and community services to reduce the potential bed base within new inpatient facilities. To date there have been three options appraisal workshops facilitated externally to begin the process of consultation and future design. These workshops have been attended by service users and staff.

9.2 Mental Health Service Recovery

9.2.1 CAMHS

Fife CAMHS continues to work to achieve the Referral to Treatment (RTT) target of 90% of young people seen within 18 weeks of referral.

In collaboration with the Health Improvement Scotland (HIS) embedded analyst, the projected eradication of the waiting list (over 18 weeks) aimed to be achieved by October 2022 and an RTT of 90% achieved and sustained by December 2022. These projections were based on optimum attendance, retention of current workforce and successful

recruitment by November 2021 of adequate staffing resource to both meet the incrementally increasing demand and simultaneously work down the longest waits.

Whilst the optimum recruitment has not yet been achieved and staff absence due to Covid-related illness was high, actual performance has tracked the projected performance with RTT on average being maintained at 70% with the waiting list incrementally reducing, although below the estimated rate.

Ongoing recruitment has meant that staffing capacity is sufficient to meet the current level of demand and waiting list initiatives have provided an additional resource which has been used to maintain the objective of achieving the removal of waiting times beyond 18 weeks for 90% of those requiring specialist CAMHS. Through support from HIS and the Scottish Government CAMHS Professional Advisor and dependant on staff retention and optimum activity, the revised projection estimates that the 18-week target will be achieved by December 2022 and sustained, by the Scottish Government target of March 2023

Fife CAMHS completed a Gap Analysis of current service provision against the National CAMHS Service Specification.

The Fife CAMHS Improvement Plan was submitted to the Scottish Government Directorate for Mental Health in January 2022 to provide assurance that actions were in place to achieve the National Service Specification.

The gap analysis identified key areas for development that were either absent in the Fife CAMHS provision or operating over capacity due to demand and limited resource. There were also a large number of priorities identified by the National Service Specification that were already delivered by Fife CAMHS or were in development and did not require financial investment to achieve.

Recruitment and service redevelopment has been underway since July 2021 aligned to the gap analysis and the service specification with areas for development including:

- Additional staffing capacity in core services to meeting increasing demand
- Additional capacity within CAMHS Acute Services: Intensive Treatment and Urgent Response
- Targeted resource focussing on Care Experienced young people and those in Kinship arrangements
- Additional resource to support young people with co morbid mental health and learning disabilities
- CAMHS Psychiatric Liaison to paediatric services
- Regional response to Out of Hours provision

9.2.2 **Psychological Therapies (including support for long COVID)**

The areas of service facing the most significant challenges are Adult Mental Health Psychology Services (specifically services for people with the most complex needs) and the Clinical Health Psychology Service (specifically within the general medical psychology service). Improved performance in the latter requires further work on relatively discrete and circumscribed clinical pathways, whereas issues impacting performance in the former are more complex and require a much wider range of targeted actions across tiers of service provision.

Ongoing developments include:

- Increasing access and flow to PTs delivered by low intensity workforce to improve efficiency within the whole system to increase capacity for high intensity provision and have a positive impact on GP capacity
- Development of group-based service delivery models to increase capacity and harness the evidence-based benefits of group processes in facilitating change
- Partnership working with 3rd sector to improve access and use resources more efficiently; and build capacity for the ongoing support required by some patients to sustain clinical change
- Development of CMHTs to increase access to psychologically informed shared care, and psychological intervention when appropriate, for patients with more complex and severe difficulties
- Development of care pathways to improve clinical decision-making, patient experience and flow through the system
- Identifying blocks within current system and better understand demand-capacity ratios within tiers of the service.

Better understanding of demand-capacity led to recruitment of 11 WTE clinical psychologists from Mental Health Recovery & Renewal funding, with 5.9 WTE still vacant.

The Fife wide MACH (Mental Health After Covid-19 Hospitalisation) Service for patients who have been hospitalised by severe symptoms of Covid-19 team includes Clinical Psychologists, Assistant Psychologist, Liaison Psychiatry and ICU Nurse (Recovery Coordinator).

All patients who were hospitalised earlier in the pandemic were identified and a database has been designed for the collation of this information and recording of outcomes. The service is retrospectively contacting patients by letter to screen for mental health problems. Direct referrals to the service are also being received from primary and secondary care and one-to-one and group clinical work is underway.

The MACH service is closely linked to the InSPIRE Post Intensive Care Rehabilitation Service, which also has psychology input and there is a direct pathway for referral into MACH from InSPIRE where additional support is required.

Most patients are offered treatment on an outpatient basis, but there is also an inpatient recovery coordinator based at Victoria Hospital who offers support to patients currently in hospital with Covid-19, with onward referral to receive additional support after discharge from hospital if required.

9.2.3 Dementia - Post Diagnostic Support

All patients with a new diagnosis of dementia should receive a minimum of 12 months post diagnostic support (PDS). This support is provided by members of the Community Mental Health Teams (CMHT) within Older Adult (OA) Mental Health Services. During the Covid pandemic the provision of PDS was regarded as nonessential and staff were redeployed to other clinical areas to provide support. As a result of this the waiting list for PDS continued to grow as the OA Psychiatrists were still diagnosing patients albeit via NearMe.

To reduce the waiting list, a number of activities are underway including:

- Inflation of the contractual hours of the current 2 Alzheimer Scotland Link Workers for a 2 year period to enable them to take on additional cases.
- Recruit an additional 3 WTE Alzheimer Scotland Link Workers for a 2 year period – each would carry a caseload of 50 patients.

- Existing staff across the 3 OA CMHTs will also have patients allocated from the waiting list added to their caseload with safe caseload monitoring.
- A further 2 Band 4 Support Workers will be recruited by the Older Adult Service to provide diagnostic support and support the work of the OA CMHTs
- STAND (Striving for A New Day) is a third sector organisation providing peer support for patients diagnosed with dementia and their carers/families. They deliver a 6 week group programme regarding dementia care and support post diagnosis which has evaluated extremely well. STAND has been allocated £20,000 to deliver 8 courses over the next 2 years.

It is anticipated that the backlog of the waiting list will be cleared by the end of March 2023 and patients with a new diagnosis of dementia will then be allocated support as part of the Community Mental Health Team process.

9.2.4 Neuro-developmental Pathway

The service will be recruiting to three posts over the next few months to progress the creation of a Neurodevelopmental Pathway for Adults. Funding has been secured from the Scottish Government to progress this work as part of the NAIT (National Autism Implementation Team) Programme.

9.2.5 Eating Disorders

Eating disorders have the highest mortality and morbidity of all the mental disorders. They affect a relatively young section of the population, though can emerge at any age, and have enormous socioeconomic cost. Effective treatment can substantially improve outcomes and promote sustainable recovery. Early intervention is associated with recovery.

Eating disorder presentations are on the increase and have had a significant rise over the course of the pandemic with reports of increased referrals to CAMHS services of 230% for eating disorders following the first lockdown. A lack of coordinated national data for adult services does not allow a similar overview but anecdotal reporting suggests significant increases in presentations.

The recovery and renewal plan for Mental Health Services in Scotland in response to a National Review and the impact of Covid-19 have identified eating disorders as a priority area and allocated specific resources to support service development. NHS Fife has been allocated £303,168 of this funding to support the delivery of eating disorder support and treatment in both Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services.

9.2.6 Perinatal Mental Health

NHS Fife Community Perinatal Mental Health Team (CPMHT) is operating using a variation of the dispersed model with Specialist Perinatal Mental Health Nurses being 'co-hosted' by generic Community Mental Health Teams (CMHT). This model enables access to the CMHT professionals and other resources whilst avoiding the demands of generic mental health services impacting on dedicated perinatal time. The CPMHT is undertaking the role of a Specialist Community Perinatal Mental Health Team as identified by the PNMHS guide to Service Development.

In line with the initial CPMHT proposal for NHS Fife, a dedicated Perinatal Mental Health Service is now established in Fife and has been functioning since August 2021. The multi-disciplinary team is fulfilling the aim to undertake the core roles as identified by the Perinatal Mental Health Network Scotland National Managed Clinical Network.

The development of the CPMHT has ensured there are clearer pathways for referrers to ensure women in the Perinatal period can access timely assessment and treatment for

mental health and ensures a consistency of service access and care. There are three streams that are committed to collaborative working with regular meetings of the Clinical Leads to further develop services.

Since the initial launch, the service has been required to function with considerable absence of both nursing and medical staff which has impacted significantly on service development with clinical demand taking priority. Prior to service launch the board-specific document with some pointers for toolkits, and organisations that might help with engaging people with lived experience was shared by the Participation Officer of Maternal Mental Health Scotland and the focus of the next 6 months will be to identify and engage to both evaluate and improve the service.

9.2.7 **Unscheduled Care and Assessment Team (UCAT)**

UCAT provides urgent assessment both in and out of hours to patients who require assessment for a mental health problem. The service is delivered from Whyteman's Brae Hospital, Kirkcaldy with close links to the Emergency Department at Victoria Hospital. There is work underway to redesign unscheduled care services including UCAT to enhance access for patients. Service currently has 4 trainee ANPs within the service to support the physical health needs as well as the mental health needs of patients attending for support.

9.2.8 **Liaison Psychiatric service**

There is currently a review underway of both adult and older adult liaison psychiatry provision. This is being undertaken in partnership with Acute Services and HSCP.

9.2.9 **Discharge and Delay**

Within Mental Health and Learning Disabilities there are significant delays in placement of patients due to a variety of reasons including appropriate housing, care home placement and delays in guardianship. The service has a Discharge Manager who actively participates in the HSCP verification meetings and discharge meetings to assist with progression of care.

The service is also part of the Discharge without Delay programme which is in its infancy.

We are currently working with Fife Council Housing Service to identify properties and develop a commissioning plan that will provide opportunities for people with more complex needs to leave hospital and be supported within the community. It is our intention to use the Community Living Fund allocated from Scottish Government to develop these environments.

9.2.10 **Mental Health & Wellbeing Teams in Primary Care**

Scottish Government is providing investment to strengthen mental health & wellbeing in primary care service (MHWPCS) provision over three years to March 2025.

An oversight group was established and submitted a programme proposal to the Scottish Government for sign-off with a meeting scheduled on 23rd Jun 2022 to discuss the detail of the programme.

Core features include the expansion of aligned, embedded and peer led provision, including the establishment of teams across all localities in Fife. A core intention for the programme is for design and delivery to be co-created through an iterative coproduction process. Recruitment of a Participation & Engagement Officer is underway to support the coproduction programme.

9.2.11 Mental Health Officers and Integration in Community Mental Health Teams

Investment has been provided to increase capacity within the Mental Health Officer (MHO) Service. Currently there is one dedicated team with 15.5 FTE.

MHOs are mobile workers and have the necessary technology and remote access to Social Work Service information system and other relevant systems, so can work from home, from the MHO Dedicated Team base and from other locations. By linking MHOs to CMHTs, the intention is MHOs will be able to attend CMHT meetings and work in the team. It is anticipated this will build on the already good communication and working relationships and identify how we can integrate our services further to improve outcomes for people who need support from the MHO Service.

The investment is being used to employ an additional team manager and eight MHOs resulting in two teams covering east and west Fife. There will be sufficient capacity to have at least one MHO linked to each of the CMHTs. It is anticipated that we can begin matching MHOs to CMHTs by the end of August 2022.

9.3 Alcohol and Drugs Partnerships (ADPs)

Approach across Fife is to focus on its strategic priorities through the lens of delivering interventions to address the drug related deaths crisis. Whilst deaths have reduced by 20% in Fife from 2019 to 2020, rolling averages show 70 deaths per annum and an increase of 86% in Fife over the last ten years. Alcohol specific deaths have remained static over the last two years and increases in hospital stays also indicate unmet need.

Three sub-groups have been developed to focus on addressing harm caused by alcohol and drugs including prevention of alcohol specific and drug related deaths. These groups work across partnerships and directorates within HSCP, Fife Council and NHS Fife and include relevant representation from the voluntary and independent sectors.

A multiple-agency Drug Related Death Review Group is a Public Health Surveillance Group focused on a full review and real time learning of each suspected drug related death to implement, immediate service to service improvements and highlight systematic gaps applicable to services and systems of care beyond the ADP, thus influencing whole system change.

The Medication Assisted Treatment (MAT) Standards 1 to 5 Oversight Group is to deliver the rights-based trauma informed framework for the safe and effective provision of opiate substitution therapy, psychosocial support, and psychology interventions. This group project manages the implementation of the standards within the ADP system of care and works to influence provision in other interconnected strategy development and service delivery.

For 2021/22, the first year of delivery, Fife ADP was assessed by Public Health Scotland as Amber for Standards 1 to 5 on achieving its improvement plan with the other standards not yet assessed across the country.

The ADP and its operational partners had demonstrated same day prescribing throughout Kirkcaldy with a proven delivery model for roll out across the remaining localities. There was clear evidence of choice of medication with the commencement of buvidal prescribing. ADP commissioned assertive outreach services have established access points to support, where risk of drug related death is highest, including those experiencing non-fatal overdose, those within the criminal justice system specifically at the Kirkcaldy custody suite and people liberated from prison returning to Fife.

As part of the ADP quality improvement approach, all services have developed rapid re-engagement and retention processes for people at risk of unplanned discharge and this is further supported by a specific third sector outreach retention service linked to the NHS

Addictions Service. In addition, the ADP demonstrated developments on the other standards including a project plan to enhance the psychological and trauma informed delivery of the ADP workforce both within statutory and third sector. New services were commissioned, one for a dedicated family support service increasing the capacity and quality of this provision across Fife. An independent lived experience led advocacy service was also developed and commissioned in partnership with the Drug Death Task Force (DDTF).

For 2022/23, a full plan detailing deliverables and quarterly recording progress has been developed and approved by the ADP Committee. This has been informed by Public Health Scotland (PHS) feedback and indicates specific improvements for Fife required to achieve full implementation of these standards. Below is a short summary of this plan:

- Upscale of same day prescribing across Fife but with specific focus on the Methil Community Centre and other high risk areas as identified by the ADP MAT Standards Implementation subgroup.
- Further development and roll out of the buvidal clinics to enable choice to be fully implemented during initial titration and throughout the recovery journey.
- Development of MAT 1 same day prescribing pathways from custody and prison and other priority settings
- Improved delivery and recorded harm reduction provision across ADP statutory and third sector partners including increased Overdose Awareness and Take Home Naloxone distribution, blood borne virus testing and support to treatment and for take up of immunisation programmes including COVID vaccinations.
- Further development of the psychologically informed and trauma aware workforce development plan in line with MAT standards 6 and 10
- Production of an initial implementation plan for the MAT Standards linked to universal and broader provision within Fife including primary care, mental health services, housing and welfare support.

All Alcohol Specific Deaths in 2020 will be analysed and reviewed by Addressing Alcohol Specific Deaths (ASD) Group for the purpose of developing a profile of those at risk, identify points at which an earlier intervention could have contributed to prevention. This learning will be to form the basis of recommendations presented to the ADP Committee as part of its improvement-based action plan for policy and service delivery to address alcohol harm and alcohol specific deaths.

Fife ADP has developed an autonomous Lived Experience Panel recognised as a subgroup of the ADP with the same rights and responsibilities as other subgroups to develop policy, strategic direction and contribute to improvements of service delivery. This group is afforded latitude to set its own remit and focus including commissioning of an independent advocacy service, delivered by Circles to work with adults with alcohol and drug problems

A lived experience led evaluation of women's experience of alcohol and drug services in Fife, in partnership with Fife Violence Against Women Partnership (FVAWP), should form the basis of an improvement approach. This will be across FVAWP, SW, NHS HSCP and ADP to engage more women in support and treatment earlier and retain in provision use. A co-production approach will be undertaken with women with lived experience to deliver the recommendations.

10 Supporting and improving social care

NHS Fife does not have responsibility or accountability for the delivery of social care as this sits with Fife Council and Fife IJB but through joint working NHS Fife is supporting colleagues across the health and social care system to improve social care.

10.1 Current backlogs for social care assessment

Hospital Social Work Teams are now attending the two ward pilot MDTs for Planned Date of Discharge (PDD). This MDT approach is seeking to identify earlier assessment to assist in the timeous discharge of individuals from the hospital. The Development of the Front Door Model will also bring social work support in at the earliest possible point in a patient/service users' journey, to increase the speed of assessment, but also to signpost to the community, where appropriate, in order to avoid admissions and create greater capacity within the hospital and the social work teams.

To address the current backlog of assessments and reviews of those service users currently in interim placements, the Hospital Team will host two temporary Social Workers to focus on addressing the reviews. This will free up the capacity of the social work teams to focus on current assessments and ensure that the backlog is dealt with. This will initially be for a period of 6 months but may need to be extended depending on how busy the winter period is and whether the use of interim beds continues or indeed increases.

The Hospital Teams work closely with contracts and commissioning and Care at Home colleagues and will continue to maintain these close working relationships to ensure that the most effective, joined-up service is provided to patients and service users.

10.2 Lessons learned during the pandemic

In November 2021, Fife HSCP established the Fife Care at Home Collaborative (The Collaborative) with a number of care at home service providers as a platform for the independent care providers to formalise joint working, working in collaboration with the Fife HSCP and each other. The Collaborative consists of 16 independent sector providers. The purpose is to maximise the benefits of partnership working and cooperation to respond to supporting challenges within the sector. It allows for care providers to:

- Build capacity through collaboration
- Explore strengthening their resilience and responding to sector challenges
- Focus on levelling up working conditions for staff through fair work principles and initiatives

Since this has been established, care providers have indicated feeling more confident in maintaining, and in some cases, growing their organisation to provide more care in Fife. An initial fair work initiative has resulted in a stabilised workforce, with frontline staff responding to feeling more motivated and valued, and likely to remain working within the sector.

An annual work plan has been developed for the Collaborative, allowing for focussed work on improvement and initiatives and test of change. Going forward, it is planned the collaboration will be part of the HSCP renewed care at home contract framework, embedding this approach as a contractual term and condition.

With regards to a digital solution, Fife HSCP, in conjunction with our independent care providers, has developed PinPoint Care – a commissioning tool for care at home services. This digital platform allows for early identification of service provision and, along with unmet need. Ongoing development of this solution should enhance the work of the Collaborative, making efficiencies within service provision and allowing for mutual aid and support with members.

Business continuity plans (BCPs) in community nursing services spanning district nursing and specialised nursing teams have allowed teams to react to changes in whole system priorities in a stepwise and structured manner. With the advantage of daily system briefings allowing for service demand fluctuations to be recognised, the community nursing teams have been able to alter their level of input and offer support to wider teams including in-patient services. Additionally, AHP services have been able to offer support through

use of their own BCPs, allowing them to aid community nursing systems, releasing nursing staff to attend to complex patients in the community. This approach has allowed flexibility in the system and has assisted in reducing unnecessary admissions and has enhanced early discharges from acute settings.

10.3 Peer support for Care Homes.

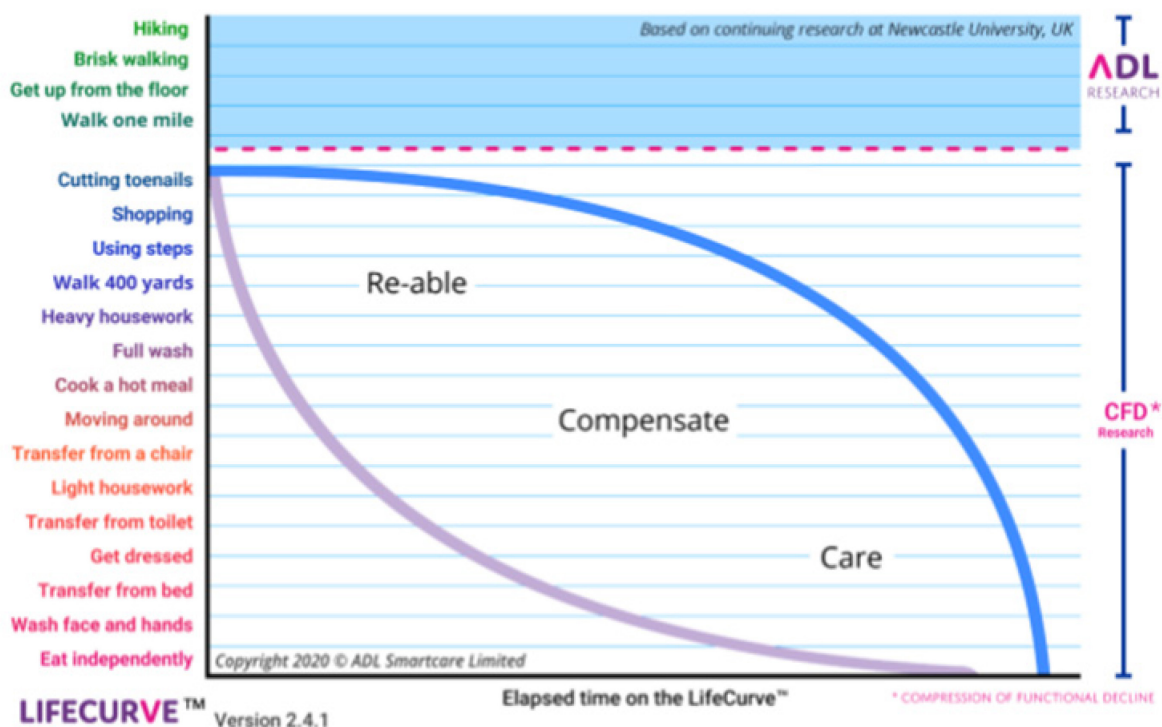
The Care Home Support and Assurance Team was set up in May 2020. Under this umbrella, the Care Home Liaison Nurse Team, made up of six Care Home Liaison Nurses and Team Leader, has been established. Each nurse is responsible for 8 to 10 care homes and provide regular support telephone calls to the care home managers. This support was initially centred around the Covid-19 pandemic, however as the role and relationships have developed, this support has expanded to include staff wellbeing, signposting to services, support with LSI as well as staffing issues and other day to day concerns.

Work is now underway on the next phase of further developing the care Home Liaison Nurse Team with the focus of moving to a preventative model of support for care homes.

10.4 Telecare service redesign for social care

Fife HSCP currently provides an online option for people in Fife to complete a Self-Assessment using Smart Life in Fife. Research shows that early intervention and prevention is most effective in the initial stages of ageing. It is for people who are beginning to have difficulties at home. The website offers advice, services, and recommendations. It is a simple online system that guides people through an easy step by step process to identify what solutions might be best for the person. It gives advice on exercise and aging well, links to local amenities and national assistive providers. It also has links to Fife Equipment Loan Store. People can use it themselves or a family member or carer can help them.

Fife HSCP plan to increase the scope of this online service by having an additional tool – the Life Curve. This would give people and practitioners the ability to see where people are on the Life Curve and what actions they can take to make choices and take control of their health and mobility at an earlier stage.



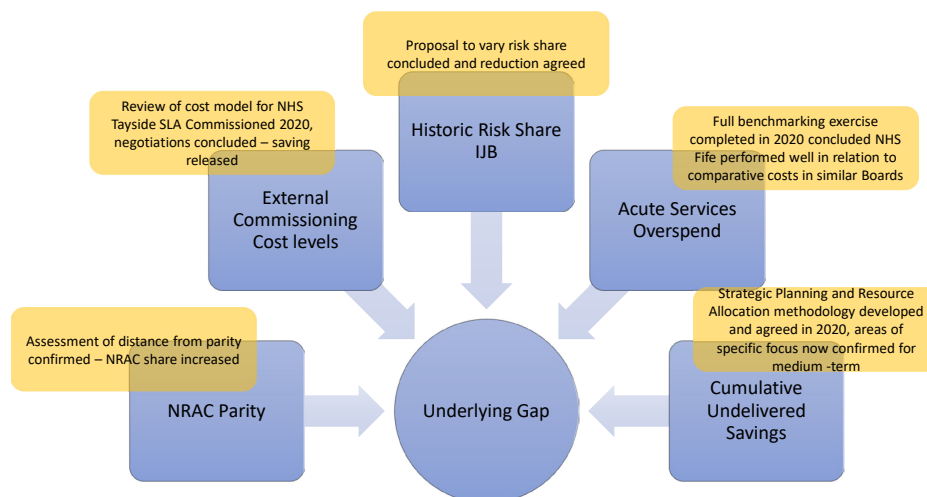
11 Sustainability and value

11.1 Financial Improvement and Sustainability

In proposing this financial plan, it is important to reflect on the context of the past 2 years as we have managed through the impact of the pandemic. For a number of years NHS Fife has successfully delivered financial balance however there has been a requirement for a level of additional support from Scottish Government to enable this on a non-recurring basis. At the beginning of 2020/21 the organisation considered the development of a plan to work towards reducing and removing the underlying gap or deficit of between £20m-£25m. The organisational response was understandably limited during 2020/21 and 2021/22 as a consequence of the pandemic however work progressed through the SPRA process to protect time and capacity to develop the plans and infrastructure to deliver against this important organisational challenge.

The following illustration summarises the work done over the past 2 years to assess and deliver change in the key areas which have historically driven the financial gap.

Financial Position – Assessment and Achievements



Significant progress has been made in relation to achieving greater NRAC parity, albeit we remain 0.8% from our full NRAC share. Progress also in relation to delivering cost reduction on our SLA with NHS Tayside which was achieved during 2021/22. Final agreement on a reduction to the risk-share arrangement between NHS Fife and Fife Council as we jointly continue to ensure the appropriate risk-share mechanism is in place to support the HSCP. Benchmarking work to evidence that our Acute Services perform well in relation to cost when compared to other similar sized Boards which may have influenced the increase to our NRAC share for 2022/23. Enduring commitment to our SPRA process which has delivered a significant cost improvement programme for 2022/23.

Additionally, the organisation created a Portfolio Board to ensure a corporate approach to all change across the organisation and also to oversee the coordination of the developing NHS Fife Population Health and Wellbeing Strategy. The work of the Portfolio Board will also include directing and scrutinising the performance of the newly established Financial Improvement and Sustainability (FIS) Programme.

The FIS Programme has been established to drive projects which will ensure the long-term financial improvement and sustainability of the organisation. The FIS Programme will do this through delivering against the following key objectives:

- Develop and agree productive opportunities and savings targets for 2022/23
- Develop a clear medium-term plan
- Deliver enhanced quality of patient care with effective allocation of resources and increased capacity within the system

Summary Financial Position 2022/23

The projected budget gap for 2022/23 is £24.1m to be mitigated in part through a range of cost improvement plans and a significant capital to revenue transfer. The forecast financial position after the application of this mitigation is a deficit £10.4m.

	£m
NHS Fife Revenue uplift	25.50
Health Board Retained Budgets Inflationary Uplift	-13.50
HSCP Inflationary Uplift	-9.20
Balance Remaining for allocation	2.80
Existing Cost Pressures Acute Services (driving overspend in current position)	-19.90
EDG Approved Additional Spend in 2021/22 & National Cost Pressures	-7.00
	-24.10
Cost Improvement Plans Identified in SPRA	11.70
Capital To Revenue Transfer	2.00
Forecast Financial Position	-10.40

The financial plan detailed above, which records a forecast deficit in-year position, was presented to and approved by the NHS Fife Board in March 2022 and submitted to Scottish Government. The Director of Finance & Strategy has been leading the discussion with Scottish Government in relation to consideration of options to close the in-year financial gap projected of £10.4m. On 14 July 2022 the Chief Operating Officer and the Director of Health Finance and Governance (Scottish Government) wrote to all NHS Board advising on 2022/23 Priorities and Finance Planning. The key financial planning points are that Scottish Government now expect Boards to take the appropriate steps to:

- Reduce COVID-19 expenditure in line with the resource limits that have been allocated for 2022/23 and
- Deliver local savings plans to ensure all Board can achieve a position of break-even without Scottish Government financial support by the end of the financial year.

Both represent a significant challenge for NHS Fife and we will require to revise financial planning assumptions in line with changes since March 2022 and resubmit the plan to the Scottish Government by the end of July 2022. The Director of Finance & Strategy will report back on the position to the September 2022 Board meeting.

11.2 Realistic Medicine

The aim of Realistic Medicine is to embed the 6 principles of Realistic Medicine into every day practice focusing on value-based health care so we can achieve better outcomes for the people we care for, our staff and a greener and more sustainable system and environment.

Throughout 2021/22 we have been able to influence NHS policy and strategic plans by ensuring Realistic Medicine is embedded in everything we do. With the appointment of a Realistic Medicine Project Manager, we will progress our action plan and will a) equip professionals with the knowledge and skills to practise Realistic Medicine, b) to empower and support people to engage with their health care in shared decision making and c) to align systems to support Realistic Medicine.

12 Summary

The Annual Delivery Plan outlines Fife's plan for 2022/23 and takes cognisance that we are emerging from a pandemic and still facing challenge for the delivery of health and care services. NHS Fife has continued to adopt a flexible approach to renewal and remobilisation and continues to prioritise clinical services in a COVID-19 sensitive environment.

It is recognised that longer term planning is difficult in these times, but work is ongoing developing the Fife Population Health and Wellbeing Strategy, our 5 year vision and strategy.

Our remobilisation will be agile with a whole system approach which is clinically led, COVID-19 sensitive, person centred and digitally enabled with the Plan being a dynamic document subject to review and updating.

Glossary

ACF: Area Clinical Forum
ACRT: Active Clinical Referral Triage
ADP: Alcohol and Drug Partnership
ALEO: Arm's length external organisations
ANP: Advanced Nurse Practitioner
APF: Area Partnership Forum
ASD: Alcohol Specific Deaths
BAF: Board Assurance Framework
BCP: Business Continuity Plan
CAMHS: Child and Adolescent Mental Health Services
CARE: CARE Approach
CCE: Colon Capsule Endoscope
CfSD: Centre for Sustainable Delivery
CIPs: Cost Improvement Plans
CMHT: Community Mental Health Team
CPMHT: Community Perinatal Mental Health Team
CRR: Corporate Risk Register
CT: Computerised Tomography
CTAC: Community Treatment and Assessment Care
CYP: Children and Young People
DwD: Discharge without Delay
ECDC: Early Cancer Detection Centre
EDG: Executive Directors Group
EMR: Environmental Management Representative
EMS: Endoscopy Management System
FEOC: Fife Elective Orthopaedic Centre
FIS: Financial Improvement and Sustainability
FNC: Flow and Navigation Centre
FVAWP: Fife Violence Against Women Partnership
GI: Gastrointestinal
GP: General Practitioner
GIRFEC: Get it Right for Every Child
GMS: : General Medical Service
HIS: Health Improvement Scotland
HPT: Health Protection Team
HR: Human Resources
HSCP: Health and Social Care Partnership

ICASS: Integrated Community Assessment and Support Team
ICU: Intensive Care Unit
IJB: Integration Joint Board
InSPIRE: Intensive Care Syndrome Promoting Independence and Return to Employment
IPCT: Infection Prevention and Control Team
IRD: Interagency Referral Discussion
LSI: Large Scale Investigation
MACH: Mental Health after Covid-19 Hospitalisation
MAT: Medication Assisted Treatment
MIU: Minor Injury Unit
MDT: Multidisciplinary Team
MHO: Mental Health Officer
MHWPCS: Mental Health and Wellbeing Primary Care Service
MOU2: Memorandum of Understanding 2
MS: Microsoft
NAIT: National Autism Implementation Team
NMAHP: Nursing Midwifery and Allied Health Professionals

Cabinet Secretary for Health and Social Care
Humza Yousaf BPA/MSP
Cabinet Secretary for Social Justice, Housing and
Local Government
Shona Robison MSP



Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0300 244 4000
E: CabSecHSC@gov.scot

To: Local Authority Leaders,
Chairs & Vice Chairs Integration Joint Boards
Chairs NHS Boards

CC: Local Authority Chief Executives & Directors of Finance;
Health and Social Care Partnership Chief Officers
NHS Territorial Boards Chief Executives;
NHS Territorial Boards Directors of Finance;
COSLA Chairs; Chief Social Work Officers;
NHS Territorial Boards Nurse Directors;

via email

12 October 2022

Dear Colleagues

Supporting our Health and Social Care System

You will no doubt be as concerned as we are about the pressures currently being experienced by the NHS and Social Care system across Scotland. We are in a precarious position and must make every effort to maximise capacity to ensure resilience of these services, as we head into winter. We know this is a shared concern and we are very keen to get in the room with key COSLA and Solace representatives to work together on this collectively, as a matter of urgency. However, given the urgency of situation we feel there are a number of actions we have already identified as necessary.

In conversations with health and social care partnerships, we have heard many examples of good practice and are aware of a range of interventions being applied across the country to address these challenges. However, we are also aware that these evidence based good practices are not yet being applied consistently, and we now need to see an acceleration in spreading and scaling these evidence based good practices across the country.

Therefore, my officials have reviewed interventions and activities already being implemented in part by Health Boards, Local Authorities and Health and Social Care Partnerships; the Winter Pressures Funding Quarterly Key Performance Indicator returns; and wider improvement work across Scotland. The interventions set out in **Annex A** have been shown to have a positive impact.

We must now redouble our efforts and we ask for your support in immediately implementing all of the listed actions, to tackle the challenges that are being faced.

Funding to support the demands of winter pressures, particularly in supporting capacity for Social Care, are set out in **Annex B**.

Assurance and Oversight

We recognise both the need to support each other, and the importance of good information to support our actions. For this reason, we want clearer assurance of the readiness of local planning and resourcing and evidence that winter pressures funding has had any significant impact on system pressures is unclear. In particular, we seek assurance that all possible action is taken to ensure a rapid reduction in the number of patients delayed in hospital who no longer have a clinical need to be there.

An invitation to attend a meeting will be issued in the coming weeks, which will offer an opportunity for us to meet with you to collaboratively gain the necessary assurances that these actions are being effectively implemented across the country. These meetings will also offer opportunity to agree how we can work together to identify solutions to the pressures being faced.

In addition, we ask for your support in ensuring that that social care data relating to outstanding assessments and hours of unmet need at Local HSCP level are made public. This reasoning behind this release of data, currently classified as "management information" is threefold:

- a) The data is regularly shared internally and is FOI-able, and pro-active publication is always preferable;
- b) If we are looking at pressures across the whole system, the lack of social care data hampers decisions about where investment is required to ease patient flow;
- c) It will assist Integration Joint Boards and Local Authority Leaders' understanding of the risks being carried at a local level.


A programme of work is underway to review these data in more detail with Health and Social Care Partnerships and Public Health Scotland, to improve the quality, completeness, accuracy and consistency of these data.

The current situation requires immediate action to minimise the increasing the impact of pressures on the NHS and Social Care system. By working collaboratively, we can seek to ensure that the system has capacity to serve the people of Scotland approaching winter.

Yours sincerely,



HUMZA YOUSAF



SHONA ROBISON

All Health Boards, Health and Social Care Partnerships and Local Authorities **must renew their focus on the following actions:**

- Home First
- Discharge without Delay (Use of Planned Date of Discharge [PDD] compulsory)
- Criteria Led Discharge
- Hospital to Home transition teams with re-ablement focus / Discharge to Assess
- Hospital at Home
- Anticipatory Care Plans
- Effective End of Life pathways in strong collaboration with our Hospice colleagues.

Additional Measures to support improved flow.

In addition, we will require **Discharge co-ordination to be extended to all Emergency Departments**. It is our view that placing a Discharge Co-ordinator, as a single point of contact (SPOC) to arrange rapid discharge from ED, enables ED staff to focus on seeing and treating patients in the department. This co-ordinator role will take responsibility for co-ordinating community support to enable swift decision making at the front door to prevent admission where it is safe to do so. Arranging discharges from ED can take considerable clinical time, which will be released by having a focussed Discharge Co-ordinator on site.

Support for Care Homes: Building on the successful support provided to care homes during the pandemic; Care Homes must be supported by having timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required. This prevents unnecessary ED attendances, which are distressing for residents.

Increase care and support in community by increasing / supplementing workforce:

- Work with local **college and HEI student workforce** to offer holiday shifts and regular part time contracts, Medical students as support workers for medical teams (NHSAA example);
- **Invest in and fund local voluntary and third sector** organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community. This practical support (previous home help role for example) is not the provision of personal care, which would be inappropriate for volunteers. This support

will release time for care@home staff. Some HSCPs have already focussed on this intervention with good impact.

Increase capacity in social work teams, including retirees. There is an urgent need to focus on assessments and reviews in order to ensure people are receiving the right level of support and release potential capacity in the care system. This includes the wider MDT and key staff such as OTs and OT assistants, and MHO roles to focus on AWI / guardianship processes.

Commission beds in care homes as NHS beds to support transfer of care from hospitals to release capacity. This must be supported by re-ablement so that people move on to their correct destination. Some HSCPs have already addressed this and will have learning for others, which we will document and share across the system. Identify designated beds within current footprint. This would enable focussed care for patients experiencing delays with a different model of staffing to meet their care needs, including a focus on re-ablement using OT assistants. This could reduce the care@home demand in the longer term.

Streamline processes for patients on the AWI / Guardianship pathway. There are opportunities to streamline this pathway and ensure that all elements of the process are completed in a timely manner. Discussions are currently under way with the Director of Mental Health that will enable guidance to be given describing the required practice to move any patient from a hospital bed. Guidance is targeted at those areas with the highest AWI delayed discharges. SG officials will continue to meet with these areas to pinpoint and offer assistance in easing their particular difficulties, which differ in each area. A decision to move under AWI MUST be focussed on the individual and each patient must have their own assessment, which agrees the move is in their interests (jointly by MHO and clinician).

The use of NHS commissioned / procured beds may be possible. This was attempted a few years ago by NHS GGC, resulting in reversal of their position following a court case brought by the Equality and Human Rights Commission (EHRC), with the support of the Mental Welfare Commission (MWC). The support of the EHRC and the MWC will be essential to ensure the rights, will and preferences of the person are respected. Officials will be meeting both organisations to explore this.

Funding

In addition to the £300m allocated in 2021/22, additional funding has continued to be allocated to support the demands of winter pressures, particularly in supporting capacity for Social Care.

This funding for 2022-23 is aimed at the following measures:-

- £124 million to enhance care at home;
- £20 million to support interim care arrangements;
- £40 million to enhance multi-disciplinary teams;
- £30 million for Band 2-4 recruitment;
- £144 million for the full year impact of the pay uplift to a minimum of £10.02 per hour in adult social care commissioned services;
- A further £200 million in 2022-23 to uplift adult social care pay in commissioned services to a minimum of £10.50 per hour, as well as providing non ring-fenced additional support to the sector.

You will be aware that the UK Government held a fiscal event on 23 September 2022. Scottish Government has committed to reviewing the 2022/23 budget in light of this and will follow up with more detail on this in the coming weeks.

It is crucial that you review the available funding allocation to consider how it can be appropriately directed to alleviate the current pressures, including targeted recruitment to the sector. The funding must be used for the purpose in which it was awarded and must not be redirected to other pressures, which do not meet the aims of increasing capacity in the community, reducing delayed discharge, or increasing care at home services.

I appreciate that some Authorities may have concerns over the impact of recruiting, when a recruitment freeze exists in other areas of your Authority. I reiterate that local recruitment freezes or delays must not inhibit recruitment to the Social Care sector. All mechanisms for recruitment should be utilised, including collaboration with your Local Employability Partnership and cross partnership working with other Authorities.

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

- i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s;
- iii. expanding Care at Home capacity; and
- iv. expanding support for unpaid carers.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the Schedule 1-3 attached to this letter. A template was provided to enable this to be done consistently and as easily as possible.

Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2022-23

The £20 million for interim care and £124 million to enhance care at home capacity were made available to support permanent recruitment and longer term planning. This additional funding was distributed to local authorities via the 2022-23 Scottish Local Government Finance Settlement on a GAE basis, with a requirement to be passed in full to Integration Authorities.

The £40 million to enhance multi-disciplinary teams and £30 million for Band 2-4 recruitment is to cover the period from 1 April 2022 to 31 March 2023 and will be distributed via NHS Boards.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations, according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals.

NHS Scotland Chief Operating Officer
John Burns



Scottish Government
Riaghaltas na h-Alba
gov.scot

Director of Mental Wellbeing and Social Care
Donna Bell

E: john.burns@gov.scot

E: donna.bell@gov.scot

Local Authority Chief Executives
Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS
Chief Executives, NHS
Directors of Human Resources, NHS
Directors of Finance, NHS
Nurse Directors, NHS

By email

Dear colleagues,

Winter Planning for Health and Social Care

We are writing to confirm a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health and Social Care in Parliament today (05 October 2021), is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

All of our winter planning preparations are predicated on four key principles:

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.

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2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

Collectively, these principles are designed to ensure the action we take now has a lasting and sustainable impact. We are not just planning to build resilience in our health and social care systems to see us through this winter; we are also building on the approach to recovery and renewal set out in the NHS Recovery Plan and through our continued efforts to improve social care support.

It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. We are grateful to you and your colleagues across the NHS, social work and social care who are working tirelessly to help us navigate through the on-going pandemic and to manage current demands.

You will already be aware that the NHS in Scotland will remain on an emergency footing until 31 March 2022. In connection with this, we are actively examining how we manage the volume of work connected with staff governance, staff experience and some on-going programmes of work over the winter period. This may include temporarily slowing or suspending some programmes – but this does not mean that the Scottish Government is no longer committed to completing those programmes. We are particularly mindful of the pressure on employer and staff time and wish to engage with you on how we manage work programmes that are not directly related to relieving winter service pressures, to enable us to support the objectives of maximising capacity and supporting staff wellbeing and, at the same time, progressing other Ministerial priorities.

The suite of new measures, and the actions now required of health boards, and in partnership with integration authorities and Local Authorities, is supported by significant new recurring investment. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers in the coming days. Further discussions on Local Authority distribution mechanisms will take place urgently.

It is critical that we continue to work together to make progress at pace and we would like to offer our sincere thanks in advance for your collective efforts in implementing the suite of measures set out immediately below.

Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- Scaling up Hospital at Home to prevent or avoid admissions.

To further support this work, we are asking territorial health boards to recruit 1,000 new health care support workers, with a specific focus on Agenda for Change bands 3 and 4, immediately, to provide additional capacity across a variety of services both in the community and in hospital settings. Boards are also able to recruit to new band 2 roles in acute settings and to support progression of existing staff into promoted posts. These roles will support hospital services as well as support social care teams to enable discharge from hospital. Boards are asked to recruit staff to assist with the national programme of significantly reducing the number of delayed discharges.

It is essential that all of this increases capacity within local community systems and we are mindful that recruitment may inadvertently move staff from other sectors including Care at Home services and care homes. Decisions – including the decision to recruit new staff to MDTs – should be made in active consultation with H&SCP Oversight Groups, which have been stood up to manage community demand and the deployment of resources.

Boards should note that there will be a national recruitment campaign for social work and social care which will link in with activity being undertaken by Local Authorities.

Full details of the expected volume of staffing that each territorial board is expected to recruit, is set out at Annex A. It is expected that recruitment activity should be commenced immediately.

The Scottish Government has already provided £1 million of funding in-year across NHS Scotland to build capacity within recruitment teams and national health boards have offered to provide mutual-aid to territorial boards to manage new volume recruitment. Health boards have the flexibility to use recruitment agencies to assist with any aspect of the recruitment process.

NES has offered support with training and upskilling including residential fast-track induction in partnership with GJNH. This can take the form of developing 'Once for Scotland' induction and statutory and mandatory training at pace to allow mutual aid between boards on statutory and mandatory training and potential centrally coordinated Hub and Spoke training provision where boards would find this helpful.

Providing interim care

£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

Expanding Care at Home capacity

£62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

Therefore, this funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.



Social Care Pay Uplift

Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

COVID-19 Financial Support for Social Care Providers

The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

Nationally Coordinated Recruitment in Specialist Areas of Need

We know there are specific workforce shortages where Boards individually have struggled to achieve the numbers of workforce that they need. The Scottish Government is already providing marketing support for a nationally coordinated recruitment campaign for six Health Boards to deliver more midwives, predicated on a model developed for the nationally coordinated recruitment earlier this year of public health consultants, which was very successful.

In addition to this, we will make available national marketing support for Band 5 recruitment across the Health Boards. In particular, we will take forward a marketing campaign for Band 5 nurses working in community health and social care. We will request shortly from you the number of vacancies you aim to fill and will work with you to agree the next stages of this process.

We have also approved funding to extend the my jobs Scotland recruitment website until March 2022 to all third and independent sector organisations, which will mean that all social care vacancies can be advertised at no additional cost to providers on one platform. We will be running a national marketing campaign to attract more people to the sector, focusing on social media, working with schools and colleges and linking to the work we're doing with the SSSC and NES on career pathways and learning and development.

International Recruitment

We know international recruitment is a useful lever to alleviate pressures and as such are supporting Boards to increase the use of international recruitment through a number of measures. The Scottish Government has provided new recurring funding of £1 million to develop capacity within recruitment teams to support international recruitment. A readiness checklist for international recruitment has also been shared with boards to allow self-assessment and identification of priority areas for action.

The development of partnerships with a range of agencies such as Yeovil District Hospital Trust has been established to build a pipeline supply of international staff. A Memorandum of Understanding is available for use by Boards to engage the services of Yeovil District Hospital Trust. We now require that Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022.

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To support this, in year funding of £4.5 million has been identified to offset direct recruitment costs and can be used to support prospective candidates, including the provision of temporary accommodation for incoming recruits, and other reasonable out-of-pocket expenses.

We are also establishing OSCE training provision and training support in Scotland which will offer a comprehensive training programme either directly to Boards or as facility to train local trainers to prepare candidates to sit their OSCE exam to gain NMC registration. This will expedite the process of gaining NMC registration and significantly reduce the burden of training and preparing a candidate to Boards.

In addition, we are establishing the NHS Scotland Centre for Workforce Supply based in NES to identify further labour markets, build relationships with a range of recruitment agencies, promote the use in Scotland of Government to Government agreements for international recruitment and support Boards and candidates where appropriate with on-boarding.

We will make contact with Board HR teams in the coming weeks to receive an update on the use of the funding provided and the plan to accelerate readiness to commence international recruitment.

Professional Regulators' Emergency Covid-19 Registers

The Scottish Government's chief health professions officers, including the Deputy Chief Medical Officer, Deputy Chief Nursing Officer, Chief Allied Health Professions Officer and Chief Pharmaceutical Officer wrote on 27 September to remaining registrants on the professional regulators' emergency Covid-19 registers. This communication encourages registrants to apply for vacancies on the NHS Scotland Jobs website and, where relevant, to consider returning to service via Board staff banks.

This communication has been issued in anticipation of further challenges in the upcoming winter months, to encourage experienced professionals to return and support services in their area of expertise.

We hope that this approach of directing emergency registrants to live vacancies will attract suitable candidates to professional opportunities, based on your current and future staffing needs. Boards are asked to consider how retirees might be flexibly deployed. Many are unlikely to be able to return to full-time work, but can be deployed on a part-time basis, or via Board staff banks across areas of need.

Healthcare Students

The utilisation of the skills and experience of healthcare students has been an important step in addressing some of the workforce challenges. Whilst the Scottish Government does not believe it is appropriate to disrupt healthcare students' programmes through authorising full-time student deployment at this time, we do believe the deployment of healthcare students (apart from dental students) in appropriate part-time support roles will be beneficial to support boards' workforce capacity.

A national offer via an open letter has been made to healthcare students – including nursing, midwifery, AHP students and undergraduate medics – through their colleges and universities signposting them to the availability of 3 or 6 month Less Than Full Time Fixed Term Contracts (LTFTFTC), with their nearest health board.

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A Director's Letter, reaffirming the policy arrangements set out in the Director's Letter 02/2021 will be issued and will provide further detail on the employment and deployment of students.

Wellbeing

Of significant importance is the wellbeing of our health and social care workforce, wherever they work, and this remains a key priority. We are working to ensure that the right level of support is offered across the system.

We are actively listening to colleagues to understand where the pressures are and what actions can be taken to mitigate the resulting impact on staff. Now, more than ever, it is critical that staff look after staff wellbeing and take the rest breaks and leave to which they are entitled, as well as being given time to access national and local wellbeing resources at work.

We are committed to ensuring we collectively provide the strategic leadership and oversight of staff wellbeing. An immediate priority is to address people's basic practical and emotional needs, and we are also developing further practical support measures and additional resources for Boards as you respond to winter pressures.

In support of that ongoing engagement, £4 million is being made available in this financial year to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid access to rest and recuperation, as well as additional psychological support. £2 million of this funding will be made available immediately, with the remainder being allocated following the conclusion of ongoing discussions with staff-side representatives and employers to understand how the investment can best support staff welfare needs.

Finally, we appreciate the pressure our services are facing and once again reiterate our gratitude for the hard work and dedication of all our colleagues across the health and social care sector for all they do to support us through this challenging period.

Yours sincerely,

John Burns
Chief Operating Officer,
NHS Scotland

Donna Bell
Director of Mental Wellbeing
and Social Care

Annex A

Volume of Staffing – NRAC Share

Allocations by Territorial Board 2021-22		
	Target share	NRAC Share
NHS Ayrshire and Arran	7.38%	74
NHS Borders	2.13%	21
NHS Dumfries and Galloway	2.99%	30
NHS Fife	6.81%	68
NHS Forth Valley	5.45%	54
NHS Grampian	9.74%	97
NHS Greater Glasgow & Clyde	22.21%	222
NHS Highland	6.59%	66
NHS Lanarkshire	12.27%	123
NHS Lothian	14.97%	150
NHS Orkney	0.50%	5
NHS Shetland	0.49%	5
NHS Tayside	7.81%	78
NHS Western Isles	0.67%	7

Key Deliverable - Name and Description	Key milestones	Progress against deliverables end Sep'22	Key Risks	Controls/ Actions	Local Outcome(s)
<p>Deliver Home First and enable Prevention and Early Intervention</p>	<p>Home First strategy being developed with target launch Feb 23.</p>	<p>Engagement & Communications: Engagement events on the Home First Vision/model are still underway. Initial feedback has been positive on the Vision as a whole. Some useful points raised to inform the detail of the Home First Strategy and intended future projects needed to define a Single Point Of Access model.</p> <p>Impact Assessments: EQIA re-drafted based on the latest programme intent.</p> <p>Workstreams overall – Overall in a number of areas existing subgroups have</p>	<p>1. Capacity is limited from senior managers to operational service staff, which makes getting a sustained focus on change and strategic work difficult (due to recurring operational pressures)</p> <p>2. Work has benefited from technical PMO/Programme Management expertise. However, the temporary nature of such support mainly due to fixed-term contracts sees high staff turnover, which risks some expertise not being immediately available when required</p>	<p>Monthly Oversight Group meetings H&SCP Programme approach being adopted to ensure regular tracking of key dates, activity risks and issues management (aligned with corporate guidance)</p>	<p>There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.</p> <ul style="list-style-type: none"> • Services will be redesigned/developed in an integrated manner, with a focus on prevention, anticipation and supported self management. • Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. • Services will be redesigned/developed so they

		<p>completed a number of their previously identified key actions/projects. Likely the output from the current stakeholder events will see such areas re-focus contributions to the intended cross cutting strategic projects around the new model.</p> <p>Handover and Plan: Controlled handover is prepared for the Home First Programme as the current Programme Manager is moving to a new role. This contains an Outline Plan running to the end of the year/start of next, detailing the intended activity following the current engagement phase</p>	<p>causing delays.</p>		<p>are flexible to growing and changing demands, as well as being sustainable.</p> <ul style="list-style-type: none"> • Assessment and planning of treatment/care will be co-ordinated. • Data will lead the planning and commissioning of services.
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	<p>Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach.</p>	<p>The work of this subgroup has merged with wider work being done in the Service around Community Care Standards and Outcome Measures. 6 Outcome measures now agreed and work ongoing with subgroup chairs to define how operational measures will contribute. This work will be used by the Programme to create a Dashboard to inform Benefits work (working with Finance colleagues as required).</p>	<p>PMO left organisation</p>	<p>Temp replacement plan until PMO office recruit</p>	<p>Suite of performance measures will be developed on MicroStrategy to measure the success of home first.</p>
	<p>Support Fife citizens to have greater control and choice through recording their wishes and care preferences in the event of a future deterioration , or sudden change in circumstances for themselves</p>	<p>Template agreed, work began in care homes to start this process. Care home ACPs will be stage 1 and will be complete by year end.</p>	<p>Lack of GP involvement due to workforce pressures</p>	<p>Care home ANP workforce to support</p>	<p>Citizens in Fife have the opportunity to have choice about what their future care will be should they deteriorate</p>

	<p>or their carer(s). All community patients at risk of readmission will have an ACP.</p>				
	<p>Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation .</p>	<p>RAD Stage 2 (diversion from ED or AU1 for early review and admission to RAD U) an admission pathway developed directly from ED to bypass ambulatory pathway. - Upon review due to completing operational pressures and other change work ongoing, Investigative work progressing in relation to improvements on repeat admissions and the use of Primary Care frailty registers. This may lead to further improvement work or additional formalised projects.</p>	<p>Capacity within team to commence work</p>	<p>Other key work utilising different pathways has commenced</p>	<p>Patients will be redirected and needs met in the right place at the right time</p>

	<p>Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time, which is vital to the attainment of optimal patient flow.</p>	<p>Front Door Model (HF-043) – Front Door Stakeholder event took place on 14/9/22 with around 50 participants. Kick off meeting with key stakeholders taking place on 16/9/22. PDD project (test of change, HF-039) – 90% complete. Pilot wards now reporting new style meetings taking place and has improved communication. Presentation to be made to MoE consultants to explain new approach. Agreement actions following a lessons learned report will then transfer to the wider Discharge without Delay (DWD) project overseen by NHS Fife Corporate PMO (exact timing to be agreed).</p>	<p>Staff not being employed to implement model before winter</p>	<p>Support from HR to fast track recruitment</p>	<p>All patients presenting at front door of VHK will be redirected to the correct pathway.</p>
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	<p>Intermediate Care - ensure that all reablement options are explored and worked up to promote independence for people who need support prior to going home. Promote the delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy within Intermediate Care services.</p>	<p>STAR Bed Refresh (HF-041) – this area of work has now completed the original intent. STAR bed development session took place 23/5/22 – this reviewed the history of the model / how Covid had shifted the model / considerations for the future model. Agreement was reached at this meeting to re-establish the STAR bed management meeting. The reinstated meeting will act as a group/forum to progress future actions that may be required from any future model changes implemented by the Anticipatory Care Sub Group STAR bed model work. Intermediate Care Core Data Collection (HF-045) - Discussions taken place to</p>	<p>Digital platform not progressing until full life curve app purchased. Increased demand for STAR beds. Beds being utilised for interim beds/ assessment beds.</p>	<p>Fast track purchase - Nov 2022 Implementation of strategic oversight group</p>	<p>Life curve will support people to get more timely access to the right care at the right time</p>
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		<p>help ensure alignment. GR has provided a copy of the Home First strategic outcome measures/draft plan. This will be used in conjunction with the Intermediate Care guiding principles and definition to agree the data measures for including as part of the Home First/Community Care standards document.</p>			
	<p>Housing & Social Determinants review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge and ensure service users are rehoused or are given housing related supports to ensure that they can live independently.</p>	<p>Smart Home Technology with Overnight Stay Test of Change (HF-044), initial working group meeting held. Membership adjusted following this and next steps include agreeing terms of reference and initial project plan. Likely the group will then meet every 6 weeks to control progress.</p>	<p>None identified</p>	<p>NA</p>	<p>There will be unnecessary delay for people waiting on accommodation to support them moving out of hospital.</p>

	<p>Commissioning and Resourcing to ensure commissioning that support the Home First model working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future.</p>	<p>New collaborative established. Uplift payments to external provides extended. Work ongoing on new Commissioning contract.</p>	<p>Rate of pay for commissioned services not desirable and attrition rate very high</p>	<p>Uplift provided and enhanced rates of pay for weekends in place.</p>	<p>Fife will take proactive steps to grow the care at home workforce</p>
	<p>Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter</p>	<p>Still recruiting to all levels. Front door model 7 day working across all specialities.</p>	<p>Sept 21 Recruiting AHP Practitioners - back out to advert</p>	<p>We will support this by increasing hours of existing staff to mitigate the shortfall. UPDATE 27/05/22 Recruitment underway for H@H and ICT staff. We are able to support this by increasing hours of existing staff to mitigate the shortfall.</p>	<ul style="list-style-type: none"> • 3.0 wte band 6 Nurses, - 3.0 wte band 5 Nurses, - 1.0 wte band 5 Pharmacy Technician. • Increased admin hours to support 7 day working. • It is anticipated that Hospital at Home will have capacity to increase new referral uptake by 9 per week Fife Wide, which would include step down and community referrals. Support weekend step-downs from Acute to H@H ICT - RSW recruitment 8 x 0.66 WTE posts X 2 posts in

					<p>Glenrothes Hospital X 2 posts in Randolph Wemyss Memorial Hospital X 2 posts in Whyteman's Brae Hospital, Kirkcaldy X 2 posts in Queen Margaret Hospital, Dunfermline</p> <ul style="list-style-type: none"> • ICT with the current capacity can run with a case load of up to 80 patients Fife Wide. This will increase to approximately 95 – 100
Continue to reduce delayed discharge			Delay in recruitment to coordinator to push programme forward	Additional resource to support leads identified	Reduction in bed days lost and standard delays across Fife hospitals
	Reduce hand offs in discharge processes.	Trusted assessor model tested. Work to commence with collaborative to consider recruiting a care home manager for care home assessment	Sept 21 Test of change undertaken. Need to move to sustainable model	PDSA methodology will be utilised to ensure sustainable change	<p>People are discharged in a timely manner home or to a homely setting.</p> <p>Delays in transfers of care are minimised.</p> <p>Handoffs and duplication are reduced.</p>

	<p>Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian.</p>	<p>SW led team reviewing all processes. Revised guidance produced</p>	<p>Sept 21: Legal processes are delayed due to the pandemic. Knowledge and training of staff to ensure all processes of guardianship process is resourced. Ensuring shared with all relevant health and care partners; Current staffing challenges to ensure adequate time allowed for knowledge and training of staff to ensure consistent joined up approach</p>	<p>Circles worker working with families to provide advice on legal proceedings and support decision making. Dedicated resource to train staff</p>	<p>Carers, patients and families are supported to navigate a complex legal process.</p> <p>Less bed days lost to long delays.</p> <p>Improved processes to minimise in built delays.</p> <p>Future impact: successful uptake will reduce need for Welfare Guardianships.</p>
	<p>Home Care Capacity.</p> <p>Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies</p>	<p>STV recruitment campaign. Leaflets / posters being produced. Uplift in hourly rate for external providers</p>	<p>Sept 21: recruitment challenges / availability of candidates with suitable skills and aptitudes; no contractual obligations for bank / agency staff - can drop shifts at short notice</p>	<p>Recruitment campaign and use of social media to promote opportunities</p>	<p>Some uplifts being realised.</p>

	supported by Scottish Care.				
	The development of an app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages. This is a longer term solution but we are keen to progress it.	Poster/ banner being produced as part of Dwd work	Sept 21: assumes all have access to smart phones etc for the app	Sept 21: EQIA	Improved and consistent communication to patients and families to assist with decision making.
	Embed PDD across Fife under Planned Date of Discharge Project	New coordinator appointed. PDD being implemented in 4 wards across acute and HSCP.	Risk that current staffing challenges deprioritise this important project.	Project management support and regular meetings. PMO and Community Team lead will visit wards and present on benefits of PDD as well as offer coaching during MDT meetings.	A set of lessons learned ahead of wider roll out to community hospitals.

	<p>Embed the Front Door Model at VHK to redirect people who do not require acute care.</p>	<p>New Projects Supported: Front Door model (HF-043) will be moving to a planning phase. Programme will support getting an understanding on all teams and Services in scope, to inform the mapping of current ways of working and help confirm measurable benefits.</p>	<p>None to report at this stage other than general project risks (i.e. change management, recruitment to vacancies etc.)</p>	<p>Project management support and link back to Home First programme for governance.</p>	<p>A joint VHK Discharge Hub / Social work Front Door Model reducing delay and length of stay by assisting in the implementation of PDDs primarily and on occasion preventing admission.</p>
	<p>Electronic referrals</p>	<p>eHealth appointing someone to progress this work</p>	<p>No one to progress work</p>	<p>N/A</p>	<p>Electronic referral process using Trak which will free up VHK admin team to focus on other tasks.</p>
<p>Review and Development of OPEL</p>	<p>Service managers will design own OPELS</p> <p>Discuss with services re huddling before whole system and feeding back to whole service</p> <p>Risk appetite</p>	<p>HoS to meet with service managers to support local development to feed into whole system huddles</p>	<p>None identified</p>	<p>N/A</p>	<p>All services will feed into whole system OPEL huddle using a validated tool</p>

APPENDIX 6

Abbreviation	Full Description
A&E	Accident and Emergency
ACP	Anticipatory Care Planning
ADP	Annual Delivery Plan
AHP	Allied Health Professionals
AP	Assistant Practitioners
ARP	Assessment and Review Practitioner
AWI	Adults with Incapacity
CLD	Critical Lead Discharge
DPT	Discharge Planning Together
ED	Emergency Department
EKIS	Electronic Key Information Summary
FNC	Flow and Navigation Centre
GPs	General Practitioners
HIS	Health Improvement Scotland
HSCP	Health and Social Care Partnership
ICASS	Integrated Community Assessment And Support Services
ICT	Intermediate Care Team
IJB	Integrated Joint Board
MDT	Multi-Disciplinary Team
NOK	Next of Kin
NP	Nurse Practitioner
OOH	Out of Hours
OPAT	Outpatient Antibiotic Therapy
OPEL	Operational Levels Escalation Levels Framework
PDD	Planned Date of Discharge
PoC	Package of Care

SAS	Scottish Ambulance Service
SG	Scottish Government
SLT	Senior Leadership Team
SPOA	Single Point of Access
START	Short Term Assessment and Review Team
TEC	Technology Enabled Care
UCSF	Urgent Care Services Fife
VHK	Victoria Hospital Kirkcaldy



Meeting Title:	Integration Joint Board
Meeting Date:	25 November 2022
Agenda Item No:	11
Report Title:	Strategic Plan 2022 to 2026 - Update
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance, and Commissioning

1 Purpose

This Report is presented to the Board for:

- Assurance and discussion that the progress of the Strategic Plan is in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and requirements to deliver a plan for the next three years.

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

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

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

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

- Living well with long term conditions.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

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

3 Report Summary

3.1 Situation

Fife Integration Joint Board (IJB) is responsible for the strategic planning of the functions delegated to it, and for ensuring the delivery of those functions under Section 25 of the Public Bodies (Joint Working) (Scotland) Act 2014:

www.legislation.gov.uk/asp/2014/9/section/25/enacted.

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

3.2 Background

The Strategic Plan for Fife 2022 to 2026 sets out the vision and future direction of health and social care services in Fife over the next three years. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland.

3.3 Assessment

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

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

Updated Timescale

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

- To enable wider consultation with hard-to-reach groups, including sharing the easy-read consultation in face-to-face sessions with individuals and groups affected by learning disabilities.
- To align with the research being undertaken by NHS Fife involving locality focus groups. An interim report is available, however some of the interviews are still underway and we are keen to include all of the findings in the development of the Strategic Plan.
- Consultation on the new Carers Strategy will take place during November and early December 2022 and will include face-to-face workshops in all seven localities. The feedback collected in these sessions will also inform and influence the Strategic Plan.
- The final draft of the Strategic Plan will be considered by the IJB in January 2023, it is appropriate to start the new Plan from this point.
- The Scottish Government have agreed to extend the timescale and will review the new 'Strategic Plan 2022 to 2026' at the start of 2023.

Supporting Strategies

The Strategic Plan 2022 to 2026 is supported by nine transformational strategies and five enabling strategies. A Work Programme has been developed to provide a performance reporting framework for the Strategic Planning Group.

The table below gives details of the progress with the plans identified in the overall Strategic Plan.

Strategy	SLT Lead	Start	End	Status	Progress
Advocacy Strategy	Lisa Cooper	2023	2026	Planned	Work is ongoing within the parameters of the current Advocacy Strategy; a refresh of the strategy is planned for early 2023.
Alcohol and Drug Strategy	Fiona McKay	2020	2023	Approved	Completed.
Carers Strategy	Fiona McKay	2023	2026	Draft	Public consultation underway during November and December 2022.
Commissioning Strategy	Fiona McKay	2023	2026	Draft	A working group is being set up to refresh the current Commissioning Strategy.
Dementia Strategy	Rona Laskowski	2023	2026	Draft	Public consultation completed. Awaiting publication of the national Dementia Strategy which will inform development of the Fife strategy.
Digital Strategy	Audrey Valente	2023	2026	Planned	A draft strategy will be developed in 2023.
Home First Strategy	Lynne Garvey	2023	2026	Draft	A draft strategy is being developed. Stakeholder events are completed, and seven workgroups are progressing key work to inform the strategy.
Learning Disability Strategy	Rona Laskowski	2023	2026	Planned	Recruitment is underway for a Team Manager (Strategic Planning - Mental Health) who

					will support development of the new strategy in 2023.
Local Housing Strategy	Paul Short	2022	2027	Draft	Public consultation has closed, strategy now being finalised.
Locality Action Plans	Fiona McKay	2022	2023	Draft	Locality Stakeholder Group meetings being held in November and December 2022.
Medium Term Financial Strategy	Audrey Valente	2021	2024	Approved	Completed.
Mental Health Strategy	Rona Laskowski	2023	2028	Ongoing	Delivery of the current Mental Health Strategy continues, and the development of the refreshed strategic ambition to reflect lessons learned from the coronavirus pandemic is in development. The new Scottish Government Strategy has been delayed until Spring 2023; the refreshed Fife Mental Health Strategy will take cognisance of national publications once they are available.
Participation and Engagement Strategy	Fiona McKay	2022	2025	Approved	Completed.
Prevention and Early Intervention Strategy	Lisa Cooper	2023	2026	Draft	A working group is being established and the discovery phase has commenced.
Primary Care Strategy	Lisa Cooper	2023	2026	Draft	A draft strategy is in development.
Workforce Strategy	Roy Lawrence	2022	2025	On Track	Draft approved by IJB – Final report submitted to IJB Nov 2022

3.3.1 Quality / Customer Care

A Quality Assurance Framework is being developed to ensure appropriate oversight for all of the activities related to the Strategic Plan. The Partnership's Strategic Planning Group has a principal role in the implementation of the Strategic Plan and will regularly review quality and performance.

3.3.2 Workforce

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

3.3.3 Financial

Financial activities are managed through the Medium-Term Financial Strategy, no additional financial impact is anticipated.

3.3.4 Risk / Legal / Management

A Risk Register has been created for the activities involved in the development of the Strategic Plan. Risks relating to the delivery of the Strategic Plan are included in the IJB Strategic Risk Register.

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

www.legislation.gov.uk/asp/2014/9/section/35/enacted

3.3.5 Equality and Diversity, including Health Inequalities.

An EqIA has been completed.

3.3.6 Environmental / Climate Change

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

During August 2022, the Partnership's Participation and Engagement Team completed a wide range of engagement activities with different public groups to agree an initial set of consultation questions for the draft Strategic Plan. Following approval from the Senior Leadership Team, these questions were printed on A6 double-sided postcards and circulated at engagement events during September and October.

Based on the feedback from the postcard questions, a Consultation Version of the Strategic Plan was developed and circulated to colleagues for comment using an online Microsoft Form. The consultation was highlighted in the Director's Weekly Briefing on 13th October and will close on 30th November 2022. The online consultation was also circulated to the Strategic Plan Working Group for wider dissemination. This is a link to the online consultation:

<https://forms.office.com/r/xRw9HdqMzp>.

An easy-read version of the online consultation was also developed for members of the public. This has been circulated during October and November 2022 and the feedback will inform the final version of the Strategic Plan.

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

3.4 Recommendation

Assurance and discussion that the progress of the Strategic Plan is in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and requirements to

deliver a plan for the next three years. The Strategic Plan will be brought to the Integration Joint Board for approval in January 2023.

4 List of Appendices

None.

5 Implications for Fife Council – No additional implications.

6 Implications for NHS Fife – No additional implications.

7 Implications for Independent Sector – No additional implications.

8 Implications for Third Sector – No additional implications.

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To Be Completed by SLT Member Only

Lead	Fiona McKay
Critical	
Signed Up	
Informed	

Report Contact

Author Name: Lesley Gauld

Author Job Title: Team Manager – Strategic Planning

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



Meeting Title: Integration Joint Board

Meeting Date: 25 November 2022

Agenda Item No: 12

Report Title: Workforce Strategy & Action Plan 2022- 25

Responsible Officer: Nicky Connor, Director of HSCP

Report Author: Roy Lawrence, Principal Lead for OD & Culture

1 Purpose

This Report is presented to the Board for:

- **Decision** – The IJB are invited to consider the feedback from Scottish Government and agree that the Workforce Strategy and Plan is complete and ready for publication on the Partnership website on the 30th November 2022.
- **Assurance** – An annual Action Plan, beginning with Year 1 2022-23, has been endorsed by the IJB to deliver the actions set out in the Workforce Strategy. Progress on this Plan will be brought to SLT Assurance three times annually, and an annual report presented to Quality & Communities Committee, Finance, Performance & Scrutiny Committee, the Local Partnership Forum and the Integration Joint Board.

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

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

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

- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

Engagement:

There has been significant engagement following groups as part of the development of this strategy and plan. The groups have either supported the content, or their feedback has informed the development of the content:

- Workforce Strategy Group: 10/11/21, 8/12/21, 12/1/22, 16/3/22, 20/4/22, 29/6/22, 24/8/22
- Integration Joint Board (IJB) Development: 10/12/21
- Local Partnership Forum (LPF): 14/12/21
- Meetings with Senior Leadership Team (SLT) colleagues
- Meetings with NHS & Fife Council workforce planning teams
- Senior Leadership Team (SLT): 27/6/22
- Extended Leadership Team (ELT): 28/6/22
- Quality & Communities Committee: 5/7/22
- Finance, Performance & Scrutiny Committee: 8/7/22
- Local Partnership Forum: 20/7/22
- Integration Joint Board: 29/7/22
- Senior Leadership Team: 31/10/22
- Quality & Communities Committee: 8/11/22
- Finance, Performance & Scrutiny Committee: 11/11/22
- Local Partnership Forum: 16/11/22

Consultation:

Prior to the publication of the document on the Partnership's website on the 30th November, the Workforce Strategy and Plan must be endorsed by the IJB given the minor changes to the initial draft based Scottish Government feedback, having been consulted on through the following forums:

- It was sent for consultation to NHS Fife & Fife Council workforce planning leads, Independent Sector and Third Sector Leads on 28th June 2022
- SLT Assurance 27th June
- ELT 28th June
- Workforce Strategy Group 29th June
- Quality & Communities Committee 5th July
- Financial Performance & Scrutiny Committee 8th July
- NHS Staff Governance Committee 14th July
- Local Partnership Forum 20th July
- Integration Joint Board 29th July
- Workforce Strategy Group 24th August

3 Report Summary

3.1 Situation

The Integration Joint Board (IJB) is required to approve the Health and Social Care Partnership's three-year Workforce Strategy and Plan for publication of the document on the Partnership's website on the 30th November. The Government published a National Workforce Strategy in March 2022, followed by written guidance through document DL 2022 (09) in April 2022, which sets out 'NHS Scotland Boards and HSCPs: Three Year Workforce Plan Development Guidance'.

The Health and Social Care Partnership Workforce Strategy Group has undertaken a detailed process, engaging with Senior Managers and Workforce Planning Leads in Fife Council and NHS Fife to assure alignment to partner organisation workforce strategies. There has also been close engagement with the Leads for the Third and Independent Sector to assure a whole Partnership approach to develop a Strategy and Plan that is co-produced and sets out the strategic priorities for the period.

The Strategy is structured around the 'Five Pillars' to Plan, Attract, Employ, Train, Nurture the workforce which is in line with National Workforce Strategy guidance and is focused on both short and medium-term actions to enable delivery of this strategy over the next three years.

The document is returning to the IJB as agreed at the Board in July as we have now received feedback from Scottish Government on the Draft Strategy that was submitted at the end of July. The feedback from the Government is very positive but asked for a small amount of extra detail which has been addressed and included in the final document (Appendix 1).

3.2 Background

The Partnership's Draft Workforce Strategy & Plan 2022-25 was approved by the Integration Joint Board on the 29th July following endorsement at the Quality & Communities Committee, Finance, Performance & Scrutiny Committee and Local Partnership Forum.

At those meetings during July it was agreed that the Strategy would return when we had received feedback from Scottish Government on the Draft, which was submitted on the 31st July. We received the feedback on 12th October and have amended the Strategy & Plan to take account of this.

Following approval by the IJB the Strategy will be published on the Partnership's website on the 30th November.

3.3 Assessment

The Strategy and Plan reference the range of Partnership workforce priorities, organisational strategies and workforce activities that are in place across the Partnership, through the NHS, Fife Council, Third and Independent Sectors. There is a clear focus on Integration and our interdependence in delivering the National Health & Wellbeing Outcomes and the Integration Joint Board Strategic Priorities with our workforce across all sectors being the focus of this strategy.

The Strategy and Plan is structured under the following themes:

- Mission25 – Our Ambitious Vision
- Our Drivers and Our Future Context
- Our Structure and Culture
- Key Achievements
- Our Workforce
- Our Engagement & Participation Approaches
- Our Priorities aligned to the 5 pillars of Plan, Attract, Employ, Train, Nurture
- Monitoring & Review

The supporting Action Plan sets out our priority short and medium-term actions under then themes of Plan, Attract, Employ, Train & Nurture.

The Strategy represents our collective commitment to a ‘Team Fife’ culture and aligns with NHS Fife, Fife Council and Independent and Third Sector Strategies and priorities, valuing the importance of working collectively across all sectors to support our shared common purpose to enable joined up care for the people of Fife.

As the content has been driven by engagement with Senior Managers and agency leads across the Partnership, through joint working with and between NHS and Fife Council workforce planning colleagues and Trade Union Representatives, overseen by the Workforce Strategy Group, there is confidence this strategy meets the needs of our workforce and that a range of integrated actions will be delivered over the short and medium-term timeframes. The plan will be reviewed and a report on progress presented to the Quality & Communities Committee, Finance, Performance & Scrutiny Committee, Local Partnership Forum and Integration Joint Board on an annual basis which enables it to respond to changes in the health and social care landscape, new legislation, evolving strategic priorities and learning as we implement our annual Action Plans.

In their feedback dated 12th October Scottish Government observed the following on our Draft Strategy:

- The layout of the plan is well structured and logical with clear linkages to the HSCPs Strategic and Medium-Term Financial Plan as well as alignment to other local policies such as Mission 25 and Team Fife and this level of detail is welcome
- The plan also uses the 5 pillars of the National Health and Social Care Workforce Strategy as a basis for both structure and content and this is done comprehensively
- We note the establishment of the Workforce Strategy Group and the involvement of stakeholders from the NHS, Council, Third and Independent Sectors as well as staff side colleagues
- The analysis presented in the “Our Workforce” section is detailed
- The targets outlined for youth employment and supporting Foundation Apprenticeships are welcome
- The action plan and additional detail provided in the summary section are detailed and the alignment to the 5 Pillars welcome

The changes made to the Strategy that was approved in July are minimal and provide Scottish Government with some additional narrative related to our key achievements, our approach to technology enabled care, and workforce planning data.

3.3.1 Quality / Customer Care

There is direct correlation to the workforce strategy and care delivery to and for the people of Fife. The strategy outlines our plan to support addressing workforce capacity challenges through recruitment and retention plans. It also addresses training and development of the workforce. There is a focus on Integration and the National Health and Wellbeing Outcomes and the Principles of Integration that support the culture of continuous improvement. There is clear alignment to the Health and Social Care Strategic Plan 2022-25 and the Workforce Strategy supporting the “what” we need to achieve through transformation and service delivery and “how” we achieve it through our commitment to a positive staff experience for our workforce within the Fife Health and Social Care Partnership.

3.3.2 Workforce

This strategy is dedicated to our workforce. Thanks are extended to all staff working in Fife Health and Social Care Partnership. The Strategy acknowledges the impact of the global pandemic on top of established workforce challenges across our sectors. The strategy also supports a forward-looking focus as we work towards recovery and remobilisation of services as well as balance the ongoing impact of COVID-19. It describes challenges and opportunities to support how we Plan, Attract, Employ, Train, Nurture our workforce. This includes both short- and medium-term actions. The strategy recognises the role of NHS Fife, Fife Council, Third Sector and Independent Sector as employers and also values the Team Fife culture we aim to support within the Health and Social Care Partnership. The valued role of Trade Union and Staff Side Colleagues and the function of the Local Partnership Forum as part of the Staff Partnership Agreement is critical to supporting our workforce and this partnership working is core to the strategy.

3.3.3 Financial

A significant proportion of delegated budget within the Health and Social Care Partnership is dedicated to workforce. Within the strategy there is reference to additional monies through growth in relation to investment in specific areas such as Social Work, Social Care, Winter Monies, Primary Care Improvement, Urgent Care and Transforming Roles. The workforce strategy is aligned with the developing refreshed Strategic Plan which will require transformation, change and redesign to meet the needs of the people of Fife. There are also resources within employer agencies to deliver the training, qualifications and ongoing practice development to support the workforce. The Change within the Senior Leadership team has also supported commitment to Organisational Development and Culture activity, monitored through SLT governance processes.

3.3.4 Risk / Legal / Management

The development of the workforce is identified within the Integration Joint Board Risk Register: 'There is a risk that we do not have sufficient trained, skilled and experienced staff in the right place at the right time to deliver health and social care outcomes for the people of Fife.' This Strategy & Plan seeks to provide mitigation and assurance related to this risk. Through the monitoring of the delivery by the workforce strategy group and reports to the Senior Leadership Team, Local Partnership Forum and Integration Joint Board there will be both operational and Governance oversight. The final strategy following Scottish Government Feedback will be submitted to the Integration Joint Board, through Committees, for decision with Direction to Partners.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has been completed and is available. The Strategy outlines key issues including fair work, inclusive practices and working in line with organisations policies and procedures. The Strategy also acknowledges the data available from Public Health and the commitment in accordance with partners to support the commitment to being an Anchor Institute.

3.3.6 Environmental / Climate Change

No impact is expected as a result of this strategy
[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

The Workforce Strategy Group that has led the development of this strategy and has ensured that all voices across the Partnership and with key partners have had the opportunity to contribute, involving representatives from:

- NHS Fife Workforce Planning and HR Department
- Fife Council Workforce Planning and HR Department
- Operational Services and Professional Leads across the Partnership
- Professional Leads and Quality Standards across the Partnership
- Finance and Business Support
- Strategic Planning, Performance and Commissioning
- Organisational Development and Culture
- The Local Partnership Forum Trade Unions
- Independent Sector
- Third Sector
- Fife College

This group will continue to oversee the delivery of the strategy with more detailed Portfolio and Sector Specific plans with associated leads and timescales ensuring a strong whole system approach to monitoring and delivery.

The specific groups and forums consulted are described within the route to the meeting section (Section 2) of this SBAR.

4 Recommendation

Decision – The IJB are invited to consider the feedback from Scottish Government and agree that the Workforce Strategy and Plan is complete and ready for publication on the Partnership website on the 30th November 2022.

Assurance – An annual Action Plan, beginning with Year 1 2022-23, has been endorsed by the IJB to deliver the actions set out in the Workforce Strategy. Progress on this Plan will be brought to SLT Assurance three times annually, and an annual report presented to Quality & Communities Committee, Finance, Performance & Scrutiny Committee, the Local Partnership Forum and the Integration Joint Board annually.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Health & Social Care Partnership Workforce Strategy and Action Plan 2022 – 2025.

6 Implications for Fife Council

Fife Council, as responsible employer for their workforce within the Partnership have been key to the development of this strategy through workforce planning leads and will support delivery of these actions through the Director of Health of Social Care as the responsible Director for the delegated workforce. The connection between Fife Council and the Partnership is described in the Integration Scheme. The Council has a Workforce Strategy, 'Our People Matter', which sets out the responsibilities for the Council in this area and this has been considered in the development of the Health and Social Care Partnership Strategy to assure alignment.

7 Implications for NHS Fife

NHS Fife, as responsible employer for their workforce within the Partnership have been key to the development of this strategy through workforce planning leads and will support delivery of these actions through the Director of Health of Social Care as the responsible Director for the delegated workforce. The connection between NHS Fife and the Partnership is described in the Integration Scheme. This NHS Fife Workforce Plan 2022 – 25 sets out the responsibilities for the NHS Fife in this area and this has been considered in the development of the Health and Social Care Partnership Strategy to assure alignment.

8 Implications for Third Sector

The Third Sector, as a conglomeration of accountable employers hold this responsibility for their workforce within the Partnership and there will be collaborative working through the Workforce Strategy Group to support delivery of

actions set out within strategy and plan. There will be close working with Third Sector representatives to support them in achieving this.

9 Implications for Independent Sector

The Independent Sector, as a conglomeration of accountable employers hold this responsibility for their workforce within the Partnership and there will be collaborative working through the Workforce Strategy Group to support delivery of actions set out within strategy and plan. There will be close working with Independent Sector representatives to support them in achieving this.

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

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

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

Lead	Roy Lawrence
Critical	All SLT Workforce Strategy Group and Year 1 Action Plan sub-group
Signed Up	ELT
Informed	HSCP Workforce

Report Contact: Roy Lawrence

Author Name: Roy Lawrence

Author Job Title: Principal Lead for OD & Culture

E-Mail Address: Roy.Lawrence@fife.gov.uk

Fife Health
& Social Care
Partnership



Workforce Strategy & Plan 2022-25



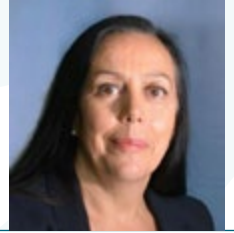
Supporting the people of Fife together



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Message from the Chair



This Workforce Strategy has been developed with the aspirations of our refreshed Strategic Plan at its core, as we work through our ambitions of Recovery and Transformation of Health and Social Care Services. Ensuring that we are aligning all of our strategies is key to supporting our collective priorities in the coming three years to deliver the change and improvement we wish to see by 2025 – referred to in our strategy as “Mission 25”.

Fife Integration Joint Board is incredibly proud of the Health and Social Care Workforce in Fife. It has been humbling to hear how our people, as our collective workforce, have adapted throughout the COVID-19 pandemic embracing a ‘Team Fife’ approach and demonstrating integrated working at its heart. The dedication, commitment, and professionalism of all our people to care for and support the people of Fife has been, and continues to be, extraordinary.

This strategy is ambitious for the people working in Health and Social Care and for the people that we care for. Key to transformation of our services is developing a sustainable, skilled workforce with career choices. This includes a focus on nurturing our organisational culture in parallel with transformation in systems, processes and structures, a commitment to integrated working and wellbeing support.

We are facing a time of great change, challenge and opportunity for Health and Social Care, whilst also recognising and valuing the roles of other services that support citizens' needs through delivering preventative and primary care, community care and complex and critical care for the people of Fife.

This strategy has been a collaborative endeavour with strong engagement with our partners in NHS Fife, Fife Council, Third and Independent Sectors and with our staff groups and Trade Unions. Huge thanks to all involved in providing this forward focused strategy for the Workforce in Fife’s Health and Social Care Partnership.

Christina Cooper
Chair - Fife Integration Joint Board

Foreword



Fife Health and Social Care Partnership aims to enable the people of Fife to live independent and healthier lives. We will deliver this by working with individuals and communities and using our collective resources effectively to underpin how we transform how we provide services. This strategy aims to recognise not only “what” we do but “how” we will approach this which includes demonstrating our values of being person-focused, having integrity, being caring, respectful, inclusive, and empowering, with kindness.

We cannot achieve any of this without the support of our highly skilled and dedicated workforce, our partners in NHS Fife, Fife Council and the Third and Independent Sectors, carers, and our communities. It’s by working together that we will continue to progress with integrating services and ensuring we care and support people in Fife.

This strategy is dedicated to our people – the staff working across health and social care. The last few years have been particularly demanding for staff working within Health and Social Care who have worked throughout the significant challenges faced during the COVID-19 pandemic. I am so proud of our teams and thank each and every member of staff working across health and social care, in all agencies, for their ongoing dedication, commitment and professionalism.

I am also grateful to our colleagues within our trade unions and staff side who have championed staff and partnership working and undertake a critical role in supporting our commitment to staff governance and wellbeing.

This strategy outlines ambition to enable a range of actions planning for and attracting, developing, supporting, and delivering the recovery, growth and transformation of our workforce. This is critical to Fife’s recovery from the COVID-19 pandemic, within the wider context of addressing inequalities and making a continued shift to early intervention and prevention.

We will report on the delivery of this Strategy on an annual basis, and it will also be thread through the Integration Joint Boards annual performance report and the Local Partnership Forum Annual Report reporting not only our data, but also telling our collective story of both Workforce and Organisational Development in Fife Health and Social Care Partnership. Story telling is an important part of our journey to help develop and deliver a collective vision and I am proud to be part of our story with you.

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

Introduction


The approach to this strategy is based on workforce planning approaches across partner agencies. The NHS follow the six-step workforce planning methodology to enable Integrated Workforce Planning. Other partners have worked with operational services to understand their workforce needs and develop mitigating actions. All partners have linked the workforce planning activity to the Scottish Government's Five Pillars framework as recommended. There are actions that will be taken over the short, and medium term to support the tripartite ambition of recovery, growth and transformation of health and social care. We are aiming to:

- Create the conditions through which our workforce, by extending our health and social care services, can successfully recover from the pandemic.
- Grow the health and social care workforce sustainably, in line with Fife's population demographics and the demands on health and social care services
- Transform the ways in which our workforce is trained, equipped, and organised to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

Throughout this strategy there will be actions associated with the Five Pillars of how we: **Plan, Attract, Train, Employ** and **Nurture** our Workforce.



These are the areas where we can have the maximum impact in terms of recovery, growth and transformation in our services and our workforce and enable delivery of our Health and Social Care Strategic Plan for 2022-2025.



The Workforce Strategy Group that has led the development of this strategy and has ensured that all voices across the Partnership and key partners have had the opportunity to contribute, involving representatives from:

- NHS Fife Workforce Planning and Human Resource Department
- Fife Council Human Resource Service responsible for the workforce planning for the Council
- Operational Services and Professional Leads across the Partnership
- Quality Standards across the Partnership
- Finance and Business Support
- Strategic Planning, Performance and Commissioning
- Organisational Development and Culture
- The Local Partnership Forum Trade Unions
- Independent Sector
- Third Sector
- Fife College

This group will continue to oversee the delivery of the strategy creating more detailed Portfolio and Sector Specific plans with associated leads and timescales ensuring a strong whole system approach to monitoring and delivery. There will be Quarterly reports to the Senior Leadership Team and an Annual Report to the Integration Joint Board (IJB) as the basis to assure delivery of the priorities and the actions that have been taken to **Plan, Attract, Train, Employ and Nurture** our Workforce in line with the Strategic Plan.

Mission 25 - Our Ambitious Vision

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

Our workforce is our greatest asset and through our Workforce Strategy we seek to demonstrate this through a range of strategic and operational actions that are based on three key priorities:

- Our plans have an integrated focus and whole system approach
- Our priorities are co-designed with staff, trade unions, partners and people who receive services.
- Together we are ambitious and person-centred with a clear focus on outcomes

We recognise the workforce challenges facing our Partnership and these have been amplified by the COVID pandemic: from our desire to improve personal outcomes for the people of Fife, to the financial and operational requirements to enable system redesign and high-quality delivery, the challenges associated with recruitment, retention and turnover in specific posts, the need to support our people's mental health and wellbeing within the workplace, and the cultural and leadership capacity and capabilities needed to deliver these.

We have undertaken a whole system leadership redesign approach to focus on whole system working and develop systems leaders, to enable the transformation required to meet our overarching ambition of continuous quality improvement for the people of Fife and our integrated workforce.

To date we have embedded a change in organisational structure to enhance working together on a regular basis by being part of a team together. This is defined under operational portfolios to enable a focus on Preventative and Primary Care Pathways, Community Care Pathways and Complex and Critical Care Pathways. This is supported by Business Enabling Services supporting strategic planning, performance, commissioning, finance, corporate services and Organisational Development, as well as a strong commitment to professional standards and quality across all professions. This will enable more integrated team working, increase relationship building across our teams and the development of new pathways of care.

In all areas of our work in the Health and Social Care Partnership we focus on a strong Golden Thread between the following areas:

- **Setting Direction:** Our Vision, Purpose and Strategy and our Organisational Leadership and Culture
- **Delivery:** Engaging Stakeholders, including our workforce, Creating Sustainable Value and Driving Transformation.
- **Outcomes:** Including our Strategic and Operational Delivery and Performance and Stakeholder Perceptions, including our workforce.

To support this in practice there are a range of success statements co-designed by our Extended Leadership Team, which included representation from all services. These statements encapsulate the outcomes we aim to achieve by asking the following:

‘What will success look like for our Partnership if we improve...’

- Our **leadership** ability & **organisational culture**
- Our opportunities for our **workforce** to thrive
- Our ability to **transform** our services
- Our **standards** of practice excellence & quality
- Our **reputation** with our citizens and our staff
- Our ability to empower our **local places** to influence the service they receive
- Our performance in affecting people’s lives **earlier to prevent** the need for hospital and **reduce** the need for health and social care services
- Our ability to get the best value from our **financial** resources and **sustain** our services

This Workforce Strategy sets out our approach to generating success across all the areas described in the success statements. We will only achieve our vision if we ensure we have a workforce that is equipped with the capacity, skills, knowledge, and capabilities to deliver the best health and social care outcomes for the people of Fife. This reinforces the importance of the Five National Pillars of how we: Plan; Attract; Train, Employ and Nurture our Workforce.

Co-production is at the heart of all we do to generate belief in our common purpose; to deliver the outcomes of Integration which enable the people of Fife to live independent and healthier lives. This involves championing and role modelling a “Team Fife” culture – ‘One voice, one Health & Social Care Partnership, working with all our Partners across NHS Fife, Fife Council, Third and Independent Sectors, and valuing the importance of working collectively across all sectors to enable joined up care for the people of Fife.

We are achieving this by prioritising engagement and providing clarity on work being undertaken to define who is **leading** any programme, involving all key **critical contributors**, ensuring support by key stakeholders being **signed up** and keeping people **informed** throughout. This approach has, and will, transform our ability to work with clarity, at pace, to deliver this strategy and bring a common approach to all our transformation.

Our Drivers and Our Future Context

2022-2025 brings alignment between Fife Integration Joint Board's Strategic Plan, Workforce Strategy and Medium-Term Financial Change Plan. This emphasis on delivering improved outcomes for the people of Fife whilst recognising both the challenges and opportunities associated with workforce challenges and financial sustainability, demonstrates the need for transformation and the potential for the reform of public services.

People are at the heart of Integration. Within the **Nine National Health and Wellbeing Outcomes** (The Public Bodies (Joint Working) (Scotland) Act 2014) there are two outcomes that directly relate to our workforce. These require us to ensure that 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 and that the resources (financial and staffing) are used effectively and efficiently in the provision of health and social care services. As legislative outcomes we will report on progress in our annual Workforce Strategy Report.

Published in March 2022, the **National Workforce Strategy for Health & Social Care in Scotland** acknowledges the efforts of our Partnership staff throughout the pandemic and recognises the value of National and Local Government working together to make a positive contribution to every aspect of people's lives, across every community, in Scotland. It sets out a national framework to achieve the collective vision for "a sustainable, skilled workforce, reflective of the communities they serve, with attractive career choices where all are respected and valued for the work they do". This national strategy has provided the framework for our strategy in the Fife Health and Social Care Partnership.

Key to delivery of this is leadership. **The Ministerial Strategic Group Review of Progress** (November 2019) highlighted that the pace and effectiveness of integration needs to increase and without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. Health and social care services should be characterised by strong and consistent clinical and care professional leadership. Listening to our workforce, responding to their experience and being visible as leaders have been core values strongly evidenced throughout the COVID-19 pandemic and what we must build on further as we progress through recovery and transformation.

The important role of Integration Joint Boards in supporting Integration and how this connects with workforce planning was further emphasised in **Audit Scotland's Report (2019)** 'Making Integration a Success', that 'IJBs need to work closely with their partners to ensure that their plans for service redesign and improvement link with and influence workforce plans.' This workforce strategy is well connected to both NHS Fife and Fife Councils plans with active engagement with the Third and Independent Sector.

As well as strategy we need to focus on the **management and mitigation of risk** as they are directly linked. The Integration Joint Board has a key role in overseeing and being assured that Strategic Risks, some of which are related to workforce, are being addressed and managed. This is more fully described in the Integration Joint Boards Risk Management Policy and the connection to partners is defined in the Integration Scheme. We will meet these challenges through work we will undertake in defining risk appetite, updating risk management approaches, and developing capacity and capabilities around risk and corporate governance.

Fife Integration Joint Board's **Medium-Term Financial Strategy** will promote the financial sustainability of Fife Health and Social Care Partnership over the medium term between 2022 to 2025. This Medium-Term Financial Strategy will consider the resources required by the Fife Health and Social Care Partnership to operate its services and those it commissions over the next three financial years and estimate the level of demand and growth pressures likely to be experienced by these services. This will define the projected financial challenge and inform actions needed to support financial sustainability and associated workforce planning in the medium term.

This is critical when we consider **Fife's Changing Population and demographics**. Understanding our population helps us understand their needs. Together with our partners, it allows us to prioritise actions and interventions that can improve population health, reduce inequalities, and ensure existing and new services meet the needs of our population.

The health and wellbeing of people in Fife is influenced by many factors including age, sex, hereditary factors, social determinants, and psychology as well as health system factors, including the quality and accessibility of care. However, as important in generating our health and wellbeing, are the conditions in which we live and work, for example, our education, employment, income, social networks, housing, and broader socio-economic, cultural, and environmental factors. These determinants are experienced unequally in our society with corresponding impacts on health outcomes and life expectancy.

Public Health Data is key to our knowledge of our population needs. We know that the population of Fife grew in 2020, one of only 12 council areas in Scotland to see growth. In June 2020, an estimated 374,130 people lived in Fife. Analysis of the population data is therefore crucial. For example, and similar to the picture across Scotland, inequalities are apparent in a range of indicators when reviewing differences between the people living in the most and least deprived areas (quintiles) in Fife including life expectancy, health life expectancy and mortality. Data also highlights the burden of disease impacts with drugs, cancers and COPD being higher in our most deprived communities and Alzheimer's, heart disease, back pain and cerebrovascular disease in our least deprived communities. Due to correlation between population health loss and the age of the population, population projections should also be considered when determining future service pressures and how this drives our workforce requirements and workforce development and opportunities for early intervention and joint working across partners.


These population trends help us understand the National, Regional and Local priorities and explain what underpins our organisational priorities and why we place great value on being “**Team Fife**” and working with partners towards the aspiration of being an Anchor Institution, promoting the wellbeing of the population we serve in collaboration with the Third and Independent Sector.

The **COVID-19 pandemic** has been one of the greatest public health challenges we have faced with significant consequences on health and wellbeing for the population of Fife and impact on workforce. The pandemic and social restrictions are likely to have long term impact on our health and wellbeing. Measuring, responding to, and supporting recovery from the COVID-19 pandemic is unpredictable as we continue to learn from and respond to the ongoing impact of the pandemic. Fife Health and Social Care partnership now have well established mechanisms to support the COVID response, establish command structures if required and support enacting business continuity, mobilisation, remobilisation, and recovery in partnership with trade union and staff side colleagues. The wellbeing of staff is at the core of this recovery and remobilisation plan.

The Scottish Government **COVID Recovery Strategy** is a broad strategy to support a fairer post COVID future for Scotland and brings opportunity through the commitments that are aligned to workforce such as opportunity for children and young people to have access to study, work experience and volunteering. The Strategy also highlights the need for investing and supporting the development of adults for upskilling and retraining opportunities. This may bring opportunity to access career opportunities into health and social care workforce.

The coming years will see preparation and readiness for **public sector reform through the National Care Service**. The bill was approved by the Scottish Parliament in June 2022 and has a direct connection to the delivery of Integrated services and to the future of our workforce. This will remain an active discussion internally and externally with further information being available in due course.

We are committed to our current and future workforce to ensure **Fair Work**. Although progress in this area was disrupted by the pandemic, the Partnership was able to deliver on a number of the Fair Work First commitments, for example payment of the real Living Wage. Further commitments, aligned to the Fair Work Convention’s recommendations to achieve a collective vision of a Fair Work Nation by 2025, will be embedded in our future focus. This includes areas such as providing appropriate channels for effective employee voices, investing in workforce development, and a commitment to paying the Real Living Wage. We will continue to work closely with all partners to monitor the impact of the increasing cost of living challenges, including understanding the implications of the increased fuel costs on our workforce. There is opportunity through the Plan for Fife to work closely with Partners in NHS Fife and Fife Council to collectively support the aspiration to be an Anchor Institute which recognises that our longer-term sustainability is directly linked to the population we serve, including topics such as widening access to work and learning across partners and how we best use our buildings and spaces in support of both our workforce and our communities.



Now, more than ever the **Health & Wellbeing** of our Workforce is, and will continue to be, of critical importance. We recognise the significant impact the pandemic has had, and we are committed to the promotion and maintenance of the physical and psychological wellbeing of our workforce. We recognise that our workforce is our most valuable asset and are seeking to embed individual and organisational wellbeing in everything we do. A Wellbeing Strategy Group has been established which will lead partnership working in this area over the coming years to improve health and wellbeing for our workforce and to embed wellbeing as a central part of our strategy and strategic priorities. An example of innovation in this area is the commissioning of a large-scale project involving the University of Hull, Centre for Human Factors relating to Stress Management and Prevention. The project is in its early days but will feature as a priority in relation to how we will nurture our workforce.

The ongoing impact of COVID-19 alongside non-pandemic related absence levels, high vacancy levels and recruitment challenges continue to impact on the ability to deliver effective and efficient front-line services. Our aim continues to be to **promote attendance and support the health and wellbeing of the workforce**, through delivery of a range of key priorities. Our Human Resource and Wellbeing and Absence teams continue to support managers in absence management with a focus on health and wellbeing. This is monitored closely through the Local Partnership Forum and Senior Leadership Team. An integrated wellbeing approach to understand our wider workforce sectors is currently underway. This will enable us to review the impact of local and national initiatives upon externally as well as internally managed staff.

Active consideration of the workforce risks and the mitigating actions will be ongoing throughout the development and delivery of this strategy.

There are an increasing number of **strategies with key drivers impacting on workforce**. This list is not exhaustive but examples include the Implementation of Health and Care (Staffing) (Scotland) Act safe staffing; Delivery of Excellence in Care across all sectors; reviewing the recommendations of “Setting the Bar” informing caseloads, career pathways and practice for social work; the mental health renewal and recovery priorities; Transforming Roles within Nursing and Allied Health Professions; The Nursing 2030 National Strategy; the General Medical Services Contract (Memorandum of Understanding 2); Macmillan Improving Cancer Journey; Action 15 for mental health, National Covid Recovery Strategy; and the Independent Review of Adult Social Care (the Feeley review). There will continue to be new priorities and strategies defined internally and externally which will be added to updates of the Action Plan delivery.

Our Structure & Culture

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


These portfolios include:

- **Primary and Preventative Care:** Service delivery across Primary Care and Early Intervention and Prevention.
- **Community Care:** A range of services across Community Hospitals, Care Homes and peoples' own homes, promoting independence and enabling people to stay well at home and in a homely setting.
- **Complex & Critical Care:** Including the delivery of Mental Health, Learning Disability and adult/older adult Social Work
- **Professional Quality Standards and Regulation:** This is integrated professional leadership in support of delivery Nursing, Medicine and Social Work working collaboratively with leads in Allied Health Professions, Pharmacy and Psychology.
- **Business Enabling:** Services that support our delivery including Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.

Cross portfolio working and engagement across partners is essential to supporting joined up care and championing our whole systems approach. This is enabled through our Extended Leadership Team and bringing teams together across portfolios in conjunction with business partners on areas of common priority.

This structural change is not only about how services and teams are managed, but also how we connect effectively across our key networks with Social Work, Criminal Justice, Housing, Community Planning, Corporate Teams, Acute Services, Third Sector and Independent Sector Services. This will enable whole systems working and provide a strong platform to be integrating care in the hearts of our localities through creating the right conditions, developing the networks amongst our front-line teams across all the portfolios above, role modelling the values necessary to support and lead integrated working, and developing Systems Leaders across all levels and all agencies in Health and Social Care in Fife.

Much of this is underpinned by the values and culture outlined earlier in this strategy defined in Mission 25 – our ambitious vision. This brings together valuing our workforce, respecting the unique and complimentary roles of our people, being professionally curious, generating our collective learning across services and supporting a culture that feels safe and empowering. This places high emphasis in our strategy not only on workforce planning, but capacity and capability building and a focus on relationships and organisational development.



To meet this ambitious vision, we will provide the **Leadership and Organisational Development** needed to support our personal, team, service and system improvement and build the collective wisdom needed to meet our future challenges. The design of this strategy recognises that we need to continue our successful day to day delivery of services alongside our leadership of change for tomorrow, by ensuring that organisational development interventions are aligned to desired organisational outcomes and priorities. The role of organisational development will be to work alongside our workforce to understand and lead ongoing change with a focus on Integration. We will work across organisational boundaries to better understand workforce needs, resourcing and solutions. This will help create an environment which supports people to take part in co-designing services and enables the workforce to deliver those services. All of this will be underpinned by a commitment to continuous quality improvement to keep learning, adapting to what we find, and improving our services, experience, and culture.

Key Achievements

Ahead of describing our future priorities it is important to celebrate all that has been achieved since the last Integration Joint Board Workforce Strategy was published in 2019. There have been many successes, and the following are only a range of examples from across our portfolios.

All of the Fife Health and Social Care workforce have been extraordinary throughout the COVID-19 pandemic. Going above and beyond each and every day, working flexibly, often in different roles and or in new ways to sustain critical services for the people of Fife. The pandemic has impacted on both work and home lives, and nobody anticipated that it would last this long and is indeed not yet over. We recognise and value all the efforts of our staff.

Despite these challenges our amazing teams have **taken forward a range of transformations.** This includes a sustainable vaccination programme supporting COVID and Flu Vaccination and the transition of the vaccination transformation programme as part of the General Medical Services Memorandum of Understanding (MOU2). We have created a dedicated unit for stroke rehabilitation within the Queen Margaret Hospital, providing alignment with National Institute of Clinical Excellence and Royal College of Physicians stroke guidelines to deliver responsive specialised stroke rehabilitation by a multidisciplinary team, creating career pathways for specialist interest in stroke care. Cancer patients' interface across our full healthcare system, making cancer everyone's business.

The Cancer Framework, led by NHS Fife commits to supporting workforce sustainability, identify system-wide approaches in relation to the wellbeing, education, and training to deliver effective cancer prevention, early diagnosis, and high-quality sustainable cancer care for those living with and beyond cancer.

Through the creativity of staff, we have redesigned services including the re-design of the Community Nursing Service to reflect the changing demographic, which will improve our recruitment opportunities as the service has become an attractive career prospect across both registered and non-registered staff. The Community Outreach Team has remodelled to provide a Hospice at Home model, where staff are working in different ways delivering end of life care in the preferred place of death. This new enhanced model has driven improved collaborative working with partners across Primary Care, Social Care, and the Third Sector, reducing acute hospital admissions and supporting many more families within their homes. We have also demonstrated bed reductions of between 25% and 27% in inpatient settings and growth within our community teams. Other examples include the development of Community Mental Health Teams and a focus on both Child and Adolescent Mental Health and Psychological Therapies.

One of our major transformations over the pandemic was the restructuring of services across the Partnership, which has enabled the people who need to work together to be a team together. This was designed in collaboration with staff side colleagues and the Joint Trade Unions and is an excellent example of large scale, successful organisational change.

Some of the benefits this has delivered include e.g. enhancing the palliative care service in the community by supporting the end-of-life social care team to work alongside the palliative care team and Marie Curie and McMillan to support an increased number of people in Fife. This has provided alternative care pathways including 7-day access and a single point of advice. This redesign has also promoted shared learning and the ongoing involvement of staff in the development of our approach to service delivery.

Our people have embraced new ways of working such as digital opportunities improving triaging, access, and service delivery through increased use of digital & eHealth technology. Many services have utilised 'Near Me' and 'Just Checking' to ensure people receive the right service in the right place. The Redesign of Urgent Care (RUC) initially focuses on safe and effective scheduling to Emergency Departments and Minor Injury Units across Fife, and phase two of the programme will involve the review of all existing pathways to Unscheduled Care settings, identifying transformational changes that will improve current patient pathways and capitalise on opportunities provided by digital healthcare across all parts of our system.

The use of these and other digital approaches forms a key part of our Strategic Plan as we transform our services to meet future demand, recognising the changes in service delivery these will deliver and workforce expectations around this. The Partnership has invested in a digital lead, and we are working closely with partners in NHS and Fife Council to develop the capability of our staff to be able to engage with this technology.

The Partnership is aiming to maximise the use of technology enabled care as we believe this continues to offer benefits for our staff, and feedback from the workforce around modernising systems has underlined this. For the workforce this has improved agile working, reduced travel time, and supported safety and efficiency.

We have **developed new roles** such as Senior Practitioner roles within Community Occupational Therapy supporting clear pathways for referrals, meaning that those who require a service will be called by one of the team within 24 hours. Our people have taken a lead role in progressing pan-service / organisational clinical and service developments including Post COVID-19 syndrome, Neurodevelopmental (Brain Development) Disorders, creating a Trauma-informed Culture, Primary Care Mental Health and Wellbeing, Localities work and staff wellbeing. We have developed a Perinatal Mental Health Service. We created a new Principal Lead Social Work Officer post working within the Senior Leadership Team and new career pathways in Social Work and Social Care.

Shared skills and expertise such as the role podiatry teams have led in relation to lower leg and foot ulcers. Collaborative practice between Fife Council, Speech and Language Therapy and the Nutrition and Dietetic Service has resulted in an innovative training framework for support of nutrition and dysphagia. Joint working across Mental Health and Learning Disability Services. Promotion of self-management within specialist services including Rheumatology, innovation within Sexual Health, and Neurodevelopmental pathways. New ways of working in Adult Resources, Care Homes, day care and care at home.

Our care home support services with multi-disciplinary and multi-agency teams working together to support staff and residents across all 74 care/nursing homes in Fife. The development of a 'Care at Home Collaborative' across both statutory and independent sector to improve Partnership working and service delivery.

We have **prioritised investment** into our workforce to expand our capacity and capabilities including where Hospital at Home are leading the way on measuring acuity and dependency of patients and capacity. Recent investment will support expansion of the Hospital at Home teams' capacity to accept increased referrals from a wider range of services. As a result of this investment Intermediate Care Teams will support seven days a week access to the service. Our Care at Home service has supported re-design to align with our localities and increase collaboration across AHP's, District Nurses and GP's. We have increased the number of Mental Health Officers to build capacity and improve flow from hospital by growing our capability to generate assessments for people in hospital, improve alignment with locality teams and develop career pathways. Investment also enabled a test of change related to enhanced weekend rates for the Independent Sector in Fife and developing Primary Care services in Fife.

Part of the value for our workforce, as a part of our recruitment and retention approach has been the continued development and growth of our workforce. We have delivered this through investing in qualifications for our staff, developing career pathways, growing student opportunities, and more generally ensuring that Fife's Health & Social Care Partnership is a great place to work.

We have also adopted approaches in services that have shifted the focus of recruitment to grow the service, supported increased hours for part-time staff, and developed skill mix approaches that can reduce demand.

We have **increased our capacity and accessibility**, such as the Single Point of Access service to deliver seven days a week, direct access to professional advice and referral to the Palliative Care Team. Service Manager monthly 'Question Time', an online drop-in space where practitioners can discuss what's important for them and connect with peers. There has been a wide-ranging recruitment and organisational change process that has included increasing our Consultant Psychiatrists in CAMHS (Child and Adolescent Mental Health Services), Addictions, Rehabilitation and Mental Health, developing Advanced Practitioner roles in Unscheduled Care and upgrading skilled staff in Care Home Liaison and Epilepsy Specialist Nursing. There has been significant focus on supporting timely discharge from hospital and promote a home first approach through the development of strategy focused on our collective efforts to reduce delayed discharge.

In addition to the examples presented earlier in this strategy we have **developed our leadership** in a range of services with examples like bitesize sessions with care at home staff, monthly forums to promote a whole service approach, sharing learning and improving resilience around supporting complex case discussions and panels. The Senior Leadership Team have a regular programme in place to visit services and meet with teams to ensure connection with front line health and social care staff. This is being extended to Integration Joint Board members to support senior leadership visibility across the Partnership in response to feedback from the iMatter survey.

Children's Services have **developed the workforce** to support the introduction of new Child Protection guidance as well as continuing to implement Getting It Right for Every Child and The Promise. The Health Promotion Team have developed capacity and capabilities in relation to improving health and wellbeing and to mitigate and prevent health inequalities by supporting the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

We have placed priority on **staff health and wellbeing**. There has been increased focus and emphasis on staff health and wellbeing and this is promoted every week in the Directors Brief. It is a standing agenda item on the Local Partnership Forum, and a wide range of supports are promoted. Examples include practical supports such as physiotherapy and mental and emotional wellbeing/counselling. Partnership wide promotion of learning and development in 'Trauma Informed' practice, mental health awareness for managers, coaching skills, and 'Good Conversations' have supported improved understanding and practical support for our people.

Through various channels we have ensured our workforce have access to information, guidance, and support for wellbeing, including mental and emotional wellbeing, back care, reducing stress and healthy eating.

Championing **Trauma Informed Practice** as a key value of how we support and develop our staff in the workplace and begin the development of planning and developing trauma informed services.

We **celebrate success** including highlighting significant staff achievements at the Integration Joint Board. This involves ensuring shared good practice across forums and we have also presented at national events such as the Unscheduled Care Collaborative and Scottish Care Conferences.

We demonstrate how we **value partnership working** across sectors and with Trade Union and staff side colleagues through the Local Partnership Forum, which has met with increased frequency whilst pressures and challenges for the workforce have been so great. The Local Partnership Forum has produced annual reports over the past 2 years which are presented to the Integration Joint Board.

In alliance with the Independent Sector we have developed a Care at Home Collaborative, covering around 45% of all independently provided Care at Home provision in Fife, with the aim of improving connectivity and quality across the care at home profession within the Partnership. The sector has also been working closely with the Care Inspectorate around safe and effective staffing legislation as a consultative partner.

The Independent Sector have worked to improve connections by reaching out to the workforce to source their views on a range of topics including the newly established Models of Care forum, where changes to operation are identified as imminent, at risk or subject to future change, and work with independent organisations to plan their change of conditions and engage locally with Partnership colleagues such as Community Nursing / GP services and the Care Inspectorate. This and other forums ensure their voice is included in our future thinking and that the sector is able to advocate for their workforce with local and national partners.

Within the Third Sector a significant piece of work involved managing the Fife Communities Mental Health and Wellbeing Fund which saw distribution of £1.36m to 119 local organisations to deliver projects that focus on improving the mental health and wellbeing of adults. It is a priority objective to support the Third Sector to engage with their workforce on policy development and design, as well as support staff to grow their skillset and resilience so that they are prepared to face any challenges that arise over the next three years. New strategies are emerging, including around participation and engagement, and how services are commissioned which is being actively reviewed. We will continue to play a key role in engaging with the Third Sector workforce to influence strategy and policy over the next three years.

Our main way of engaging with staff is through our Third Sector Health and Social Care and Mental Health Forums, which seeks to bring together the voice of many dozens of third sector organisations and the tens of thousands of people they support. Our Forums continue to allow staff to share lived experience, relevant knowledge, information, and expertise which is then used to inform the work of the Partnership.

Our Workforce

The size of our workforce employed by NHS Fife and Fife Council in services delegated to the Health and Social Care Partnership has increased significantly in the previous 5 years, with this growth being most visible since 2020 and the start of the COVID-19 pandemic.

Whilst this has meant a larger whole time equivalent (WTE) resource, this expansion has occurred in areas which were responding directly to the pandemic, with other core areas continuing to be challenged by factors such as an aging workforce, increased vacancy levels, and a growing reliance on supplementary staffing.

As part of the co-ordinated approach to service planning, all portfolios are required to develop workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future demand and projected staffing changes.

A key priority is to continue to strengthen our integrated approaches to workforce strategy and planning with our partners in the Third and Independent Sectors, so our strategies reflect the entirety of the Partnership workforce and our interdependence in delivering the best outcomes for the people of Fife, including our ability to generate the best data for decision-making across all Partners.

Overview

Combining the SSSC Workforce Report for 2020, published in August 2021, with NHS Fife's workforce data provides a high-level overview of the workforce in the Health & Social Care Sector within Fife, from which certain indicators can be identified.

On 7th December 2020, the head count was 12,939 employees collectively engaged in the Health and Social Care Sector within Fife. The employer status is broken down in Diagram 1:

Headcount	
Private	4,740
Local Authority	2,550
Voluntary	2,290
NHS	3,649

Diagram 1 (source: Scottish Social Services Council (SSSC) Workforce Data Report 2020, NHS Workforce Data <https://data.sssc.uk.com/images/WDR/WDR2020.pdf>)

Due to the contractual arrangements applied within NHS Scotland, where several professions retain independent contractor status, there were just under 600 contractors providing key health services within the Primary Care setting including general practitioners, dentists, community pharmacists and optometrists.

The SSSC Workforce Report provides an indication of the size and scope of the Private (Independent) and Voluntary (Third Sector), which combined accounts for 54% of the collective workforce within the Sector. This part of the report excludes NHS services.

As of December 2020, there were 214 registered care services in Fife

- 107 within the independent sector
- 73 within the voluntary and not for profit sector
- 34 within the public sector

Division of Care Services

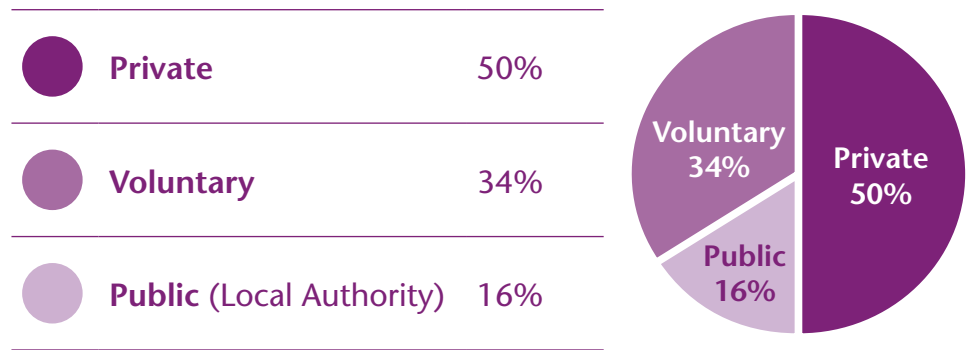


Diagram 2 (source: Scottish Social Service Sector: Report on 2020 Workforce Data <https://data.sssc.uk.com/images/WDR/WDR2020.pdf>)

Fife Health and Social Care Partnership

Consistent with the findings of part two of the National Health and Social Care Workforce Plan published in December 2017, providing an integrated analysis of the collective workforce resource in the Partnership is challenging. Limited information is available on the terms and conditions applicable on the private and voluntary sector employers, and the job categorisation between Fife Council and NHS Fife is different, built around differing terms and conditions for each employer.

The significance of the role played by the Independent and Third Sector organisations in registered care provision within Fife is emphasised by the size of the combined workforce and number of care providers within services overseen by the Partnership. With 7030 employees, these providers represent 53% of the total workforce resource.

The age demographic of the workforce within the Partnership is consistent with that engaged across the sector within Fife.

Gender

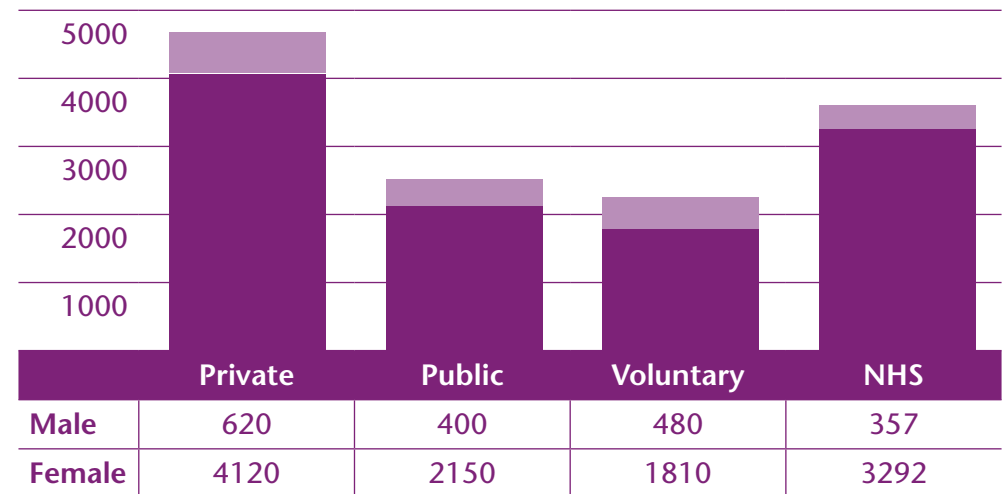


Diagram 3 (source: Scottish Social Service Sector: Report on 2020 Workforce Data <https://data.sssc.uk.com/images/WDR/WDR2020.pdf>)

When comparing partner organisations, the table below highlights the apparent ability of the private sector to attract younger workers aged between 16 and 24. However, there remains a predominance in the age demographic within the Partnership towards people between the ages of 45-64.

Age Groups

	Private	Public	Voluntary	NHS
<25	630	70	140	43
25-34	950	310	420	558
35-44	830	460	320	838
45-54	970	750	480	1105
55-64	890	810	460	971
65+	140	70	90	134
Not known	330	80	380	0

Diagram 4 (source: Scottish Social Service Sector: Report on 2020 Workforce Data, NHS Workforce Data <https://data.sssc.uk.com/images/WDR/WDR2020.pdf>)

On 7th December 2020, 6921 employees, 53% of the workforce, were engaged on a part time work pattern.

Contract Type

	Private	Public	Voluntary	NHS
Full time	2320	1210	1130	1648
Part time	2420	1340	1160	2001

Diagram 5 (source: Scottish Social Service Sector: Report on 2020 Workforce Data, NHS Workforce Data <https://data.sssc.uk.com/images/WDR/WDR2020.pdf>)

In comparison to the profile across the Health and Social Care Sector, there are certain important workforce planning considerations identified from a review of the available workforce data published on employees engaged in services overseen by the Partnership.

For example, accounting for 6.5% of the collective resource, there are comparatively few employees within the 16-24 age range.

NHS Profile

The following data demonstrates the NHS delegated workforce profile for employment, vacancy, and age profile.

Health and Social Care Partnership Staff in Post by WTE – April 2021 to March 2022

Division	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Community Care Services	1,024	1,013	1,007	1,006	999	1,002	1,004	990	994	999	1,006	1,015
Complex & Critical Services	975	964	964	950	955	966	969	966	965	975	989	994
Health & Social Care other	6	5	8	8	7	7	7	7	7	7	7	7
HSCP Delegated Covid-19	117	208	214	207	203	197	185	177	176	180	176	165
Primary Care + Prevention Services	913	918	918	925	924	934	938	940	936	933	940	943
Professional/business Enabling	14	18	20	20	21	22	28	29	30	29	32	33
Grand Total	3,108	3,126	3,131	3,115	3,109	3,128	3,130	3,109	3,108	3,122	3,151	3,158

Health and Social Care Partnership Staff in Post by Headcount – April 2021 to March 2022

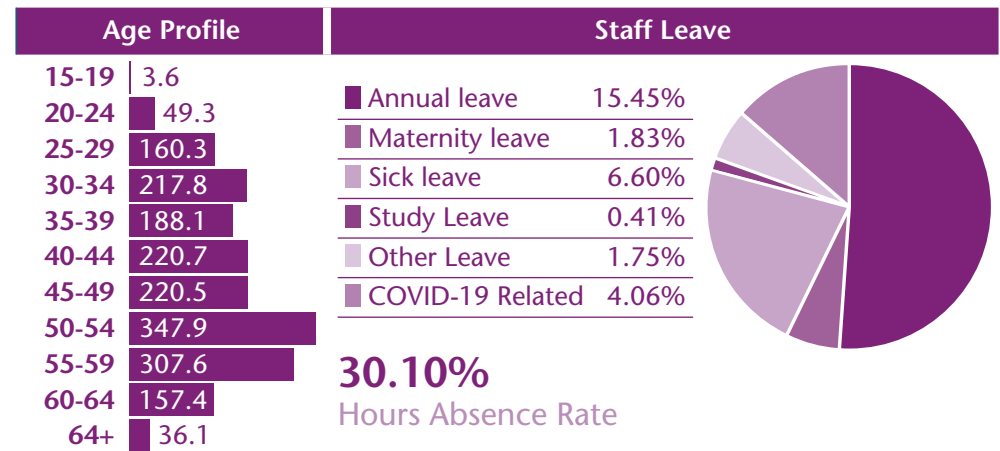
Division	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Community Care Services	1,351	1,340	1,270	1,267	1,263	1,258	1,255	1,239	1,240	1,247	1,258	1,268
Complex & Critical Services	1,138	1,135	1,114	1,097	1,118	1,121	1,116	1,115	1,110	1,138	1,142	1,145
Health & Social Care other	6	5	9	9	8	8	8	8	8	8	8	8
HSCP Delegated Covid-19	311	379	309	302	293	285	271	251	248	256	251	236
Primary Care + Prevention Services	1,296	1,303	1,202	1,210	1,209	1,225	1,215	1,223	1,209	1,209	1,208	1,215
Professional/business Enabling	21	24	23	24	24	25	31	32	33	32	35	36
Grand Total	4,123	4,186	3,927	3,909	3,913	3,922	3,896	3,868	3,848	3,890	3,900	3,908


Current Workforce Challenges

Although the WTE resource across job families has continued to increase in recent years, staffing challenges continue to be encountered within operational areas due to a combination of factors, including a national shortage of candidates in certain specialties, the continued reliance in external agencies for short term supplementary staffing solutions, and future sustainability concerns linked to training numbers in particular specialties being insufficient to meet current or future workforce requirements. There are specific challenges in relation to recruiting carers and promotion of care as a career development opportunity, Challenges in relation to growth required across both managed and primary care services for a range of specialties including Allied Health Professionals, Nursing, Medicine and Dental.

Nursing Workforce

Staff in post	Supplementary Staffing (WTE)	Leavers & New Starts	
1,909 WTE	13.69 Excess	40.47 Agency	474 Leavers
2,309 Headcount	16.82 Overtime	157.9 Bank	357 Starters



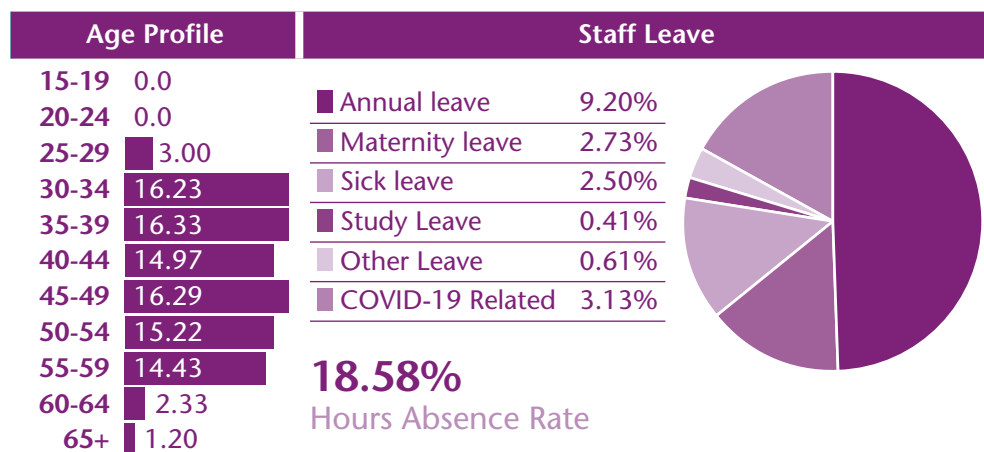


The requirement to support surge capacity and whole system demands has necessitated increased nursing workforce challenges within inpatient areas across Community Hospitals, Mental Health and Learning Disability Services. There has also been significant demand on this workforce as a result of the COVID response, including the vaccination programme. Due to vacancies, there are specific challenges within Mental Health and Learning Disability services. Supporting staffing safely has required an increased utilisation of supplementary staffing (bank and agency) across all these areas. There are also some more specialist areas that have been challenging to recruit to including children's services, nurse practitioners and advanced practitioners, Child and Adolescent Mental Health Services and Hospital at Home. Some of the measures being explored are skill mix, "grow your own" development programmes for health visitors, school nurses and nurse practitioners and advanced nurse practitioners. The success of recruitment campaigns aimed at the registered workforce has become increasingly dependent on the annual output of Newly Qualified Registrants from local universities rather than a supply of suitable candidates electing to move to Fife. More recently, the annual output of Newly Qualified Registrants is proving insufficient to meet internal demand. Whilst the above data refers to the Partnership, there are registered nurses working within the Third and Independent Sectors who are also experiencing challenges recruiting registered nurses. We are committed to collaborative working to support across all sectors.

We have taken actions to sustain the Nursing and Midwifery Workforce including a response to the Scottish Government's drive to expand and develop the Band 2-4 workforce to ease workforce pressures within health and social care, where we are developing a Band 4 Assistant Practitioner pathway and implementation of Health and Care (Staffing) (Scotland) Act 2019 across the profession and mapping the correlation between quality of care and staffing numbers through embedding Excellence in Care key priorities and implementation of the National Care Assurance Improvement Resource and Transforming Nursing Roles.

Medical and Dental Workforce

Staff in post	Supplementary Staffing (WTE)	Leavers & New Starts	
100 WTE	0.09333 Excess	0 Agency	15 Leavers
128 Headcount	0 Overtime	0 Bank	23 Starters



There continues to be challenges in the supply of the Medical and Dental workforce which necessitates the need for change and further development of transformational roles. Consultant vacancies continue to present challenges across certain specialties in particular in Mental Health and Rheumatology.

Although contractually General Practitioners (GPs) hold Independent Contractor status, distinct from the NHS employed workforce, General Practice in Fife has been under pressure for the past decade. Fife has 53 General Practices, 5 of which are managed by the Board and operate as 2C practices. The widespread difficulty in recruiting new GPs to substantive posts is placing a significant pressure on General Practice. There has also been a reduced number of available locum tenens. This identified as a significant workforce risk with regular reports on the actions being taken through the Primary Care Improvement programme in line with General Medical Services Memorandum of Understanding (MOU2).

The development of portfolio roles such as GP Fellows with a special interest in frailty has sought to attract GP's to Fife looking for portfolio careers. Further work is planned to identify other portfolio job opportunities.

Significant work has been done from the training side to improve the experience and options available at different points in medical training, including the undergraduate experience of General Practice, increasing the number of Foundation Year jobs available within general practices and rotational training into General Practice, as well as the development of the ScotGEM Post Graduate Medical course which has community based General Practice learning at its heart. The first ScotGEM cohort graduate in 2022, however it will be a further 5 years before those who choose a General Practice career will enter the qualified workforce.

We are undertaking a range of actions to sustain the medical workforce including co-ordination of recruitment to align to trainees achieving Certificate of Completion of Training and supporting candidates to achieve the Certificate of Eligibility of Specialist Registration (CESR), strengthening the commitment to working in Fife in the longer term as a result of this support.

Recruitment and retention issues exist across the dental workforce in Fife as well as nationally. The workforce challenge involves dentists and dental care professionals (dental nurses, hygienists, and therapists). Within Dentistry the recruitment challenges have been exacerbated by the fact that no dental students graduated last year due to effects of Covid on face-to-face training.

Combined with the backlog of patients not seen during the pandemic creates particularly concern around the widening inequalities in oral health related to the ability to access dental care. General Dental Practices are mainly independent; however work is ongoing to increase the training and education opportunities. There are currently 14 training practices which take newly qualified dentists and support them through their first year after graduation. There are also plans for an Orthodontic Managed Clinical Network led by one of the Consultant Orthodontists.

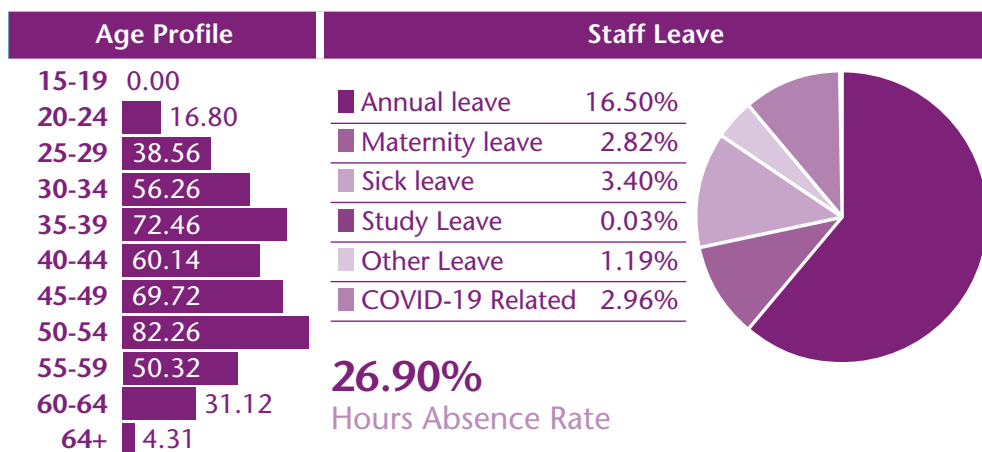
This work supports across a range of specialities including Psychiatry, Rheumatology, and Primary Care to support new ways of working and multidisciplinary teams.

Work is underway to increase the number of training opportunities for physician's associates within Fife as part of the East Region (Fife, Lothian and Borders). Work is also continuing to develop substantive Physicians Associate posts within specialities and general practice. This work is likely to accelerate once the Physicians Associate role becomes regulated by the General Medical Council (GMC) which is likely to start in 2023.

We recognise at present the annual training output is insufficient to meet our future need so we will work closely with universities, other qualification providers and professional bodies to address this, alongside our professional leads within the Partnership. One example is our need to increase Mental Health Nursing in Fife and our approach to this will include engaging with NHS Education for Scotland and advertising through professional bodies.

Allied Health Professionals Workforce

Staff in post	Supplementary Staffing (WTE)	Leavers & New Starts	
478 WTE	2.286 Excess	0 Agency	77 Leavers
590 Headcount	1.152 Overtime	0 Bank	65 Starters



Allied Health Professions (AHP's) is the collective term used for several professional groups. Overall, the WTE engaged within this job family has increased in the previous five years. This increase has been supported, in part, by the success of AHPs accessing external funding opportunities, such as those aimed at mental health programmes and child health initiatives

The imbalance between the supply of newly qualified AHP Registrants and service demand is also impacting on the Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry and Dietetics services. These services will be required to consider their future skill mix structure in light of the supply of newly qualified Registrants from local Universities, skill mix targets, and the promotion of Advanced Practice opportunities within the profession.

Advanced Practitioners

Advanced Practitioners are experienced Registered Health Care Professionals, primarily from Nursing, Midwifery and Allied Health Profession disciplines, who have completed higher education to a minimum of Post Graduate Diploma level. The role of an Advanced Practitioner is to manage the complete care of a patient, not solely any specific condition. The core role and function of an Advanced Practitioner focuses on the four areas of Clinical Practice, Leadership, Facilitation of Learning and Evidence and Research and Development.

Opportunities for further progression to Lead Advanced Practitioner or (non-medical) Consultant posts within appropriate services will encourage highly qualified and experienced Advanced Practitioners to continue their career within Fife.

Developing Non-Registrant Career Pathways

Responding to the Scottish Government's drive to expand and develop the Band 2-4 workforce within health and social care, a Band 4 Assistant Practitioner pathway is being developed within the Nursing and Midwifery Job Family. The development of these roles will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care. Our initial projection is to recruit 30 Band 4 Posts into the system by the end of 2023.

Work is ongoing in relation to the development of Integrated Posts to have multi-skilled workers interfacing across both Health and Social Care Services. There are examples of where this works well in teams such as the Integrated Community Care and Support Services. There is scope to develop this further providing wider career opportunities and supporting the commitment to having Integrated Services at Locality Level.

Partnership Support Services

There are a range of roles within the Health and Social Care Partnership that support service delivery and without whom front line care to the population would not be possible. We have essential administrative staff who work within medical records, appointments, receptions, hospitals, health centres and care homes. Access to personal and professional development, alongside the range of wellbeing supports in place are accessible to all of our workforce. We recognise that we could not deliver our front-line health and social care services without our support services across the Partnership. All wellbeing and professional development opportunities that are open to the workforce include our support services where relevant and the need to ensure our workforce within these services are given the chance to develop their career is important.

Carers

Scotland's Census based in 2010 indicated that there were 34,428 unpaid carers within Fife, half of whom spend over 20 hours a week providing unpaid care supporting and complementing the activities of the Partnership. The contribution of unpaid carers is extra-ordinary and hugely valued within the Health and Social Care Partnership. Significant work is ongoing in relation to the implementation of the Carers Act. With an estimated 1 in 7 employees across the UK holding carer responsibilities, the importance of providing a supportive working environment is embedded within our Carers Strategy for Fife. Building on this work, partner organisations are encouraged to explore the benefits of obtaining Carer Positive Accreditation throughout the Partnership. We are also supporting the principles of fair work and flexibility and set out expectations through the commissioning process that all contractors are delivering fair work practices.

Actions to Support the Third Sector

We will continue to work with Fife Voluntary Action (FVA), as the third sector interface in Fife, to keep third sector staff and volunteers up to date with policy and planning developments, as well as creating opportunities to engage and influence.

FVA will continue to bring together the voice of hundreds of third sector organisations and the tens of thousands of people they support through a variety of third sector forums, meetings and thematic events, in particular the Health and Social Care Forum, so that lived experience, relevant knowledge and expertise contribute fully to the work of the Partnership.

We will continue to work with FVA to identify training and learning needs and help promote opportunities made available through the Partnership and work with FVA to engage with the wider third sector on all aspects of strategic planning, service design and service delivery.

Recruitment and Retention

We recognise that to meet the challenges ahead within Fife's Health and Social Partnership we need to continue to develop a sustainable, skilled workforce with career pathways and a belief that the work they do makes a difference.

We have significant levels of vacancies across social work and social care and are working across all partners to develop improved responses to these difficulties in recruitment.

Analysis of existing workforce data around our age demographic highlights that there will be ongoing staff turnover due to retirement. Therefore the ability to attract, recruit and retain the workforce is key to our service capacity and we will work to ensure we have the people we need in the future. Our workforce planning will take into account our projected workforce challenges and the opportunities provided by initiatives like 'retire to return'.

We will also look at this through career pathways and opportunities that promote retention of staff e.g. within this age range, the ability to work in other areas of the Partnership. Some priority actions that are already underway include a 'grow your own' initiative for social work and social care, a range of apprenticeships, improving and developing career pathways which will support our succession planning.

Social Work WTE Vacancies (June 2022)

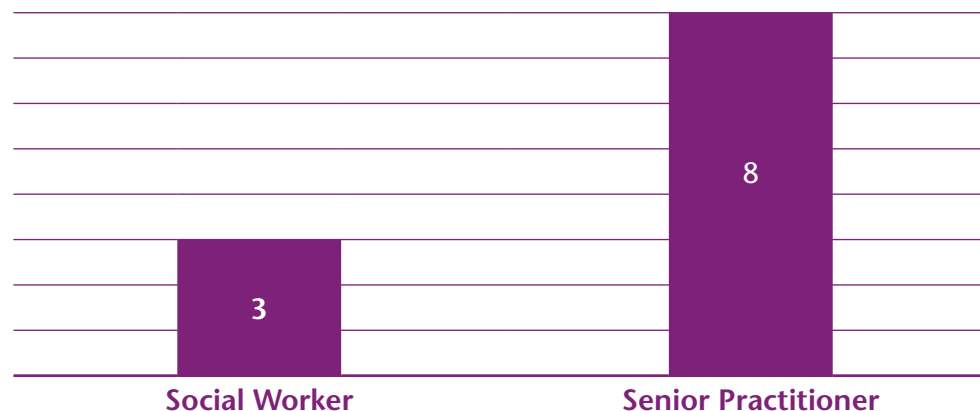


Diagram 6 (source: Fife Council Workforce Data 2022)

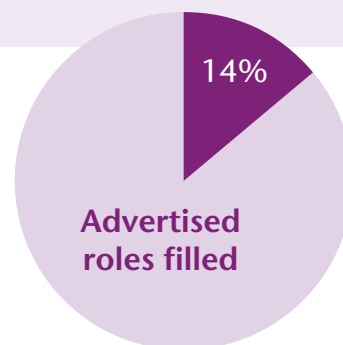
Social Care WTE Vacancies (June 2022)

Care Assistants	67
Community Support Assistants	61
Community Support Co-ordinators	7
Community Support Workers	38.5
Home Carers	65
Senior Social Care Workers	3
Social Care Workers	35

Diagram 7 (source: Fife Council Workforce Data 2022)

* Fife HSCP social care services are undergoing review and redesign as a response to remobilisation and the contemporary Strategic Needs Assessment. This may result in changes to staffing establishments and associated vacancies.

Diagrams 6 and 7 represent vacancies across social work and social care. At present we have:



Role	Workforce (WTE*)	Vacancies (WTE*)	%
Senior Social Care Workers	105	3	3%
Senior Practitioners	38	8	21%
Community Support Workers	77.5	38.5	50%
Community Support Assistants	107	61	57%
Community Support Coordinators	21	7	33%
Social Care Workers	333	30	9%
Care Assistants	320	67	21%
Home Carers	512	65	13%

*WTE - Whole Time Equivalent

However, recruitment of staff into social care and social work roles has proved difficult, with an average of 14% of advertised roles being filled.

This risk has also been documented by the Scottish Social Services Council's (SSSC) Workforce Skills Report 2021, highlighting the expected shortfall in qualified staff:

Shortfall of Qualified Staff

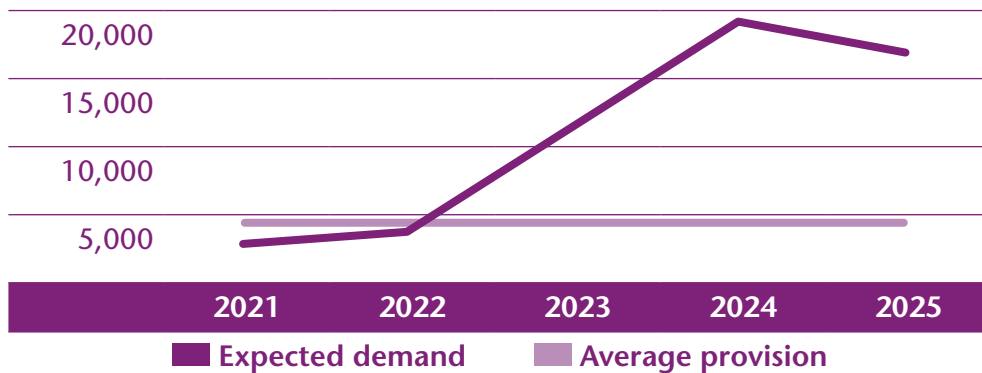


Diagram 8 (source: SSSC Consultation – A Register for the Future)

The pandemic demonstrated the dedication and flexibility of our workforce as we mobilised existing Health and Social Care staff and volunteers, building a ‘Team Fife’ culture, to ensure we could continue to deliver to key services the people of Fife.

A wide range of activities to attract the workforce we need are underway using the increasing range of media available, whole system developments to simplify and speed up the recruitment process, and existing employability schemes. We need to continue to demonstrate that a career in care is an attractive option for young people choosing their career pathway from school, or people changing career later in their lives.

Youth Employment and Apprenticeships

A nationally recognised demographic challenge highlights the ageing workforce as a risk to health and social care and the need to increase the number of young people employed in health and social care. Within social care we have an ambitious target of the 5% of our workforce being in the 16–24-year-old age category by 2024, which also has a positive impact on our communities by reducing levels of youth unemployment and helping to address socio-economic disadvantages.

Our priority in this area is to deliver a youth employment approach that incorporates career pathways, social inclusion, Foundation / Modern Apprenticeship Schemes, and closer liaison with schools, pupils and parents. We have already put in place a wide range of measures with our schools and local employers utilising national and local employability schemes and partner agencies to develop pathways to a career in care and we will continue to widen the reach of these.

We have programmes in place to support Foundation Apprenticeships with schools, which are being adapted to deliver within one year to reduce the number of students leaving the course early. We are working with Fife College Employer Advisory Board to support measures to align academic calendars with employment ‘hotspots’ throughout the year. This work also promotes career pathways into Modern and Graduate Apprenticeships and maximises undergraduate placement opportunities.

Qualifications and Learning and Development

The opportunity for our workforce to develop positive career pathways to support best outcomes for the people of Fife is underpinned by their ability to access the relevant professional development that will support their aspirations. We will continue to ensure that we can enable our workforce to access the qualifications that they need to meet national registration requirements and support their wider career aims within the Partnership.

At present we are engaged in consultation led by the SSSC to improve the process that drives the registration of the social care workforce to increase flexibility of movement across the sector and the time it takes to qualify and register.


Within NHS Fife there are a range of learning and development actions in place between NHS Workforce Development Team, Medical Education and Practice and Professional Development Teams in collaboration with NHS Education for Scotland, including building on existing regional managed clinical networks. Collaboration will continue with NHS Education for Scotland and St Andrews University, as well as other local and national training providers, to provide development and educational opportunities for our workforce.

Learning and development plans across social work and social care are developed annually in line with regulatory body requirements and service priorities. Our staff have access to a range of learning opportunities to ensure safe practice and professional competency alongside providing support for personal development. Supervision is promoted and focused work is being progressed to support the implementation of this across the system. A key priority is to widen our collaborative learning and share resources across our whole system and we have introduced a range of actions, facilitated through our Workforce Strategy Group, to ensure the widest possible opportunities exist for staff across the whole Partnership.

Appraisal, Personal Development Planning and Supervision

Ongoing support for reflective practice is crucial to ensuring our workforce have the personal and professional support to deliver a high-quality service. At present we have differing approaches across the Partnership that meet professional requirements and national guidance.

During the pandemic it was recognised nationally that the formal Personal Development Plan and Review (PDPR) process within health was not required to be monitored. Fife Health and Social Care Partnership have reintroduced an expectation that we prioritise this to support our workforce to develop.



Our Principal Social Work Officer is undertaking a review of professional supervision across social work and social care to ensure the model still meets the needs of our workforce, recognising the opportunities to align our approach across the Partnership more widely, whilst continuing to meet national requirements.

There is also Medical Professional Leadership in place to support medical appraisal and work planning to meet national requirements.

Brexit

The small percentage of EU nationals in social care who were working in the service pre-1st January 2021 have continued to do so. However, with the national shortage of social care workers in various roles, we expect the removal of free movement will impact on our ability to attract EU nationals, more so where the role does not meet the criteria for skilled work visas potential workers may be discouraged. We are focused on opportunities for recruitment including potential for international recruitment and will work closely with partners regarding this.

Our Engagement & Participation Approaches

This Workforce Strategy and Plan aligns with the Partnership's 'Integration Joint Board Participation and Engagement Strategy for Fife 2022-25' which aspires to develop a service for participation and engagement where people who use services and staff at all levels are involved and supported through services that deliver person centred and high-quality care. We aim to work with the population, including our workforce, around how we co-produce, plan, design, and deliver our services. This includes ensuring our workforce can shape our future design, one of our key principles being that those who are affected by change are involved in the change.

The Strategy identifies seven key areas of activity that underpin a successful approach, which link together to form an overall framework based on consultation activity gathering views, knowledge and experience utilising social media, planning with people, and supporting systems.

Leadership Visibility

There are a range of ways in which we represent and engage with our workforce. This includes leadership visibility and walkabouts, discussion at management teams, Local Partnership Forum, and staff meetings. The Extended Leadership Team provides opportunity for all services to be engaged in the Senior Leadership of the Partnership.

iMatter

We are committed to valuing and empowering our workforce and supporting them to work to the best of their ability, recognising that improved staff experience is critical for delivery of the Scottish Government's Health and Social Care Delivery Plan to provide better care, better health, and better value. Our most recent iMatter survey delivered an excellent 61% response from Health and Social Care Staff in Fife - our highest ever. Our Employee Engagement Index was 76, in the 'Strive & Celebrate' categorisation.

We recognise the importance of capturing staff experience and have introduced a range of measures to improve accessibility and quality of experience, including an ability to participate via text and a range of resources to improve the action planning process. We have also worked with our Local Partnership Forum to develop an Action Plan that addresses key elements of staff feedback to improve future results.

Our Council colleagues also introduced a recurring annual Heartbeat Survey, which includes social work and social care staff, and further embeds our commitment to hearing the voices of workforce to shape our culture and future organisational change.

The Local Partnership Forum

A key partner in the delivery of this Strategy is our Local Partnership Forum (LPF). The LPF were consulted early in the design and representatives joined our Workforce Strategy Group. Meetings were also held with the co-chairs and Joint Trade Union Secretary to update on progress and consult on development. Ongoing consultation with the LPF will be crucial to ensuring this Strategy adapts to future challenges and continues to meet the needs of our workforce. The Local Partnership Forum also produces an annual report which is presented to the Integration Joint Board. This is another key mechanism that the IJB can be assured of the joint working taking place in partnership with trade unions to support the workforce in Fife Health and Social Care Partnership.

Equality, Diversity and Inclusion Action Plans

There is significant work ongoing on a range of matters that are key to supporting our workforce including the diversity of our people and our commitment to support our staff in relation to the nine protected characteristics in the Equalities Act. Discussions are ongoing with Partners to provide support aligned to the action plans of our partners as the employers. An Equality Impact Assessment was completed in support of this Strategy and will inform our continued improvement in these areas.

Whistle Blowing

Listening and responding to concerns raised by staff about the way services are provided is a vital way in which organisations can improve their services. Health and Social Care Partnerships are in an unusual position in having employees from multiple organisations delivering services together. It is, therefore, more important than ever that we promote a culture that encourages staff to raise issues or concerns at the earliest opportunity. Through the actions described in relation to leadership visibility and our organisational development approaches we would seek to create this culture. In line with part 8 of the National Whistle Blowing Standards there are expectations and options for Health and Social Care Partnerships (HSCPs) in implementing the Standards and this will be further developed and monitored through the Local Partnership Forum and in conjunction with advice from HR in both NHS Fife and Fife Council.

Staff Governance and Support

A key remit of the Local Partnership Forum is advising on the delivery of staff governance and employee relations issues. Considerable work is ongoing to ensure that staff are well informed, this includes a weekly briefing issued by the Director and an update to staff following every Local Partnership Forum meeting. Through the work described in this strategy we are seeking to ensure staff are appropriately trained and developed and that opportunity is supported for staff to be involved in decisions that affect them. Every Local Partnership Forum has standing agenda items on matters core to supporting our workforce including health and safety and promoting Health and wellbeing.

Our Priorities

The priorities in our Workforce Plan for the next three years have been developed in partnership, including with third and independent sector partners, and will build on what has been achieved to date whilst having a focus on defining the workforce needed to support our future challenges and supporting the health and wellbeing of our people. These align with our service planning for remobilisation and recovery, whilst acknowledging that we must safely manage living with COVID and be flexible to the undoubted future challenges in this.

This will consider not only the data and planning for our workforce but also the priorities defined in the Fife Health and Social Care Partnership Strategic Plan, including the role of early intervention and prevention across the life course, considering health inequalities and our commitment to deliver services within the localities of Fife co-produced with the people that we work with and care for.

The priorities defined by services and informed by our data are defined under each of the 5 Pillars - Plan; Attract; Train, Employ and Nurture our Workforce. The Action Plan in Appendix 1 will further define these priorities into short term and medium-term goals.



We will strengthen our workforce planning by:

- Improving workforce planning capability within the Health and Social Care Partnership, ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan and considering our Strategic Needs Assessment.
- Ensuring all portfolios develop workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future demand and projected staffing changes.
- Developing pathways that set out career progression, succession planning and retention to support a workforce that is representative of the communities we serve and in line with Equality Impact Assessments.
- Enabling the whole system to align with our Workforce, Strategic and Financial Plans and creating a culture of continuous improvement.
- Continuing to develop Integrated Services in the hearts of our communities in line with the priorities for the Strategic Plan and the legislative requirement for locality planning.
- Ensuring that workforce planning supports the capacity and capabilities required through our transformation and redesign of services and models, in line with the agreed funding model.
- Continuing joint working and support for the development of the Local Partnership Forum in line with our Staff Partnership Agreement
- Reviewing all business continuity plans, considering the learning through COVID, to support service and workforce resilience.
- Working closely with regulatory bodies such as the Care Inspectorate regarding the workforce requirements in line with national standards.



We will attract people into careers into Health and Social Care by:

- Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that support integrated joint working.
- Exploring the potential for increasing the international workforce supply routes into Health and Social Care through engagement with NHS Fife, Fife Council and the Third and Independent Sector.
- Prioritising recruitment against our current workforce priorities including children's services, mental health, social care, primary care, to support our recovery agenda.
- Putting in place infrastructure that will facilitate longer term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.
- Targeted and creative recruitment campaigns in Social Care emphasising the wide range of roles across the sector, the skills and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed to incentivise career progression.
- Increasing the number youth apprenticeships and employability programmes and initiatives into health and social care.
- Development of the professional structure across Social Work, Medicine and Nursing, including collectively accountability and assurance.



We will support the training and development of our workforce by:

- Working with partners in NHS Fife, Fife Council and the Third and Independent Sectors to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.
- Implementing “grow your own” pathways for posts that are either specialist or in hard to recruit areas to support the required pipeline of roles within the medium term.
- Implementation of a training passport which recognises core training across sectors.
- Progressively expanding the role of locality-based training programmes to support pathways into Health and Social Care services, which enable existing staff to work flexibly across their practitioner licenses to improve service outputs and increase the pace of role-redesign to facilitate longer-term service reform.
- Supporting the development of digitally enabled workforce in line with new models of working and care delivery, working with partners including Housing.
- Supporting new entrants to Health and Social Care through developing and delivering robust induction for all new starts into Health and Social Care with support for Newly Qualified Practitioners.
- Enabling implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources and a professional support tool.
- Supporting the development of a trauma-informed workforce via the National Trauma Training Programme.
- Developing skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care.
- Supporting Quality Assurance and Improvement across our services through skills development including care homes, care at home, adult resources, community care, preventative care, and complex care.



We will increase our employment into Health and Social Care by:

- Monitoring progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).
- Developing and delivering Social Work advanced practice and quality improvement career pathways and strengthening the integrated multi-disciplinary models within health and social care.
- Developing career pathways that support skills mix, new roles and retention in practice areas across Health and Social Care including Mental Health Officers.
- Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.



We will nurture our workforce by:

- Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery.
- Supporting the capacity within our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.
- Listening and learning from staff about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.
- Developing Leadership Programmes across Health and Social Care.
- Nurturing our Leaders as part of the opportunities available to support leadership growth such as SOLACE (Society of Local Authority Chief Executives) Springboard, Project Lift Systems Leadership Programme and Scottish Social Services Council's Leading for the Future.
- Investing in our Culture and Leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and Organisational Development approaches.
- Championing and delivering the policies of NHS Fife and Fife Council to support a nurturing workplace culture.
- Developing an engagement programme across our workforce to inform a set of shared values which we all hold.
- Supporting readiness for the implementation of the Safety (Health and Care (Staffing) (Scotland)) Act 2019.
- Good governance in the implementation of part of 8 of the national whistle blowing standards.
- Continuing to promote the mental health and wellbeing of the Health and Social Care workforce, led through the introduction of a Partnership Wellbeing Strategy Group, which is working through an integrated wellbeing strategy approach to understand our workforce sectors.
- Recognising that staff may be unpaid carers and support staff in line with the Carers Act and our partner organisations' flexible working conditions.

Monitoring & Review

The implementation of this Workforce Strategy and Three-Year Plan is the responsibility of the Integration Joint Board. The Board includes the Chief Officer, who holds responsibility for delivery in the role of Director of the Health and Social Care Partnership supported by the Senior Leadership Team (SLT).

The Director of Health & Social Care is responsible for a range of delegated services within the integrated environment and responsible to the Chief Executive Officers within NHS Fife and Fife Council. The Director of Health & Social Care, along with the Senior Leadership Team, is responsible for working with colleagues from NHS Fife, Fife Council, the Independent and Third Sectors, to take forward actions via the appropriate governance arrangements.

This Strategy and Plan is a live document that is flexible and adaptive and able to respond to change and is an underpinning element of the **Partnership's Strategic Plan 2022-25**. The Strategy complements Fife's **NHS Workforce Plan**, **Fife Council's Our People Matter Strategy**, the future **Fife Population Wellbeing Strategy**, and the **Scottish Government's National Workforce Strategy**.

A key part of our commitment is to support a "**Team Fife Culture**" and to ensure alignment with NHS Fife, Fife Council and Independent and Third Sector Strategy, valuing the importance of working collectively across all sectors to support our shared common purpose to enable joined up care for the people of Fife.

The plan will be reviewed three times a year at four monthly intervals to reflect and react to organisational change and systemic pressures. The risks associated with the delivery of this strategy will be considered as part of both strategic and operational risk assessment, management, and mitigation processes through risk registers. A monitoring and review forum will be established, reporting to the Workforce Strategy Group, to support the implementation of the plan and ensure information remains current and will report annually to the Integration Joint Board, Quality and Communities, and Finance, Performance and Scrutiny committees as well as the Local Partnership Forum. There will also be close connection as appropriate to the appropriate governance committees of NHS Fife and Fife Council to assure staff governance.

Glossary of Terms

Carers Act - a law which enhances the rights of carers in Scotland. The Act is intended to recognise the valuable role that carers play in the lives of people with care needs because of their illness, condition or disability.

Co-design & Co-production – working with everyone involved to make sure they have a say in how we deliver services in the future

Demographic – how we describe and show the difference between the various characteristics of the population

Graduate Apprenticeship – these provide work-based learning opportunities up to Masters degree level for new and existing employees. The apprenticeships combine academic knowledge with skills development to enable participants to develop in the workplace.

Extended Leadership Team – All direct reports to the Senior Leadership Team, representing all services within the Partnership

Foundation Apprenticeship - a work-based learning opportunity for senior-phase secondary school pupils, where they spend time out of school at college or with a local employer to achieve a qualification in health and social care

FTE or WTE (Full-Time Equivalent or Whole-Time Equivalent) – our way of describing the number of hours we need to deliver services based on the amount of full-time or whole-time posts required

Fair Work – a national approach to making sure we give our workforce the best levels of pay possible within the available funding

‘Grow your own’ – a belief that it’s important to develop our own professional workforce by investing resources in qualifications and skills to make sure we have the workforce we need in the future.

Health and Wellbeing Outcomes – Included within the national legislation these are high level statements of what health and social care partnerships are meant to achieve through integration.

Public Health – how we think about the importance of prevention and early intervention within health and social care, recognising the social, environmental, and economic impact on our wellbeing

iMatter – our approach within health and social care that asks our workforce how things are and makes sure that managers draw up action plans to improve experiences for teams.

Local Partnership Forum – our staff side forum where Trade Unions, managers and professional advisors meet on a regular basis to work together to support the workforce. Advising on the delivery of staff governance and employee relations issues, informing thinking around priorities on health and social care issues, informing and testing the implementation of approaches in relation to strategic plans, and commissioning intentions, advising on workforce including planning and development and staff wellbeing, promoting equality and diversity, and contributing to the wider strategic organisational objectives of the IJB.

MOU2 – a Scottish Government contract offer to GP’s with a key aim of expanding and enhancing multidisciplinary team working supporting the role of GP’s as Expert Medical Generalists, to improve patient outcomes

Modern Apprenticeship – is a job which lets people earn a wage and gain an industry-recognised qualification. For employers, Modern Apprenticeships help develop their workforce by training new staff and supporting existing employees to gain new skills.

Ministerial Strategic Group – National group including leaders across health and social care providing leadership and direction.

National Care Service – the proposed way that the Scottish Government believes health and social care should be run in the future. The National Care Service Bill will make Scottish Ministers accountable for adult social care in Scotland when implemented.

Neurodevelopment – The Brains development of neurological pathways that influence performance or functioning.

Organisational Development – a term for describing how we make sure we try to achieve organisational success through connecting the way organisations set up, think and act to the objectives they need to achieve

Organisational Culture – How we describe the shared beliefs, expectations, language, customs, habits and attitudes of our workforce, as well as our underlying values, ways of behaving and professional standards

Perinatal – The time period during pregnancy or in the first year following giving birth.

Project Lift – a Scottish Government supported project to support leadership at all levels and at all stages, in all roles across health and social care in Scotland.

The Promise – a Scottish Government initiative to deliver the change demanded by the Independent Care Review, with an ambition for Scotland ‘to be the best place in the world to grow up’ so that children are ‘loved, safe, and respected and realise their full potential’.

Senior Leadership Team – Heads of Operational Services, Professional Standards in Nursing, Medicine and Social Work/Social Care, and Business Enabling (Finance, Planning, Performance & Commissioning, Organisational Development)

Sustainability – How we make sure the organisation has the right staffing, resources and set up to continue to deliver services needed in the future


Six-step workforce planning methodology – a practical approach to ensure that there is a workforce of the right size and with the right skills and competencies.

Systems Leadership – how our leaders work together to make sure our Partnership is successful at delivering services across all areas

ScotGEM – is a four-year graduate entry medical programme. It is designed to develop doctors interested in a career as a GP within NHS Scotland.

Strategic Needs Assessment - is a process which helps us to understand the needs of the population and what health and social care services we need to provide that will bring the greatest benefit.

Staff Governance – Supports the fair and effective management of staff



SOLACE - Solace is the leading members' network for local government and public sector professionals throughout the UK.

Third Sector – all voluntary and charitable Health & Social Care services delivered in Fife

Independent Sector – all privately owned Health & Social Care services delivered in Fife

Team Fife – Our commitment to working together in partnership and to create the conditions that support and enable whole system working.

Transformation, reform & service redesign – how we change things to make sure we are still able to deliver with the projected resources we will have in the future






Trauma-Informed Practice – working in a way that understands and responds to the impact of trauma on people's lives. The approach emphasises physical, psychological, and emotional safety as a way of avoiding re-traumatising people and empowering them






Workforce Planning – methods used to think about what staff are needed, what the gaps are and how we fill them






Whole System – making sure we think about all parts of the Partnership when we plan for the future






Whistle Blowing Standards – a process that supports staff to be able to raise concerns. Part 8 of the standards relate specifically to Health and Social Care Partnerships and Integration Joint Boards

Summary of Short-Term Actions across the Five Pillars of the Workforce Journey






 Plan	 Attract	 Train	 Employ	 Nurture
<p>Analyse and address the gap between the current provisions of workforce data, to ensure it meets the needs of the various Workforce Planning Groups, pressure points and priorities aligned to our Strategic Plan, Medium Term Financial Strategy and our Strategic Needs Assessment.</p> <p>Develop data gathering methods with the Third and Independent sectors to reflect the current position which supports workforce and locality planning using real time data.</p> <p>Commit to support continued attendance on the Models of Care Forum, to review staffing remodelling and data harvesting to inform future workforce planning.</p>	<p>Continue to increase the number of employment programmes, such as Foundation, Modern and Graduate Apprenticeships and other initiatives, to strengthen our talent pipeline of candidates from the local community.</p> <p>Engage with young people in our workforce to find and act on ways to attract and support other young people (aged 16 - 24) into training and employment opportunities with the Partnership.</p> <p>Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that supports integrated joint working.</p>	<p>Continue to promote and grow new roles based on the outcomes of service sustainability reviews and support the establishment and implementation of career succession opportunities and implementation of alternative models of care (e.g. Nurse Led Models).</p> <p>Continue to engage in national initiatives for recruitment and training including those within a range of professions who have recognised shortages.</p> <p>Deliver a Systems Leadership Programme for our existing Extended Leadership Team, involving the Third and Independent Sectors.</p>	<p>Monitoring our progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).</p> <p>Develop succession pathways that reflect the Integration imperative of the Partnership and take account of personal ambition and in line with Equality Impact Assessments.</p> <p>Build on the connections with Fife College Industry Advisory Board to configure approaches that better supports access to higher education including the introduction of variable start dates.</p>	<p>Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery.</p> <p>Implement career development conversations, enabling staff to access the most suitable development opportunity for them.</p> <p>Ensure that our belief in a nurturing workplace culture is at the heart of strategic and policy decision-making forums.</p> <p>Review and enhance provision of information capturing the protected characteristics of our workforce, ensuring information supports meaningful discussion at the right forums.</p>

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Develop, with college partners, improved approaches that link delivery of courses with recruitment needs for Partnership organisations.</p> <p>Design a revised induction programme that supports a positive start, improved morale, and the retention of our workforce.</p> <p>Plan where to invest in our welfare, wellbeing, and health for best return on investment.</p> <p>Plan to reduce sickness absence levels particularly attributed to MSK and stress.</p> <p>Access funding routes to develop learning and development with awarding agencies and partners.</p>	<p>Prioritising recruitment against our current workforce priorities including children's services, mental health, social care, primary care, to support our recovery agenda.</p> <p>Review the recruitment model for consultant level medical and dental posts, establishing options to identify permanent solutions to range of roles filled via supplementary staffing / locum arrangements.</p> <p>Build on the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife, mitigating shortage of applicants from the domestic labour market.</p> <p>Increase active engagement in undergraduate placement provision.</p>	<p>Work with all partners to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.</p> <p>Implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources.</p> <p>Developing our digitally enabled workforce in line with new models of working and care delivery working with partners, including Housing.</p>	<p>Continue to review marketing approaches that reflect regulatory requirements when recruiting.</p> <p>Work to improve the information we hold about employee's equality information.</p> <p>Create the new Social Work advanced practitioner career pathway and quality improvement service design. Employ three Quality Improvement Officers and new Advanced Practitioners in key strategic areas.</p> <p>Review skill set and banding structure within Health Care Support Worker Roles.</p> <p>Review measures to support retention of current senior clinical and non-clinical staff.</p> <p>Implementation of Once for Scotland Policies.</p>	<p>Raise awareness of managers and supervisors to understand the importance of health, safety, and wellbeing of their team with a focus on prevention/early intervention.</p> <p>Raise awareness of employees to the resources and supports available to them and how to access these.</p> <p>Support our workforce to request a referral to physiotherapy and / or counselling provider.</p> <p>Communicate and implement our pledge relating to the Miscarriage Association's Pregnancy Loss to, amongst other supports, provide paid time off for employees (and their partners) who suffer a pregnancy loss at any stage of pregnancy.</p>






 Plan	 Attract	 Train	 Employ	 Nurture
<p>Analyse resource implications and effect on overall service sustainability from those services that need to redesign from a 5 day to 7-day service (e.g., Allied Health Professions, Hospital at Home).</p> <p>Develop 'Flexibility Works' to help consider flexible working options for front-line employees.</p> <p>Develop career pathways and succession planning to support the future pipeline of our workforce and creates a culture of continuous improvement.</p> <p>Continue to develop locality working and co-production with our communities.</p>	<p>Continue to explore and provide opportunities to promote the Health & Social Care Partnership, including but not restricted to, participation in recruitment events, use of social media, Training events</p> <p>Build on existing recruitment programmes to attract undergraduates, and those contemplating career changes to mitigate the shortage of applicants.</p> <p>Introduce the Princes Trust 'Get into Health and Social Care' 18 to 30 years programme to set up a presence in Fife and provide investment for youth and workforce planning that supports recruitment and career pathways.</p>	<p>Building internal 'grow our own' pathways to sustain our capacity in specialist and hard to recruit areas.</p> <p>Deliver a Leadership Programme for our leaders beyond the Extended Leadership Team, involving the Third and Independent Sectors.</p> <p>Develop a range of 'Innovation Hubs' to take forward key strategic areas for improvement across the Partnership.</p> <p>Develop learning specifically for managers and supervisors about health, safety / wellbeing to develop confidence when discussing stress prevention / management for our workforce linked to the HSE's 6 management standards.</p>	<p>Implementation of GMS Contract (MOU2) including Community Care and treatment, Pharmacotherapy, and vaccine transformation.</p>	<p>Implementation of the Career Conversation Lite program, enabling staff to establish the most suitable development opportunity for them.</p> <p>Continue to promote and implement iMatter and Heartbeat surveys and Action Plans.</p> <p>Promote mental health and wellbeing of the workforce through the work of the Partnership Wellbeing Strategy Group.</p> <p>Support readiness for the implementation of the safe (health and care) Staffing (Scotland) Act 2019.</p> <p>Support the implementation of Excellence in Care.</p> <p>Review the implications of Setting the Bar for social work and develop a Partnership response.</p>






 Plan	 Attract	 Train	 Employ	 Nurture
<p>Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, related to Health & Care (Staffing) (Scotland) Act, Digital enhancements and opportunities, and national difficulties in recruitment certain professional groups / specialties.</p> <p>Where appropriate, explore all options to ensure sustainability of those services at increased risk, including regional / national working, joint appointments etc.</p>	<p>Targeted and creative recruitment campaigns in social care emphasising the wide range of roles across the sector, the skills, and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed and to incentivise career progression.</p>	<p>Continue to promote and grow new roles, such as:</p> <ul style="list-style-type: none"> • non-medical Consultants, • Associate Specialists (AS's) and Physician Assistants (PA's), • Advanced Practitioner (AP's), • Band 4 HCSW <p>Develop, with college partners, learning opportunities that reflect the needs of the workforce, including wider use of digital access.</p> <p>Provide learning for our workforce to develop skills that support higher acuity or complexity, within the community or home / homely setting through Hospital at Home, palliative care, and social care and supports Quality Assurance and Improvement.</p>		<p>Develop and implement Equality and Inclusion Initiatives including Equally Safe at Work since being confirmed on to 'Close the Gap's Equally Safe at Work' programme to work towards bronze accreditation over the next 18 months.</p> <p>In conjunction with the Once for Scotland work, contribute to and promote Carer Friendly Employment Practices.</p> <p>Recognise that members of our workforce may be unpaid carers and provide support in line with the Carers Act and our partner organisations' flexible working conditions.</p>

Summary of Medium-Term Actions across the Five Pillars of the Workforce Journey

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Review sustainability of all services by running available Workforce and Workload Planning Tools, giving cognisance to Safe Staffing Legislation, Digital Opportunities, the national standards scrutinised by the Care Inspectorate and Health Improvement Scotland and national difficulties in recruitment across certain professional groups / specialties.</p>	<p>Focused recruitment campaigns targeted at areas of greatest workforce pressures including social care, mental health, and children's services.</p> <p>As part of the Directorate and Portfolio level Workforce Plans, consider succession planning implications for range of critical roles, including supervisor and practitioners' grades and above.</p> <p>Implement the professional assurance structure across health and social care supporting quality, standards, and professional assurance.</p> <p>Further our support to recruit and retain a diverse workforce.</p>	<p>Increase the Partnership's ability to support the newly qualified workforce with post qualifying opportunities to enhance knowledge and skills.</p> <p>Establish implications of the increased reliance on Digital and Information solutions, and drive for Paperlite solutions, on range of D&I measures, including Digital Fitness Training; Information Governance and Security (including Records Management, Caldicott, Freedom of Information); Data Quality, in a way that supports a future workforce and upskills the current workforce.</p>	<p>Develop recruitment platforms including greater presence across social media and HEI (higher education institutions) sources.</p> <p>Work to improve the information we hold about employee's equality information.</p> <p>Demonstrate our commitment to equality of opportunity for our LGBTQ+ community throughout recruitment and employment approaches.</p> <p>Engage with local communities about our workplace practices in partnership with Fife Centre for Equalities.</p>	<p>Support managers in managing the wellbeing of our workforce through policy / procedure and guidance development, including induction, training and development and personal development practices.</p> <p>Support the capability of our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.</p> <p>Support line managers to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work.</p>

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability and financial pressures named by the Workforce and Workload Planning Tools exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased ability requirements; age demographics; and supports the capacity and capabilities required through our transformation and redesign of services and models.</p> <p>Integrate services supporting multi-disciplinary and multi-agency working to improve outcomes for the people of Fife in line with the Health and Social Care strategic Plan.</p>	<p>Attract the right number of employees to deliver our services to our communities.</p> <p>Develop approaches for youth apprenticeship and employability.</p> <p>Developing approaches that facilitate medium-term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.</p>	<p>Draw upon Apprenticeships and Placements (Student and Work Experience) when undertaking operational workforce planning succession planning to ensure a supported and positive learning experience.</p> <p>Expand locality-based training programmes that support pathways in health and social care.</p> <p>Review employee training relating to equality, diversity and inclusion and health and safety.</p> <p>Further develop Managers and Supervisors to support and manage health and wellbeing of the workforce.</p> <p>Further develop Managers and Supervisors to understand equality and diversity protocols and resources.</p>	<p>Measure growth and recruitment in line with national direction and investment including:</p> <ul style="list-style-type: none"> Care at home Care homes Mental Health Recovery and Renewal Vaccination transformation Primary Care Improvement (MOU2) Implementation of a new Social Work Career Pathway. Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction. 	<p>Increase awareness for managers on the supports / tools / resources available and the relevant HR policies, procedures, and guidance available.</p> <p>Support our workforce to take responsibility for their own health and wellbeing and use training and development to engage and focus employees on their own health and wellbeing.</p> <p>Developing an engagement programme across our workforce to inform the creation of a set of shared values.</p> <p>Integrate wellbeing fully into Partnership training programmes.</p>

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Evidence correlation with safe staffing levels and quality of care through regular updates from the Excellence in Care and Workforce Leads.</p> <p>Ongoing commitment to partnership working through the Local Partnership Forum in line with the Staff Partnership Agreement to support excellent relations with our workforce to make the Partnership an attractive place to work.</p> <p>Engage with local communities about our workplace practices in partnership with Fife Centre for Equalities.</p> <p>Develop new workstyles to support more flexible and inclusive working across the Partnership.</p>		<p>Continue to promote and grow Advanced Practitioner (AP) opportunities as appropriate in response to wider service sustainability pressures.</p> <p>Engage with Higher Education, Colleagues, SSSC, and NES to support our approach to recruitment in Fife including supporting newly qualified practitioners.</p> <p>Implement Training Passport across sectors.</p> <p>Development and delivery of locality-based training programmes.</p> <p>Support for a digitally enabled workforce.</p> <p>Drive the implementation of Trauma Informed Practice and support the workforce to develop a trauma informed practice approach through the National Trauma Training Programme.</p>		<p>Implement learning from our workforce about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.</p>

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Consider how our policies develop the culture we aim to have and how they support managers to manage health, wellbeing, and equality.</p> <p>Establish a clearer understanding of the challenges being encountered within specialities to consider the flow of career grade, training pipelines, and assess the fragility and sustainability of each service, at Directorate level.</p> <p>Continued engagement with the Care at Home Collaborative Forum to ensure the independent sector have an equal voice in the safe delivery of care in this sector.</p> <p>Review of business continuity plans to support resilience in line with the learning post COVID.</p>				

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Meeting Title:	Integration Joint Board
Meeting Date:	25 November 2022
Agenda Item No:	12
Report Title:	Pharmaceutical Care Services Report 21/22
Responsible Officer:	Ben Hannan, Director of Pharmacy and Medicines
Report Author:	Hazel Close Lead Pharmacist Public Health and Community Pharmacy Services

1 Purpose

This Report is presented to the Board for:

- Assurance

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

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

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

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

- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- Pharmacy and Medicines Senior Leadership Team, 29 June 2022.
- Executive Directors Group, 22 September 2022.
- Public Health and Wellbeing Committee, 7 November 2022
- Quality & Communities Committee, 8 November 2022

Route Following the Meeting

Not Applicable.

3 Report Summary

3.1 Situation

The Pharmaceutical Care Services Report (PCSR) is ordinarily updated annually in March. Recognising the realities of COVID and the pandemic coinciding with this update, permission was granted to delay development of a report for 2019/20 and 2020/21 to allow the pharmacy team to concentrate their efforts on the pandemic. A report for 2021/22 has now been produced and is presented to IJB for assurance.

3.2 Background

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. Community Pharmacy responsibilities are shared between the NHS Board and the Integration Joint Board. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978 are delegated to the IJB. Broadly speaking, this includes responsibility of the general provision of community pharmacy. However, the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, and subsequent amendments are the responsibility of the Health Board. These regulations pertain to the management of contractual arrangements, control of entry and maintenance of a pharmaceutical list.

A public engagement period of 4-6 weeks is usually provided giving consultees an opportunity to comment on the draft PCSR. The NHS Fife public involvement policy comprises of the draft PCSR 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.

3.3 Assessment

The 2021/22 PCSR captures a number of new core services and additional services introduced over the previous two years in NHS Fife. Significant advances in provision of services within Community Pharmacy have been made and the network of contractors have risen to the challenge of delivering these during a time of unprecedented demand. The report assesses any unmet need and gaps in provision of the core services of the Community Contract, the report recommends that there is no unmet need within NHS Fife currently.

3.3.1 Quality / Customer Care

The report describes the wide variety of services provided within Community Pharmacies, all of which have a positive impact on quality of patient care.

3.3.2 Workforce

The report describes the current workforce capabilities within Community Pharmacy and the impact of the COVID pandemic in the last two year.

3.3.3 Financial

There is no direct financial impact related to this report.

3.3.4 Risk / Legal / Management

This report serves a statutory function and does not consider risk in the context of community pharmacy services.

3.3.5 Equality and Diversity, including Health Inequalities

The report draws information from the Director of Public Health report in describing the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health.

3.3.6 Environmental / Climate Change

The report describes and assesses locality, position and distance of Community Pharmacies from patient's homes in the context of 20-minute neighbourhoods, with 88.5% of the Fife population live within 1 mile of their nearest pharmacy, however the full impact on climate emergency and sustainability is not addressed within this report. It is anticipated that in future years that analysis will be included in further reports.

3.3.7 Other Impact

As a descriptor of pharmaceutical needs within NHS Fife, this report is a data source that Pharmacy Practice Committees are directed to use in assessing need when considering application to the Pharmaceutical list. The content of the report could impact on future applications for new pharmacy openings.

3.3.8 Communication, Involvement, Engagement and Consultation

The report has undergone four to six weeks of public consultation through the following forums:

Fife Local Medical Committee

Fife Area Pharmaceutical Committee

Community Pharmacy Fife

Public Participation and Engagement via Patient Experience Team

Five responses were received and feedback from these forums have been incorporated into the final report.

4 Recommendation

Assurance – The Integration Joint Board are asked to take assurance in relation to the delivery of the Pharmaceutical Care Services in Fife as outlined in the 2021/22 annual report.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – NHS Fife Pharmaceutical Care Service Report 2021/22

6 Implications for Fife Council

N/A

7 Implications for NHS Fife

The publication of the report will fulfil NHS Fife statutory obligation in providing this information according to the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

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

Direction To:		
1	No Direction Required	

Report Contact

Author Name: Hazel Close

Author Job Title: Lead Pharmacist – Public Health and Community Pharmacy Services

E-Mail Address: Hazel.close@nhs.scot



PHARMACEUTICAL CARE SERVICES IN NHS FIFE

JUNE 2022





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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. This 2022 update is published according to these regulations in accordance with the Scottish Government circular [PCA \(P\) 7 \(2011\)](#).

Pharmaceutical Care Services (PCS) 2021/22 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 any unmet need for each of the core Community Pharmacy Contract services, additional services currently provided in NHS Fife are also examined. The extent to which that need is met is examined through assessment of any existing gaps in the provision of the core pharmaceutical services within the Community Pharmacy contract.

There are 86 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 will be provided giving consultees an opportunity to comment on the draft PCS report 2021/22 (from July 2022). 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

Hazel Close

Lead Pharmacies for Public Health and Community
Pharmacy Services

hazel.close@nhs.scot



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 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 within its Health and Social Care Partnership. The latest data on the population of these areas is indicated in [Table 1](#).

Table 1 - Population of NHS Fife and its Localities (NRS 2018)

Locality	Population
Fife	371,190
Levenmouth	37,439
Glenrothes	49,990
NE Fife	75,226
Cowdenbeath	40,895
Dunfermline	58,508
Kirkcaldy	60,337
SW Fife	49,515



1.2 NHS Fife Population Descriptions

The latest population estimate figures show that Fife grew in 2020, one of only 12 council areas in Scotland to see growth. At June 2020, an estimated 374,130 persons lived in Fife, 580 more people than in 2019, resulting in an annual growth rate of 0.2%, higher than the national growth rate of 0.05%, which was the lowest growth since 2003.

1.2.1 Fife Population: Age Distributions

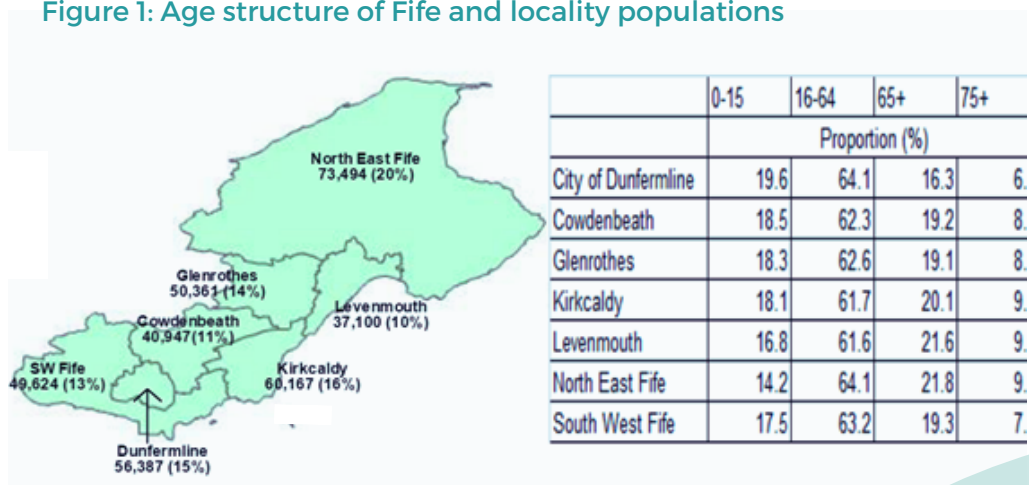
Children aged 0-15 years make up 17% of the population with 64,152 children living in Fife. The majority of the population in Fife (62%) are aged 16-64 years, whilst 12% of the population are aged 65-74 and 9% aged 75 and over.

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% and Levenmouth locality the lowest at 10%.

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



Source: KnowFife Dataset



Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid-2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.

1.2.3 Births

In 2020 there was a 6% reduction in the number of babies born in Fife compared to in 2019, with 3,143 babies born. This continues a reducing trend of births in the last ten years and is the lowest annual number of births since 1991. Fertility rates in Fife, although falling, continue to be higher than the rates for Scotland, 47.1 per 1000 women aged 15-44 years compared with a national rate of 45.5. Of the 3,143 babies born in Fife over half (59%) were born to mothers aged 25-34 years, 5% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2000 the number of births to mother aged 19 and under has decreased by 61% whilst births to mothers aged over 40 have more than doubled.

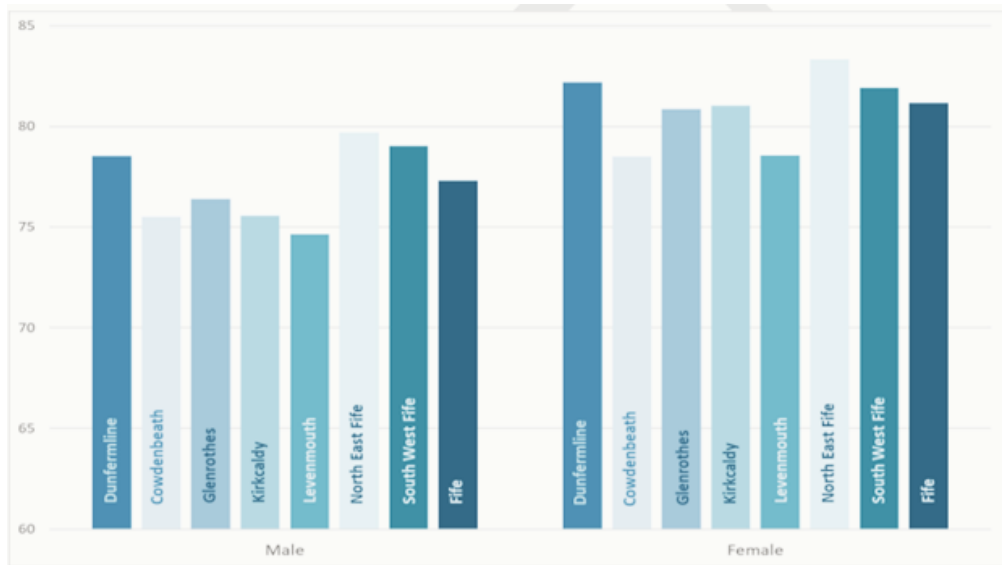
1.2.4 Life Expectancy

Life expectancy at birth in Fife was 77.2 years for males and 81.4 years for females in 2018-2020. This was a small fall in life expectancy in males and a small rise in females since the last estimates of 77.3 and 81.2 years respectively in 2017-2019 (Figure 2). Nationally during the same time-period life expectancy fell by the largest annual amount since these statistics began, to 76.8 years for males and 81 years for females. This large annual fall was mainly driven by COVID-19 deaths, but drug-related deaths and deaths from external causes (including accidents and suicides) also contributed to the fall in male life expectancy. The full impact of COVID-19 on life expectancy will be clearer in future estimates that cover the whole period of the pandemic as current estimates only include 2020.

There is variation in male and female life expectancy within Fife, which is illustrated by the 2016-20 figures for the seven HSCP localities/Area Committees in Figure 2. Both male and female life expectancy were higher than the Fife average in Dunfermline, North East Fife and South West Fife areas and lower than average in the other four areas.



Figure 2: Male and Female Life Expectancy; HSCP Locality/Area Committee 2016-20



Source: PHS

However, the full extent of inequality in life expectancy across Fife is most apparent when you look at the differences between most and least deprived areas. In 2016-20 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females. Even wider inequalities were seen across Scotland with life expectancy in the 10% most deprived areas 13.5 years lower among males and 10.5 years lower among females than in the 10% least deprived areas in 2018-20. These differences in national life expectancy have widened since 2013-15.

1.2.5 Ethnic Group

At the 2011 Census the population of Fife was predominantly of white ethnicity (97.6%), with 1.6% Asian ethnicity and 0.8% of people being from minority ethnic groups. We know that there is diversity within the population of Fife (in terms of ethnic group, gender identity and sexual orientation) and findings from the recently held 2022 Census will provide us with a greater insight into this diversity to better understand the future needs of our communities and reduce inequalities in population health between groups.



1.2.6 Deaths

1.2.6.1 All Causes

There were 4,285 deaths in Fife in 2020, an increase of 130 (3%) on 2019. Rates of all-cause mortality in Fife in 2020 were below the Scottish average, 1118 per 100,000 population compared to 1212. 36% of these or 1,529 deaths were in the under 75s, which equates to a mortality rate of 421.8 per 100,000 population. In line with deaths at all ages, mortality rates in the under 75s increased from 2019 but remain below the Scottish average of 457 per 100,000 population. There are significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than in the least deprived areas, and the current rate is currently sitting at 2.9 times higher.

Even greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Rates of death in this age group have risen for Fife as a whole since 2013-15, with rates rising from 98.2 per 100,000 population in 2013-15 to 115 in 2020, slightly below the Scottish average of 116 per 100,000 population. During this time rates in the least deprived areas decreased whilst rates in the most deprived areas increased, widening the absolute gap between them. In 2013-15 rates in the most deprived areas were 3.9 times greater than rates in the least deprived areas which rose to 6.7 times greater in 2018-20

1.2.6.2 Causes of Death

Cancer was the leading cause of death among Fife residents in 2020 accounting for 1,112 deaths, 26% of the total number of deaths. Lung cancer was the most common form of cancer death accounting for 23% of all cancer deaths and 6% of all deaths.

As in previous years heart disease was the second most common cause of death among Fife residents accounting for 13% of deaths, followed by dementia and Alzheimer's disease(11%). The impact of the coronavirus pandemic is still being assessed, however, there were 310 deaths recorded where confirmed or suspected COVID-19 was mentioned on the death certificate in 2020.



1.2.6.3 Burden of Disease

Burden of Disease studies assess the years of health lost due to disease and injury, through living in ill-health and from early death, thus preventing populations from living longer lives in better health. These studies can help us understand the disease and injury that causes the biggest health loss in our population, and how these may be experienced differently and change over time. Figures from the 2019 Scottish Burden of Disease study showed that in Fife (and Scotland) the leading groups of causes of health loss were cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders. These five disease/injury groups accounted for almost two thirds of total burden of health loss across the whole Fife population. Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischaemic heart disease, lung cancer and Alzheimer’s disease and other dementias were the top three individual causes of early death.

Figure 3: Top Ten Causes of Burden in Fife from Ill-Health and Early Death; 2019

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

Source: PHS

As our population ages, the contribution to the overall total burden of health loss from ill-health and early death changes. For Fife as a whole 64% of the burden is due to early death and 36% to ill health in the population, however, in younger age groups contribution from early death is much lower, 28% in the age group of 15-24 years, and increases with age to 84% in the those aged 85 and over.



CURRENT PHARMACEUTICAL SERVICES IN NHS FIFE

2.0 Description of Current Pharmaceutical Services in NHS Fife

2.1 Community Pharmacy Services - General Overview

The following section provides a list of the NHS services provided by the 86 community pharmacies in NHS Fife at April 2022.

2.1.1 Number of Community Pharmacies across NHS Fife and by Locality

In April 2022, NHS Fife had 86 community pharmacies located across the seven Fife Localities. Table 2 below lists the number of community pharmacies in each Locality plus selected neighbouring Health Boards. There is no standard as to the number of population that should be served by a pharmacy, however population per Community Pharmacy in Fife is similar to other boards, and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services.

Table 2: Community Pharmacies in NHS Fife (April 2022)

Locality	Population	Community Pharmacies	Population per Community Pharmacy
Fife	371,190	86	4,316
Levenmouth	37,439	10	3,744
Glenrothes	49,990	10	4,999
NE Fife	75,226	18	4,179
Cowdenbeath	40,895	12	3,408
Dunfermline	58,508	13	4,500
Kirkcaldy	60,337	13	4,641
SW Fife	49,515	10	4,950
Other HBs			
Forth Valley	305,580	76	4,021
Lothian	911,620	182	5,014
Tayside	416,090	92	4,523
Scotland	5,466,000	1256	4,323



2.1.2 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 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 aids the planning of any future pharmacy premises or potential relocations.

2.1.3 Resources - Community Pharmacy Workforce

To operate legally each community pharmacy must 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 continues to support development of support staff.

Pharmacists have the ability to be independent prescribers. These independent prescribers have in the past been involved in the provision of clinics within Fife, covering numerous specialty areas such as hypertension, stroke, warfarin, vascular, substance misuse, respiratory and pain. Implementation of the national Pharmacy First Plus service has shifted focus to delivering prescribing for common clinical conditions.

Table 3: Community Pharmacist numbers training or trained with prescribing rights (April 2022)

Prescribing Status	No. of Pharmacists
Active /Community Pharmacy Independent prescribers	20
Independent prescribers training in progress	11
Qualified independent prescribers inactive	4



2.2 Community Pharmacy Services - Accessibility of Pharmaceutical Services

2.2.1 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 4.

Table 4: 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. Distances are "as the crow flies" straight line distances, not travel time

2. 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.

2.2.2 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 5 for a summary of the hours of service of community pharmacies in Fife.

Table 5: Summary of the hours of service of the 86 community pharmacies in Fife (March 2019)

	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	6	47	20	8

NHS Fife provision of pharmaceutical services on a Sunday is 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 all of the 8 community pharmacies that do open on a Sunday are located in the same areas/towns as the Unscheduled Care Services Fife centres where prescriptions on a Sunday will be generated from.



2.3 Community Pharmacy Services - Core Services

2.3.1 Acute Medication Service (AMS)

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. AMS is provided by all 86 community pharmacies in Fife.

In terms of absolute activity relating to prescribing, 6,917,140 prescription items were dispensed in NHS Fife in 2020/21 See table 6 for the volume of prescription items dispensed in Fife over the last 5 financial years.

Table 6 - Volume of prescription items dispensed in Fife over period April 2016 to March 2021

Financial Year	No. of prescription items dispensed
2020-21	6,917,140
2019-20	7,142,940
2018-19	6,914,950
2017-18	6,969,064
2016-17	7,022,695

2.3.2 Medicines: Care and Review

Medicines: Care and Review (MCR) 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. MCR 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. The pharmacist is required to complete a medication review and care plan with the patient within 16 weeks of patient registration.



MCR is a revised model of the Chronic Medication Service (CMS) which 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 MCR, which includes serial prescribing, working towards the aim of having all of their GP practices and Community Pharmacies providing the service. One of the key changes to the revised service is that GP practices will now be allowed to identify patients suitable for serial prescriptions without the need for an initial registration for the service by a community pharmacy. This Community Pharmacy registration will now follow the GP intervention.

NHS Fife currently has 46 GP practices (85%) generating serial prescriptions with 83 (96%) 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.

Table 7 and 8 compare CMS registrations and serial prescriptions issued in Fife in comparison to neighbouring health boards and Scotland average. Figure 4 shows the progress in uptake of serial prescribing by cluster between 2020 and 2022.

Table 7 - Number of CMS registered patients as at end April 2022 in Fife and selected neighbouring Health Boards

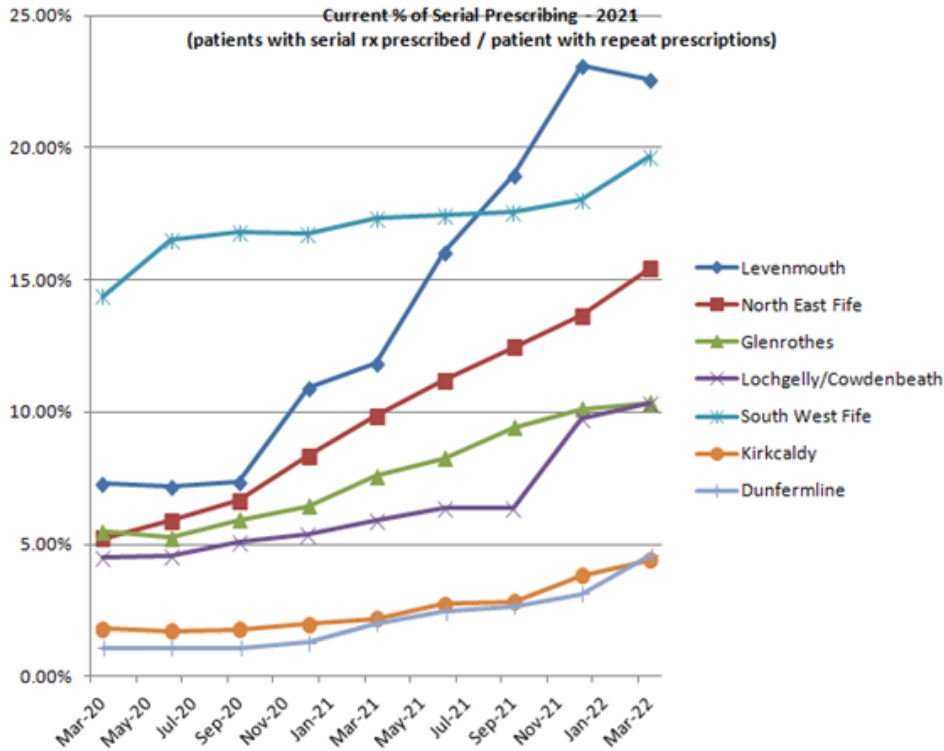
Health Board Area	Number of CMS registered patients	No of CMS registered patients per 1,000 of population
Fife	69,487	187
Tayside	74,527	179
Forth Valley	46,645	152
Lothian	113,673	124
Scotland	894,773	163

Table 8 - No of patients with serial prescription items prescribed in the last 12 months (to end April 2022)

Health Board Area	No of patients with serial prescription items prescribed in the last 12 months (to Jan'19)	No of patients with a serial prescription per 1,000 of population
Fife	27,966	13.2
Tayside	39,722	10.4
Forth Valley	5,299	5.6
Lothian	17,842	5.1
Scotland	297,340	18.4



Figure 4 Patients receiving Serial Prescribing as a % of patients with repeat prescriptions 2020 - 2022



2.3.3 Pharmacy First

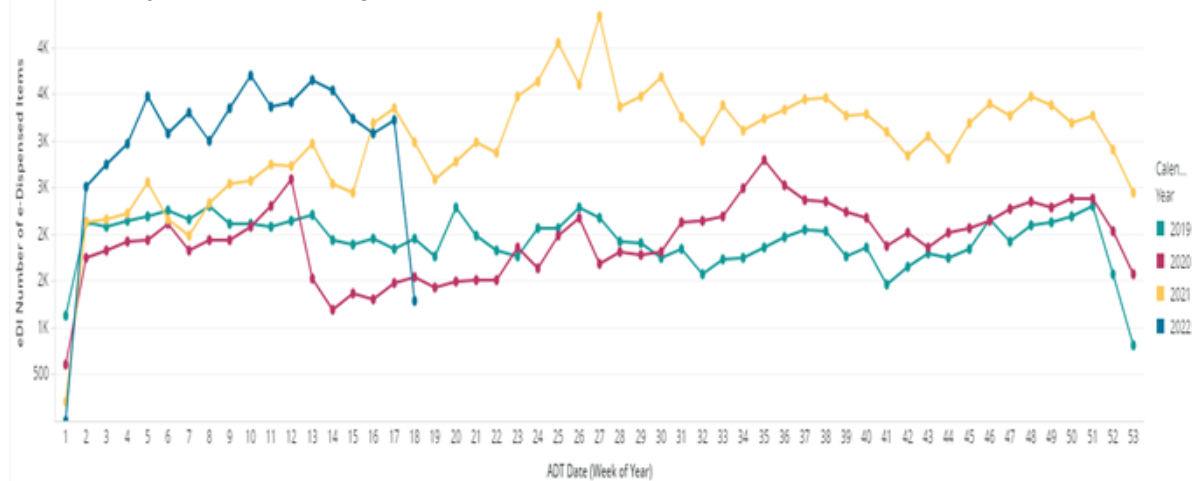
In July 2020 the Pharmacy First service was implemented to replace the previous Minor Ailment Scheme. This service is delivered by all 86 community pharmacies in Fife and is available to free of charge to patients who require advice and/or treatment for minor ailments. When a patient accesses this service they will receive a consultation and supply of an appropriate medicine if indicated, advice only or referral to their GP or other healthcare professional. An average of 16,731 patients receive a Pharmacy First consultation monthly with an average of 13,690 medication items supplied. Five national Patient Group Directions (PGDs) have been introduced to provide treatment for Urinary Tract Infections, Impetigo, Shingles and Skin Infections allowing patients who would normally require a GP consultation for treatment to attend their pharmacy instead.



Figure 5 highlights the supplies of medication provided for this service for 2021/22 compared with the previous 3 years.

Figure 5 - NHS Fife Pharmacy First dispensed prescription items over last three calendar years

Total eDispensed Items by Week of the Year



2.3.4 Public Health Service

The Public Health Service comprises of the following services:

- 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
- 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
- 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
- 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

2.3.4.1 Stop Smoking Services

The service consists of the provision of a stop smoking service comprising support and advice together with the supply of nicotine replacement therapy (NRT) or varenicline via a Patient Group Direction over a period of up to 12 weeks, in order to help smokers successfully stop smoking. The Community Pharmacy Stop Smoking Service is delivered by all 86 community pharmacies in Fife.

The community pharmacy service contributes significantly to the yearly NHS Fife smoking cessation Local Delivery Plan (LDP) Target. For financial year 21/22, 78% of all quit attempts made in Fife came from the community pharmacy stop smoking service (with 22% via non-pharmacy services). The LDP standard target of successful 12 week quits in the most deprived areas, i.e. 40% most deprived datazones, was 473. Fife did not achieve the LDP target in 21/22 primarily due to necessary changes in the intervention model during the COVID pandemic, however there were 340 successful 12 week quits in this population in 21/22, 64% of these quits were via the Community Pharmacy service.

2.3.4.2 Emergency Hormonal Contraception

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 over 80% 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 86 community pharmacies in Fife. On average, 388 prescriptions are generated for EHC by community pharmacists each month.

2.3.4.3 Bridging Contraception

A new addition to the PHS in November 2021, Community Pharmacists can provide a patient with “bridging contraception”, a short-term supply of desogestrel to give them time to access their GP or sexual health services for a long term contraception arrangements. This service aims to increase access to contraception and reduce the incidence of unplanned pregnancy. 107 consultations took place for this service in the first three months of 2022.



2.3.4.4 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.

2.4 Community Pharmacy Services - National Services

Whilst core services must be delivered by all community pharmacies on the pharmaceutical list, the National suite of services is optional. That said, for many of these services, the vast majority of pharmacies in Fife offer these.

2.4.1 Gluten Free Food Service

The National Community Pharmacy Gluten Free Food Service was introduced in October 2015. This enables 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 86 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.

2.4.2 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 to allow pharmacists to provide an emergency supply of medication free of charge if necessary. Community Pharmacies can also use a Direct Referral process to local Out of Hours services where the pharmacist feels that the patient has an urgent medical need that cannot be adequately treated within the pharmacy.

2.4.3 Stoma Service

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.

2.4.4 Pharmacy First Plus

From September 2020, the NHS Pharmacy First Plus service was introduced by the Scottish Government, aiming to maximise the pharmacist's expertise in medicines by providing the opportunity for Pharmacist Independent prescribers to manage acute common clinical conditions within Community Pharmacy. The pharmacist must be available to provide the service for a minimum of 25 hrs per week for a minimum of 45 weeks of a rolling year. In Fife there are currently 14 pharmacies providing this service, an average of 456 patients were treated per month from January 2021 to January 2022. NHS Fife is supporting the expansion of the number of qualified Pharmacist Independent Prescribers which in turn will support the expansion of the Pharmacy First Plus service.



2.5 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 2022)

Additional Services	Total
Dispensing/supervision of Opioid Substitution Therapy	86
Injecting equipment provision	24
Take Home Naloxone	40
Advice to Care Homes	53
Community Pharmacy Palliative Care Network	22
Just in Case Programme	22

2.5.1 Substance Use

Opioid Substitution Therapy (OST) with methadone or buprenorphine is a well-established treatment for opioid dependent patients. OST 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.



2.5.1.1 Opioid Substitution Therapy (OST)

Supervised self-administration of OST has become a key component of any OST 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 OST. 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.

Currently all pharmacies in Fife dispense and supervise OST when required. The majority of pharmacies are able to provide supervision either in a consultation room or an area screened off from general view.

2.5.1.2 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 people who inject drugs who are not in contact with drug treatment services; and to improve access to health and harm reduction advice.

Additional funding secured from Fife Alcohol Drug Partnership (ADP) has enabled an extension to the network, from 19 to 24 pharmacies. Participating pharmacies are identified in appendix 1. Injection equipment is provided in pre-packed packs standardised throughout Scotland via 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.

Community pharmacies 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.



2.5.1.3 Take-Home Naloxone (THN)

This service allows community pharmacists and their 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. Additional funding provided by the ADP in 2020 has allowed this service to expand from 8 to 40 pharmacies across Fife, further uptake of the service continues to be encouraged.

2.5.2 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. The service specification for this service is due for review in 2022/23.

2.5.3 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, participating pharmacies are identified in appendix 1.

2.5.4 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.

2.5.5 Prescribed Sharps Disposal Service

All 86 community pharmacies take part in a prescribed sharps disposal service. Patients take their full (sealed) sharps bin to their local pharmacy and exchange it for a new one. The main driver for the service is the risk to patients, staff and the public of sharps disposed of in domestic waste, articulated by Fife Council, Healthcare Environment Inspectorate (HEI) and NHS Fife Health Board.

The 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 and reduces the environmental damage caused by inappropriate disposal methods for sharps.

2.5.6. Hepatitis C Treatment

In line with national frameworks to allow patients to access medication in local healthcare settings, the NHS Fife Specialist Hepatitis C service based at Whytemans Brae and Queen Margaret Hospitals works with community pharmacies across NHS Fife to support the community supply of antiviral medication for treatment of Hepatitis C. All 86 pharmacies participate in this service.



2.5.7 Chlamydia Treatment

NHS Fife introduced a new local service in March 2021 that is delivered from Community Pharmacies. Patients can now be treated for Chlamydia using a Patient Group Direction for doxycycline when the patient/sexual contact presents a voucher that they have received from the 'Sexual Health Fife' team. 60 pharmacies participate in this service.

2.5.8 Free Condom Fife Scheme

Community Pharmacies participate in the “Free Condoms Fife” Scheme, where supplies of condoms are made freely available to the public to pick up from a discrete area within the pharmacy.

2.5.9 Vaccination Services

Community pharmacies across Fife took part in two successful NHS influenza vaccination service campaigns in the 2020/21 and 2021/22 flu seasons delivering over 30,000 vaccinations over the two years of activity. In April 2022, as part of the Inclusive COVID-19 Vaccination work stream, fifteen pharmacies were selected to provide COVID-19 vaccination to underserved populations, such as OST patients and people who inject drugs, their support networks plus ethnic minority groups. As part of the Vaccination Transformation Programme, 22 Community Pharmacies commenced provision of NHS travel vaccination on behalf of Fife Health and Social Care Partnership in April 2022, participating pharmacies are identified in appendix 1.



ANALYSIS OF PHARMACEUTICAL NEEDS IN NHS FIFE

3. Analysis of Pharmaceutical Needs within NHS Fife

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.

3.1 Number of Community Pharmacies

There are 86 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 eight new community pharmacy contracts awarded in NHS Fife; one in each of the seven Localities ahead of the most recent opening in the Dunfermline Locality.

3.2 Hours of Service

There would appear to be no under provision in terms of opening hours for NHS Fife with adequate out of hours opening mirroring the current Unscheduled Care Service Fife geography.

3.3 Pharmacy Workforce

There has been an increase in pharmacists who are either independent prescribers or working towards this qualification. The introduction of Pharmacy First Plus allows Community Pharmacist to utilise their prescribing qualifications order to provide pharmaceutical care and contribute to the transformation of urgent care agenda.

The COVID-19 pandemic has impacted on the pharmacy workforce and there are reports from some contractors of increasing difficulty in securing permanent pharmacists, together with a scarcity of available locum pharmacist cover, this is affecting Health Boards across NHS Scotland including NHS Fife.



3.4 Community Pharmacy Services - Core Services

3.4.1 Acute Medication Service

Prescription numbers remain stable within NHS Fife and with no significant increase in demand there is therefore no increase in need for any further Community Pharmacy provision.

3.4.2 Medicines: Care and Review

Work continues on increasing engagement in this service, there is currently no unmet need.

3.4.3 Pharmacy First

As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service there is no unmet need in the provision of consultation and treatment for common clinical conditions from a community pharmacy. However, unmet need will arise in urgent care provision should the current pharmacy weekend and extended opening hours in a local area reduce.

3.4.4 Public Health Services

Public Health Services provided as part of the core Community Pharmacy contract continue to be supported within Fife, and this element of the contract has made a significant contribution to harm reduction and womens health. There is no current unmet need, however the Scottish Government's Womens Health plan may introduce further expectations of pharmaceutical service provision that may impact this position in the future.

3.5 Community Pharmacy Services – National and Additional Services

The Additional Services developed under the Community Pharmacy Contract have made a fundamental contribution to the health of the population. 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.



Appendix 1a



Pharmacies in the Levenmouth Locality - 10

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	MERLIN CRESCENT, BUCKHAVEN, KY8 1HJ			
WEMYSS PHARMACY	UNIT 2, 21 MAIN ROAD, EAST WEMYSS, KY1 4RE			✓
LLOYDS PHARMACY LTD	19 BISHOPS COURT, KENNOWAY, KY8 5LA			
BOOTS THE CHEMIST	47 HIGH STREET, LEVEN, KY8 4NE	✓		✓
LEVEN PHARMACY	12-14 COMMERCIAL ROAD, LEVEN, KY8 4LD			
OMNICARE PHARMACY LTD	30 COMMERCIAL ROAD, LEVEN, KY8 4LD		✓	✓
LUNDIN LINKS PHARMACY	2 EMSDORF STREET, LUNDIN LINKS, KY8 6AB			
BOOTS THE CHEMIST	AJAX WAY, METHIL, KY8 3RS	✓		
OMNICARE PHARMACY LTD	345 METHILHAVEN ROAD, METHIL, KY8 3HR	✓	✓	✓
WELL PHARMACY	303 WELLESLEY ROAD, METHIL, KY8 3BS			

Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	14.60%
18 -64yrs	58.37%
Over 65yrs	27.03%



• **856,301** items were dispensed between all 10 Pharmacies

-**31,588** Unique Patients

-**85%** with more than 2 forms

-**305** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	29006	91.84%
NURSES - PRESCRIPTION FORMS	1958	2.88%
PHARMACY FIRST	8131	2.08%
URGENT SUPPLY OF MEDICINES	5927	1.81%
HOSPITAL ADDICT FORM	399	0.60%
DENTIST PRESCRIPTION FORM	655	0.32%
HOSPITAL FORM	481	0.32%
PHARMACISTS PRESCRIPTION FORM	121	0.06%

Breakdown of all prescription items by top 5 therapeutic Area (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	17480	26.49%
CARDIOVASCULAR SYSTEM	11905	21.97%
GASTRO-INTESTINAL SYSTEM	12516	10.08%
ENDOCRINE SYSTEM	7284	8.69%
RESPIRATORY SYSTEM	9078	7.90%



Urgent supply/Public Health Service/Pharmacy First

A total of **5927** Unique Patients received **15,505** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	5035	72.55%
Public Health Service	597	23.32%
Urinary Tract Infection	400	3.04%
Skin Infection	61	0.43%
Impetigo	59	0.40%
Health-board Local Service	11	0.15%
Shingles	11	0.07%

Medicines: Care and Review Registrations

A total of **2310** patients are registered for the Medicines:Care and Review service

GP Practices in the Levenmouth Locality - 6

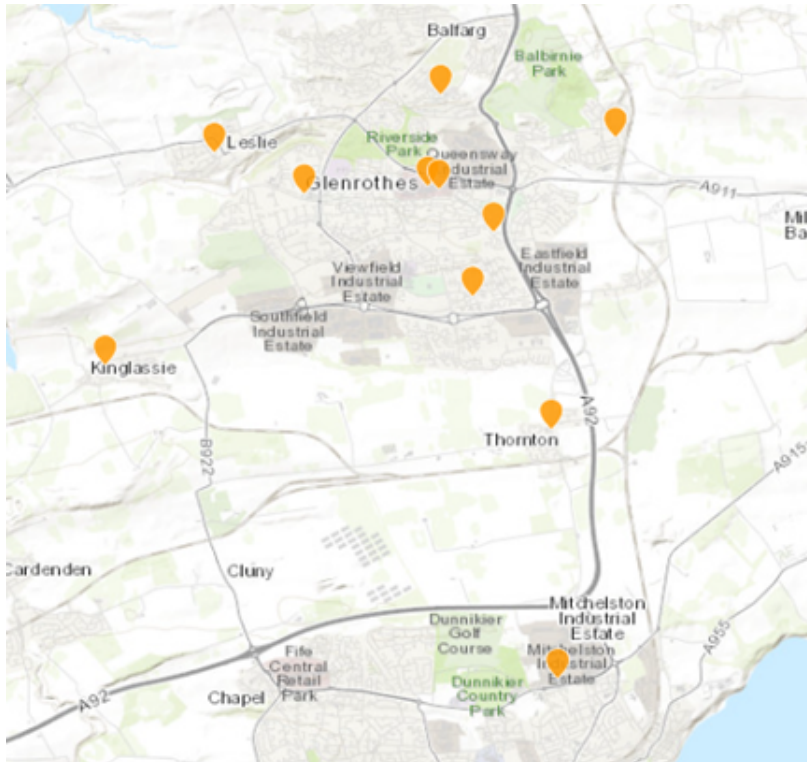
Disp Location Name	Presc Location Code	% of Prescriptions
SCOONIE MEDICAL PRACTICE	21261	19.28%
MUIREDGE SURGERY	20108	19.13%
AIRLIE MEDICAL PRACTICE	21524	17.64%
METHILHAVEN SURGERY	21505	16.56%
DRS PAGE, MCDONALD & STEVENSON NOT IN GMS FACILITATORS LIST	21276	10.27%
KENNOWAY MEDICAL GROUP	20856	8.94%
Other Prescribers	Various	8.18%

Breakdown of all prescriptions sent to the ten Pharmacies within Levenmouth Locality

95% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1b



Pharmacies in the Glenrothes Locality - 10

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	COS LANE, GLENROTHES, KY7 4AQ		✓	
BOOTS THE CHEMIST	14 LYON SQUARE, GLENROTHES, KY7 5NR	✓	✓	
CADHAM PHARMACY	8 CADHAM CENTRE, GLENROTHES, KY7 6RU		✓	✓
DEARS PHARMACY & TRAVEL CLINIC	3 GLAMIS CENTRE, GLENROTHES, KY7 4RH	✓		✓
LLOYDS PHARMACY	UNIT 6, MINTO PLACE, GLENROTHES, KY6 1PD			
SUPERDRUG PHARMACY	10 FALKLAND GATE, KINGDOM CENTRE, GLENROTHES, KY7 5NS			
KINGLASSIE PHARMACY	50 MAIN STREET, KINGLASSIE, KY5 0XA			
LLOYDS PHARMACY	LESLIE MEDICAL PRACTICE, LESLIE, KY6 3LQ			
DEARS PHARMACY & TRAVEL CLINIC	53 HIGH STREET, MARKINCH, KY7 6DQ			✓
W DAVIDSON & SONS	76 MAIN STREET, THORNTON KY1 4AG,			



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	15.65%
18 -64yrs	59.81%
Over 65yrs	24.53%

• **1,084,419** items were dispensed between all 10 Pharmacies

-**49,017** Unique Patients

-**77%** with more than 2 forms

-**201** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions:
GP STANDARD PRESCRIPTION FORM	43023	90.93%
NURSES - PRESCRIPTION FORMS	4052	3.94%
PHARMACY FIRST	11136	2.13%
URGENT SUPPLY OF MEDICINES	6387	1.44%
DENTIST PRESCRIPTION FORM	737	0.61%
HOSPITAL FORM	865	0.38%
HOSPITAL ADDICT FORM	323	0.32%
PHARMACISTS PRESCRIPTION FORM	420	0.17%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	23962	25.14%
CARDIOVASCULAR SYSTEM	16005	21.79%
GASTRO-INTESTINAL SYSTEM	17592	10.08%
ENDOCRINE SYSTEM	9913	8.87%
RESPIRATORY SYSTEM	12885	7.86%



Urgent supply/Public Health Service/Pharmacy First

A total of **6387** Unique Patients received **15,643** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	4882	60.33%
Public Health Service	866	32.76%
Urinary Tract Infection	685	5.11%
Skin Infection	103	0.70%
Impetigo	60	0.42%
Healthboard Local Service	20	0.27%
Shingles	9	0.06%

Medicines: Care and Review Registrations

A total of **1194** patients are registered for the Medicines: Care and Review service

GP Practices in the Glenrothes Locality - 7

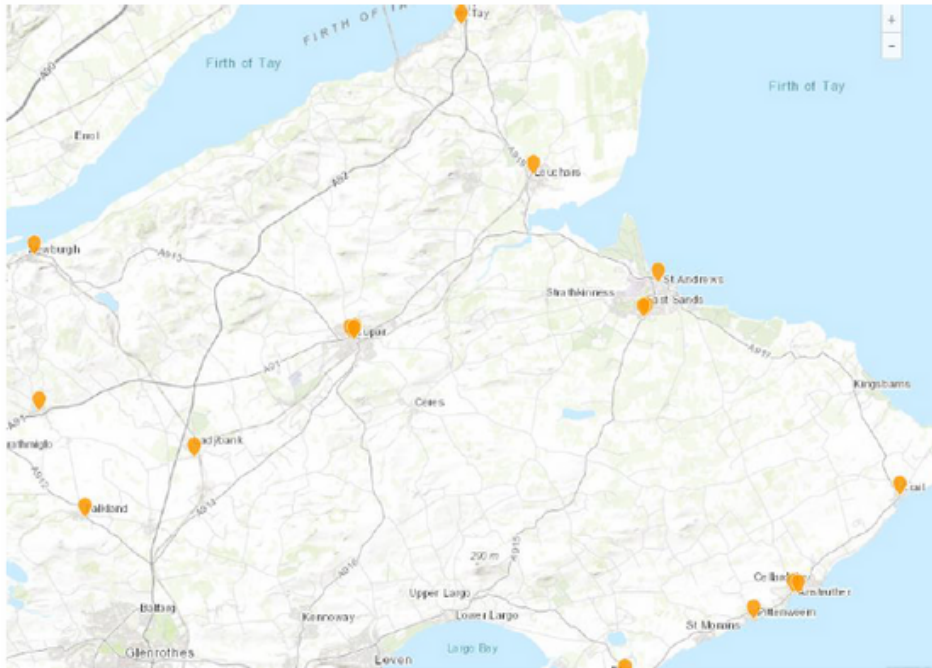
Disp Location Name	Presc Location Code	% of Prescriptions
COS LANE SURGERY	20659	15.08%
NORTH GLEN MEDICAL PRACTICE	20611	14.25%
ROTHES MEDICAL PRACTICE	20663	13.93%
THE LOMOND PRACTICE	20606	13.31%
THE GLENWOOD PRACTICE	20630	10.18%
LESLIE MEDICAL PRACTICE	21153	9.64%
MARKINCH MEDICAL PRACTICE	21454	8.87%
Other Prescribers	Various	15.24%

Breakdown of all prescriptions sent to the ten Pharmacies within Glenrothes Locality

85% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1c



Pharmacies in the North East Fife Locality – 18

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
EAST NEUK PHARMACY	23 RODGER STREET, ANSTRUTHER, KY10 3DU		✓	✓
T & K BROWN LTD	31/32 SHORE STREET, ANSTRUTHER, KY10 3AQ	✓		
ROWLAND PHARMACY	42 HIGH STREET, AUCHTERMUCHTY, KY14 7AP		✓	
CRAIL PHARMACY LTD	18-20 HIGH STREET, CRAIL, KY10 3TE			
BOOTS THE CHEMIST	2-6 ST CATHERINE STREET, CUPAR, KY15 4BT			
LLOYDS PHARMACY	1 CROSSGATE, CUPAR, KY155HA			
ROWLAND PHARMACY	45-47 BONNYGATE, CUPAR, KY154BY	✓	✓	
W DAVIDSON & SONS	42 HIGH STREET, ELIE, KY9 1DB			✓
LOMOND PHARMACY	LIQUORSTANE BUILDINGS, FALKLAND, KY15 7FH			
W DAVIDSON & SONS	30 COMMERCIAL ROAD, LADYBANK, KY15 7JS			
LEUCHARS PHARMACY	THE POST OFFICE, 14 MAIN STREET, LEUCHARS, KY160HN			✓
W DAVIDSON & SONS	40 HIGH STREET, NEWBURGH, KY146AQ		✓	
ROWLAND PHARMACY	TAYVIEW MEDICAL PRACTICE, 16 VICTORIA TERRACE, NEWPORT ON TAY, DD6 8DJ		✓	
PITTENWEEM PHARMACY	7 MARKET PLACE, PITTENWEEM, KY10 2PH			
BOOTS THE CHEMIST	113-119 MARKET STREET, ST ANDREWS, KY16 9PE	✓		
LLOYDS PHARMACY	ST ANDREWS COMMUNITY HOSPITAL, LARGO ROAD, ST ANDREWS, KY16 8AR			✓
WM MORRISON	45 LARGO ROAD, ST ANDREWS, KY168PJ		✓	
ROWLAND PHARMACY	32 CASTLE STREET, TAYPORT, DD6 9AF			



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	11.92%
18 -64yrs	56.66%
Over 65yrs	31.42%

• **1,187,474** items were dispensed between all 18 Pharmacies

-**55,701** Unique Patients

-**81%** with more than 2 forms

-**641** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	265984	91.94%
NURSES - PRESCRIPTION FORMS	25248	3.07%
PHARMACY FIRST CONSULTATIONS	69859	2.17%
URGENT SUPPLY OF MEDICINES	39154	1.42%
DENTIST PRESCRIPTION FORM	6170	0.48%
HOSPITAL FORM	5080	0.38%
HOSPITAL ADDICT FORM	1984	0.37%
PHARMACISTS PRESCRIPTION FORM	1555	0.08%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	145449	24.35%
CARDIOVASCULAR SYSTEM	103911	22.87%
GASTRO-INTESTINAL SYSTEM	109455	10.04%
ENDOCRINE SYSTEM	65213	9.24%
RESPIRATORY SYSTEM	79929	7.33%



Urgent supply/Public Health Service/Pharmacy First

A total of **7446** Unique Patients received **18,536** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	5804	55.83%
Public Health Service	916	38.07%
Urinary Tract Infection	666	4.09%
Skin Infection	178	1.03%
Impetigo	104	0.60%
Shingles	28	0.18%
Healthboard Local Service	8	0.10%

Medicines: Care and Review Registrations

A total of **2086** patients are registered for the Medicines: Care and Review service

GP Practices in the North East Fife Locality - 11

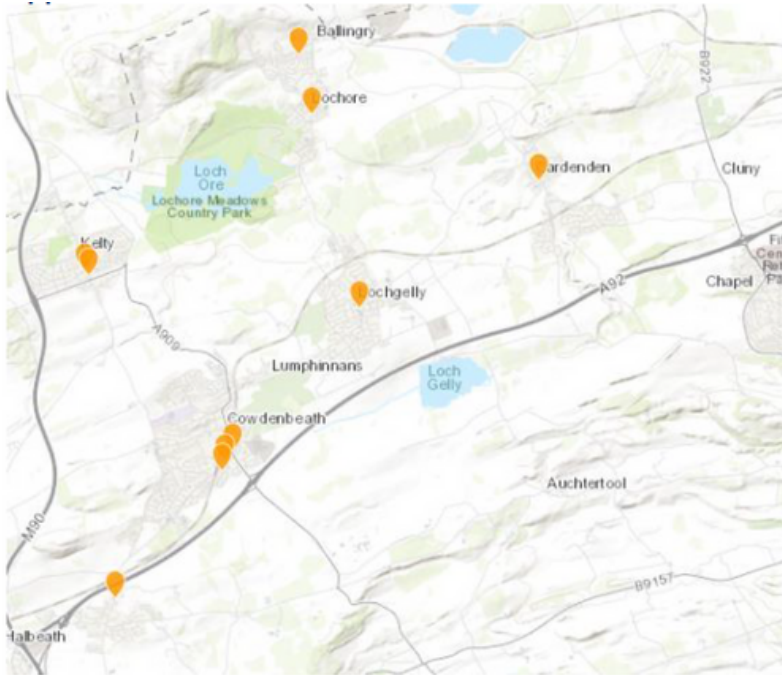
Disp Location Name	Presc Location Code	% of Prescriptions
PIPELAND MEDICAL PRACTICE	21830	12.92%
TAYVIEW MEDICAL PRACTICE	21609	12.16%
EDEN VILLA PRACTICE	20409	10.32%
ANSTRUTHER MEDICAL PRACTICE	20004	9.73%
BANK STREET MEDICAL GROUP	20413	9.45%
AUCHTERMUCHTY PRACTICE	20057	8.42%
COAST HEALTH	21736	7.37%
BLACKFRIARS MEDICAL PRACTICE	21825	6.07%
HOWE OF FIFE SURGERY	21101	5.95%
PITCAIRN PRACTICE LEUCHARS & BALMULLO	21204	5.38%
NEWBURGH SURGERY	21558	5.29%
Other Prescribers	Various	5.71%

Breakdown of all prescriptions sent to the 18 Pharmacies within North East Fife Locality

93% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1d



Pharmacies in the Cowdenbeath Locality – 12

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	4/5 BENARTY SQUARE, BALLINGRY, KY5 8NR	✓		✓
B JOHNSTON	191 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	187 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	345 HIGH STREET, COWDENBEATH, KY4 9QW	✓		
GORDONS CHEMIST	20 BROAD STREET, COWDENBEATH, KY4 8HY	✓		
WM MORRISON SUPERMARKETS	UNITS 1/2 RAITH CENTRE, COWDENBEATH, KY4 8PB		✓	
WELL PHARMACY	92 MAIN STREET, CROSSGATES, KY4 8DF			
DEARS PHARMACY & TRAVEL CLINIC	60 MAIN STREET, KELTY, KY4 0AE	✓		✓
WELL PHARMACY	39 MAIN STREET, KELTY, KY4 0AA			
DEARS PHARMACY & TRAVEL CLINIC	60 LOCHLEVEN ROAD, LOCHORE, KY5 8DA			✓
DEARS PHARMACY & TRAVEL CLINIC	67 BANK STREET, LOCHGELLY, KY5 9QQ	✓	✓	✓
WELL PHARMACY	66 BANK STREET, LOCHGELLY, KY5 9QN	✓		



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	16.45%
18 -64yrs	60.01%
Over 65yrs	23.54%

• **988,708** items were dispensed between all 10 Pharmacies

-**35,772** Unique Patients

-**83%** with more than 2 forms

-**189** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	31919	91.78%
NURSES - PRESCRIPTION FORMS	3368	2.97%
PHARMACY FIRST	11558	2.80%
URGENT SUPPLY OF MEDICINES	4564	1.16%
DENTIST PRESCRIPTION FORM	883	0.44%
HOSPITAL ADDICT FORM	310	0.38%
HOSPITAL FORM	658	0.36%
PHARMACISTS PRESCRIPTION FORM	176	0.06%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	19573	25.61%
CARDIOVASCULAR SYSTEM	12460	23.29%
GASTRO-INTESTINAL SYSTEM	13722	9.87%
ENDOCRINE SYSTEM	7748	8.89%
RESPIRATORY SYSTEM	10868	7.93%



Urgent supply/Public Health Service/Pharmacy First

A total of **4564** Unique Patients received **11,421** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	3341	52.11%
Public Health Service	773	41.51%
Urinary Tract Infection	503	4.80%
Impetigo	66	0.64%
Skin Infection	63	0.55%
Healthboard Local Service	11	0.12%
Shingles	6	0.05%

Medicines: Care and Review Registrations

A total of **1888** patients are registered for the Medicines: Care and Review service

GP Practices in the Cowdenbeath Locality - 10

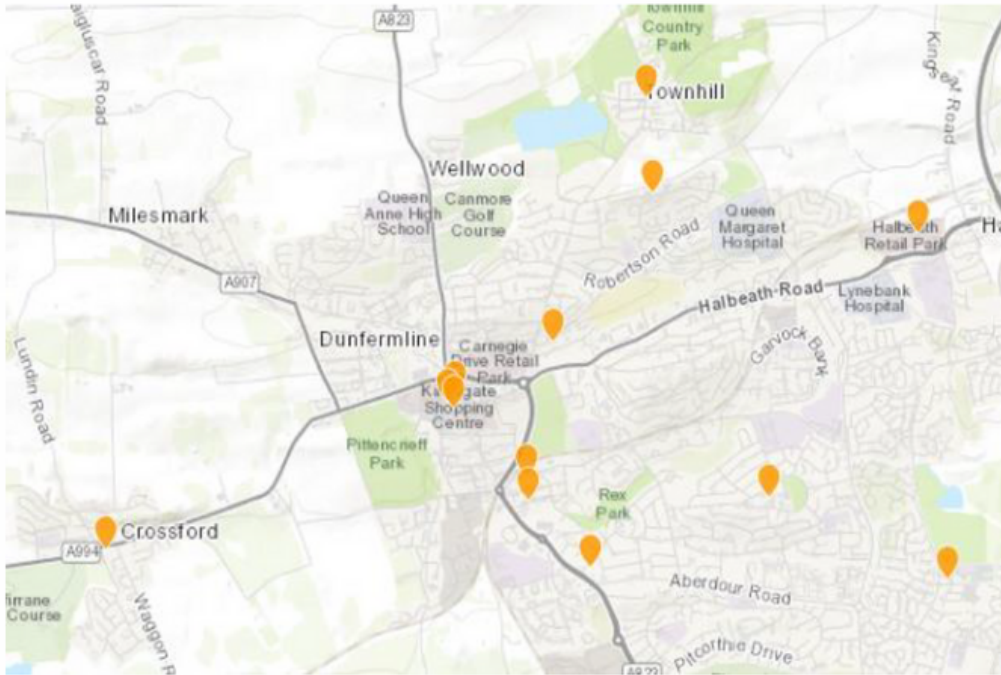
Disp Location Name	Presc Location Code	%
COWDENBEATH SURGERY	20305	21.86%
KELTY MEDICAL PRACTICE	20803	14.65%
MEADOWS PRACTICE	21384	12.18%
BENARTY MEDICAL PRACTICE	21421	12.14%
CROSSGATES MEDICAL PRACTICE	20358	6.01%
WALLSGREEN MEDICAL PRACTICE	20254	5.82%
LOCHGELLY MEDICAL PRACTICE	21469	5.61%
DR K THOMPSON	21440	5.50%
THE LOMOND PRACTICE	20606	5.27%
LOCHGELLY MEDICAL GROUP	21435	1.60%
Other Prescribers	Various	8.10%

Breakdown of all prescriptions sent to the ten Pharmacies within Cowdenbeath Locality

91% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1e



Pharmacies in the Dunfermline Locality - 13

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
CROSSFORD PHARMACY	61 MAIN STREET, CROSSFORD, KY12 8NN			✓
ASDA PHARMACY	HALBEATH RETAIL PARK, DUNFERMLINE, KY11 4LP		✓	
BOOTS THE CHEMIST	UNIT 2, KINGSGATE CENTRE, DUNFERMLINE, KY12 7QU			
DEARS PHARMACY & TRAVEL CLINIC	85 HIGH STREET, DUNFERMLINE, KY12 7DR	✓	✓	✓
LINDSAY & GILMOUR	6 ALDERSTON DRIVE, DUNFERMLINE, KY12 0XU	✓		
LLOYDS PHARMACY	43 BELLYEOMAN ROAD, DUNFERMLINE, KY12 0AE			
LLOYDS PHARMACY	UNIT 6 BLOCK 1, TURNSTONE ROAD, DUNFERMLINE, KY11 8JZ			
WELL PHARMACY	3 ABBEYVIEW, DUNFERMLINE, KY11 4HA			
WELL PHARMACY	7 DOUGLAS STREET, DUNFERMLINE, KY12 7EB			
WELL PHARMACY	ELLIOT STREET, DUNFERMLINE, KY11 4TF	✓		
WELL PHARMACY	1 ST ANDREWS STREET, DUNFERMLINE, KY11 4QG			
WILLOW PHARMACY	85 WOODMILL STREET, DUNFERMLINE, KY114JN			✓
CARE PHARMACY	87 MAIN STREET, TOWNHILL, KY12 0EN			✓



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	15.69%
18 -64yrs	60.96%
Over 65yrs	23.35%

• **980,704** items were dispensed between all 13 Pharmacies

-**51,217** Unique Patients

-**75%** with more than 2 forms

-**198** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions:
GP STANDARD PRESCRIPTION FORM	44585	90.14%
NURSES - PRESCRIPTION FORMS	5057	4.50%
PHARMACY FIRST	10371	2.11%
URGENT SUPPLY OF MEDICINES	5367	1.36%
DENTIST PRESCRIPTION FORM	1490	0.71%
HOSPITAL FORM	1096	0.61%
HOSPITAL ADDICT FORM	312	0.37%
PHARMACISTS PRESCRIPTION FORM	270	0.10%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	21902	22.96%
CARDIOVASCULAR SYSTEM	15630	22.87%
GASTRO-INTESTINAL SYSTEM	16632	9.76%
ENDOCRINE SYSTEM	9833	9.53%
RESPIRATORY SYSTEM	12143	6.89%



Urgent supply/Public Health Service/Pharmacy First

A total of **5367** Unique Patients received **13,378** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	3750	48.06%
Public Health Service	892	44.13%
Urinary Tract Infection	657	5.62%
Skin Infection	109	0.86%
Impetigo	83	0.67%
Healthboard Local Service	24	0.35%
Shingles	18	0.14%

Medicines: Care and Review Registrations

A total of **1097** patients are registered for the Medicines: Care and Review service

GP Practices in the Dunfermline Locality - 7

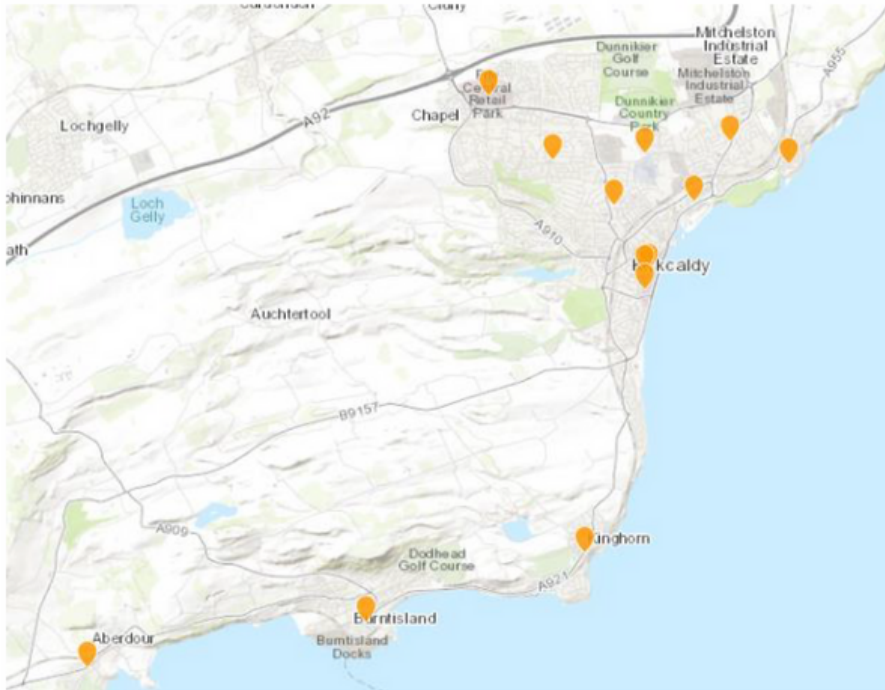
Disp Location Name	Presc Location Code	% of Prescriptions
NEW PARK MEDICAL PRACTICE	20466	17.68%
BELLYEOMAN SURGERY	20490	16.68%
NETHERTOWN SURGERY	20451	15.60%
MILLHILL SURGERY	20485	13.54%
HOSPITAL HILL SURGERY	20471	11.46%
LINBURN ROAD HEALTH CENTRE	20502	8.47%
PRIMROSE LANE MEDICAL CENTRE	21755	4.05%
Other Prescribers	Various	10.95%

Breakdown of all prescriptions sent to the thirteen Pharmacies within Dunfermline Locality

87.48% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1f



Pharmacies in the Kirkcaldy Locality - 13

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
LLOYDS PHARMACY	229-231 HIGH STREET, BURNTISLAND, KY3 9AQ	✓	✓	
DYSART PHARMACY	UNIT 21, HIGH STREET, DYSART, KY1 2UG			
LLOYDS PHARMACY	63 HIGH STREET, KINGHORN, KY3 9UW			
ASDA PHARMACY	CARBERY ROAD, KIRKCALDY, KY1 3NG		✓	
BOOTS THE CHEMIST	116-120 HIGH STREET, KIRKCALDY, KY1 1NQ	✓		
BOOTS THE CHEMIST	UNIT 11, FIFE RETAIL PARK, KIRKCALDY, KY2 6QL	✓	✓	
LLOYDS PHARMACY	222 DUNEARN DRIVE, KIRKCALDY, KY2 6LE			
LLOYDS PHARMACY	HEALTH CENTRE, WHYTEMAN'S BRAE, KIRKCALDY, KY1 2NA		✓	
LLOYDS PHARMACY	18 HIGH STREET, KIRKCALDY, KY1 1LU			
LLOYDS PHARMACY	133/135 HIGH STREET, KIRKCALDY, KY1 1LR			
LLOYDS PHARMACY	28 MID STREET, KIRKCALDY, KY1 2PN			
LLOYDS PHARMACY LTD	2 VICEROY STREET, KIRKCALDY, KY2 5HT	✓	✓	
ST CLAIR PHARMACY	233 ST CLAIR STREET, KIRKCALDY, KY1 2BY	✓		✓



General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	13.87%
18 -64yrs	57.19%
Over 65yrs	28.93%

• **1,225,226** items were dispensed between all 13 Pharmacies

-**50,064** Unique Patients

-**80%** with more than 2 forms

-**1,538** patients recorded as care home patients

Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	45598	93.31%
NURSES - PRESCRIPTION FORMS	3870	2.42%
PHARMACY FIRST	8681	1.50%
URGENT SUPPLY OF MEDICINES	5978	1.30%
HOSPITAL ADDICT FORM	565	0.54%
HOSPITAL FORM	999	0.41%
DENTIST PRESCRIPTION FORM	669	0.38%
PHARMACISTS PRESCRIPTION FORM	172	0.05%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	25375	25.36%
CARDIOVASCULAR SYSTEM	17998	22.88%
GASTRO-INTESTINAL SYSTEM	18753	10.28%
ENDOCRINE SYSTEM	11181	9.02%
RESPIRATORY SYSTEM	12554	6.83%



Urgent supply/Public Health Service/Pharmacy First

A total of **5978** Unique Patients received **15,962** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	Number of Paid Items	%
Urgent supply	4825	10332	64.73%
Public Health Service	640	4845	30.35%
Urinary Tract Infection	528	600	3.76%
Impetigo	66	71	0.44%
Skin Infection	52	57	0.36%
Healthboard Local Service	13	22	0.13%
Shingles	11	14	0.09%

Medicines: Care and Review Registrations

A total of **786** patients are registered for the Medicines: Care and Review service

GP Practices in the Kirkcaldy Locality - 11

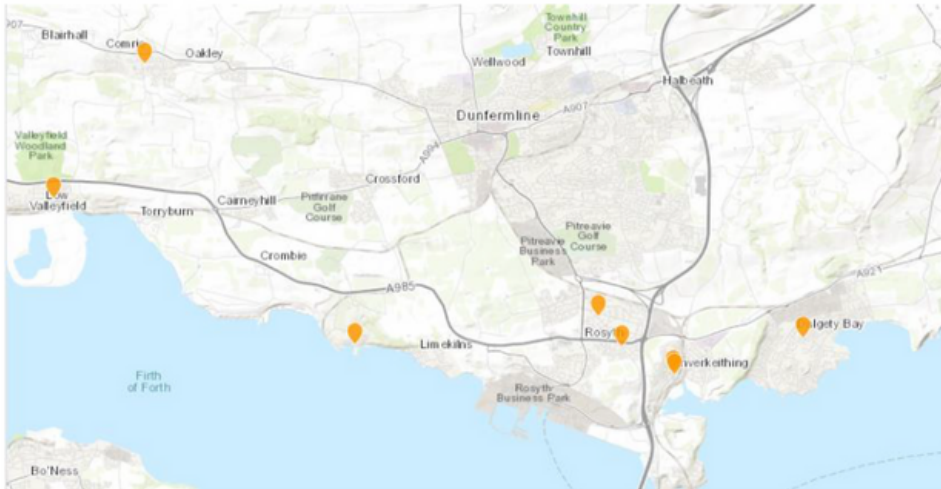
Disp Location Name	Presc Location Code	% of Prescriptions
PATH HOUSE MEDICAL PRACTICE	20998	17.07%
BENNOCHY MEDICAL CENTRE	20979	10.97%
NICOL STREET SURGERY	20950	9.20%
DRS MCKENNA, MURPHY & MCCALLUM	20964	8.94%
ST BRYCEDALE SURGERY	20983	8.62%
DRS DIXON, DUGGAN, EGERTON & MCCRICKARD	21007	8.16%
DR MITCHELL & PARTNERS	21011	6.81%
BURNTISLAND MEDICAL GROUP	20151	6.57%
KINGHORN MEDICAL PRACTICE	20907	4.54%
Other Prescribers	Various	17.77%

Breakdown of all prescriptions sent to the 13 Pharmacies within Kirkcaldy Locality

96% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 1g



Pharmacies in the South West Fife Locality - 10

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
OMNICARE PHARMACY	30 HIGH STREET, ABERDOUR, KY3 0SW			✓
CHARLESTOWN PHARMACY LTD	CHARLESTOWN MEDICAL PRACTICE, 1A MAIN ROAD, CHARLESTOWN, KY11 3ED			
ROWLAND PHARMACY	12 BAY CENTRE, REGENTS WAY, DALGETY BAY, KY11 9YD			
HIGH VALLEYFIELD PHARMACY	CHAPEL STREET, HIGH VALLEYFIELD, KY12 8SJ			
LINDSAY & GILMOUR	8 HIGH STREET, INVERKEITHING, KY11 1NN	✓		
LINDSAY & GILMOUR	51 HIGH STREET, INVERKEITHING, KY11 1NL			
WELL PHARMACY	31 HIGH STREET, KINCARDINE, FK10 4RJ			
DEARS PHARMACY & TRAVEL CLINIC	14 WARDLAW WAY, OAKLEY, KY12 9QH		✓	✓
ROWLAND PHARMACY	6 QUEENS BUILDINGS, QUEENSFERRY ROAD, ROSYTH, KY11 2RA		✓	
WELL PHARMACY	2 CROSSROADS PLACE, ROSYTH, KY11 2LS			

General Prescribing Data

Age distribution

Patient Age group	%
0 -17yrs	14.44%
18 -64yrs	58.67%
Over 65yrs	26.89%

• **876,559** items were dispensed between all 10 Pharmacies

-**39,072** Unique Patients

-**83%** with more than 2 forms

-**577** patients recorded as care home patients



Breakdown of prescription types dispensed (year ending Jan 31st 2022)

Form Type Description	patient numbers	% of Prescriptions
GP STANDARD PRESCRIPTION FORM	35344	92.29%
NURSES - PRESCRIPTION FORMS	4174	2.69%
PHARMACY FIRST	10484	2.63%
URGENT SUPPLY OF MEDICINES	4099	1.34%
DENTIST PRESCRIPTION FORM	554	0.44%
HOSPITAL FORM	500	0.30%
HOSPITAL ADDICT FORM	128	0.18%
PHARMACISTS PRESCRIPTION FORM	201	0.08%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

PI BNF Chapter Description	patient numbers	% of Prescriptions
CENTRAL NERVOUS SYSTEM	19323	22.89%
CARDIOVASCULAR SYSTEM	13334	22.87%
GASTRO-INTESTINAL SYSTEM	14319	9.98%
ENDOCRINE SYSTEM	8485	9.52%
RESPIRATORY SYSTEM	10707	7.51%

Urgent supply/Public Health Service/Pharmacy First

A total of **4099** Unique Patients received **11,713** items on Urgent Supply / Public Health Service/Pharmacy First Patient Group Direction Prescriptions

Service	patient numbers	% of Prescriptions
Urgent supply	2986	52.04%
Public Health Service	636	41.75%
Urinary Tract Infection	403	3.94%
Skin Infection	53	0.46%
Impetigo	45	0.40%
Shingles	11	0.09%
Healthboard Local Service	5	0.05%



Medicines: Care and Review Registrations

A total of **536** patients are registered for the Medicines: Care and Review service

GP Practices in the South West Fife Locality – 6

Disp Location Name	Presc Location Code	% of Prescriptions
INVERKEITHING MEDICAL GROUP	20752	29.07%
OAKLEY MEDICAL PRACTICE	21613	14.52%
PRIMROSE LANE MEDICAL CENTRE IN DUNFERMLINE CLUSTER	21755	11.46%
PARK ROAD PRACTICE	21760	10.20%
VALLEYFIELD MEDICAL PRACTICE	20729	7.93%
CHARLESTOWN SURGERY	21308	7.27%
Other Prescribers	Various	12.38%

Breakdown of all prescriptions sent to the ten Pharmacies within South West Fife Locality

80% of GP10 prescriptions dispensed by the pharmacies originated from GP Practices within the same locality.



Appendix 2

References

[NHS Fife Director of Public Health Report 2020 and 2021](#)

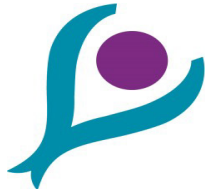
[Public Health Scotland Community Pharmacy Contractor Open Data 2022](#)

[Know Fife](#)

[NRS Mid-2020 Population Estimates](#)

[NRS Sub-national Population Projections 2018](#)

[NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 14 SEPTEMBER 2022 AT 10.00 AM VIRTUAL TEAMS MEETING

- Present:** Dave Dempsey (Chair), Fife Council
Sam Steele, Fife Council
Sinead Braiden, NHS Fife Board Member
- Attending:** Audrey Valente, Chief Finance Officer (Fife H&SCP)
Tony Gaskin, Chief Internal Auditor (NHS Fife)
Norma Aitken, Head of Corporate Services (Fife H&SCP)
Avril Sweeney, Risk Compliance Manager (H&SCP)
Tim Bridle, Audit Scotland (Observer)
Shona Slayford, Principal Auditor (Observer)
Carol Notman, Personal Assistant (Minutes)
- Apologies:** Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Fiona McKay, Head of Strategic Planning, Performance & Commissioning Manager

No	Agenda Item	Action
1.	WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting and apologies were noted as above.	
2.	DECLARATION OF INTEREST No declarations of interest were noted.	
3.	DRAFT MINUTE AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 19 JULY 2022 The minutes were agreed as an accurate record of discussion and the action log was reviewed.	
4	PROGRESS ON THE 2021/22 INTERNAL AUDIT PLAN Tony Gaskin advised that the internal audit team had been progressing with the 2021/22 Plan noting that there has been significant amount of work which has been completed. He noted two things which are outstanding, the Strategic Plan and Clinical Governance arrangements but these are anticipated to be completed in the near future.	

	<p>Sam Steele wished to check with regards the timescale for the audit for the strategic plan. Tony Gaskin confirmed that the Audit will be completed in time for the next committee meeting in November. Audrey Valente noted that there has been a lot of work that has gone on in the background and confirmed that a development session on the subject is being organised.</p> <p>Dave Dempsey noted that a lot of the information is static, the first 3 items, apart from the year, will be the same year on year and asked if this was the same for FO4. TG noted that it was ongoing and advised that next year there will be time to produce a final audit report.</p> <p>Dave Dempsey commented that there are two reports anticipated to be tabled at the committee in November for No. 5 & 6 and asked what the committee should be anticipating next. Tony Gaskin advised that he was hoping at the November meeting to bring the plan and he was confident that there would be no impact on the delivery of the plan by June.</p> <p>The Committee confirmed that the recommendations to note and discuss the report was complete.</p>	
<p>5</p>	<p>IJB RISK REGISTER</p> <p>Audrey Valente advised that this was the IJB risk register that was discussed at every meeting, but some improvements have been made following discussion at previous committee meetings which Avril will share.</p> <p>Avril confirmed that the risks were last reviewed in July and all but 1 are not due to be reviewed until October. The Workforce risk is being considered by SLT in line with the developing workforce strategy and a meeting has been arranged to discuss this and progress separately.</p> <p>Avril confirmed that there had been no new risks added to the register since the committee last met, noting that there are 5 risks which have been graded with a high score and presented a condensed version of the register. She noted that the condensed version shows each risk on the register highlighting the initial risk score and the residual risk score and target score. It also highlights the relevant committee responsible for the risk and the date that the risk was last presented. Avril noted that the last two columns show the trend from the previous reviews undertaken this year and risk no. 24 is the only risk which has had a reduction in scoring, the others have remained static except the workforce risk which is currently under review.</p> <p>Tony Gaskin noted it would be beneficial to add target date to the table rather than just the risk target.</p> <p>Sam Steele queried the Control Process section on pg 20 under Finance. Audrey explained that NHS Fife had taken forward an exercise called Grip and Control where a template was issued to budget holders to complete. She noted that the template looked at where savings could be made and whether additional support/training was required for the budget holders. Audrey advised that the Council undertake a similar exercise by not to the same formality as NHS Fife. She noted it was her intention to introduce this within the Council to support having a whole system approach to grip and control.</p>	

	<p>Dave Dempsey advised that he liked the reduced condensed table but noted that he felt the full register should also be issued to the committee separately to allow appropriate scrutiny. He also wished to ensure that in developing the condensed table there was no columns missing that should be there, the committee confirmed that they did not think there was anything missing.</p> <p>Dave Dempsey suggested adding a section which outlined when the risk had been last changed. Audrey noted at a strategic level the risks are focussed on the strategic plan which covers a period of 3 years so the majority or risks may not come down for the first two years or so of the strategic plan period. She also noted that the strategic risks often remained quite static with many of the risk factors being external with the Partnership having limited control over them. Audrey confirmed that the risk register was an ever-changing document which was under constant review.</p> <p>Tony Gaskin suggested that adding graphics within the SBAR highlighting the trends of the risks would be beneficial.</p> <p>Tim Bridle noted that there is CIPFA Guidance which highlight 3 key areas for risk which could be helpful, he agreed to forward on the document to the committee.</p> <p>The committee confirmed that they had discussed the risk register as outlined in the recommendations and some minor suggestions have been noted as outlined above.</p>	TB
6	<p>REVISION TO GOVERNANCE MANUAL</p> <p>Norma Aitken advised that the Governance Manual required reviewing following the new Fife Integration Scheme which was completed in March 2022. Norma advised that the main areas reviewed were the new Terms of Reference for the Committees, the Standing order and Scheme of Delegation. Norma confirmed that the manual will be reviewed regularly and thanked everyone for their support to complete the review.</p> <p>Sam Steele queried with regards change to deputations and noted it looks as if unless there are exceptional circumstances these have been removed and what other route would there be to raise this issue. Norma confirmed that the person wishing to raise the deputation would need to write to the Chair who would make the decision whether the item was added to the agenda or not noting would be at the discretion of the Chair. Norma advised that she did not anticipate any issues as, to date, there has only been 2 deputations during the time period of the Health and Social Care Partnership.</p> <p>Dave Dempsey queried with regards Section 15 the Scheme of Delegation noting that Fife Council Legal Services were to check and asked if this had taken place which Norma confirmed this had been done.</p> <p>The committee confirmed that they were assured that adequate and appropriate governance arrangements are in place to discharge the duties which are delegated to the IJB as outlined in the recommendations and wished to thank all for the significant work to complete this revision.</p>	

<p>9.</p>	<p>ITEMS FOR HIGHLIGHTING</p> <p>Dave Dempsey noted that he would not be in attendance of the IJB and noted that review would fall to Sinead Braiden</p> <p>Sinead Braiden confirmed that the items to highlight were the significant work taken to complete the revised Risk Register and Governance Manual</p>	<p>SB</p>
<p>10.</p>	<p>AOCB</p> <p>Tim Bridle advised that this committee meeting the external audit review was usually tabled, but due to the pandemic this was put back to the November Meeting.</p> <p>Tim noted that the new external auditors will be taking on the role next year and asked the committee whether he should invite them to the next meeting as a handover.</p> <p>The committee confirmed that the new external auditors are invited to this committee and the IJB.</p>	<p>TB</p>
<p>11.</p>	<p>DATE OF NEXT MEETING</p> <p>9th November 2022 – 10.00am – 12.00pm</p>	



Fife Health & Social Care Partnership

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CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 16 SEPTEMBER 2022 AT 10 PM VIA MICROSOFT TEAMS

Present: Arlene Wood, NHS Board Member [Chair]
Cllr David Graham
Martin Black, NHS Board Member
Alistair Morris, NHS Board Member
Cllr Dave Dempsey
Cllr David Alexander

Attending: Nicky Connor, Director of Health & Social Care
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Euan Reid, Lead Pharmacist Medicines Management
Rona Laskowski, Head of Critical and Complex Care Services
Roy Lawrence, Principle Lead for Organisation Partnership
Tracy Hogg, HSCP Finance Manager

In attendance:

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

Apologies for Absence: Cllr Graeme Downie
Helen Hellewell, Associate Medical Director
Ben Hannan, Director of Pharmacy and Medicines
Bryan Davies, Head of Primary and Preventative Care Services

		ACTION
1.	WELCOME AND APOLOGIES Arlene Wood welcomed everyone to the meeting and apologies were noted as above. Arlene reminded all of the protocols for the meeting.	
2.	DECLARATIONS OF INTEREST There were no declarations of interest noted.	
3.	MINUTE OF PREVIOUS MEETINGS – 8 JULY 2022 The minutes of the last Finance, Performance & Scrutiny Committee were agreed as an accurate record of the meeting.	

<p>4.</p>	<p>MATTERS ARISING / ACTION LOG</p> <p>There were two outstanding actions from the Finance & Performance Committee, Audrey Valente advised the draft report regarding vacancies was not quite ready and was aiming to bring to the next Committee. Audrey apologised for the delay noting that the finance team had experienced challenges drawing the information from the various systems but noted that a solution has been identified which will hopefully resolve the issue.</p> <p>Martin Black noted that the vacancy situation was obviously causing issues across all HSCPs and Health Boards and stressed the urgency of the situation should be a priority. Audrey Valente confirmed that the Partnership was working closely with both partners, linking with both HR and Finance Teams to get the information required.</p> <p>Nicky Connor wished to assure the Committee that the team was not waiting for the data to be gathered before addressing the situation noting the recent STV Recruitment drive as well as smaller events such as the careers evening at Balwearie High School that a team from the Partnership supported.</p>	
<p>5.</p>	<p>WORKPLAN 2022-2023</p> <p>Fiona McKay advised following on from the Terms of Reference (TOR) being revised, to ensure that all the reporting required for this Committee is captured. An exercise was undertaken to match the TOR and the frequency for reports to be tabled at this Committee. Fiona confirmed that this workplan is flexible and there is still the capacity to bring ad hoc reports as required to the Committee.</p> <p>Arlene Wood wished to thank Dave Dempsey and Audrey Valente for sharing what they had completed for the Audit and Assurance Committee.</p> <p>Martin Black noted that all reports were for discussion except the Assurance Statement and Government Self-Assessment and asked if this was correct. Fiona McKay advised that the papers would be for discussion as to whether they would be forwarded to the IJB. She would check following the refreshed Terms of Reference whether the Grants and Voluntary Organisations report is still devolved from the IJB to this Committee. If this is the case the document will need to be updated to reflect this.</p> <p>Arlene Wood advised that she was seeking the Committee's agreement that the appendices cover the terms of reference and remit. The Committee confirmed that the workplan covered all aspects outlined within the Terms of Reference and that the workplan had been considered and discussed as outlined within the recommendations..</p>	<p>FM</p>
<p>6.</p>	<p>FINANCE UPDATE</p> <p>Audrey Valente outlined the financial position as of July 2022 highlighting that the projected outturn is an underspend of £6.9M. Audrey noted that the budget had been set in March based on the unachieved savings from the last financial year brought forward. The total value of the savings for 2022-23 brought forward is £3.8M and appendix 2 provides an update on all the savings highlighting £2.5 (66%) has been delivered against the target. Audrey noted that it has been agreed that two savings identified Morse and Total Mobile will be funded from reserves.</p>	

Audrey advised that correspondence has been received from the Scottish Government indicating that there will be a requirement to return any underspent covid funding. For Fife HSCP it is anticipated that this will be £17.5m.

Dave Dempsey asked what the timeframe was for returning the covid funding. Audrey noted that it had only been the initial communication to date and no timeframe had been provided.

Dave Dempsey noted with regards the section on vacancies, if future reports could note the actual spend. He also noted that there was a lot of reference to underspend due to vacancies and asked how do we get the full picture of what is not being done on account of the vacancies. Audrey confirmed that this was what the finance team were looking at and developing the paper which will look at the impact of filling these posts. Nicky Connor wished to assure that many of the vacancies were being covered but not in the best way for continuity or cost effectiveness for the service.

Alastair Morris noted concern regarding the challenging financial position with the prediction that the situation will only get more challenging. He noted disappointment that the carried forward savings plan is not going to deliver with savings being substituted which will compound the problem. Audrey confirmed that she was aware and acknowledged the financial challenges going forward but noted with regards savings the Partnership had a good track record achieving the savings and had delivered 65% of these. Audrey confirmed that the savings are monitored regularly with the Senior Leadership Team.

Martin Black noted that pg. 27/28 refers to funding supplied for Afghanistan refugees and queried whether similar funding had been made available for the Ukraine refugees. Audrey confirmed that she was not aware of any funding received to support the Ukraine refugees and noted that the funding for the Afghanistan refugees had been carried over from the previous year.

Martin Black queried why there was funding to upgrade the Wellesley Unit as this is a GP Practice and they are private contractors. Audrey confirmed that the Wellesley unit was now a 2C Practice that has come under the remit of NHS Fife. Nicky Connor confirmed that the funding associated with this practice has transferred to the Partnership.

Martin Black queried if the Partnership is to return £17M unspent covid funding does this mean there is the assumption that covid is over. He also queried if the government would request the underspend relating to vacancies to also be returned. Audrey confirmed that covid was still present in the community and the finance team were looking at the Medium-Term Budget Gap and clearly identifying and absorbing the recurring costs of covid within the budget gap going forward. Audrey noted that with regards funding related to vacancies the service may require to realign the budget to set a realistic budget going forward which is good budget management.

The Committee approved the financial monitoring position of July 2022 and the use of reserves as outlined within the report.

<p>7.</p>	<p>PERFORMANCE REPORT – AUGUST 2022</p> <p>Fiona McKay advised that the Performance Report highlights a few challenging positions for both in-house and partner organisations taking into consider the rise in cost of living.</p> <p>Dave Dempsey asked who the intended readership of this report was. Fiona confirmed the report comes in full to the Finance, Performance & Scrutiny Committee with an Executive Summary being tabled at the IJB. Dave noted that the report was noted for information only and asked what he was meant to do with the significant information contained within the report. Fiona confirmed that the paper was to provide assurance to this Committee of the work that the Partnership is doing, and the pressures experienced by the service.</p> <p>Arlene Wood noted that if the report is for awareness and assurance then the report purpose and recommendations need to change to reflect this going forward.</p> <p>Alastair Morris asked if statistics from other health boards could be added to help provide a better comparison. Fiona McKay advised that the Scottish data was published so this would be possible but consideration to which Partnerships was chosen would be required as it would need to be of a comparable size to Fife to give a fair comparison.</p> <p>Martin Black noted that the figures on pg. 42 for STAR Beds have never been near the target but there has been some fluctuation recently and asked if there was a reason for this. Fiona McKay advised that the STAR Beds are for people requiring more support or supervision before they go home and the service are seeing people coming into the STAR beds needing a little more rehabilitation. Fiona confirmed that the STAR Team are also experiencing patients who have been referred to them not be able to go home and discussions with families are required at this point. Fiona confirmed that there is a finite number of STAR beds and moving people on has been a challenge. The was discussion around the cost of patients remaining in STAR beds and Lynne Garvey advised that there was a prioritisation system in place for all enabling care and the service has previously investigated the difference in funding between care packages and STAR beds and noted that there was no obvious additional cost.</p> <p>Arlene Wood queried if the new guidance had been submitted relating to the waiting times indicators. Nicky Connor advised that the guidance had been received and confirmed that Rona Laskowski was investigating the implications for the service.</p> <p>The Committee confirmed they were aware of the content of the Performance Report as outlined in the recommendations and that the report was also submitted for assurance.</p>	<p>FM</p>
<p>8.</p>	<p>FINANCE, PERFORMANCE & SCRUTINY STRATEGIC RISK REGISTER</p> <p>Audrey Valente advised that this report was for awareness and discussion as it sets out the IJB Strategic Risks that may pose a threat to the Partnership achieving its objectives in relation to financial and performance management.</p>	

	<p>Audrey confirmed that the risk register was last presented to the former Finance & Performance Committee in February 2021 and since that date a full review has been carried out by the Senior Leadership Team which resulted in the full revised risk register being presented to the IJB on 28 January 2022.</p> <p>Audrey noted that the review had focussed on</p> <ul style="list-style-type: none"> • Clarity of the risks to be included on the risk register with a focus on strategic risks • More formalised links to performance and the performance framework • Ensuring we have SMART actions in place to support management of the risks <p>Audrey confirmed that work is ongoing and that the risk register will be reviewed and developed in line with the refreshed Strategic Plan following the revised Integration Scheme being agreed and noted that the IJB Risk Management Policy and Strategy is currently being reviewed to reflect the relevant changes.</p> <p>Audrey advised that there are currently 4 risks with a high residual risk score.</p> <p>The question was asked how the IJB Risk Register links with the new NHS Fife Corporate Risk Register and Fife Council’s own register. Audrey confirmed that the Partnership works closely with both partners. Nicky Connor confirmed that the Integration Scheme outlines how risk will be managed and in addition there is a monthly Senior Leadership Team Meeting which focusses on Assurance.</p> <p>Alastair Morris noted that the finance risk has been sitting with a score of 16 for some time and queried whether the new risks associated with increased inflation and cost of living will impact on this score. Audrey Valente noted that previously the finance risk had been scored higher at 25 but due to the pandemic and the current reserves this score had been reviewed and re-graded to 16 but it is anticipated when the risk is next reviewed that the score will rise.</p> <p>Arlene Wood confirmed that the Committee had discussed the risk register but there was discussion whether the recommendation should note that the paper is providing assurance. It was agreed all reports going forward should be for assurance or for escalation of issues.</p>	AV
<p>9.</p>	<p>COMPLAINTS AND COMPLIMENTS UPDATE</p> <p>Audrey Valente advised that this report provided the statistics for the complaints and compliments received for the Partnership during January-June 2022.</p> <p>Alastair Morris noted that while this information is important it would be good, going forward, to including statistics for how quickly complaints are responded to and which localities the complaints are coming from to make the report more meaningful. Audrey Valente agreed, noting that this had been discussed previously and agreed but due to staffing issues this year it had not been possible.</p>	

	<p>The Committee confirmed they were aware of the content of the complaints and compliments report as outlined in the recommendations.</p>	
<p>10. ANNUAL PERFORMANCE REPORT 2021–2022</p>	<p>Fiona McKay advised that this was the fifth Annual Report that the Partnership has brought to Committee which will also be tabled at the IJB. Fiona noted that the time period that the annual report covers was challenging as it covered the pandemic period but was pleased to note that some areas had progressed well despite the covid situation. Fiona confirmed that the report requires to be submitted to the Scottish Government by the end of October 2022.</p> <p>Dave Dempsey asked if the service receives a response from the Scottish Government. Fiona confirmed that a national report is published which includes data from all reports submitted.</p> <p>Martin Black noted that he did not see any information on addictions within the report and asked what the Partnership was doing for people with addictions. Fiona advised that there was a section on ADP on pg. 132. Martin noted that he was surprised that there was no reference to the funding from the Scottish Government for addictions. Fiona advised that the Partnership funds First who provide community rehabilitation services and agreed to ask First for an update.</p> <p>Arlene wood queried whether there was still the opportunity for areas of service that the Committee feel should be included to be added. Fiona confirmed that the report was brought for discussion and there was the opportunity to revise content prior to submission to the IJB and Scottish Government.</p> <p>The Committee confirmed that they had discussed the report and were assured as outlined within the recommendations but taking into consideration the discussions noted above.</p>	<p>FM</p>
<p>11. DRAFT YEAR 1 WORKFORCE ACTION PLAN 2022-23</p>	<p>Roy Lawrence advised that this action plan supplemented the Workforce Strategy that the IJB approved and submitted to the Scottish Government. Roy confirmed that the 1-year plan did not need to be submitted and that it was for internal use only.</p> <p>The Committee confirmed that they had discussed the plan and were assured as outlined within the recommendations.</p>	
<p>12. COMMITTEE DEVELOPMENT SESSIONS</p>	<p>Arlene Wood advised that she had added this item onto the agenda to allow the Committee time to discuss development sessions, noting that there was a planned budget, risk and governance session booked for the wider IJB, but wished to ask the Committee if they would like to have a separate session specific to this Committee or keep to the full IJB sessions and not duplicate work.</p>	

	<p>It was agreed that it would support this Committee to have a session on budget setting, finance and direction.</p> <p>Fiona McKay noted that it would be more beneficial to have a face-to-face development sessions to allow more debate and discussion.</p> <p>It was agreed that Audrey Valente/Fiona McKay and Nicky Connor would review what development sessions the IJB was going to be undertaking and look at something specific for the Finance, Performance & Scrutiny Committee.</p>	<p>AV/NC/ FMcK</p>
<p>13.</p>	<p>ITEMS FOR HIGHLIGHTING</p> <p>No items were identified for escalation or highlighting.</p>	
<p>14.</p>	<p>AOCB</p> <p>No items were raised under AOCB.</p>	
<p>15.</p>	<p>DATE OF NEXT MEETING:</p> <p>11 November 2022 at 10.00am via MS Teams</p>	



Fife Health & Social Care Partnership

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CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 09 SEPTEMBER 2022, 1000hrs - MS TEAMS

- Present:** Sinead Braiden, NHS Board Member (Chair) (SB)
Councillor Rosemary Liewald
Councillor Graeme Downie
Councillor Margaret Kennedy
Councillor Lynn Mowatt
Councillor Sam Steele
Martin Black, NHS Board Member
Ian Dall (ID)
- Attending:** Kathy Henwood, Head of Education and Children's Services (Children and Families/CJSW and CSWO) (KH)
Lynn Barker, Director of Nursing
Catherine Gilvear, Quality Clinical & Care Governance Lead
Lynne Garvey, Head of Community Care Services (LG)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)
Kenny Murphy, Third Sector Representative (KM)
Simon Fevre, Staff Side Representative (SF)
Rona Laskowski, Head of Complex and Critical Care Services (RLas)
Morna Fleming, Carer's Representative (MF)
Allan Adamson, Service Manager, Contract & Commissioning Team (AA)
Lesley Gauld, Team Manager, Strategic Planning (LG)
Heather Bett
- In Attendance:** Jennifer Cushnie, PA to Associate Medical Director (Minutes)
- Apologies for Absence:** Nicky Connor, Director of HSCP
Dr Chris McKenna, Medical Director
Dr Helen Hellewell, Associate Medical Director
Ben Hannan, Director of Pharmacy and Medicines
Paul Dundas, Independent Sector Lead
Fiona McKay, Head of Strategic Planning, Performance & Commissioning

No	Item	Action
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS The Chair welcomed all to the meeting, in particular, Morna Fleming who is the Carer's Representative. SB ran through the protocol for the meeting.	

	SB acknowledged the passing of Queen Elizabeth II and thanked the tremendous hard work and dedication from all of the Health & Social Care Staff across NHS and Partnership in what continues to be a very challenging environment.	
2	DECLARATION OF MEMBERS' INTEREST No declarations of interest were received.	
3	APOLOGIES FOR ABSENCE Apologies were noted as above.	
4	MINUTES OF PREVIOUS MEETINGS HELD ON 05 JULY 2022 The previous minutes from the C&CGC meeting on 05 July 2022 were approved as an accurate record of the meeting. MB queried if the group was quorate and, for those who were unable to attend, had a representative been nominated to attend in their place? It was confirmed the Group was quorate. SB advised Alan Adamson was attending for Fiona McKay as there was a Paper to be presented. MB asked if this issue could be followed up out-with the meeting.	WA
5	GOVERNANCE	
	5.1 HSCP Annual Performance Report 2021-2022 AA presented the Paper which was brought to Committee for assurance. She stated this was the Partnership's 5 th Performance Report covering 2021-22 and the last of the current Strategic Plan. He advised there had been some significant changes internally and externally during the year, ie ongoing impact of the pandemic, cost of living crisis and challenges within workforce recruitment. He told of a restructure within the Department and the reasons. The 5 Strategic priorities were outlined with a case-study which demonstrated progress in these areas. He highlighted the Report does not encompass all the work carried out by the Partnership, but rather key examples to give an overview of the range of outcomes which have been delivered. Overall, the report was felt to be a positive report, despite challenging times. It gives a strong foundation for the new Strategic Plan for 2022-2025, which will be published later in the year. AA introduced Lesley Gauld, Team Leader, Strategic Planning and indicated he and Lesley were happy to answer questions. Cllr Liewald commented she was delighted with the positive work taking place and acknowledged there was much to be done but felt the Paper was a fair representation. Cllr Kennedy agreed with Cllr Liewald's comments and praised the innovative thinking during the pandemic and was confident through development of the new strategy, the Partnership is in a good position to move forward. Cllr Downie was keen to see further detail around working with deaf/blind groups. AA advised the deaf communication service is an	

<p>area which is being built upon and there is work going on to support individuals and their carers. LG will forward further information to Cllr Downie.</p> <p>MB sought clarification around people using the Wells Unit. AA stated this was affected by the pandemic and will forward further information to MB. The communication strategy was queried and it was felt this must be robust. Rehabilitation was also queried and MB pointed out the East of Scotland have a very poor record of residential rehabilitation compared to the rest of Scotland. He referred to funding available and felt a rethink is required. SG queried if there is word of any developments coming from Scottish Government level. AA stated he could not comment but felt NC can advise MB. This topic was discussed at some length.</p> <p>Cllr Liewald asked if feedback could be provided by Elisabeth Butters, NC and RLas from the Alcohol and Drug Partnership Group to attend a future meeting. A development session was to be considered.</p> <p>Cllr Steele was delighted to see mention of the vital work of the NNPI Service. She enquired if there is CPR staff training for picking up Sepsis and Osmosis post Covid infection in the black and minority ethnic groups. LB advised there is a huge amount of work ongoing within the Immunisation Programme re minority groups and she will give a detailed response through email outwith the meeting.</p> <p>MF was happy to see the detail around unpaid carers and was pleased the Booster Programme is rolling out. She stated there has been an agreement with COSLA that unpaid carers should be included in the equality and diversity impact assessment in any report. She has passed the letter to NC and FMcK and would like to see this in future report SBARs. This has been raised previously and expects this to be included in future. SB asked MF to keep her informed.</p> <p>ID asked if Appendix 2 details the full list of indicators. AA advised the indicators are received through the ?? Team, a new update will be received early September. The report will be updated before presentation to IJB. ID queried post diagnostic support for Alzheimers. AA advised it was difficult to include all key themes in the report and it was agreed this is one of the top 3 problems within Fife. AA advised this will be considered for inclusion in the final report. SB agreed, it would be helpful.</p> <p>Cllr Downie queried why access to Abortion Services is not included. LG stated this is not a Partnership Service and sits with Women & Children's Directorate in Acute NHS. Heather Bett, Service Manager Sexual Health Services will link with Cllr Downie.</p> <p>MB stated he is not comfortable with percentages used in the report and prefers numbers be used. SB was in agreement and AA advised these comments will be taken on board.</p> <p>SB commented Shared Lives Fife is an excellent piece of work and questioned background checks. AA advised PVG and background checks will be conducted, however, AA will put SB in touch with the relevant Service Manager.</p>	<p>AA / LG</p> <p>AA</p> <p>LB</p> <p>HB</p> <p>AA</p>
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	<p>SB sought further information around the Learning Disability Service which paints a positive picture, however, referred to recent media reports to the contrary. AA advised RLAs was the best person to answer such queries, however, did know of plans in place. SB will liaise with RL separately.</p>	<p>HB</p>
	<p>5.2 Fife HSCP Year 1 Workforce Action Plan 2022-2023</p> <p>RL introduced the Plan which he asked the Committee to consider and discuss. Support for the recommendation the IJB approve the Plan was also sought. He advised the Plan will go to the IJB at the end of the month. There is no requirement for the Plan to be submitted to Scottish Government, it is an internal Action Plan for Fife HSCP to deliver on the Strategy. He stated the Plan will come to SLT Assurance 3 times annually and the IJB annually, LPF and Committees.</p> <p>Feedback from Scottish Government is awaited on the Final Strategy, this is expected imminently.</p> <p>RL outlined the key points within the Action Plan and how it aligns with the priorities of the Strategy. He explained the work which is currently being carried out and invited comments / questions.</p> <p>Cllr Kennedy queried if the action plan will enable employees, rather than the System leading and asked if Staff-Side are in agreement. RL gave assurance there will be engagement with the workforce and management will be coached to allow this culture to flourish.</p> <p>Cllr Kennedy was encouraged to hear the 'softer' skills in people management will be available to Senior Staff. SF was supportive of the Plan.</p> <p>Cllr Liewald was pleased to hear of the joined up communication across all staff and particularly glad to see plans around housing provision and OT services.</p> <p>MF would like to see a dedicated group of professionals attending the Locality Planning meetings in each of the 7 Localities - consistency to help build relationships. She also asked, if there is funding available, can funds be used to improving pay and conditions for Social Care Workers to encourage retention and attract new employees. RL advised the SLT members are aligned to a Locality which will give assurance around continuity. Regarding recruitment, RL told of work to improve pay and conditions for Social Work Carers and the ongoing effort. RL will link with MF out with the meeting.</p> <p>LG added, there was incentive given to external providers to enhance rates and some Scottish Government funding was dedicated to weekend working and enhanced rates within the Private Sector. She told of work taking place to retain Carers around working conditions, not just pay and also told of an ITV campaign and locality targeted advertising campaign to enhance recruitment.</p> <p>ID welcomed the report, he would like to see more on staff retention, considering all conditions and benefits for employees, not just salary. He would like to see if monies coming in from Scottish Government could help to enhance Carers' salaries.</p>	<p>RL</p>

	<p>MB felt it is vital to remember the rate of pay is very important and also the opportunity to develop within the post as well as job satisfaction.</p> <p>RL thanked all for the feedback.</p>	
	<p>5.3 Child Protection Annual Report : Child Protection Committee</p> <p>AS, Independent Chair of Fife Child Protection Committee introduced the report. He explained the period covered is the academic year from 01.4.20-31.07.21. The report covers a critical and difficult time due to the world-wide Pandemic and AS spoke of the particular difficulties this brought to children and families and how some of these difficulties were overcome.</p> <p>AS told of resource issues within the Committee through the absence of a full time Lead Officer at the beginning of the pandemic. He explained how the work was taken forward despite the isolation caused by lockdown and how the Service adapted. MS Teams was widely introduced to carry on communication of operational meetings, working groups and committees.</p> <p>AS spoke of new Child Protection Guidance which was introduced in Sept 2021. A significant change programme has been implemented relating to the Guidance, which AS elaborated upon.</p> <p>KH added, Child Protection does not work independently but relies on everyone being alert to children, families and vulnerable adults in their own communities, helping to build safer communities, safer families and supports. A key factor is the increase in poverty, which is having a huge impact on families. KH told of joined up working across the Partnership - support for families with practical resources and enabling emotional resilience there can be a reduction in the instances of child harm from parents and people in the community.</p> <p>MF referred to the unexpected increase in CAMHS referrals and asked if there is a mechanism for maintaining contact with the adolescents until they can access the therapies needed. She also asked if there is an issue with children not returning to school after lockdown and if so, how this is being tackled.</p> <p>KH advised an increase in referrals to CAMHS was anticipated and through the Community Health and Wellbeing Fund, support has been set up for children and adolescents to access services, without clinical assessment. She explained the multi-agency support which is being provided for children/adolescents whilst awaiting additional support through CAMHS. Additionally, KH described the various mechanisms in place to support children and adolescents with care experience.</p> <p>Regarding children who have not returned to school post lockdown, KH advised this issue is actively being addressed and information is presently being collated. She stated some children may have reached an age or stage to migrate away from education, however, every child on the school register pre lockdown will be accounted for.</p>	

	<p>RLAs stated, an Urgent Referral Team has been established and she assured high risk children and adolescents are being picked up immediately, and also those who have been waiting the longest. She stated the waiting list for this group has reduced by half since the start of the year.</p>	
	<p>5.4 Revisited Child Protection Guidelines</p>	
	<p>HB introduced the Paper which relates to the previous presentation by Alan Small. The purpose of the Paper is to give assurance to the Committee of the structure in place to implement the new guidance within Fife HSCP, also with links into Acute. She told of a Local Group established to take forward the changes and how the group is working to understand the implications for service delivery within HSCP setting. She stated the responsibility does not rest solely with the Child Protection Team but across all Services, particularly within Adult Services who are working with families and can assess for risk to children within these situations.</p> <p>HB outlined the various workstreams set out in the paper and how they link together with multi-agency services and partnerships. She told of Quality Improvement Officers working to ensure the quality of service and its relevance.</p> <p>MB queried if HB felt confident electronic communication systems between all agencies are compatible and was she confident data protection would not be breached. HB advised there is an information sharing protocol being worked on currently with input from information governance teams. Officers will add information to a standalone system which provides full information on the case being considered. Currently, paper records are held in all 3 Agencies, these will be manually entered onto one electronic record which can be seen remotely by each Agency.</p> <p>The issue of a possible cyber-attack was discussed and HB described how this will be minimised. KH added, the system has been tested across England and local authorities within Scotland and it is compliant with the Police standard of security. She assured, in Fife, it will be ensured the system meets all regulations and parameters of security.</p> <p>Cllr Kennedy was particularly pleased to see the definition of neglect has been revised and also Health will be an equal partner. SB was also very pleased to see Health now an equal partner.</p>	
6	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	6.1 Unconfirmed Minute of the ADTC from 22.06.22	
	6.2 Minute of the Clinical Governance Committee from 01.07.22	
7	ITEMS FOR ESCALATION	
	No items for escalation.	

8	AOCB No further items raised.	
9	DATE OF NEXT MEETING – Tuesday 8th November 2022, 1000hrs MSTeams	



HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 21 SEPTEMBER 2022 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Simon Fevre, Staff Side Representative
Angela Kopyto, Dental Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Chris Conroy, Clinical Services Manager (for Bryan Davies)
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elizabeth Crighton, Project Manager – Wellbeing & Absence
Hazel Williamson, Communications Officer, H&SC
Jim Forrest, NHS Fife
Karen Nolan, Clinical Services Manager (for Lisa Cooper)
Kenny McCallum, UNISON
Lee-Anne French, HR Lead Officer, Fife Council (for Elaine Jordan)
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Morag Stenhouse, H&S Adviser, Fife Council
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Young, HR Team Leader, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Wilma Brown, Employee Director, NHS Fife
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Alison Nicoll, RCN
Bryan Davies, Head of Primary & Preventative Care Services
Debbie Thompson, Joint Trades Union Secretary
Elaine Jordan, HR Business Partner, Fife Council
Eleanor Haggett, Staff Side Representative
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Rona Laskowski, Head of Complex & Critical Care Services

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 20 July 2022 The Minute from the meeting held on 20 July 2022 was approved as an accurate record of the meeting.	

2.2 **Action Log from 20 July 2022**

The Action Log from the meeting held on 20 July 2022 was updated slightly and then approved as accurate.

3 **JOINT CHAIRS UPDATE**

Nicky Connor advised that following a competitive interview process, Lisa Cooper has been appointed Head of Primary & Preventative Care Services to replace Bryan Davies who leaves the partnership on 7 October 2022. Recruitment is ongoing to replace Lisa in her current role.

4 **IMATTER UPDATE**

Roy Lawrence and Diane Roth covered the iMatter report, which showed a 2% increase in the response rate from 2021 (was 61% now 63%). Managers were asked to complete and upload their Action Plans by Monday of this week (19 September) and to date only 53% have completed this. Other Managers are in the process of completing and uploading their Action Plans and this is to be promoted by SLT and through the weekly Director's Brief.

SLT/HW

Work is ongoing to encourage iMatter to be considered throughout the year and not just when the survey is being undertaken.

Discussion took place around several areas where response rates were lower and how best to encourage employees to engage and also sharing of suggestions from different groups, to help conversations around Action Plans.

A further update will be brought to the LPF meeting on 16 November 2022.

5 **HEALTH AND WELLBEING**

Attendance Information

Susan Young advised that the overall average figure for NHS Fife was 5.88% in July 2022. Covid-19 related absence equated to an additional 2.21% for July 2022. This is a reduction and reflects both short and long term absences.

From 1 September 2022 COVID-19 related absences are no longer recorded separately under the special leave categories within SSTS with the exception of the infection control period following a positive test. This is anticipated to impact on future sickness absence percentages from September onwards.

Lee-Anne French updated that having stabilised in January and February 2022, absence rates fell in March and April, however May, June and July have seen an increase from 12.1% in April to 13.9% in July.

There is an ongoing focus on supporting managers with absence management which continues to be a priority and it is recognised that absence levels remain high, which continues to have a significant impact on service delivery.

Kenny McCallum asked about Social Work and Social Care absences, which are the only Council area showing an improvement in recent months. Managers have been provided with support including improvement panels and staff wellbeing support.

5 HEALTH AND WELLBEING (CONT)

Attendance Information (Cont)

The question of regular supervision for care staff was also raised and this will improve with the recruitment of more co-ordinator posts and the introduction of a professional assurance framework.

Staff Health & Wellbeing

NHS Fife has introduced a Menopause Hub in the Staff Club at Victoria Hospital, Kirkcaldy and there are plans to introduce another one in Queen Margaret Hospital, Dunfermline in the near future.

Susan Young offered to share leaflets with the LPF which have been produced by the NHS on financial health.

SY

The NHS are reformatting and relaunching their Stress Toolkit in the coming months.

Lee-Anne French gave an update on the Employee Wellbeing Roadshows running through September, predominantly for Fife Council staff but NHS employees would be welcome to join. These are mainly online and provide networking opportunities.

Elizabeth Crighton updated on the work being undertaken in conjunction with the University of Hull. 756 employees responded to their stress survey, responses are being analysed and will be discussed at a meeting next week. Further update on this to a future LPF meeting.

6 HEALTH AND SAFETY UPDATE (Inc FORUM)

Morag Stenhouse advised that since the last LPF meeting there has only been one RIDDOR reportable incident which was in Care at Home and corrective action has been agreed for the future. Compliance checks on Staffed Group Homes and Care Homes will recommence shortly. DSE Assessments will be required from staff who have chosen to work to a blended model. Power BI reports are available to all who have requested them.

Billy Nixon has replaced Anne-Marie Marshall as the NHS Fife Health and Safety rep on the LPF. Written update to be requested and circulated.

WA

Discussion took place around the significant work which is ongoing with Mental Health and Learning and Development, eg ligature risk assessments. It was agreed that Rona Laskowski and Wendy McConville would provide a joint, written update to the November LPF meeting.

RLas/WMc

7 FINANCE UPDATE

Audrey Valente advised that, as at 31 July 2022, the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £6.950m. Key areas of overspend are Hospital & Long-Term Care and Adult Placements. These overspends are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Homecare, Adults Fife-wide, Adults Supported Living and Social Care Fieldwork.

Unachieved savings proposals from prior years were brought forward to meet the budget gap and this was approved by the IJB as part of the budget set in March 2022. The total value of savings for the 2022-23 brought forward is £3.794m.

7 FINANCE UPDATE (Cont)

Appendix 2 provided an update on all savings and highlights that savings of £2.513m (66.2%) will be delivered against the target.

Current covid spend is £18.429m and there is a requirement to return any unspent Covid reserves to Scottish Government. At present this is approximately £17.5m, although work is ongoing to ensure that all covid spending is accounted for.

8 NATIONAL WHISTLEBLOWING STANDARDS – PART 8

Roy Lawrence advised that the report on this would go to SLT Business at the end of October 2022 and be brought to the LPF on 16 November 2022. Work is ongoing to ensure that the policies in NHS Fife and Fife Council support staff and ensure that the partnership can fulfill its requirements. A short life working group has been established to work on this.

Lynne Parsons reiterated that staff need to know how to raise concerns and that they will be dealt with appropriately.

Susan Young advised that 3-7 December is Speak Up Week, which will focus on Whistleblowing. Information on this will be included in Nicky's briefing.

9 SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19**Surge Capacity**

Lynne Garvey advised that whilst covid cases are lower than previously there are still pressures associated with this. Care Home / Ward / Bay closures are also currently low.

Lynne also updated on the use of surge beds. Work is ongoing to see how best to deal with these and whether or not they will become permanent beds and how these could be staffed.

Workforce and Investment

Hotspots continue particularly in Care at Home at inpatient nursing. The recent STV recruitment campaign has resulted in 16 new staff joining the partnership so far. Work is ongoing to continue promotion / recruitment of staff.

Chris Conroy advised that there are still hotspots in Bryan Davies' area due to sickness absence and recruitment issues. Improvement panels are working well.

Nicky Connor advised there are ongoing challenges in Mental Health and Learning Development.

Discussion took place around recruitment, the use of Vacancy Management Forms and the length of time it can take for successful candidates to be in post. A working group has been looking at this since the move to the East Region Recruitment Service. Feedback will be provided to future meetings.

Update on Covid (including updated guidance and temporary policy)

Updated guidance had been circulated with the papers for the meeting.

9 SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19 (CONT)

Winter Readiness

Lynn Barker updated on the OPEL tool which is being adapted for use with in patient workforce.

Discussion took place around the wearing of face masks, as staff are being given different advice depending on their employer. Employees are urged to comply with national guidance and are encouraged to wear a face mask if they wish to do so.

Staff Immunisation

Karen Nolan advised that by the end of Tuesday 20 September over 5,600 staff had been vaccinated at drop in clinics (81% had covid jab, 78% flu). The Immunisation Team continue to promote the uptake of covid and flu jabs all staff, particularly those who work in Care Homes and the partnership. Mop up sessions are planned for November 2022.

10 HSCP YEAR 1 WORKFORCE ACTION PLAN

Roy Lawrence presented this report which covers the first year of the three year Workforce Strategy. The report will be taken to the IJB meeting on 30 September 2022. It will be reviewed and Scottish Government updated annually.

To date no feedback has been received from Scottish Government, once received this will allow the plan to be adapted during October 2022.

Discussion took place around career pathways and how the partnership can best support Foundation Apprenticeships to ensure employees stay within the partnership once their apprenticeship finishes.

The LPF supported the Action Plan.

11 2023 MEETING DATES

Dates had been circulated with the papers for the meeting. These were agreed and will be added to diaries in the near future. Copy of final document to be circulated to LPF members.

WA

12 ITEMS FOR BRIEFING STAFF

- Promote completion and upload of iMatter Action Plans by Managers.
- Promote Health & Safety – how much LPF value this, encourage staff to raise concerns
- Celebration – Care at Home Events (work already underway)
- Encourage Staff Immunisation
- Promote individual health and wellbeing
- Promote financial wellbeing

13 END OF YEAR-ROUND UP

Face to face Development Session being arranged for May 2023.

NO	HEADING	ACTION
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14	AOCB	
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Angela Kopyto made the LPF aware of the current situation with Dentistry and the potential crisis it faces. Nicky Connor undertook to take action and follow this up with Bryan Davies and Lisa Cooper in the first instance.

15	DATE OF NEXT MEETING	
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Wednesday 16 November 2022 – 9.00 am – 11.00 am