



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 31 MARCH 2023 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

NO	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	Arlene Wood	-
2	DECLARATION OF MEMBERS' INTERESTS	Arlene Wood	-
3	MINUTES OF PREVIOUS MEETING & ACTION NOTE 27 JANUARY 2023	Arlene Wood	3-11
4	CHIEF OFFICER UPDATE	Nicky Connor	-
5	STRATEGIC PLANNING & DELIVERY 5.1 Strategic Plan: Delivery Plan 2023	Fiona McKay	12-38
6	LIVED EXPERIENCE & WELLBEING 6.1 Person Story - Video	Lynn Barker	-
7	INTEGRATED PERFORMANCE 7.1 Budget 2023-2024 And Medium-Term Financial Strategy 7.2 Finance Update	Audrey Valente Audrey Valente	39-79 80-95
8	GOVERNANCE & OUTCOMES 8.1 Review of the IJB Risk Management Policy and Strategy	Audrey Valente	96-129

9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS 9.1 Chief Social Work Officer Annual Report 2021-2022 9.2 Fife Adult Support And Protection Committee Biennial Report 2020-2022 9.3 Mainstreaming The Equality Duty And Equality Outcomes Progress Report – January 2023	K Henwood / F McKay/ R Laskowski K Henwood / D Archibald/ R Burke Fiona McKay	130-173 174-269 270-299
10	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED Audit & Assurance Committee Confirmed Minute from 19 January 2023 Verbal Update from 22 March 2023 Finance, Performance & Scrutiny Committee Confirmed Minute from 20 January 2023 Verbal Update from 17 March 2023 Quality & Communities Committee Unconfirmed Minute from 18 January 2023 Verbal Update from 10 March 2023 Local Partnership Forum Unconfirmed Minute from 24 January 2023 Verbal Update from 29 March 2023 Strategic Planning Group Unconfirmed Minute from 1 March 2023	Dave Dempsey Alistair Grant Sinead Braiden Simon Fevre / Nicky Connor David Graham	300-328
11	AOCB	All	-
12	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – FRIDAY 28 APRIL 2023 INTEGRATION JOINT BOARD – FRIDAY 26 MAY 2023	All	-

Nicky Connor
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Copies of papers are available in alternative formats on request from Audrey Valente, Chief Finance Officer, 6th Floor, Fife House – e:mail Audrey.Valente@fife.gov.uk



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 27 JANUARY 2023 AT 10.00 AM

Present	<p>Arlene Wood (AW) (Chair)</p> <p>David Graham (DG) (Vice-Chair)</p> <p>Fife Council – David Alexander (DA), Dave Dempsey (DD), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS)</p> <p>NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Alistair Morris (AM), John Kemp (JK), Sinead Braiden (SB)</p> <p>Janette Keenan (JK), Director of Nursing, NHS Fife</p> <p>Wilma Brown (WB), Employee Director, NHS Fife</p> <p>Amanda Wong (AW), Associate Director, AHP's, NHS Fife</p> <p>Debbie Fyfe (DF), Joint TU Secretary, Fife Council</p> <p>Ian Dall (ID), Service User Representative</p> <p>Morna Fleming (MF), Carer Representative</p> <p>Paul Dundas (PD), Independent Sector Representative</p> <p>Simon Fevre (SF), Staff Representative, NHS Fife</p>
Professional Advisers	<p>Nicky Connor (NC), Director of Health and Social Care/Chief Officer</p> <p>Audrey Valente (AV), Chief Finance Officer</p> <p>Sally O'Brien (SO) (for Lynn Barker (LB), Associate Director of Nursing)</p>
Attending	<p>Lisa Cooper (LC), Head of Primary & Preventative Care Services</p> <p>Lynne Garvey (LG), Head of Community Care Services</p> <p>Rona Laskowski (RLAs), Head of Complex & Critical Care Services</p> <p>Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning</p> <p>Lindsay Thomson, Head of Legal & Democratic Services, Fife Council</p> <p>Hazel Williamson (HW), Communications Adviser</p> <p>Clare Gibb (CG), Communications Adviser</p> <p>Cara Forrester (CF), Communications Adviser</p> <p>Wendy Anderson (WA), H&SC Co-ordinator (Minute)</p>

NO	TITLE	ACTION
1	CHAIRPERSON'S WELCOME / OPENING REMARKS	

The Chair welcomed everyone to the first Integration Joint Board for 2023 and congratulated the Hospital at Home Team (H@H) who recently celebrated their 10th anniversary. The service now has three teams working across Fife, and over the course of the past ten years the teams have seen almost 18,000 people in their own homes.

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

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

NO	TITLE	ACTION
2	CONFIRMATION OF ATTENDANCE / APOLOGIES	
	Apologies had been received from Chris McKenna, Eleanor Haggett, Kenny Murphy, Helen Hellewell, Lynn Barker, Kathy Henwood and Joy Tomlinson.	
3	DECLARATION OF MEMBERS' INTERESTS	
	There were no declarations of interest.	
4	MINUTES OF PREVIOUS MEETING 25 NOVEMBER 2022	
	The Minute from the meeting held on 25 November 2022 was approved as an accurate record.	
5	MATTERS ARISING – ACTION NOTE 25 NOVEMBER 2022	
	The Action Note from the meeting held on 25 November 2022 was approved as accurate.	
6	CHIEF OFFICER UPDATE	
	The Chair handed over to Nicky Connor for this item.	
	Nicky provided a short update on the current winter pressures which are ongoing and have seen the gold, silver and bronze command structure reinstated. Staff from all parts of the partnership have worked together as Team Fife to ensure services continue and Nicky expressed the thanks of the Board to all partnership staff, across all sectors, for this ongoing commitment.	
	The Care Home Collaboration is working well to ensure the sustainability of services and a test of change is ongoing as part of work around flow and navigation.	
	A briefing had been issued by Nicky Connor prior to the IJB meeting and members were encouraged to share the Winter Hero Campaign banner which was shared in the briefing. This campaign has generated interest in working in the partnership.	
	Fife are now involved in a relatively new initiative – Getting It Right For Everyone (GIRFE) - which will focus on people from young adulthood to end of life care. Between now and summer 2023 Fife will focus on being a pathfinder site for the Transitions workstream. Learning from all the pathfinder sites will inform national learning and recommendations for further expansion in Scotland	
7	FINANCE UPDATE	
	This report was discussed at the Finance, Performance & Scrutiny Committee on 20 January 2023. The chair introduced Audrey Valente who presented this report which detailed the financial position of the delegated and managed services based on November 2022 which forecast a surplus £7.146m. Key areas of overspend are Hospital & Long-Term Care, Adult Placements and Social Care other. These 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.	

NO	TITLE	ACTION
7	FINANCE UPDATE (CONT)	
	<p>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. Reserves totalling £79.712m were brought forward into this financial year. .</p> <p>It is proposed that earmarked reserves of £3.3m are committed to reflect a whole system response to the pressures being faced across Health and Social Care.</p> <p>The Chair then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee. Alastair confirmed that a lengthy discussion took place at Committee on the Finance Update and they were supportive of the use of reserves.</p> <p>The discussion was then opened up to Board members and items raised included underspends within the Home Care budget and the effect on carers, recruitment of additional staff via different campaigns and the unprecedented challenges being faced by the partnership and the utilisation of reserves.. The Board requested future reports contain information on areas with large overspends.</p> <p>The Board were assured that there is robust financial monitoring in place, approved the financial monitoring position as at November 2022 and approved the use of the reserves for the whole system pressures.</p>	AV
8	STRATEGIC PLAN 2023-2026	
	<p>As part of its development, the Strategic Plan has been previously considered by a large number of groups, including the Senior Leadership Team, the Local Partnership Forum, the three governance committees and IJB Development Sessions. These groups have either supported the content or their feedback has informed the development of the content presented in this report.</p> <p>The Chair introduced Fiona McKay who presented the final version of the Strategic Plan for Board approval. The plan is ambitious and transformational, it takes account of both the Medium-Term Financial Strategy and the Workforce Strategy. Extensive consultation took place with staff, service users and members of the public. Some consultation was done in conjunction with NHS Fife to ensure a joined- up approach. Fiona thanked the members of the Strategic Planning Group for their input and challenge throughout the process.</p> <p>The Chair then invited comment from the governance committee, Local Partnership Forum (LPF) and Strategic Planning Group (SPG) Chairs on discussions as their respective meeting.</p> <p>Sinead Braiden, Chair of Quality & Assurance, Alastair Grant, Chair of Finance, Performance & Scrutiny Committee and Dave Dempsey, Chair of Audit & Assurance Committee all confirmed that their members strongly supported the final Strategic Plan.</p> <p>Simon Fevre advised that the LPF had discussed the Strategic Plan on two separate occasions and there was overall support for the plan.</p> <p>David Graham, on behalf of the SPG advised that all organisations and stakeholders involved in the consultation were able to give feedback and the SPG recommended the Plan to the IJB for approval.</p>	

NO	TITLE	ACTION
8	STRATEGIC PLAN 2023-2026 (CONT)	FM
	<p>Nicky Connor advised that once the Strategic Plan was approved the next steps would be to bring each of the underpinning strategies through the governance committees to the IJB, ensuring that key delivery plans were in place and linking into the Annual Performance Report.</p> <p>Discussion then took place on the consultation for the plan, the increased number of people who took part, the work of the Communications and Participation & Engagement teams and the need to keep the Strategic Plan under review as legislation changes during its lifetime.</p> <p>The Board approved the Strategic Plan from 2023 to 2026 and took assurance around the ongoing work in relation to the delivery plan, development of the underpinning strategies, alignment of risk and the Medium-Term Financial Strategy and the Workforce Strategy which will all report back through the governance committees to the Integration Joint Board.</p> <p>Now the Strategic Plan has been approved work will commence on developing Directions and delivery plans which will be progressed through the Finance, Performance and Scrutiny Committee to the IJB as per our usual governance process. The Strategic Plan will be published on the Health and Social Care Partnership website.</p>	
9	JOINT INSPECTION REPORT AND IMPROVEMENT PLAN	
	<p>This report was discussed at the Finance, Performance & Scrutiny Committee on 20 January 2023. The Chair introduced Fiona McKay who presented this report.</p> <p>The Inspection Report was received following the Care Inspectorate Inspection in 2022. The Improvement Plan was developed as a result of the Inspection Report and has been approved by the Care Inspectorate. The working group which was established during the inspection will continue to meet regularly and the Getting It Right For Everyone (GIRFE) initiative mentioned during the Chief Officer's Update will support the work planned around this.</p> <p>The Chair then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Alastair confirmed that the Committee were supportive of the Improvement Plan.</p> <p>Discussion took place around the priority improvement areas including carers support and how this would be managed through the forthcoming Carers Strategy and upcoming changes to respite provision for carers, carers assessments and additional staff being recruited to support. Changes to the Senior Leadership Team have also supported improvements within the partnership.</p> <p>Morna Fleming raised concerns regarding carers who often do not see themselves as carers and do not engage with the partnership or seek support. A change in focus is needed to include this hard to reach group and ensure services are provided for those who need them.</p> <p>Fiona McKay advised that work is ongoing on the partnership website to ensure it is user friendly and able to provide the information on available support for the people of Fife. There is also work ongoing to ensure those who do not have access to technology can still be given appropriate information and advice.</p>	

NO	TITLE		ACTION
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9	JOINT INSPECTION REPORT AND IMPROVEMENT PLAN (CONT)		
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The Board confirmed that they took assurance that there is a plan in place to address the areas of learning and improvement identified through the inspection and also highlighted and recognised the good practice areas identified.

10	MINISTERIAL STRATEGIC GROUP (MSG) INDICATORS		
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This report was discussed at the Finance, Performance & Scrutiny Committee on 20 January 2023. The Chair introduced Fiona McKay who presented the report which is provided to the IJB regularly. Fiona gave background to the original MSG Indicators Report which was provided to Scottish Government in 2019 following a self-evaluation process by the partnership. Work on this was paused due to covid-19 and it is expected that this will be restarted in the near future. This report gives information up to December 2022 on the ongoing work with the MSG Indicators. Most of these have progressed and work will continue to ensure we are in a good position when this work is restarted by Scottish Government.

Nicky Connor advised that some of issues identified are national issues, not unique to Fife. She gave assurance that progress has also been made in many areas with year-on-year improvements evidenced in the report.

Arlene Wood asked if the original report on this could be circulated to IJB members.

FM

The Chair then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee who confirmed that the committee had not raised any specific questions or issues but found the report informative.

Board members felt this was a positive story and questions were asked about the expected status as not all were marked as exemplary. Fiona McKay explained that all indicators required to work through each of the four expected outcomes in turn. Therefore in line with Quality Improvement Methodology the expected status that is outlined in the next goal in this improvement journey rather the final expected end point.

Discussion took place around the expected route which future reports will take coming to the IJB and how do stakeholders have opportunity to input into the assessment of progress. This would normally be Senior Leadership Team and then Finance, Performance & Scrutiny Committee. It was suggested that this could also be brought to the Quality & Communities Committee in future as some of the MSG indicators would be relevant to this committee and enable wider input to the review of progress in future.

The Board took assurance that progress is being made on the implementation of the Ministerial Strategic Group Recommendations. This includes joint working across agencies in Fife and the commitment to continuous quality improvement. Progress will be included in the Health and Social Care Partnership Annual report and separate report on MSG will be reported to the IJB in the next financial year.

11	PERFORMANCE REPORT – EXECUTIVE SUMMARY		
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The full Performance Report was discussed at the Finance, Performance & Scrutiny Committee on 20 January 2023. The Chair introduced Fiona McKay who presented this report which is the normal summary report. Some areas within the report are highlighted and work is continuing to ensure improvement going forward.

NO	TITLE	ACTION
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11 PERFORMANCE REPORT – EXECUTIVE SUMMARY (CONT)

Within Fife work with Assessment and Interim Beds has been in place for a long period of time. Further work on these is being developed in conjunction with Paul Dundas. Lynne Garvey is taking forward significant work to support the reduction of delayed discharges and advised that daily verification meetings were being held to discuss all patients currently delayed in hospital, progress is being made thanks to the work of staff in all areas, including Care at Home where requests are being turned around in a really short timescale.

Nicky Connor gave an update the progress with smoking cessation, Child and Adolescent Mental Health Services waiting times and Psychological therapies waiting times.

Paul Dundas acknowledged the work done by all members of Team Fife on flow and capacity issues, coping with ongoing pressures and reducing hospital discharge delays. Scottish Care are meeting with the Cabinet Secretary on 23 February 2023 to discuss work undertaken in Fife.

The Chair then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment. Alastair advised that the committee had had a full discussion on this report.

Board members were encouraged by this report which was seen as a positive one. There was discussion regarding the opportunity that there could be to review the performance reporting to the Integration Joint Board and agreed that a development session will take place at the finance performance and scrutiny committee to explore this as the committee that reviews the performance in detail.

The Board took assurance that detailed discussion on performance takes place at Finance, Performance and Scrutiny Committee and that the committee is planning a Development Session to explore performance reporting and opportunities to further strengthen this aligned to the new Health and Social Care Partnership Strategic Plan.

12 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

Dave Dempsey advised that John Kemp was welcomed to his first meeting of the committee on 19 January 2023. Discussion took place around the Risk Register and that the committee were exploring a progress to support deep dives into specific risks to understand them better and to ensure that this connects well to the other committees of the IJB.

Finance, Performance & Scrutiny Committee (FP&S)

Arlene Wood chaired the FP&S Committee on 11 November 2022 and confirmed there was nothing to escalate from this meeting.

Alastair Grant chaired the meeting held on 20 January 2023 and confirmed there was nothing to escalate to the IJB from the meeting.

12 MINUTES OF GOVERNANCE COMMITTEES/LOCAL PARTNERSHIP FORUM/ ITEMS TO BE ESCALATED (CONT)

Quality & Communities Committee (Q&C)

Sinead Braiden advised that the meeting held on 8 November 2022 had a full agenda and since then an excellent Development Session has taken place for committee members where lived experience was shared by users of the Alcohol and Drug Partnership (ADP).

There was nothing to escalate from the meeting held on 18 January 2023.

Local Partnership Forum (LPF)

Simon Fevre advised there was nothing to escalate from meeting held on 16 November 2022. At 24 January 2023 meeting significant service pressures, surge bed capacity, the H&SC Leadership Programme and a presentation on the National Care Service were on agenda. The LPF acknowledged the huge contribution all staff have made over recent months.

13 AOCB

Ian Dall raised an issue relating to a Care Home in Fife and the concerns this has raised. Nicky Connor will meet with Ian to get an understanding of the issue with address this through the Care Home Assurance Group meeting.

Arlene Wood thanked all IJB members who has supported her induction and shared their thoughts and ideas which will help strengthen the IJB going forward. Arlene and Nicky will discuss these and IJB members will be updated on progress at future meetings.

14 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 24 FEBRUARY 2023

INTEGRATION JOINT BOARD – FRIDAY 31 MARCH 2023

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 27 JANUARY 2023

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	Strategic Plan 2023-2026 - approved, relevant delivery plan to be developed / progressed through the FP&S Committee to IJB. Strategic Plan will now be published on the Health and Social Care Partnership website.	Fiona McKay	31 January 2023 (for publication of Scheme on website) March IJB for Delivery Plan for the underpinning strategies.	Completed
2	Ministerial Strategic Group (MSG) Indicators – Arlene Wood asked if original MSG report could be circulated to IJB members.	Fiona McKay	31 March 2023	Circulated 2 February 2023 Completed
3	AOCB - Ian Dall raised issue relating to closure of a Care Home in Fife.	Nicky Connor / Ian Dall	27 January 2023	Meeting has taken place and being progressed through the care home assurance group. Completed

COMPLETED ACTIONS

Chief Officer Update – Joint Inspection Report – full Report and Improvement Plan to be brought to IJB in January 2023.	Nicky Connor / Fiona McKay	27 January 2023	Complete - on IJB agenda for 27/01/23
Winter Plan : Executive Summary - Ian Dall raised questions around post diagnostic support for dementia patients and it was agreed that this would be discussed between Ian and Rona Laskowski outwith the meeting.	Rona Laskowski	TBC	RLas has contacted ID re Meeting - Complete

DRAFT



Fife Health & Social Care Partnership

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Meeting Title: Integration Joint Board

Meeting Date: 31 March 2023

Agenda Item No: 5.1

Report Title: Strategic Plan: Delivery Plan 2023

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

1 Purpose

This Report is presented to Fife Integration Joint Board for:

- Decision. The report is submitted to the Integration Joint Board for a final decision to ensure that the Partnership is meeting its requirements within the Public Bodies (Joint Working) (Scotland) Act 2014 to deliver the Strategic Plan.

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

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

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

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

2 Route to the Meeting

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

- Senior Leadership Team
- Strategic Planning Group – 1st March 2023.
- Finance, Performance and Scrutiny Committee – 17th March 2023.
- Local Partnership Forum – 29th March 2023.

Following feedback from the Finance, Performance and Scrutiny Committee, additional details on SMART objectives (Specific, Measurable, Achievable, Relevant, and Time-Bound) were included in the Delivery Plan.

The draft Direction 2023.001 included in Appendix 2 has been previously considered by these groups:

- Senior Leadership Team
- IJB Development Session – 9th December 2022
- Strategic Planning Group – 1st March 2023.
- Finance, Performance and Scrutiny Committee – 17th March 2023.
- Local Partnership Forum – 29th March 2023.

Following feedback from the Finance, Performance and Scrutiny Committee, two separate Directions were drafted, one for Fife Council and one for NHS Fife. Both options are included in Appendix 2.

3 Report Summary

3.1 Situation

Fife Integration Joint Board (IJB) approved the 'Strategic Plan for Fife 2023 to 2026' on 27th January 2023. The final version is available here: www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026

The Strategic Plan is supported by the Delivery Plan 2023 which sets out our programme of work for the next year and the improvements we will make to further improve health and social care services in Fife. The Delivery Plan does not include all of the actions being taken by Fife Health

and Social Care Partnership in 2023, this is a high-level summary which focusses on the delivery of the strategic priorities identified in the Strategic Plan, and the top five priorities of the relevant supporting strategies.

Moving forward, we will develop SMART objectives (Specific, Measurable, Achievable, Relevant, and Time-Bound) for the Delivery Plan, and these will be linked to a RAG status (Red, Amber and Green) to measure progress. These metrics will be managed through the Strategic Plan Performance Framework which has already been agreed by the Integration Joint Board.

3.2 Background

The Strategic Plan for Fife 2023 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.

The Delivery Plan 2023 provides the foundation to assess the Partnership's performance, and the progress towards implementation of the Strategic Plan, over the next calendar year. The Strategic Planning Group has oversight of the Delivery Plan and provides regular reports to the Quality and Communities Committee, and on to the Integration Joint Board.

Direction 2023.001(Appendix 2) provides the legal basis and binding directions from Fife Integration Joint Board to Fife Council and Fife Health Board (NHS Fife) for the delivery of the delegated functions related to the Strategic Plan 2023 to 2026. This initial Direction covers high-level functions for the partner agencies, further Directions with SMART objectives (Specific, Measurable, Achievable, Relevant and Timebound) will be developed and issued by the IJB as the work programme for 2023 progresses.

Following feedback from the Finance, Performance and Scrutiny Committee, two different options have been provided for discussion:

- a single, integrated Direction for both partner agencies,
- two separate Directions, one for each partner agency.

3.3 Assessment

This first draft of the Delivery Plan has been developed with input from the Partnership's Strategic Planning Group and the Senior Leadership Team.

Fife Integration Joint Board is asked to review and approve this final draft of the Delivery Plan 2023, and to identify and approve the preferred option for Directions.

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 and the Delivery Plan. The Partnership's Strategic Planning Group has a principal role in the implementation of the Strategic Plan and regularly reviews quality and performance.

3.3.2 Workforce

Any impact on the Partnership's workforce will be managed through the Workforce Strategy.

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

The Strategic Risk Register includes all of the risks, and identified control measures, related to the delivery of the Strategic Plan.

3.3.5 Equality and Diversity, including Health Inequalities.

An Equality Impact Assessment for the Strategic Plan 2023 to 2026 is available on the Partnership's website:

www.fifehealthandsocialcare.org/EqIA-Strategic-Plan-for-Fife-2023_2026

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

A robust engagement process was completed in 2022 with a wide range of activities that informed the final version of the Strategic Plan. In addition, for each of the supporting strategies, an assessment is completed during the development process to identify any specific requirements for participation and engagement. This process produces a bespoke engagement plan for each strategy and ensures that key stakeholders are identified, and included in relevant engagement activities.

Additional stakeholder engagement for the Delivery Plan 2023 is not required because any requirements are addressed by the activities described above.

3.4 Recommendation

- Decision. The report is provided to the Integration Joint Board for a final decision to ensure that the Partnership is meeting its requirements within the Public Bodies (Joint Working) (Scotland) Act 2014 to deliver the Strategic Plan.

Fife Integration Joint Board is asked to review and approve this final draft of the Delivery Plan 2023, and to identify and approve the preferred option for Directions.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Delivery Plan 2023.

Appendix 2 – Direction 2023.001(DRAFT).

5 Implications for Fife Council

Direction 2023.001 (Appendix 2) has been developed in accordance with our statutory requirements and current Integration Scheme. This has been progressed through the Finance, Performance and Scrutiny Committee to the IJB as per our usual governance process.

6 Implications for NHS Fife

Direction 2023.001 (Appendix 2) has been developed in accordance with our statutory requirements and current Integration Scheme. This has progressed through the Finance, Performance and Scrutiny Committee to the IJB as per our usual governance process

7 Implications for Independent Sector

Future activities will be developed in conjunction with the independent sector in accordance with their role as members of the Strategic Planning Group.

8 Implications for Third Sector

Future activities will be developed in conjunction with the third sector in accordance with their role as members of the Strategic Planning Group.

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To Be Completed by SLT Member Only

Lead	Fiona McKay
Critical	
Signed Up	
Informed	

Report Contact

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Strategic Plan 2023 to 2026

Delivery Plan 2023

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Foreword

We've refreshed our Strategic Plan 2023 to 2026 which was approved by Fife Integration Joint Board on 27th January 2023, now it's time to deliver on that plan. We need a delivery plan that will show not just what we are doing and why, but also how we are going to do it.

Here in Fife, we have high aspirations of achieving the best health, social care, and wellbeing outcomes for those living in our communities and we'll do this by keeping it local, and in a sustainable and integrated way. The importance of Team Fife and Mission 25 will play a huge part in this, it's only by collaborating with staff, partners, and communities that we will do this – we all have the same collective ambitions for Fife.

What we do now and how we are going to do this, falls within key strategies that underpin the Strategic Plan for the next three years, and through the Delivery Plan there are a number of actions that we need to develop and progress that will help us to reach these ambitions.

What we need to do and how we will do it, won't happen overnight, and it will require a Team Fife approach. The actions within the strategies will be delivered over the three-year period, and this Plan includes what we want to achieve this year.

It's important to regularly review how we are doing to ensure we remain on track, continually listening and remaining agile and flexible to the changing environment we live in. Living with covid we learned a lot, the amazing workforce working across health and social care for one, how technology can play a part in delivering health and social care, and with our partners and communities we can work together in a kind and supportive way. There will be no doubt challenges ahead however, with the relationships we've built and the different ways of working that have been developed, we're on a good footing.

This Delivery Plan highlights the areas we want to take forward this year. We'll keep the Integration Joint Board informed with regular updates to provide assurance on the progress of the plan and the actions within it.

I look forward to working with you all on delivering our collective ambitions for Fife.

Nicky

Nicky Connor

Chief Officer: Fife Integration Joint Board

Director: Fife Health and Social Care Partnership

Introduction

Our **Vision** is to enable the people of Fife to live independent and healthier lives.

We are committed to providing high quality services, that have a focus on prevention, early intervention, and supported self-management. This **Delivery Plan** has been developed from the Strategic Plan 2023 to 2026 and supports the work we will complete within the first year. The initial Plan included below is a starting point and baseline for the work that will be taken forward over 2023. Over the next few months, a clear programme of monitoring against the priorities in the Delivery Plan will be presented to the Fife Health and Social Care Partnership's Strategic Planning Group, and through the committees to Fife Integration Joint Board.

This programme of work will further enhance health and social care services in Fife, ensuring that the services we deliver are:

- integrated,
- based on the identified needs of local communities,
- focused on prevention, anticipation, and supported self-management,
- able to make day-case treatment the norm, where hospital treatment is required and care cannot be provided in a community setting,
- focused on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- supporting people get back into their home or community environment as soon as appropriate, with minimal risk of hospital re-admission.

We will continue to monitor our priorities against our **Medium-Term Financial Strategy**, ensuring that we use our resources effectively to deliver Best Value and provide financially sustainable care.

How we will deliver our Plan

- We will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('better care'),
- We will improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management ('better health'), and
- We will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('better value').

Moving forward, we will develop SMART objectives (Specific, Measurable, Achievable, Relevant, and Time-Bound) for the Delivery Plan, and these will be linked to a RAG status (Red, Amber and Green) to measure progress. These metrics will be managed through the Strategic Plan Performance Framework which has already been agreed by the Integration Joint Board.

By working together, we can deliver the right care and support at the right time and in the right place, ensuring that individuals, their families and carers, and their local communities, can flourish and thrive.

Strategic Priorities 2023 to 2026



Further information about the Strategic Plan for Fife 2023 to 2026, and the range of services that we deliver every day for individuals and communities across Fife, is available on our website here:

www.fifehealthandsocialcare.org/publications

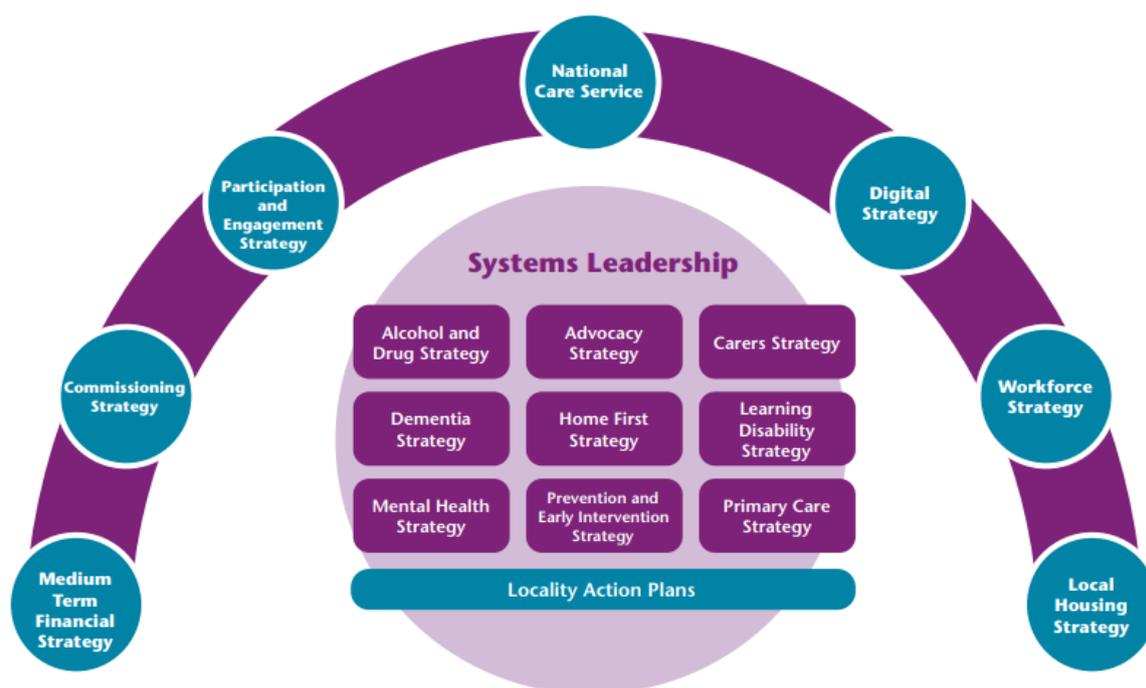


Delivering the Strategic Plan

Partnership Strategies

The Strategic Plan is supported by nine transformational strategies, and a range of enabling strategies which provide the infrastructure for our service improvements, performance reporting, and enhanced service delivery.

The supporting strategies provide targeted activity in specialist areas, and are inter-linked to ensure a consistent, collaborative approach that reduces the risk of duplication or potential gaps.



Medium Term Financial Strategy

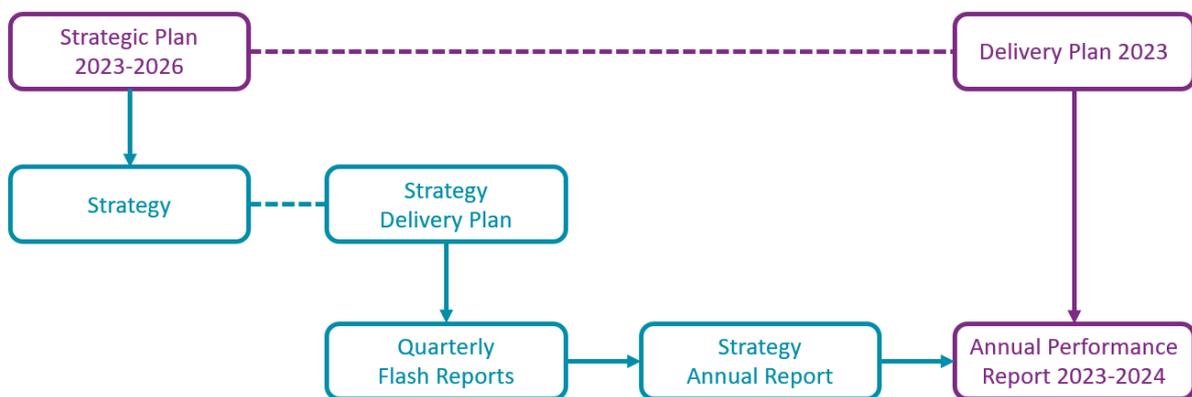
The Medium-Term Financial Strategy (MTFS) sets out the resources available to Fife Health and Social Care Partnership and ensures they are directed effectively to help deliver the outcomes of the Strategic Plan 2023 to 2026.

Demand for health and social care services is increasing, and our finances are under significant pressure. This means that we need to make the best use of our restricted budgets and resources by redesigning services and doing things differently. Robust financial management is a key priority, we are exploring options to achieve efficiencies by improving our systems and processes, for example through better coordination of services or providing alternative delivery models. All of our supporting strategies are linked to the MTFS, this ensures that all transformational programmes and planned improvements align with current budgets and support our financial vision.

Performance Reporting

Under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Fife Health and Social Care Partnership is required to prepare and publish an Annual Performance Report which provides an assessment of our performance in relation to the Partnership's Strategic Plan, and the national Health and Wellbeing Outcomes.

This Delivery Plan 2023 provides the foundation for assessment over the next year. It will include SMART objectives from each of the operational Delivery Plans that are linked to each of the supporting strategies. The Partnership's Strategic Planning Group monitors performance through quarterly Flash Reports and Annual Reports for each individual strategy.



All of these reports inform the overarching Annual Performance Report for the Strategic Plan. The Partnership's previous Annual Performance Reports are available on our website here: www.fifehealthandsocialcare.org/publications.



Strategic Priorities



Local - A Fife where we will enable people and communities to thrive.

- We will work with individuals, local communities, staff, and partners to provide personalised care, by the right person, in the right place, and at the right time.
- We will engage and listen to individuals, local communities, and provide support to more people enabling them to live well at home, or in a homely setting.
- We will maximise opportunities to provide safe, sustainable, and appropriate housing.

Where do we want to be in 2026	In 2023, we will:
<p>Alcohol and Drug Strategy</p> <p>More ‘one stop shop’ drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low.</p>	<p>Roll out of the coproduction and locality-based approach is planned with HSCP locality boards where harm and prevalence and low levels of engagement are highest. This will follow the similar process in the Levenmouth locality over 2022/23.</p> <p>Development of the full ADP workplan for 2023/24 based on the HSCP outcomes.</p> <p>Refresh harm reduction service with community pharmacy network across Fife.</p>
<p>Carers Strategy</p> <p>An improvement in people’s experience of support for carers in Fife, as evidenced by positive feedback and increased user satisfaction.</p>	<p>Complete the review and refresh of the Carers Strategy including engagement with a wide range of stakeholders.</p> <p>Identify opportunities for improvement in carers’ experience including additional investment.</p>

Where do we want to be in 2026	In 2023, we will:
<p>Dementia Strategy</p> <p>People with dementia have access to appropriate care services, provided in a suitable environment by well trained staff who are skilled in caring for and rehabilitating, people with dementia.</p>	<p>Complete the review and refresh of the Dementia Strategy including engagement with a wide range of stakeholders.</p>
<p>Home First Strategy</p> <p>People in Fife will be able to live longer healthier lives at home or in a homely setting.</p>	<p>Finalise, publish and implement the Home First Strategy to reflect the national initiative in conjunction with the local priorities; communicate the new strategy to all key stakeholders. Scoping of a Single Point Of Access (SCPO) project will identify clear objectives, map the relevant services and create a delivery plan for this complex transformational change to achieve the Home First vision.</p>
<p>Home First Strategy</p> <p>Individuals require fewer hospital admissions, and when they do require hospitalisation are able to return to their home environment as soon as they are medically well enough.</p>	<p>Continue to embed the Planned Discharge Date and Discharge without Delay outcomes across Fife, starting to plan for the patient discharge on the day they are admitted, aligning the named patient flow coordinator to acute wards.</p>
<p>Home First Strategy</p> <p>All patients and service users will be offered the opportunity to develop an appropriate Anticipatory Care Plan.</p>	<p>A three month 'roll out' is being delivered within the eight H&SCP Older People's Care Homes and eight Abbotsford Nursing Homes using the new electronic Anticipatory Care Plan (ACP) form. A Plan/ Do/ Study/ Act (PDSA) cycle will form part of these three months, leading to learning outcomes and a wider roll out to all older People's Residential and Nursing Homes taking place in the second part of 2023.</p>
<p>Home First Strategy</p> <p>Only individuals who require acute care and whose needs cannot be met at home, or in a homely setting, are admitted to VHK.</p>	<p>Further development of Front Door team who provide to all people in Fife early assessment and prevention of admission.</p>

Where do we want to be in 2026	In 2023, we will:
<p>Home First Strategy People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.</p>	<p>Our specialist services e.g. the Complex Care Service and Community Respiratory Team will continue to work alongside secondary care acute services to ensure that interventions in the community are focused on preventing admissions and promoting early discharge to a safe, home environment.</p> <p>Complete the roll out of clinical IT systems (e.g. Morse) amongst community teams and ensure access to Fife HSCP services to multi agency systems (e.g. Liquidlogic), to ensure professionals are fully aware of those at risk to provide early interventions and prevent unnecessary admissions.</p>
<p>Mental Health Strategy An integrated community-based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and supports people to live independent and healthy lives.</p>	<p>Conclude the co-production with three identified localities, NE Fife, Cowdenbeath, and Leven, and develop the design for the Mental Health & Wellbeing Community Hubs in these areas.</p>

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

- We will work together to identify unpaid carers within our communities. We will offer, and increase the support available for all carers, including enabling regular breaks for carers, and supporting all models of care.
- We will work with our partners in the third and independent sector to deliver services that are collaborative.
- We will ensure our financial viability is considered in any transformation work identified.

Where do we want to be in 2026	In 2023, we will:
<p>Alcohol and Drug Strategy</p> <p>A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development.</p>	<p>Establishment of new service provision for those with lived and living experience including the development of an induction plan, training and recruitment of new members with national and local partners.</p> <p>Project manage in partnership with NHS Fife Public Health, the completion of Fife ADP Needs Assessment to inform the development of the new ADP Strategy 2024 – 2027.</p> <p>We will extend our ADP workforce development plan to improve the quality and reach of psychological interventions across the full ADP system of care in line with Medication Treatment Standard 6 and 10.</p>
<p>Carers Strategy</p> <p>Our approach to short breaks is fully aligned to the duties within the Carers Act, National Carers Strategy, and National Care Service and other aligned strategies and policies.</p>	<p>Commence the review of our Short Breaks Service Statement including a developing a plan to increase the supply of a wide range of types of short break which will help reduce and prevent carer crisis and sustain them in their caring role.</p>
<p>Dementia Strategy</p> <p>Improved health and wellbeing outcomes for people living with dementia, their families, and carers.</p>	<p>Finalise, publish and communicate the updated Dementia Strategy to key stakeholders.</p>
<p>Learning Disability Strategy</p> <p>A relevant and skilled workforce that provides successful and resilient social</p>	<p>Engage with key stakeholders across all localities including individuals, families, carers and communities, to develop an appropriate and effective</p>

Where do we want to be in 2026	In 2023, we will:
care services for people with learning disabilities is established.	<p>local strategy and supporting delivery plan, that aligns with the national vision 'Keys to Life' and ensures that people with learning disabilities are empowered to:</p> <ul style="list-style-type: none"> • Live healthy and active lives • Learn to reach their full potential. • Participate in an inclusive economy. • Contribute to a fair, equal and safe Scotland.
<p>Mental Health Strategy</p> <p>An integrated community-based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and supports people to live independent and healthy lives.</p>	Develop the interdependency with The Wells and Live Life Five to ensure integration and inclusive services.
<p>Workforce Strategy</p> <p>Implement “grow your own” and develop pathways that set out career progression, succession planning and retention. (Attract).</p>	Work across the whole system to review existing career pathways and work with operational services to review and refresh these in line with projected workforce requirements and the needs of our workforce. (Plan, Attract)
<p>Workforce Strategy</p> <p>Invest in our culture and leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and organisational development approaches. (Train).</p>	Deliver a Systems Leadership Programme aimed at our Extended Leadership Team (ELT) and partners in the third and independent sector to improve our whole system approach to health and social care leadership and service delivery. In addition, we will deliver a Leadership Programme for aspiring senior leaders beyond ELT that supports their career development opportunities, and our succession planning needs alongside 'Coach Approach' training for managers across the Partnership to improve our management of staff. (Train, Nurture).

Wellbeing - A Fife where we will support early intervention and prevention.

- We will support people to develop and maintain the knowledge to manage their own health conditions, make positive choices, and lead healthier lives.
- We will actively promote opportunities and knowledge in our citizens and staff that support reducing the risk of harms, and give individuals confidence to look after their health, to the best of their abilities.
- We will promote prevention, early intervention, and harm reduction.

Where do we want to be in 2026	In 2023, we will:
<p>Alcohol and Drug Strategy</p> <p>National Treatment Measure met and sustained. Increased use of residential rehabilitation places for those in priority groups. Fully embedded Hospital Liaison Service across all sites.</p>	<p>Establish and sustain new implementation and working groups focused on Medication Assisted Treatment 7 Standard (improved models of delivery within primary care) and MAT 9 with the Dual Diagnosis Working Group (improved models of delivery within mental health and addiction services) within the first quarter of 2023/24.</p> <p>Work with existing service and delivery partners to improve and extend our assertive outreach, anticipatory care and retention service provision in the system where we can engage and encourage access to treatment and support particularly in hospital and justice settings.</p> <p>With Education and Public Health Services we will review the Prevention Education Programme to ensure it is more targeted and selective and in line with recent evidence.</p>
<p>Children’s Services Plan</p> <p>Supporting wellbeing: promote and support the emotional, mental and physical wellbeing of children and young people, for example we will support parents and carers to maintain healthier options such as reducing smoking and increasing breastfeeding (where appropriate).</p> <p>Closing the equity gap: improve opportunities and choices for children</p>	<p>Sleep</p> <p>Collection of data from individual services in relation to what the current provision is to inform:</p> <ul style="list-style-type: none"> • staff training and competence levels. • gaps within the current provision and to commence. <p>Identify aims, gaps, barriers and identifying priority areas.</p>

Where do we want to be in 2026	In 2023, we will:
<p>and young people who experience barriers to good health and wellbeing, for example increasing access to income maximisation advice and looking for ways to minimize the impact of poverty on children's access to healthcare.</p> <p>Promoting children's rights: ensure that the rights of children are embedded into practice across all services, for example ensuring that the voice of the child, their family and carers is heard in service redesign, and reducing appointment waiting times.</p> <p>Delivering the Promise: improve the experiences and outcomes of those who experience care, are on the edge of care, and have additional needs to support them to live safely at home, for example listening to the views of care experienced young people about our services and making any changes required to improve.</p>	<p>Implement communication plan.</p> <p>Develop a training and awareness raising plan.</p>
<p>Mental Health Strategy</p> <p>Alignment with national strategies for Suicide Prevention, Self Harm, and the over-arching Mental Health Strategy for Scotland.</p> <p>Be significantly advanced in our development and delivery of the Mental Health Estates Redesign Programme – encompassing inpatients and secondary care Community Mental Health Services.</p> <p>Have developed and delivered our strategic improvement of integrated Community Mental Health Teams to improve access and availability.</p> <p>Have developed and delivered improvement in capacity and response of the Out of Hours – Mental Health</p>	<p>Take cognisance of the new national Mental Health Strategy for Scotland (launch due 30 March 2023).</p> <p>Conclude and confirm our refreshed local strategy with the Mental Health Strategic Implementation Group by June 2023.</p> <p>Undertake gap analysis – of current position against refreshed strategy – with a focus on early intervention.</p> <p>Establish a costed strategic Service Development Plan and associated implementation plan – accountable to the Mental Health Programme Board/SIG and onto HSCP Strategic Planning Group informed by gap analysis.</p>

Where do we want to be in 2026	In 2023, we will:
<p>unscheduled care and access to emergency Mental Health state assessment to ensure early and immediate access.</p>	<p>Develop suite of measurables to evidence impact/ change and improvement.</p>
<p>Prevention and Early Intervention Strategy</p> <p>An integrated, person-centred, life course approach is embedded across Fife.</p> <p>People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.</p> <p>An improvement in health and wellbeing outcomes for the people in Fife.</p>	<p>A Strategic Needs Analysis will be completed to define the P&EI Strategy vision, aims and principles. These will support the priorities already agreed and which underpin the HSCP Strategic Plan.</p> <p>Engagement across all localities will complete the discovery phase and allow us to shape the framework for the Strategy. This will be followed by a wider stakeholder event, identification of key deliverables, and a realistic but ambitious Delivery Plan will be developed to implement the P&EI vision.</p> <p>Fife HSCP will be pathfinders nationally in developing and implementing a P&EI Strategy and we will ensure a timeline which allows a quality approach.</p>

Outcomes - A Fife where we will promote dignity, equality and independence.

- We will work with partners, staff, local communities, and individuals, to challenge sources and biases towards inequality.
- We will, as appropriate, target specific actions to support communities and individuals most at risk of harm from inequalities.
- We will actively work to improve health and wellbeing outcomes across Fife.

Where do we want to be in 2026	In 2023, we will:
<p>Advocacy Strategy</p> <p>Provision of eligibility criteria across Fife which meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty.</p> <p>Delivery of a comprehensive professional independent advocacy contract which adheres to legislative requirements and meets the advocacy needs of the people of Fife.</p>	<p>Refresh our Advocacy Strategy in line with our legislative requirements and in alignment with our Strategic Priorities.</p> <p>Renew our professional Independent Advocacy Contract and deliver a comprehensive professional independent advocacy service across Fife.</p>
<p>Carers Strategy</p> <p>Improved outcomes for carers, and a reduction in any negative impact of their caring role on the carer's own health and wellbeing.</p>	<p>Undertake to fully establish a significant number of additional staff (10+2) within the partnership whose primary role will be to identify and support unpaid carers, including those who may be eligible for additional support through self-directed support.</p>
<p>Primary Care Strategy</p> <p>A localities-based approach to the transformation of Primary Care Services in Fife that ensures services are co-designed with communities to better meet the needs of people, families, and carers.</p>	<p>Engage with stakeholders both professionally and through our localities to discuss the output from the Strategic Needs Assessment and support us in shaping the key deliverables which will provide the base on which the Delivery Plan will be designed and implemented.</p>
<p>Learning Disability Strategy</p> <p>An improvement in people's experience of the Learning Disability Service in Fife as evidenced by positive feedback and increased user satisfaction.</p>	<p>Complete a needs assessment of people with learning disabilities, and identify measures that will improve people's experiences and satisfaction.</p>

Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

- We will champion collaboration and continuous improvement, enabling our workforce to be responsive and innovative.
- We will manage our resources effectively to increase the quality of our services and provide them to those individuals and communities most at need.
- We will continue the development of an ambitious, effective, and ethical Partnership.

Where do we want to be in 2026	In 2023, we will:
<p>Commissioning Strategy</p> <p>Commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focussed, that support the delivery of care provision at the right time and in the right place, and enable people to live independent and healthier lives in their own home, and within their own community.</p>	<p>Finalise and publish our Commissioning Strategy 2023 – 2026, this will be fully integrated and aligned with other strategies. We will work closely with other strategy leads to deliver on our commissioning priorities.</p>
<p>Prevention and Early Intervention Strategy</p> <p>Preventative care is fully embedded in care services across Fife.</p>	<p>The Prevention and Early Intervention Strategy and related Delivery Plan will be progressed via the Strategic Planning Group, and through relevant committees to the IJB during Summer 2023.</p>
<p>Primary Care Strategy</p> <p>A sustainable primary care workforce delivering the right care, to the right people, at the right time and by the right person.</p>	<p>Following the engagement process, the Primary Care Strategy will be progressed via the Strategic Planning Group, and through relevant committees to the IJB and NHS Fife Board during Summer 2023. Once approved at Board level the Strategy will be published and communicated to all stakeholders.</p>
<p>Re-imagining Third Sector Commissioning</p> <p>An outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities and local needs.</p>	<p>Complete the Project Closure Report, and establish and embed a new Service Level Agreement template and monitoring framework. Ongoing third sector development work will be transferred under the Strategic Planning Team.</p>

Where do we want to be in 2026	In 2023, we will:
<p>Strategic Planning Group</p> <p>The Strategic Plan has delivered transformational change that is person-centred, community based, and effectively uses available resources to support health and well-being improvements for the people of Fife.</p>	<p>Embed the performance reporting framework for the strategies supporting the Strategic Plan 2023 to 2026.</p> <p>Monitor and manage performance updates as the supporting strategies move through different phases including discovery, development, implementation, and quality assurance.</p>



Conclusion

The Strategic Plan for Fife 2023 to 2026 is ambitious, designed to improve health and social care services, deliver integrated care through increased coproduction and multi-agency collaboration, and transform the way that people think about their own health and wellbeing. Greater focus on prevention, early intervention and supported self-management will enable individuals to avoid, or reduce, the impact of some health conditions, and to achieve better health and wellbeing for longer.

This Delivery Plan sets out our activities during the first year of the Strategic Plan, building on work already completed across the Partnership to provide a robust platform for future years, and supporting the people of Fife to live independent and healthier lives.

Further information about the strategic planning process in Fife, including opportunities to get involved in consultations or other engagement events, is available on our website: www.fifehealthandsocialcare.org.

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)**Fife Council**

1	Reference Number	2023.001
2	Report Title	Strategic Plan 2023 to 2026
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	31 st March 2023
4	Date Direction Takes Effect	31 st March 2023
5	Direction To	Fife Council
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	All functions delegated to Fife Council by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1A and 1B of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	Full Text of Direction	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council will continue to provide services under the leadership of the Director of Health and Social Care, within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.

9	Budget Allocated by IJB to carry out Direction	<p>For the financial year 2022 to 2023, Fife IJB has allocated a budget of £209.284 million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.</p> <p>Future funding will be in accordance with the Medium-Term Financial Strategy.</p>
10	Performance Monitoring Arrangements	<p>A Performance and Quality Assurance Framework has been developed to ensure appropriate oversight for all of the activities related to the Strategic Plan 2023 to 2026. The Strategic Planning Group will proactively monitor quality and performance through quarterly updates on the implementation of the strategies and other activities that support delivery of the Strategic Plan. This will include relevant national and local targets.</p> <p>The Annual Performance Report provides an assurance mechanism for the Scottish Government and other key stakeholders.</p>
11	Date Direction will be reviewed	March 2024

**DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)****NHS Fife**

1	Reference Number	2023.002
2	Report Title	Strategic Plan 2023 to 2026
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	31 st March 2023
4	Date Direction Takes Effect	31 st March 2023
5	Direction To	NHS Fife (Fife Health Board)
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	Full Text of Direction	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council will continue to provide services under the leadership of the Director of Health and Social Care, within current budgets, and in accordance with statutory and regulatory obligations, policies and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.

9	Budget Allocated by IJB to carry out Direction	<p>For the financial year 2022 to 2023, Fife IJB has allocated a budget of £418.130 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.</p> <p>Future funding will be in accordance with the Medium-Term Financial Strategy.</p>
10	Performance Monitoring Arrangements	<p>A Performance and Quality Assurance Framework has been developed to ensure appropriate oversight for all of the activities related to the Strategic Plan 2023 to 2026. The Strategic Planning Group will proactively monitor quality and performance through quarterly updates on the implementation of the strategies and other activities that support delivery of the Strategic Plan. This will include relevant national and local targets.</p> <p>The Annual Performance Report provides an assurance mechanism for the Scottish Government and other key stakeholders.</p>
11	Date Direction will be reviewed	March 2024



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board
Meeting Date: 31 March 2023
Agenda Item No: 7.1
Report Title: Revenue Budget 2023-26
Responsible Officer: Audrey Valente, Chief Finance Officer
Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for

- Discussion
- Decision
- Direction

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:

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

2 Route to the Meeting

Discussed with both NHS Fife and Fife Council Finance Team Colleagues

IJB Development Session on 24 February 2023

Finance Governance Board on 14 March 2023

Finance, Performance & Scrutiny Committee on 17 March 2023

Local Partnership Forum on 20 March 2023.

3 Report Summary**3.1 Situation**

This report provides information on the estimated resources available to the Integration Joint Board over the 2023-26 period. Despite additional investment being received on a recurring basis the estimates indicate that a gap in funding remains. This paper asks the IJB to approve the budget for next financial year but also gives an indication to the more medium-term position reported in the Medium-Term Financial Strategy (MTFS)

MTFS

The MTFS for Fife Health and Social Care Partnership (Fife HSCP) sets out the resources available and ensures that they are directed effectively to help deliver the outcomes of the Strategic Plan and its 9 Supporting Transformational Strategies. The MTFS quantifies the challenges over the next three years and will help will inform decision making and actions required to support financial sustainability. It estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife, and therefore highlights any areas of financial pressure. The MTFS details plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and sets out the medium-term transformational change required to allow us to deliver services in the most effective way whilst balancing the budget.

Budget 2023-24

In setting the core revenue budget for 2023-24 members should seek to maintain a 3-year focus recognising the significant financial challenge that lies ahead. Whilst there is uncertainty in relation to the figures beyond 2023-24, high-level projections point to a considerable budget gap in both 2024-25 and 2025-26. In light of these projections, members are advised to give full consideration to the longer-term consequences of any decisions made in setting the 2023-24 budget.

In order to determine the core revenue budget gap for 2023-24, a comparison of the recurring funding that the IJB is expected to receive with the cost of continuing existing service provision has been made. The latter assumes that the IJB continues to provide the range of services that it currently does in a similar manner. The cost of continuing is illustrative only as it assumes that the IJB responds to demand and operates in the same way as it does currently. This comparison demonstrates an extremely challenging position from 2023-24 onwards.

The model also incorporates new cost pressures which are likely to be incurred during the medium term as well as known inflationary pressures such as pay uplifts, drug costs inflation and the payment of £10.90 as part of the Living Wage commitment for commissioned services for adult social care.

The January finance update to the IJB indicated that unachieved savings of circa £3.7m remain undelivered at this point in the financial year, but that substitute savings have been identified. This budget paper is predicated on the basis that the substitute savings identified in 2022-23 will continue to be deliverable next financial year and onwards.

Savings are required to be delivered over the medium term which have been categorised as Efficiency, Service Redesign and Transformation. Further information in relation to these is included later in the paper.

One of the main influences in reducing the gap is the short-term strategy for 2023-24 which focuses on realigning budget from areas with recurring underspend. This strategy recognises the trends in Service underspends that have been encountered over the last few years. It is recognised that there is an element of risk in this approach, and this will be included in the reserves risk register within the MTFs.

The Strategic Plan 2023-2026 was approved in January 2023. The IJB continues to operate in uncertain times, facing significant budget challenges and pressures. It is therefore important that the MTFs includes a clear financial framework which will support delivery of the strategic plan within the finite resources available.

It should be noted that the Set Aside budget is not included in the revenue budget. Since inception of the HSCP the set aside budget has been delegated to but not managed by the HSCP. The Ministerial Strategic Group for Health and Community Care have published proposals for implementation, one of which is to shift the management of set aside into the partnership within 6 months of publication. This has been delayed and a whole system approach has already commenced and will continue to develop further during 2023-24.

The Local Authority budget was approved on 23 February 2023.

The NHS budget will be approved by end March 2023

The Draft Budget overview is provided in Appendix 1, this details the increases in funding provided by partners and highlights areas of pressure facing the HSCP.

Directions are provided in Appendix 2.

3.2 Background

Budget

The IJB is reliant on funding contributions from both Fife Council and NHS Fife to enable a balanced budget to be set year on year. Once these contributions are received, they lose their identity to become the 'Fife IJB pound' and it then becomes the responsibility of the IJB to direct both Partner organisations to deliver services to the people of Fife. Although there are formal arrangements, through the Integration Scheme, to notify the IJB of its annual funding allocations, the ability to produce a timely and competent budget is very much contingent on the financial planning and budget setting processes of the partner organisations, as well as the financial settlements from the Scottish Government.

The budget Gap for the next 3 years is provided below, signifying that the gap is likely to be increasing over the 3 years modelled. It should be noted that the figures in the latter two years are less certain and therefore are indicative at this stage as the Scottish Government has produced a draft one-year budget for 2023-24. Budget assumptions will be refined as more robust financial intelligence becomes available.

Table 1

	2023-24 £m	2043-25 £m	2025-26 £m
Cost of Continuing	666.977	682.205	697.793
Pressures	3.000	6.000	9.000
Funding Available	649.041	660.503	672.089
Total GAP	20.936	27.702	34.704

Further non-recurring allocations are received in year for specific priorities, particularly in relation to health delegated budgets.

Savings

The funding gap in year 1 of £20.936m will require to be met from savings. The table below identifies the options for funding which will be available to the IJB. As the savings for 2023-24 will not be approved until late in 2022-23 there is a risk to the full year value of savings being delivered in year 1. It is more realistic to expect 50% to be delivered during the course of 2023-24, and to plan in advance to earmark reserves of £10m to address and mitigate the risk. This will be monitored closely throughout 2023-24 with a view to reducing the commitment against reserves when opportunity to do so arises.

Table 2

Opportunities/Savings Identified to close Budget Gap	£m
Use of Underspends	5.000
Maximising Core Budget (Alcohol and Drugs)	0.300
Supported Living Rents Income Maximisation	1.000
Securing a sustainable Medical Workforce and reducing locum spend	0.500
Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.400
Medicines Efficiencies programme 2023-25	3.650
Nurse Supplementary Staffing	2.000

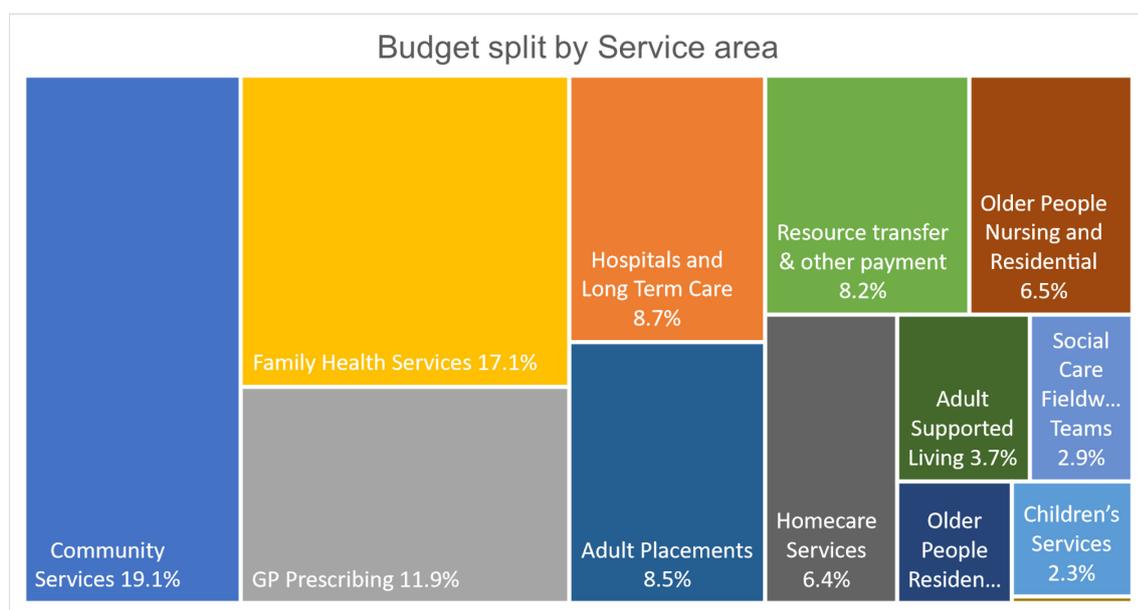
Day Service Redesign (older people)	0.500
Implementation of Payment Cards	1.000
Home First Commissioning Transformation	1.000
Community Service Redesign	1.000
Modernising Administration Services	0.500
Re-imagining the Voluntary Sector	0.000
Transforming Centralised Scheduling	0.087
Bed Based Model	1.000
Integrated Management Teams	0.500
Digital Sensor Technology-transform overnight care	3.000
TOTAL	21.437

2022-23 Financial Position

The total contribution from partners is £645.582 (as at January). These contributions are consolidated to become the 'Fife IJB £' and the budgets allocated to spend are as follows:



The detailed service breakdown is as follows:



As at January 2023 the projected underspend for the HSCP is £11.307m. It should be noted that any the underspend at March will be carried forward into reserves. The reserves balance at January 2023 is £25m, of which £16m is earmarked and £9m is uncommitted. The uncommitted balance of £9m alongside the current projected underspend suggests a reserve balance of £20m will be available from April 2023.

3.3 Assessment

Key Issues for the Budget In-Year

Safe Staffing Legislation - Workforce Tools

The potential costs of compliance with the safe staffing tools has not been reflected in the budget position and will require funding from NHS Fife should additional staffing levels be required to ensure clinical safety of patients.

COVID-19

Significant additional expenditure has been incurred as a direct result of the pandemic and to date has been fully funded by Scottish Government. In 2022-23 the costs of COVID-19 are estimated to be £15.5m which will be funded from IJB reserves. Any unspent covid reserves will be returned to Scottish Government leaving a zero-reserve balance to carry forward into financial year 2023-24. Estimates for any residual costs relating to Covid have been included in the budget gap.

Set Aside

As detailed above, Set Aside still requires to be transferred to the IJB. Due to pressures of COVID-19 and Winter this has not happened. Discussions are still ongoing as to the exact date of transfer. The current overspend level at January is £5.173m and prior to any transfer, strategic discussions require to be taken forward.

Charging

Charging is not within the gift of the IJB to govern and remains the responsibility of the Local Authority.

Inflation

Inflation is at a 40 year high of 10.2% per December CPI, this has resulted in increased costs for electricity, gas and fuels impacting on the costs of goods and services. These increases are a risk to the sustainability of the IJB and will remain under review throughout the financial year.

There is an indication that inflation is expected to reduce mid-year, falling to 4% by the end of the year. This is as a result of energy prices reducing in Europe and a fall in the cost of importing goods, coupled with a reduced demand for goods and services in the UK as consumers have less money.

Robust monitoring of the position throughout the year will be required to understand any risks associated with this.

Pay Awards

Significant pay increases have been awarded during 2023-24 with limited funding recognised by partners. No additional funding is available from Fife Council which will require full funding to be met by HSCP. NHS Fife have committed to passporting over any increase awarded, in excess of 2%.

2023-26 Budget Position

Savings have been identified to meet the budget gap and therefore a balanced budget for 2023-26 is reflected in this paper recognising the cost of continuing services at existing levels which includes pay and price inflation, pressures, and new developments whether they be health or social care related. Details of the net budget requirement are provided above in Table 1.

Demographic growth is reflected in the model given the investment from Scottish Government in terms of the care at home budget. In addition to this there is also growth in terms of children transferring to adult services, otherwise known as transitions. As part of future budget planning there is a need to commission work to understand from a strategic perspective the impact of demographics on future Health and Social Care budgets. There is also a need to understand the implications of the National Care Service and what impact this will have on future models of care, and their associated cost implications.

The Partnership will be required to continue to deliver efficiencies whilst managing any increases in demand that exceed the levels that have been provided for within the budget model. To mitigate any risk associated with this strategy, the impact will be closely monitored, and alternative measures can be put in place if required.

Reserves

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

There is no statutory minimum however, the policy states an ambition to maintain a prudent level of uncommitted reserve of 2% of budgeted expenditure. April 2021-22 was the first year where funds were brought forward to be held in reserve and this was the result of late funding received from Scottish Government in February 2021 and a surplus on our core position. April 2022 saw the reserve balance on uncommitted funds rise to 2% per our ambition.

This will allow an element of flexibility during the next financial year. Financial sustainability is a priority for the IJB and requires effective financial planning, as well as strategic planning to provide assurance to the board, partners, and

external audit that we can deliver services to the people of Fife that are both fit for purpose and sustainable.

Transformation/ Programme Investment

The HSCP is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. The transformational change programme spans the entirety of the Partnerships business and requires the partnership to look at what services are delivered, how they are delivered, and where they are delivered from.

There has been significant investment to create a transformation team and the team has progressed a series of programmes and projects. These projects will measure improvements in both outcomes and quality of services and track financial benefits such as cost avoidance through prevention and early intervention, efficiency savings and cashable savings from transforming services.

Further reserves may be required to build the capability and capacity to ensure delivery of transformation happens at pace. This will be carefully monitored throughout financial year 2023-24.

3.3.1 Quality / Customer Care

Any savings have been developed in conjunction with clinical and medical colleagues. Quality and customer care is a priority for the IJB and work will continue to ensure high quality services are delivered to the people of Fife

3.3.2 Workforce

There are no savings which directly reduce the workforce in year 1, there are significant vacancies and the impact of this remains under review.

3.3.3 Financial

This paper should be read in conjunction with the Medium-Term Financial Strategy 2023-2026.

3.3.4 Risk / Legal / Management

There is a risk that savings may not be achieved on a recurring basis. A Savings Tracker and Risk register will be completed and kept up to date.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed but once the detail of the individual savings are worked through in more detail a fuller understanding will be worked through and reported back to the IJB.

3.3.6 Environmental / Climate Change

There are no impacts on the environment.

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

- Not applicable

4 Recommendation

- **Discussion** - examine and consider the budget for 2023/24 and associated savings
- **Decision** - Agree the budget for next financial year 2023-24
- **Direction** - Consider and agree the direction to both partner organisation's and instruct both NHS Fife and Fife Council as appropriate
- **Decision** - to agree to earmark £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24
- **Discussion** - to examine and consider the medium-term financial position of the IJB, recognising that the information may be subject to change as a result of various potential external factors, such as Scottish Government funding, Changes in Inflation, demographic growth to name but a few.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Draft Budget Overview

Appendix 2 – Directions to Fife Council & NHS Fife

Appendix 3 - Medium Term Financial Strategy

Appendix 4 – Financial Risk Register

6 Implications for Fife Council

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

7 Implications for NHS Fife

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

8 Implications for Third Sector

This report reflects payments made to Third Sector providers.

9 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

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

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

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FIFE HEALTH AND SOCIAL CARE DRAFT BUDGET OVERVIEW

	2023-24 Budget £m	2024-25 Budget £m	2025-26 Budget £m
Increase in Funding			
Budget Uplift Fife Council	0.000	5.262	5.262
Budget Uplift NHS FIFE	0.000	6.200	6.200
Additional Share of £95m	8.091		
Total	8.091	11.462	11.586
Inflation Increases & Growth Costs			
Pay Inflation	13.444	5.422	5.542
Pharmacy Inflation	4.121	4.347	4.588
External providers: living wage and funding requirements	8.091	5.262	5.262
Non-Pay Inflation	0.371	0.197	0.197
Total	26.027	15.228	15.589
Cost Pressures	3.000	3.000	3.000
Budget Gap	20.936	6.766	7.003

ADDITIONAL FUNDING 2023-24

Fife Council

In December 2022, the Deputy First Minister confirmed that the Scottish Government was making available additional funding of £260.6 million in 2023-24 for local authorities to support the local government pay deal. There was also a commitment to provide additional and not substitutional net funding for Integration Authorities of £95m, to support social care and integration. This recognises recurring commitments on adult social care in commissioned services to deliver minimum pay in line with real living wage (£100m), an inflationary uplift on free personal nursing care payments (£15 million), offset by non-recurring interim care money ending (£20m).

Fife share of the £95m is £8.091m.

NHS Fife

NHS Fife, as per all territorial boards will receive a baseline uplift of 2% along with recurring funding for pay. In addition, those Boards furthest from NRAC parity will receive a share of £23.2 million, which will continue to maintain all Boards within 0.8% of parity.

The letter from the Scottish Government suggested that NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 2% over 2023-24 agreed recurring budgets.

The mini budget in 2022 reversed the increase in national insurance which was effective from April 2022 until October 2022. Boards are being allowed to keep this funding and re-direct it. This has been removed from the HSCP budget for 2023-24

This would require that an uplift of £6m is available for the Fife Health and Social Care Partnership based on a recurring 2023-24 budget of £300m. However, a saving target has been set against the health delegated budget and a reduction of £4.575m has been allocated

Further to the above, funding over various SG priorities will also be made available during 2023-24 for areas such as Action 15 Primary Care Improvement Plan etc.

There is no uplift to the health delegated budget for 2023-24

2023-26 BUDGET PRESSURES

PAY AWARDS

NHS Fife

In terms of NHS pay, the Agenda for Change pay settlement for 2022-23 has been agreed and recurring funding is likely to be provided to Boards. In terms of 2023-24 uplifts NHS Fife have committed to passporting any increase in excess of 2%.

Funding in excess of 2% will be passported to the IJB

Fife Council

The public sector pay policy sets out a clear policy for pay across the public sector in Scotland. It should be noted that the local government pay settlement for 2022/23 has been agreed and is higher than anticipated, particularly for lower graded staff.

An estimate of the 2023-24 pay uplift has been included. Any deviation from estimate will impact on the reported gap.

No funding has been passported to the IJB.

Cost Pressures

Included within the budget model provision has been made for areas of significant cost pressures during 2023-26.

- £3m to reflect the additional year 1 costs associated with children transitioning to adult services within social work
- Full year effect of care packages commissioned during 2022-23.

It is assumed that any costs incurred in responding to covid will either cease or be absorbed into business-as-usual activity. Although a potential significant risk to the budget these costs will be closely monitored and remain under review throughout 2023-24.

THIRD PARTY PAYMENTS

Externally Commissioned Packages

An **uplift to £10.90** for the Real Living wage has been included, the uplift relates to the wage element of the contracted hourly rate. It is assumed if agreement is reached to uplift the full contracted hourly rate and not only the pay elements, then further funding will be provided by Scottish Government.

Commissioning and legislative requirements and additional pressures to fund the National Care Home Contract Rate (NCHC rate) uplift are included. The NCHC rate is negotiated nationally via the cost of care calculator by Convention of Scottish Local Authorities (COSLA), Chartered Institute of Public Finance and Accountancy (CIPFA) and external care providers.

Negotiations are ongoing in relation to this contract with estimates included within the budget model. Any deviation from the assumed uplift within the model will impact on the budget gap.

An estimated uplift on the **NCHC has been included in the model.**

2% uplift has been included for prescribing costs.

Unachieved Savings 2022-23

The budget being set today is based on the assumption that any savings undelivered at 31 March 2023 will be carried forward into the following year and delivered. The value of undelivered savings currently stands at £750k in relation to Total Mobile- this saving is no longer achievable given the level of delayed discharge and has been factored into the gap going forward.

Where other savings were substituted in the previous financial year it is assumed that these will continue and the original plan for delivery will continue to be sought.

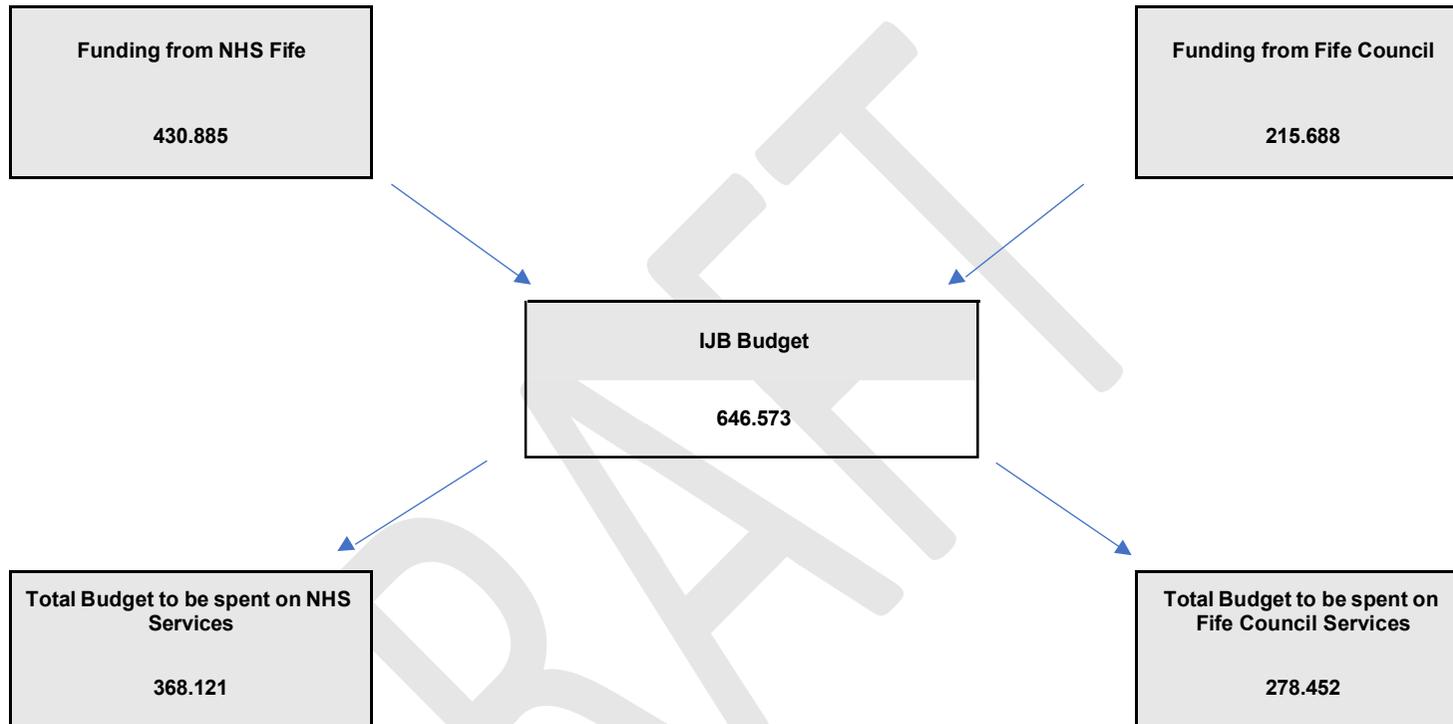
Demographics

There has been some provision included for demographic growth, but this will be considered at a more detailed level as part of future budget planning. There is an expectation that where there is no provision within budgets that this will be managed within existing budgets and services are expected to redesign to meet the cost of additional pressures within the resources available to them.

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2023.003 (DRAFT)
2	Report Title	Revenue Budget 2023-24
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	
4	Date Direction Takes Effect	
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	Yes
7	Functions Covered by Direction	All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)

8	Full Text of Direction	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, NHS Fife will continue to provide services, under the leadership of the Director of Health and Social Care, within current budgets and in accordance with statutory and regulatory obligations, policies, and procedures, endeavoring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.
9	Budget Allocated by IJB to carry out Direction	For the financial year 2023 to 2024, Fife IJB has allocated a budget of £368.121million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.
10	Performance Monitoring Arrangements	<p>Regular monitoring of the financial position will take place during 2023-24 to ensure services are delivered within the resource envelope identified at Appendix A.</p> <p>A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.</p> <p>.</p>
11	Date Direction will be reviewed	March 2024



Total Budget to be spent on NHS Services - £368.121m		
Portfolio/ Service	Budget £M	Narrative
Primary Care & Preventative	226.067	A resilient and thriving primary care is at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.
Child Health	14.811	Child Health includes a range of services from Health Visiting, Child Protection, School Nursing and Children & Young Persons Community Nursing Services.
Community Immunisation Service	2.316	The Immunisation Service helps to protect the whole population of Fife by vaccinating against infectious disease and viruses; vaccines are given at different times and at different ages to protect children and adults, supporting them to build immunity and live healthier lives.
Sexual Health + Rheumatology	10.400	Sexual Health provides services covering ACoRN, STIs, Contraception, HIV, HEP C, Gender based violence and pregnancy. Our Rheumatology Service is delivered by the Fife Rheumatic Diseases Unit. The Rheumatology service is made up of a team of medical, nursing, physiotherapy, clinical psychology, occupational therapy, and pharmacy professionals.
Fife Public Dental Service	6.535	Our Public Dental Service provides access to routine and specialist NHS dental care across Fife. This may include patients who cannot obtain treatment from a general dental practice, may have additional needs, or require specialised services.
Health Promotion + Improving Health	2.297	The Health Promotion Service leads on approaches and services which maintain and improve health and wellbeing, helping to reduce health inequalities. This covers the life course from early years and children to adults and older adults. We provide training, a range of services and information and resources. We lead on and work in partnership on projects and campaigns and activities aimed directly at communities.
Advanced Health Practitioner Services Fife-wide	15.342	AHP Services Fife-wide provides services covering Nutrition & Dietetics, Physiotherapy, Podiatry, Occupational therapy and Speech & Language Therapy, these services all contribute and are critical to supporting early intervention and prevention activities to promote health and wellbeing ensuring a life course approach.
Urgent Care Service Fife (UCSF)	6.325	The Urgent Care Service Fife (UCSF) formerly known as the Primary Care Emergency Service and is sometimes referred to as the GP Out of hours service. Urgent care is provided by a multidisciplinary team of healthcare professionals. UCSF is accessible to anyone requiring urgent clinical care that cannot wait until their GP surgery re-opens. The service aims to ensure that members of the public can access urgent care during the out of hours period when surgeries are closed, via telephone advice, a treatment centre appointment or, where appropriate, a home visit.
GP Associated services	1.523	CTAC services deliver a range of interventions in community settings, such as phlebotomy and minor surgery.
Primary Care Management + Admin	(4.312)	Divisional Management + Admin support to Primary Care & Preventative Teams
GP Prescribing	76.548	GP Prescribing covers expenditure relating to drugs prescribed by GP practices.
Family Health Services	94.282	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
Integrated Community Care	55.865	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting
Care Of the Elderly Inpatients	14.807	Covers the strategic and operational management of medicine of the elderly wards (including GP-led wards) across Fife - St Andrews Community Hospital, Adamson Hospital, Cameron Hospital, Glenrothes Hospital and Queen Margaret Hospital. This includes the provision and development of what is a complex and evolving model across health and social care.

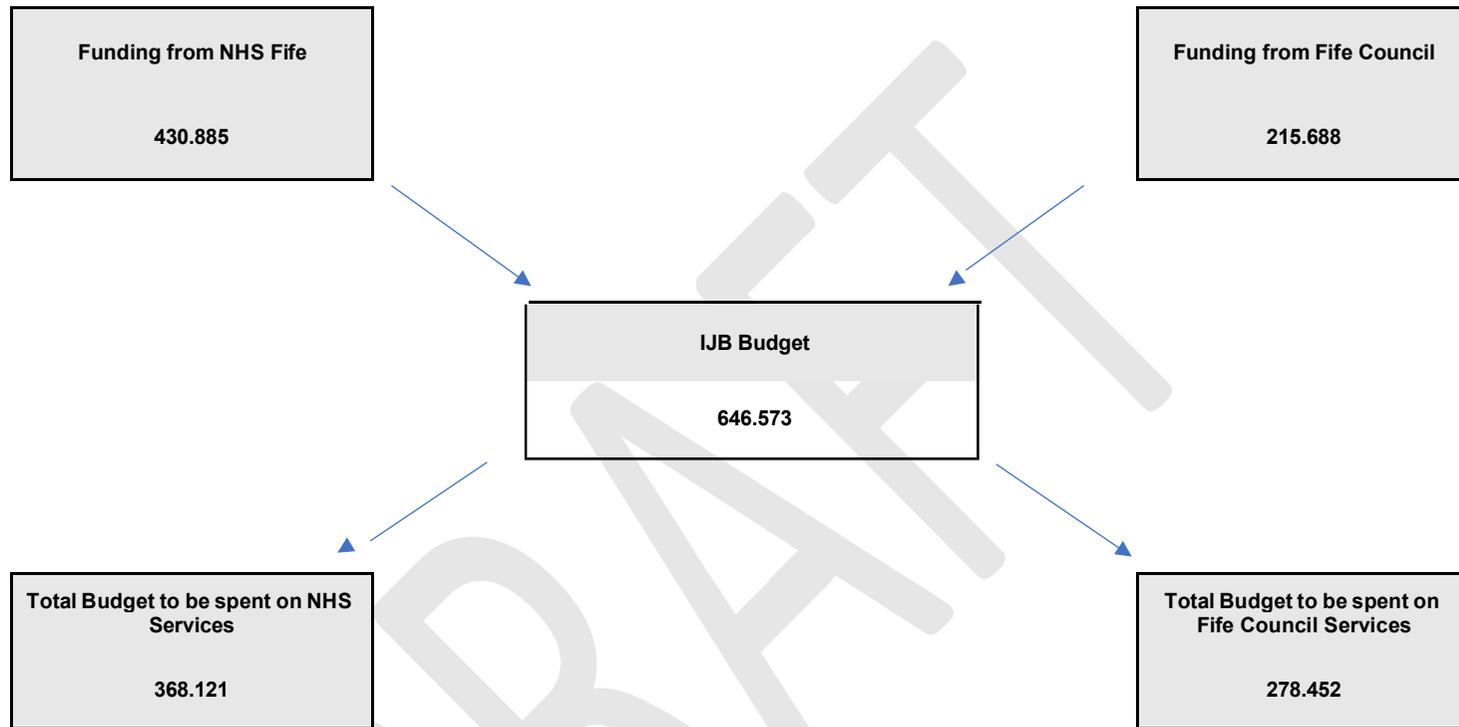
Specialist Inpats + Outreach	10.085	Specialist In-patients and Out-Reach Services encompasses the following services: Fife Specialist Palliative Care - specialist in-patient hospice, community out-reach service, SPOA (Single point of access - professional to professional line), children's and families service, adult counselling services and the acute hospital support team. Stroke rehabilitation services are provided from Letham Ward, Cameron Hospital and Queen Margaret Hospital Ward 6. The Fife Rehabilitation Service consists of the Sir George Sharp Unit at Cameron Hospital which delivers neurorehabilitation and multi-disciplinary out-reach services
Icass Division	11.337	<p>Integrated Community Assessment and Support Service (ICASS) is multiple services which aims to improve the health and wellbeing of people in Fife by enabling individuals to stay independent in their own home or in their community wherever possible. The ICASS services and functions are as follows -</p> <p>Intermediate Care Teams The Intermediate Care Teams have several strands to their function. These include daily rehabilitation to facilitate early discharges from hospital and prevention of hospital admission, community rehabilitation, inpatient rehabilitation and support via Assessment and Rehabilitation Centres</p> <p>Assessment and Rehabilitation Centres The Assessment and Rehabilitation Centres deliver rapid assessment, investigation, diagnostic and rehabilitation service for older people who are living with frailty. The multidisciplinary service including medical, nursing and therapy (OT and PT) come together to triage patients and discuss complexity to enable treatment and input is tailored to individual needs.</p> <p>Community Rehabilitation This service comprises of Occupational Therapy, Physiotherapy and Support Workers. The main functions of the team are short term rehabilitation, pulmonary rehabilitation, and major trauma coordination service support. The therapy is delivered on an individually assessed basis, often daily but intensive therapy is not provided.</p> <p>Daily Rehabilitation This is a short-term service comprising of Rehabilitation Support Workers, Physiotherapy, Occupational Therapy and Nurses. They provide up to a maximum of 4 visits per day, 7 days per week to support recovery activity and prevention of admission. They also facilitate early supported discharge to continue rehabilitation.</p> <p>Inpatient Rehabilitation This service includes Physiotherapy and Occupational Therapy. The service provides rehabilitation, a therapeutic MDT approach and provides support with assessment and complex discharge planning. They also assist with vascular, major trauma and over 65 stroke pathways. The therapy is delivered on an individually assessed basis, but intensive therapy is not provided.</p> <p>Hospital at Home The role of the Hospital at Home team is to treat patients at home or in a care home by providing the same level of care that would be expected should you be admitted to hospital. The team also facilitate earlier discharge for ongoing treatment where it is safe to do so. The team is led by a medical consultant and includes a skill mix of nursing staff including advanced practitioners and pharmacy services.</p>

Specialist Community Services	14.073	Specialist Community Services include the Cardiac Rehabilitation & Heart Failure Service, Diabetes Service, Respiratory Service, Complex Care Service, Managed Clinical Network Team, Diabetic Eye Screening Service, ME Service, and the Tissue Viability Service. All of these specialised community services ensure that complex care is delivered safely in the community to decrease unnecessary admissions and assist in early discharges from acute settings.
Management + Admin	1.702	Management + Admin support to Integrated Community Care Teams
Fife Equipment Loan Store Service	1.048	Fife Equipment Loan Store (FELS) provides equipment to help support individuals to live as independently as possible in their own home or homely setting. Over 700 prescribers across Fife H&SCP and Education access FELS including OTs, PTs, Community Nurses and Social Care workers. Equipment such as beds, hoists, bathroom equipment and specialist children's equipment support access to education, timely discharge from hospital and prevention of admission into hospital or long-term care.
Community Flow and Integrated Discharge Hub	2.813	The Hub enhances the patients journey through their hospital stay by identifying and planning their discharge pathway from the point of admission. We are a 7-day integrated service with a new Front Door Assessment Team that focuses on early assessment and prevention of admission. Discharge Pathway Planning commences before medical treatment in line with our Planned Day of Discharge (PDD) Initiative as part of Discharge Without Delay (DWD). Time created to plan and implement complex long-term solutions (housing adaptations). Solutions will be in place for patients clinically fit reducing average LOS & number of patients in delay
Integrated Complex & Critical Care	56.735	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Mental Health Services	44.280	Mental Health Services provides a portfolio of services including the following. Drug & Alcohol Addiction Services, Child & Adolescent Mental Health Services to the Community. Community and In-Patient Adult and Older Adult Mental Health Services, Community and In-Patient Rehab Services, Community and In-Patient Forensic Mental Health Services. Mental Health Occupational Therapy and Physiotherapy Services. Admin support to Mental health services.
Learning Disability Services	7.012	Learning Disability provides Community and In-Patient Learning Disability services. Forensic Learning Disability services to in-patients, including the Regional Learning Disability Unit, Daleview Ward. Epilepsy Nursing service. Occupational Therapy services
Psychology Service	5.443	Psychology Service provides a range of psychological interventions and therapy services to meet mental health needs across the lifespan as well as specific services in the following areas - physical health settings, learning disabilities, maternity, neonatal and perinatal care, paediatrics, physical rehabilitation, psychiatric rehabilitation, addictions, forensic, staff support and services for military veterans
Prof & Business Enabling	2.938	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.
Other	26.516	HSCP allocations awaiting distribution & Board Vol Orgs

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2023.004 (DRAFT)
2	Report Title	Revenue Budget 2023-24
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	
4	Date Direction Takes Effect	
5	Direction To	Fife Council
6	Does this Direction supersede, revise or revoke a previous Direction – if yes, include the Reference Number(s)	Yes
7	Functions Covered by Direction	All functions delegated to Fife Council by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1A and 1B of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)

8	Full Text of Direction	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council will continue to provide services, under the leadership of the Director of Health and Social Care, within current budgets and in accordance with statutory and regulatory obligations, policies, and procedures, endeavoring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.
9	Budget Allocated by IJB to carry out Direction	For the financial year 2023 to 2024, Fife IJB has allocated a budget of £278.452 million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.
10	Performance Monitoring Arrangements	<p>Regular monitoring of the financial position will take place during 2023-24 to ensure services are delivered within the resource envelope identified at Appendix A.</p> <p>A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year..</p>
11	Date Direction will be reviewed	March 2024



Total Budget to be spent on Fife Council Services - £278.452m		
Portfolio/ Service	Budget £M	Narrative
Integrated Community Care	77.343	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting
Homecare Services	55.338	<p>The Care at Home Service has 850 staff providing care and support within the homes of 1100 of some of the most vulnerable people within Fife. There are a range of models of care (enablement, end of life support, ongoing maintenance of critical care and support), situated across the whole of Fife for all ages.</p> <p>The Service operates within a formal statutory, regulatory and policy environment. This includes the Care Inspectorate, the Scottish Social Services Council, Health and Safety and we are required to demonstrate compliance, strong governance arrangements and continuous service improvement.</p> <p>The service also operates as a key service within the H&SCP with a focus on improving the wellbeing of people who use health and social care services. In particular the National Health and Wellbeing Outcomes sets out clear the expectations that:</p> <p>3. "People who use health and social care services have positive experiences of those services, and have their dignity respected"</p> <p>4. "Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services".</p> <p>7. "People who use health and social care services are safe from harm"</p> <p>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".</p> <p>9. "Resources are used effectively and efficiently in the provision of health and social care services".</p> <p>Linked closely to the National and Regulatory expectations of service delivery, is the H&SCP strategic ambition to achieve the best outcomes for the people of Fife using a whole systems approach</p>
OP Residential & Day care	16.031	OP Residential provides care for people aged 65 and over in 8 Partnership Care Homes across Fife. The service supports hospital discharge through providing Assessment beds for those where Long-Term Care is a likely plan and Interim Beds for those who are medically fit for discharge and awaiting a package of care at home. Long Term Care beds and planned respite beds are provided across all 8 Care Homes. Three of the 60 bed Care Homes provide 32 Short Term Assessment and Review (STAR) beds for those requiring a multi-disciplinary approach to assessing and supporting a service user to develop independent living skills to enable a safe return home with a package of care commensurate to their needs. Currently there is a review of Day-care Services with a test of change being progressed where external organisations are providing Day-care on our behalf from the Partnership Homes.
OP Fife wide	1.233	OP Hospital Discharge Services works with multidisciplinary teams to support people to move from hospital to more appropriate settings. Supporting East Fife Community Hospitals and when required service to Fife Residents in Ninewells and PRI. West covers Victoria and QM Hospitals and Fife Residents in Forth Valley and Clackmannanshire.
Community Occupational Therapy	4.741	The Community Occupational Therapy Service work with adults within their home environments. The team's remit is to identify both what is preventing or limiting individuals in carrying out essential daily living tasks and what assets are available to overcome these. Intervention will vary from alternative techniques, coping strategies, moving, and handling techniques. assistive equipment and adaptations to the home environment. They also provide postural management support if someone has a complex postural management need that impacts upon their ability to support themselves in a sitting or lying position.
Integrated Complex & Critical Care	191.970	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work

Adults Fife Wide	64.519	Adults Fife Wide Service provides Grants to Voluntary Organisations, the Adult Protection Committee and funds the running costs for the Complex and Critical service management. This budget also funds OP Nursing & Residential external care packages for Older People over 65 through Nursing and Residential Placements and provides Direct Payments to Service Users to allow them to purchase their own services.
Adult Supported Living	30.181	Adult Resources provides Accommodation with Care and Support by internal teams either in group settings or single tenancies. There are also additional services including Shared Lives Fife, the statutory Appropriate Adult Service and the Deaf Communication Service, plus day support services through the Fife Community Support Service.
Social Care Fieldwork Teams	22.861	Social Care Fieldwork Teams (for Adults and Older Adults), provide a professional social work service that provides assessment of need, Adult Support and Protection duties and crisis welfare support, as required by the SW Scotland Act. Assessment determines the needs of the service users and facilitates suitable care based on these needs.
Adult Placements	74.408	Adult Placements supports arrangements for external care packages for Adults under 65, following social work assessment who meet the criteria through Nursing and Residential Placements, Care at Home and Day-care. It also provides Direct Payments to Service Users to allow them to purchase their own services.
Prof & Business Enabling	8.466	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.
Other	0.673	Other includes budgets that are held centrally but will be allocated to other areas during the financial year. E.g., provision for the pay award.



Fife Health & Social Care Partnership



Medium Term Financial Strategy 2023-2026

Medium Term Financial Strategy

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Forward

Fife Integration Joint Board (IJB) continues to operate in uncertain times, facing significant budget challenges and pressures. It is therefore important to develop a clear financial framework which will support delivery of the strategic plan within the finite resources available.

Our partners in both Fife Council and NHS Fife have been involved in the development of this strategy and fully support and understand that any directions approved by the IJB will require to be delivered to allow financial balance and sustainability.

Audrey Valente, Chief Finance Officer

Executive Summary

The Medium-Term Financial Strategy (MTFS) for Fife Health and Social Care Partnership (Fife HSCP) sets out the resources available and ensures that they are directed effectively to help deliver the outcomes of the Strategic Plan and its 9 Supporting Transformational Strategies. The MTFS quantifies the challenges over the next three years and will help inform decision making and actions required to support financial sustainability. It estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife, and therefore highlights any areas of financial pressure. The MTFS details plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and sets out the medium-term transformational change required to allow us to deliver services in the most effective way whilst balancing the budget.

The three-year financial strategy sets out the forecast income and expenditure for the Integration Joint Board (IJB). An overview of the three-year framework is set out below

Summary	2023-24 £m	2043-25 £m	2025-26 £m
Budget Pressures	669.977	688.205	706.793
Funding Estimates	649.041	660.503	672.089
Budget Gap	20.936	27.702	34.704
Programme for Transformation			
Efficiency	12.850	15.150	16.650
Service Redesign	3.587	4.500	5.250
Transformation	5.000	9.000	13.000
Shortfall / (Surplus)	(0.501)	(0.948)	(0.196)

Based on the projected income and expenditure figures the IJB will require to achieve savings of £35m over the next three years.

Introduction and Context

Since the Fife Integration Joint Board became operational, the necessity to achieve savings has been a continuous consideration. Starting from a deficit position, the realisation of savings within a health and social care system which is experiencing rapid growth and under pressure to drive forward change at a pace is challenging to deliver without de-stabilising the system. Significant savings have been delivered to date and our focus is on transformational change.

The vision of the Strategic Plan 2023-2026 is to enable the people of Fife to live independent and healthier lives. Our mission to deliver this is by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes and this MTFs helps enable the Strategic Plan to be delivered.

Our Strategic Priorities for 2023-26 are

- Local – A Fife where we enable people and communities to thrive
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement
- Sustainable – A Fife where we will ensure services are inclusive and viable
- Wellbeing – A Fife where we will support early intervention and prevention
- Outcomes – A Fife where we will promote dignity, equality, and independence

The MTFs also links with the Fife Integration Scheme March 2022; The NHS Clinical Strategy and the overarching Plan 4 Fife, whilst also demonstrating cognisance to the key strategies, plans and policies of partners where relevant to the operation of the delegated services.

The Ministerial Strategic Group (MSG) Review of Progress of Integration (2019) defined Integrated Finances and Financial Planning as a key feature to support Integration. This means that money must be used to maximum benefit across health and social care with the public pound being used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. Our Commissioning Strategy is being refreshed and this will focus on delivering Best Value for quality and cost in line with the MSG principles.

This MTFs will consider the resources required by the Fife HSCP to operate its services 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 required to support financial sustainability in the medium term.

Reserves

Since inception Fife HSCP have aimed to be able to hold reserves in line with our policy document. There is no statutory minimum however, the policy states an ambition to maintain a prudent level of uncommitted reserve of 2% of budgeted expenditure. April 2021-22 was the first year where funds were brought forward to be held in reserve and this was the result of late funding received from Scottish Government in February 2021 and a surplus on our core position. April 2022 saw the reserve balance on uncommitted funds rise to 2% and meeting our ambition.

The main purpose of holding a reserve is to create a contingency to cushion the impact of unexpected events or emergencies. Whilst this level of reserve will allow flexibility, this must be proportionate and take cognisance of the level of savings required to be delivered and should be kept under regular review. The other reason for holding reserves is a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities. Whilst these are committed, they should still be monitored regularly and change of use will require approval of the IJB.

Uncommitted

The provisional final outturn position at March 2023 is estimated to deliver an underspend of circa £11m. This balance will be carried forward into the following financial year 2023-24 which will take our total uncommitted balance to circa £20m. This provides an element of flexibility to recognise that savings will not be approved until late in 2022-23 which in turn will impact on the timescales to deliver cashable savings from 1st April. It also recognises that some of these transformational pieces of work will require double running to ensure safe delivery of services to the people of Fife.

Covid

Scottish Government has provided significant funding to meet the costs of COVID-19. Consequently, part of this funding was carried forward as reserve to mitigate the continued costs of COVID-19. £36m was held as at January 2023 with an estimated £15.5m of this required to cover the projected costs for 2022-23, the remaining reserve has been returned to Scottish Government for re-distribution. There will be no further funding for COVID-19 related expenditure and any recurring costs will be required to be funded from existing budgets.

Earmarked

Earmarked reserves reflect government priorities and are required to enable delivery of services at a local level that fit with the national guidelines. There is close working with Scottish Government to ensure spend is aligned with the national priorities and that reserves remain at manageable levels, and delivery continues within expected timescales.

A risk register has been developed to be used in conjunction with reserves held, to allow informed judgement on use of balances. This is available at Appendix 4 in the budget paper.

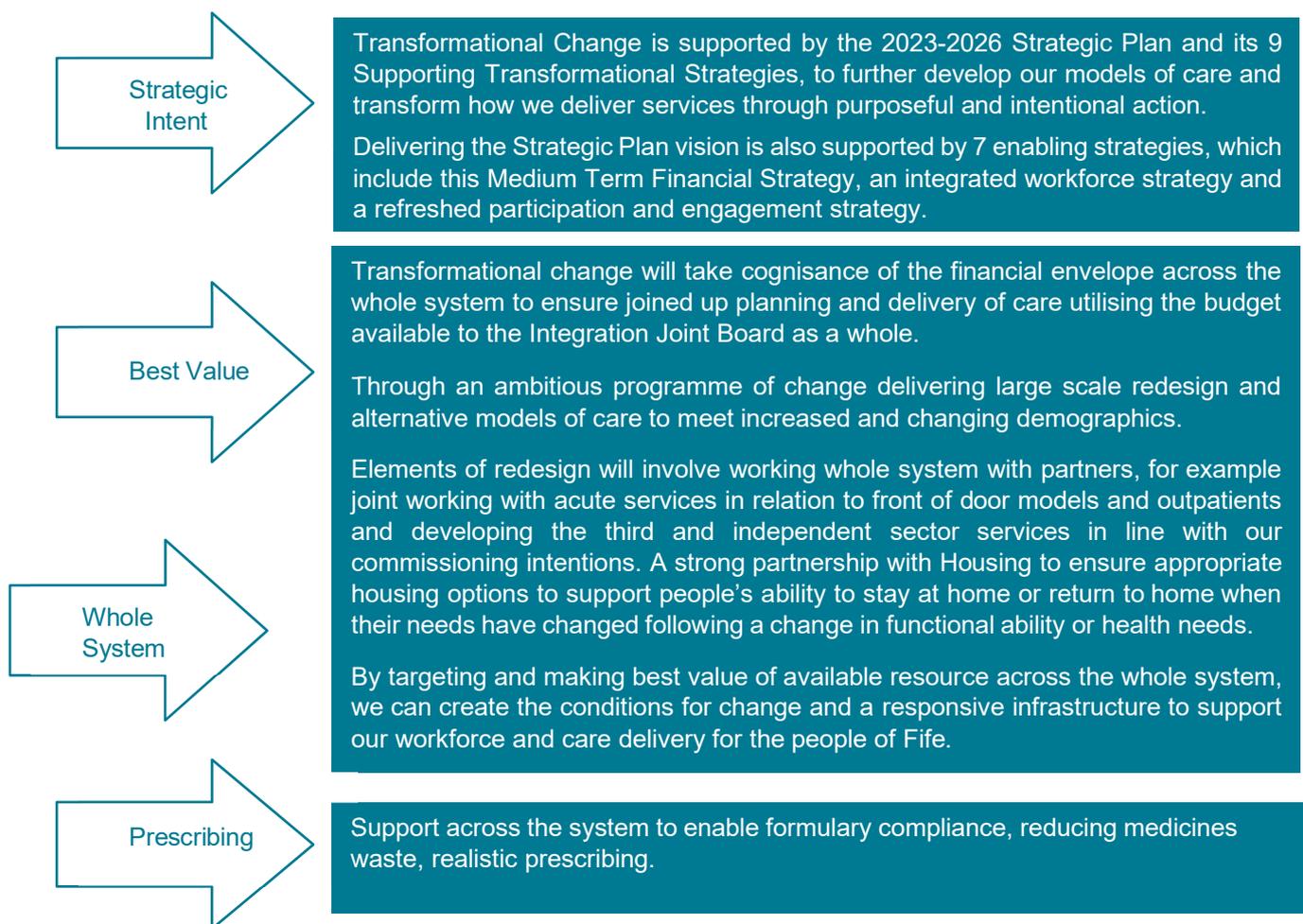
This strategy document should be read in conjunction with the Annual Budget Paper (March 2023).and collectively the two documents will assist in future decision making through:

- Informing priorities to support delivery of the strategic plan
- Improving strategic financial planning
- Maximising the use of available resources and support best value across the medium term
- Detailing high level plans aligned to service; efficiency/reform; redesign and transformation
- Providing a formal document to be utilised in discussion with partners in relation to agreeing and securing funding
- Supporting decision making in the commissioning of services in partnership with the third and independent sector to support a shift in the balance of care to support prevention, early intervention, and community-based locality services
- Progress will be monitored through the IJB Governance Structures

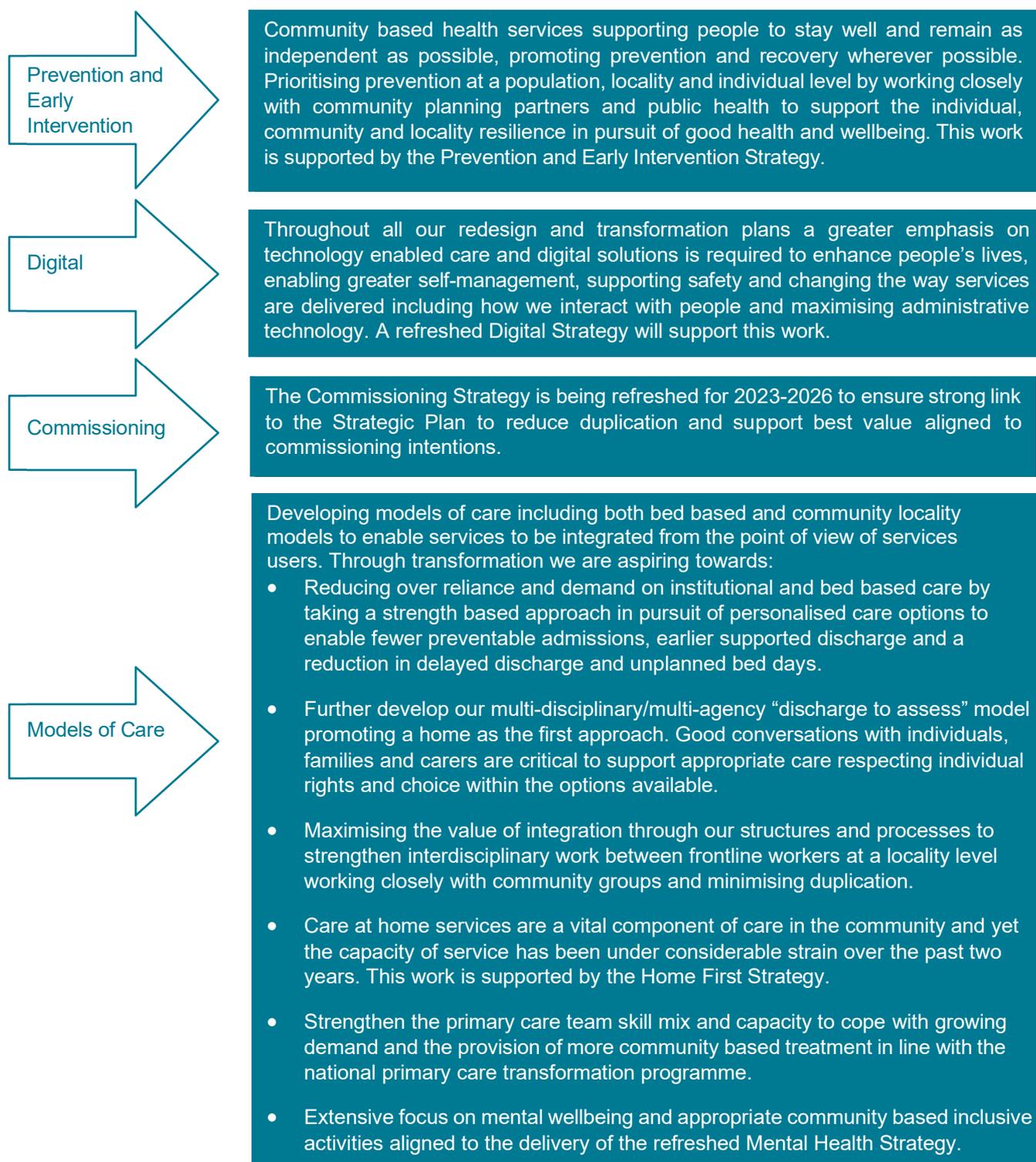
Delivering Transformational Change

The HSCP is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. The transformational change programme spans the entirety of the Partnerships business and requires the partnership to look at what services are delivered, how they are delivered, and where they are delivered from.

There has been significant investment to create a transformation team and the team has developed a series of programmes and projects. These projects will measure improvements in both outcomes and quality of services and track financial benefits such as cost avoidance through prevention and early intervention, efficiency savings and cashable savings from transforming services.



What



Principles

The Medium-Term Financial Strategy has been developed based on the following principles:

1. Financial **Sustainability** is a priority for Fife Integration Joint Board.
2. Resources will be directed to demonstrate **best value** and enable delivery of **Fife Strategic Plan** aligned to the Principles of **Integration** and National Health and Wellbeing **Outcomes**, National **Performance** Indicators and Ministerial Strategic Group Recommendations.
3. A commitment to a **whole system approach** and **partnership working** with Fife Council, NHS Fife, the third sector and the independent sector to deliver the best and most efficient services possible with and for the people of Fife within the delegated financial allocations.
4. Directions will be issued to Partners in line with the Statutory Guidance for **Directions**.
5. There is a need to **balance** the combined **complexity** of increasing demand, delivering **quality** and making **financial savings** to support best value and financial sustainability.
6. Spending is expected to be **managed** within the original budgets set during the budget setting process. Where this is not possible, recovery plans within individual services will be required to address overspends in year.
7. Should the **recovery plans** developed have a significant detrimental impact on the services being provided to citizens, then a wider approach to recovery using the budget available to the Integration Joint Board as a whole will be required to manage the position whilst a permanent solution to specific overspends is identified.
8. Given the type of services provided and the reliance placed on these by people then investment and **Project Management Support** may be required whilst the **proof of concept** and benefits are established in relation to the **medium-term transformation** projects in line with our **commissioning intentions**.
9. There is a clear focus towards the delivery of **recurring savings** and an expectation that budgets will be **balanced** on a recurring basis.
10. We will create **conditions for change** recognising our **workforce** as our greatest asset.

Legislative Context

The Integration Joint Board's role and function is set out in the underpinning legislation – the Public Bodies (Joint Working) (Scotland) Act 2014. The purpose of the integration policy can be summarised as being necessary in order to reshape our whole health and care system in Scotland to enable us collectively to sustain good quality services at a time of unprecedented change and challenge. The system must change and adapt to the new pressures it faces and health and social care integration is seen as a key mechanism toward that.

Integration Joint Boards (IJBs) were set up in order to change the patterns of behaviour, planning and delivery across health and social care and, in large part, to achieve change through an approach which challenges the status quo; deliberately setting strategy, planning and then, utilising delegated budgets directing and commissioning the NHS and Local Authority Partner organisations to delivering more joined-up, community-based models and in doing so, utilising resources 'locked' in traditional silos.

National Context

The Scottish Government estimates that the need for health and care services will significantly rise by 2030. Coupled with a changing working age population and the known workforce supply challenges, it is clear that the current model of health and care cannot be sustained and that it must change. Pressures span across both acute and community health and social care services.

There are numerous measures being used to monitor the local and national progress of Integration. The Scottish Government's Ministerial Strategic Group for Health and Community Care have identified six priority areas against which progress towards integration is being measured. This coupled with the key features of Integration (2019) and the national Framework for Community Health and Social Care Integrated Services (2019) will support establishing a strong foundation for transformation to enable an increased pace of change, positive outcomes and best value in care delivery.

Integration Authorities are operating within a complex and changing environment where national issues are likely to have an impact on the services provided and how we deliver them locally. Some of the recent legislative or policy changes impacting on integration authorities are:

- Free Personal Care for the Under 65's
- Carers Act (Scotland)
- Scottish Living Wage
- Primary Care Transformation
- The Health and Care (Staffing) (Scotland) Bill.
- Withdrawal from the European Union (Brexit)
- Set aside budgets

Local Context

To deliver reform, transformation, and sustainability, Fife HSCP was restructured in 2021 to create clearer, more service-user-aligned pathways, that enable the people who need to work together to be a team together. This seeks to create conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards, and business enabling and support services. Localities have also played an important role, bringing decision making about health and social cares priorities closer to communities.

The MTFS, Transformational Change Plans and Locality Plans seek to support the understanding surrounding the financial climate within which the Fife IJB will operate over the medium term. There are wide-ranging factors which encompass the complexity that impacts on the financial pressures:



As with all public sector bodies our partners, from whom most of our funds are received, are facing financial challenges. Whilst there is always a place for striving to achieve savings and efficiencies using what could be considered to be more ‘traditional’ methods, the challenges we face determines the need for a more meaningful and pragmatic approach to be taken which supports delivery of services with and for the people of Fife whilst enabling financial sustainability. This will be aligned to the NHS Fife Clinical Strategy and the Plan 4 Fife 2017-2027.

Projected Expenditure & New Resources

This reflects the known commitments and income likely to be received in 2023-26.

Each year cost pressures will arise during the financial year as service delivery moves to cope with demand. The main cost pressures which the IJB will face over the next three financial years are as follows:

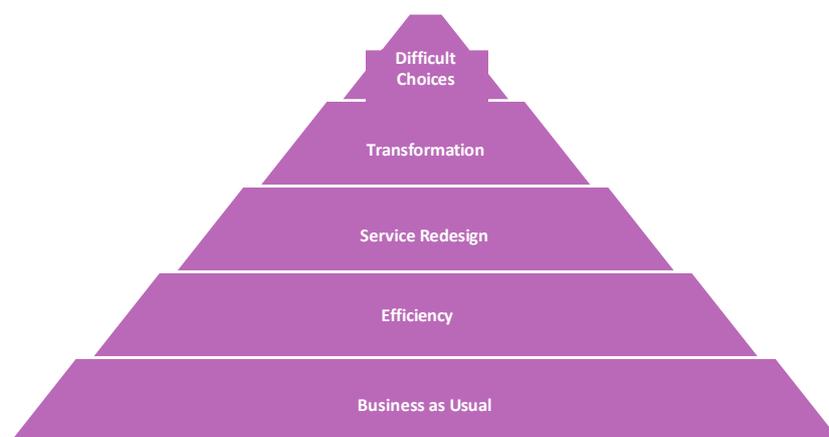
Fife HSCP Draft Budget Overview	2023-24	2024-25	2025-26
	Budget	Budget	Budget
	£m	£m	£m
Increase in Funding			
Budget Uplift Fife Council	0.000	5.262	5.262
Budget Uplift NHS Fife	0.000	6.200	6.324
Additional Share of SG £95m for Social Care	8.091		
Total Increase in Funding	8.091	11.462	11.586
Inflation Increases			
Pay Inflation	13.444	5.422	5.542
Pharmacy Inflation @4%	4.121	4.347	4.588
External providers: living wage and funding requirements	8.091	5.262	5.262
Non-Pay Inflation	0.371	0.197	0.197
Total Inflationary Increases	26.027	15.228	15.589
Cost Pressures	3.000	3.000	3.000
Budget Gap	20.936	6.766	7.003
Cumulative Gap	20.936	27.702	34.704
Savings Identified	21.437	28.650	34.900
Net Budget GAP – Shortfall / (Surplus)	(0.501)	(0.948)	(0.196)

Opportunities/Savings Identified to close Budget Gap	2023-24 £m	2024-25 £m	2025-26 £m
Transformational Change			
Digital Sensor Technology - transform overnight care	3.000	5.000	7.000
Bed Based Model	1.000	1.000	2.000
Modernising Administration Services	0.500	1.000	1.500
Integrated Management Teams	0.500	1.000	1.500
Re-imagining the Voluntary Sector	0.000	1.000	1.000
Service Redesign			
Implementation of Payment Cards	1.000	1.000	1.000
Home First Commissioning Transformation	1.000	1.500	2.000
Community Service Redesign	1.000	1.000	1.000
Day Service Redesign (older people)	0.500	0.500	0.500
Transforming Centralised Scheduling	0.087	0.500	0.750
Efficiency			
Use of Underspends	5.000	5.000	5.000

Nurse Supplementary Staffing	2.000	3.000	4.000
Supported Living Rents Income Maximisation	1.000	1.000	1.000
Medicines Efficiencies programme 2023-25	3.650	3.650	3.650
Securing a sustainable Medical Workforce and reducing locum spend	0.500	1.500	2.000
Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.400	0.500	0.500
Maximising Core Budget (Alcohol and Drugs)	0.300	0.500	0.500
TOTAL	21.437	28.650	34.900

Decision Making

To support robust decision making and due governance to progress financial sustainability there needs to be a distinction in change being proposed ranging across the spectrum of business as usual, Service Redesign, Transformational change and making difficult decisions.



Business as Usual

Financial Governance underpins this strategy. In respect of most of our services we need to ensure that patients/service users receive the appropriate care based on their assessed need within available budget. Therefore, budgets and expenditure are managed through robust financial management supporting budget control across all services and all levels of the organisation to achieve an overall year end balanced position.

Efficiency

We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and supporting us to be a lean organisation. This includes managing demand across a range of settings and services.

Service Redesign

Maximising opportunities to redesign services to enable modern sustainable services. Digital and technology enabled solutions will be key to increasing efficiency and improve outcomes for people in a sustainable manner. Reviewing structures and processes will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.

Transformational Change

Involves alternative models of care in line with the ambitions of the Health and Social Care Strategic Plan 2019-2022. Transformation requires us to think and plan services differently to deliver safe and sustainable services in the future, considering demographic growth and increasing long term conditions. Prevention and early intervention are critical to promote healthy and independent living working with communities through locality plans to build resilience and support self-care and carers. Technology will be an enabler to supporting independence.

Difficult Choices

Should the measures above not achieve financial sustainability at the required pace, then consideration will need to be given to making difficult choices. This will be the hardest to achieve as there might be a potential requirement for us to decommission current services that are not a main priority of the Strategic Plan. Therefore, the focus will be on efficiency, redesign and transformation to ensure that we are delivering the right services at the right time to the right people in the right place to best meet their needs with robust governance arrangements to monitor this.

Risk Assessment

The Medium-Term Financial Strategy is a financial model based on the best available planning assumptions at the time and accordingly has related risks associated with it. Key risks of the Medium-Term Financial Strategy are:

Managing Complex Needs

The increasing level of complexity of need for some of our service users, including transitions to adult services, means that major care packages or out of area care placements might materialise during the year which we have not budgeted for.

Prescribing

Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.

Workforce

Turnover savings is included in the budget to reflect the current staffing levels; should these staffing levels change, this could impact on turnover or supplementary staffing.

Commissioning

The external care market is fragile and work with care providers is ongoing to support stability in the sector whilst also supporting best value from the commissioning strategy.

Transformational large-scale change

This plan requires medium term, large scale and whole system working. This will require change management resource and senior leadership capacity partnership working with statutory, independent, and voluntary sector services.

Decision Making

There may be impact on the Integration Joint Board from decisions by Partners and *vice versa*. Regular meetings with Chief Executives and Directors of Finance along with the Chief Officer and Chief Finance Officer will continue to support whole system working and approach.

Public Expectations

Good conversations and a strong engagement and communication plan will be essential. This can be strengthened further by a review of Governance arrangements in support of public, community, and locality engagement.

Variability

Projected financial impact which could arise from the impact of both local and national decisions or unexpected change in demand.

The Set Aside

Requires to be transferred to the IJB. Current overspends level requires to be addressed prior to transfer.

Charging

Not within the gift of the IJB to govern and remains governed by the Local Authority. Inability to raise funding to levels commensurate with other Integration Authorities is a risk to ensuring a more sustainable approach to delivery of services.

Resilience

Such as winter pressures or pandemic can result in unpredicted financial pressures.

The Fife Integration Board recognises strategic risks through its Risk Register. This is used to ensure that significant risks are identified, and mitigating actions are effective in reducing these risks to an acceptable level. These risks will be defined in the IJB strategic risk register and monitored and reviewed through the finance monitoring statements on a regular basis.

Fife HSCP - Financial Risk Register

No	RISK Threat to achievement of business objective	Scope/potential consequences of risk	Assessment of Risk			Risk Control Measures in Place	Are all Controls Operational? Y/N/Partial	Potential Financial Risk Annual Basis £m	Assessment of Risk		
			Likelihood	Impact	Risk Score				Likelihood	Impact	Risk Score
1	Costs of Covid	There may be a requirement to utilise reserves should recurring costs of covid not be absorbed into business as usual activity	4	5	29	Close monitoring of position and absorption into core budgets as opportunity arises. Action to reduce level of expenditure to be taken wherever possible	Partial	4.7	2	5	10
2	Realigning Budgets	The approach adopted for 2023-24 has been to realign budgets based on the level of underspends in previous years. There is a risk that these do not realise the required benefits	5	5	25	The risk will be held corporately and future budget gaps may increase should demand increase. There will also be close monitoring of spend and improved grip and control measures put in place.	Partial	5	2	5	10
3	Inflationary Upfits	Assumptions have been included in the budget model in relation to uplifts for both pay and externally commissioned. Level of uncertainty in terms of agreed rate	5	5	25	Sharing of best practice with both partners and other IJBs.	Partial	7	3	5	15
4	Costs relating to short term investment required to ensure Safe Delivery of services whilst also transforming services	To enable safe delivery of services there may be a requirement to incur double running costs to ensure safe delivery of services	5	5	25	Options to minimise risk considered such as test of change in locality with the potential to further roll out	Partial	7	3	5	15



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board
Meeting Date: 31 March 2023
Agenda Item No: 7.2
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:

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

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
- Finance, Performance & Scrutiny Committee 17 March 2023

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed services based on 31 January 2023 for NHS/ 31 December 2022

for Fife Council. The forecast for Fife Health & Social Care Partnership is currently a surplus £11.307m.

3.2 Background

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

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

3.3 Assessment

As at 31 January 2023/ 31 December 2022 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £11.307m.

- 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

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 has been reviewed and updated for 2023-26.

3.3.4 Risk / Legal / Management

There is a risk that savings may not be achieved on a permanent basis however 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 \(fife.gov.uk\)](#)

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

Not applicable.

4 Recommendation

- **Assurance** – IJB are asked to be assured that there is robust financial monitoring in place.
- **Decision** – approve the financial monitoring position as at January 2023 / December 2022.
- **Decision** – approve the use of the reserves as at January 2023 / December 2022.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at January 2023 / December 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 exceeds its budget, necessitating the requirement for the Risk Share Agreement.

7 Implications for NHS Fife

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

8 Implications for Third Sector

This report reflects payments made to Third Sector providers.

9 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

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

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

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

Lead	Audrey Valente
Critical	SLT
Signed Up	
Informed	

Report Contact

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**Fife Health
& Social Care
Partnership**



Finance Report as at 31 December /31 January 2023

17th March 2023



Supporting the people of Fife together



FINANCIAL MONITORING**FINANCIAL POSITION AS AT DECEMBER/JANUARY 2023****1. Introduction**

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

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

A 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 £11.347m 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 £18.168m since April 2022 (was £10.168m at November) 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 Allocations	Total Allocated April to Dec/ Jan	Yet to be Allocated
	£m's	£m's
PCIF (reduction in allocation due to reserve held)	-2.258	
Primary Care Development Fund (PCIF to pharmacotherapy)	-2.830	
Alcohol and Drug Partnership	-0.075	0.587
Integration Fund		0.026
District Nurses		0.151
Mental Health Recovery		
Action 15 Mental Health Strategy		1.194
Anticipated additional pay award funding	3.306	
Perinatal & Infant Mental Health		0.147
Camhs Improvement		0.433
School Nurse	0.322	

22-23 Uplifts		1.019
Urgent Care Redesign	0.681	
Family Nurse Partnership		0.018
Naxolone for Police Scotland		
FHS non-cash limited	16.318	
Integration Authorities: MDT		
Development of Hospital at Home		0.084
Mental Health and Wellbeing		0.070
Mental Health after Covid Hospitalisation		0.096
Nursing Support for Adult Social Care		0.121
Primary Care out of hours		
Earmarked reserves allocated	6.194	
Primary medical services	2.509	
Pay Award	5.387	
GP Sustainability	0.667	
NIC Adjustment	-0.734	
Board contribution to global sum	-0.116	-0.166
Other Budget Movements	4.325	
Budget transfer	2.407	
Miscellaneous Income	-20.594	
Total NHS	15.509	3.780
Pay Award	2.870	
Gas and Electric increases	-0.217	
Contact Centre	0.006	
Total FC	2.659	0.000
Overall Budget Increase	18.168	3.780

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 31 December/ 31 January 2023

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn underspend of £11.307m as below.

Fife Health & Social Care Partnership						
As at Jan NHS / Dec FC	2022/23					
Objective Summary	Budget April	Budget Jan NHS/ Dec FC	Forecast Outturn Jan NHS/ Dec FC	Variance as at Nov	Variance as at Dec	Movement
	£m	£m		£m		£m
Community Services		119.925	108.704	-10.024	-11.221	-1.197
Hospitals and Long Term Care		57.977	62.141	2.774	4.164	1.390
GP Prescribing		75.698	74.498	-1.400	-1.200	0.200
Family Health Services		111.950	112.050	0.160	0.100	-0.060

Children's Services		16.183		15.683	-0.150	-0.500	-0.350
Resource transfer & other payment	418.130	51.906		51.866	-0.035	-0.040	-0.005
Older People Residential and Day Care	14.930	15.955		15.841	-0.242	-0.114	0.127
Older People Nursing and Residential	40.524	41.519		40.343	0.187	-1.176	-1.363
Homecare Services	39.823	43.026		41.483	-0.406	-1.543	-1.138
Older People Fife Wide	0.793	0.894		1.100	0.108	0.206	0.098
Adults Fife Wide	8.185	8.100		5.355	-1.380	-2.745	-1.365
Social Care Other - OT	4.031	4.223		4.138	-0.088	-0.085	0.003
Social Care Other - Business Enabling/Professional	3.908	-2.891		-1.666	1.668	1.225	-0.443
Adult Placements	54.339	54.353		61.150	6.222	6.797	0.575
Adult Supported Living	23.563	26.015		21.227	-3.804	-4.788	-0.985
Social Care Fieldwork Teams	17.351	18.882		18.496	-0.736	-0.386	0.350
Housing	1.837	1.866		1.866	0.000	0.000	0.000
Total Health & Social Care	627.414	645.582		634.275	-7.146	-11.307	-4.161

The main areas of variances are as follows:

5.1 Community Services

Budget £119.925m, Forecast £108.704m, underspend £11.221m

Community Services are forecasting an underspend of £11.221m. 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 November forecast is a favourable movement of £1.197m and is mainly due to continued vacancies and an increase in budget.

5.2 Hospital and Long-Term Care

Budget £57.977m, Forecast £62.141m, overspend £4.164m

Hospital & Long-Term Care is forecasting an overspend position of £4.164m. The overspend is attributable to the high level of medical locum use within mental health, due to increased vacancies in the service since November position.

The movement from November forecast is an adverse movement of £1.390m and is mainly due to bank annual leave charges which had not been charged, bank shift charges will now include the annual leave element going forward, the movement is also due to further usage of locums.

5.3 GP Prescribing

Budget £75.698m, Forecast £74.498m, underspend £1.200m

As at January there is a projected underspend of £1.200m. There is an increase in demand and the price per unit for drugs prescribed.

There has been an adverse movement of £0.200m since the forecast position from November, this is due to an increase in price and volume.

5.4 Child Health Services

Budget £16.183m, Forecast £15.683m, underspend £0.500m

The forecast position for Children's services is an underspend of £0.500m which is mostly attributable to vacancies. Retention and recruitment is difficult as children's services roles are highly specialist and therefore hard to fill. Vacancies are being experienced in Health Visiting, School Nursing and CYPDNS (Children Young Persons District Nurse Services).

The movement from the November position is a favourable movement of £0.350m due to an unexpected increase in funding received for school nursing service.

5.4 Older People Nursing and Residential

Budget £41.519m, Forecast £40.343m, underspend £1.176m

The forecast underspend is £1.176m. This is due to an underspend on third party payments as fewer packages are being purchased.

The underspend is partially offset by an overspend on Direct Payments of £1.9m, where service users are choosing to receive a payment rather than receiving a care package.

The movement from November forecast is a favourable movement of £1.363m and is due to a reduction of circa 100 packages being projected to year end.

5.5 Homecare

Budget £43.026m, Forecast £41.483m, underspend £1.543m

The forecast underspend is £1.543m. This is mainly due to difficulties in recruiting and retaining staff, 100+ vacant posts across Homecare which are now projected to be vacant until year end. Additional 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 and the funding has not been spent in full.

There is also an underspend on external homecare packages of £0.442m. This is a result of less packages being commissioned than budgeted for, although the underspend has reduced from the November projection due to an increase in hours of care being commissioned.

The underspend is partially offset by an overspend on Direct Payments of £1.9m, where service users are choosing to receive a payment rather than receiving a care package.

The movement from November forecast is a favourable movement of £1.138m and is due to staff vacancies being projected to year end, offset by the increase in external hours being provided.

5.6 Adults Fife Wide

Budget £8.100m, Forecast £5.355m, underspend £2.745m

The forecast underspend is £1.707m. 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 favourable movement in the forecast position from November of £1.365m due to further delays mainly due to difficulties in recruiting.

5.8 Adults Placements

Budget £54.353m, Forecast £61.150m, overspend £6.797m

The forecast position is an overspend of £6.797m. The overspend is due to packages that have been commissioned in excess of the budget.

There is an adverse movement from the November position of £0.575m which is due to the increase in packages being commissioned and a reduction in the achievement of the re-provision of care saving.

5.9 Adults Supported Living

Budget £26.015m, Forecast £21.227m, underspend £4.788m

The projected outturn is an underspend of £4.788m. 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 are further vacancies within Accommodation Services due to difficulties in recruiting (£2.4m) offset by a shortfall on Housing Benefit income £0.7m

There is a favourable movement of £0.985m which is due to further posts becoming vacant and budget being added to fund the pay award – many posts are currently vacant, so the additional budget allocation for pay remains unspent.

5.10 Social Care Fieldwork Teams

Budget £18.882m, Forecast £18.496m, underspend £0.386m

The projected outturn is an underspend of £0.386m. This is mainly due to staff vacancies offset by overspends in transport for taxis to college and day care provision of £0.371m, third party payments £0.313m and direct payments £0.354m.

There is an adverse movement from the November projection of £0.350m mainly due to an increase in the use of taxis. The HSCP will be reviewing the way in which we commission the use of taxis going forward.

6. Portfolio reporting

An alternative approach to presenting the budget and forecast position as at December/January is presented below and provides information split by budget management responsibility for each of the Heads of Service. You will note the current position reflects an underspend for each area and work is on-going to improve reporting in relation to the line 'Other' which reflects various transactions between NHS Fife and Fife Council (otherwise known as resource transfer). This expenditure will be re-classified over the four portfolios in future updates to reflect compliance with accounting standards.

	Budget Jan NHS/ Dec FC	Forecast Outturn Jan NSH/ Dec FC	Variance as at Jan NHS/ Dec FC
	£m	£m	£m
Primary Care & Preventative Care	253.371	247.470	(5.901)
Integrated Community Care	167.007	162.860	(4.148)
Integrated Complex & Critical Care	174.179	172.957	(1.223)
Integrated Professional & Business Enabling	8.148	7.868	(0.280)
Other - Including Resource Transfer	42.876	43.120	0.244
TOTAL HSCP	645.582	634.275	(11.307)

7. 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

70% of the savings (£1.270m) 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.

8. 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).

The submission as at November shows projected full year costs for Covid-19 related expenditure is £15.464m which is an increase from the November position (£14.548m) This is mainly due to claims from the support fund for external providers, vaccinations, and workforce & capacity.

Circa £21m was returned to Scottish Government via a reduced allocation to Fife NHS. Fife HSCP continue to complete the Local Mobilisation Plan monthly. Scottish Government committed to fully funding all Covid-19 related costs incurred. Fife HSCP will require further allocations of circa £1m to break even on Covid-19 costs based on current projections.

Covid-19 Reserves	Opening Balance April 2022	Projection at Jan 2023	Projected to be required at YE
Covid-19 Reserves brought forward	35.993		
Covid-19 Reserves returned to SG	-21.487		
Balance of Covid-19 Reserves after SG return	14.506	15.464	-0.958

The main areas of expenditure projected in the January Local Mobilisation plan are:

Projected Costs for Covid-19 @ Jan 2022	Total £m
Vaccinations	6.219
Workforce and Capacity	4.400

PPE, Equipment	0.607
Community Capacity	1.463
Sustainability payments to providers	2.762
Other	0.013
Total Covid-19 Costs	15.464

9. 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 the £79.712m total reserve, £66.276m was earmarked for specific purposes which included £35.993m which related to Covid-19 expenditure.

£21.487m has now been returned to Scottish Government and £2.016m was reclassified from earmarked to uncommitted in year, leaving an earmarked balance of £42.773m

Earmarked expenditure required for use in year has been reviewed and the projection to year end is £12.836m The remaining £15.431m will remain earmarked in reserve for use in 2023-24.

Total Reserves	Opening Balance April 2022	Projection at Jan 2023	Expected Balance at YE
Total Earmarked	28.267	12.836	15.431
Covid-19 - after return to SG	14.506	15.464	
Reserves Available for Allocation	15.452	6.136	9.316
Total Reserves	58.225	34.436	24.747

Detail of the earmarked reserves and commitments for approval against the £15.452m are shown in Appendix 2.

10. Risks and Mitigation

10.1 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. Any savings which continue to be unmet will carry forward into 2023-24 and work will continue with SLT to ensure that they are met on a recurring basis going forward or substituted.

10.2 Forward Planning

Moving forward there is significant financial uncertainty due to the global economic crisis and the increasing costs in relation to inflation, energy, supplies, pressure on pay costs

A reduction in future expected contributions from Fife Council and NHS Fife, along with increased costs and the impact of an ageing population will provide a significant challenge in 2023-24 onwards to ensure Fife HSCP remains sustainable in both the immediate and longer term.

10.3 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. There is no further funding available from Scottish Government in future years and therefore Fife HSCP will need to transform the way we work to allow us to provide essential services to the most vulnerable people.

11. Key Actions / Next Steps

SLT have progressed work on future budget modelling and are signed up to progressing opportunities to close the budget gap from 2023-26.

Audrey Valente
Chief Finance Officer
10th March 2023

APPENDIX 2

Total Reserves	Opening Balance April 2022	Projection at Jan 2023	Expected Balance at YE
Total Earmarked	28.267	12.836	15.431
Covid-19 - after return to SG	14.506	15.464	
Reserves Available for Allocation	15.452	6.136	9.316
Total Reserves	58.225	34.436	24.747

Earmarked Reserves	Opening Balance April 2022	Projection at Jan 2023	Expected balance at YE
	£m	£m	£m
PCIF	6.585	1.521	5.064
Action 15	2.221	0.167	2.054
District Nurses	0.213	0.018	0.195
Fluenz	0.018		0.018
Alcohol and Drugs Partnership	1.700		1.700
Community Living Change Plan	1.339		1.339
Urgent Care redesign	0.950	0.447	0.503
Care Homes	0.817	0.700	0.117
Mental Health Recovery & Renewal	4.118	3.044	1.074
Buvidal	0.213		0.213
Child Healthy Weight	0.023	0.023	0.000
Acceleration of 22/23 MDT recruitment	0.300		0.300
Multi Disciplinary Teams	1.384		1.384
GP Premises	0.430		0.430
Afghan Refugees	0.047		0.047
Dental Ventilation	0.669	0.389	0.280
Interface Care	0.170	0.030	0.140
Care at Home Care at Home (includes support for Cost of Living Increase)	3.345	3.300	0.045
Interim beds	2.320	2.320	0.000
Telecare Fire Safety	0.069		0.069
Self Directed Support (SDS)	0.417	0.417	0.000
Workforce Wellbeing Funding	0.196	0.196	0.000
School Nurse	0.146		0.146
Remobilisation of Dental Services	0.313		0.313
Psychological Therapies	0.264	0.264	0.000
Total Earmarked	28.267	12.836	15.431

Covid-19 Reserves	Opening Balance April 2022	Projection at Jan 2023	Projected to be required at YE
Covid-19 Reserves brought forward	35.993		

Covid-19 Reserves returned to SG	-21.487		
Balance of Covid-19 Reserves after SG return	14.506	15.464	-0.958

Uncommitted Reserves	Opening Balance April 2022	Projection at Jan 2023	Approval required at Jan 2023	Expected balance at YE
	£m	£m	£m	£m
Opening Balance	13.436			
Reclassified from Earmarked	2.016			
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		0.750		
Gas & Electric cost pressure to reflect price increase		0.230		
MORSE- Unachieved saving		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		
Hospital at Home		0.025		
Approval sought - Renewal of beds in hospitals			0.104	
Balance	15.452	6.032	0.104	9.316

Notes

- £6.032m was previously approved at committee.
- Approval is sought to commit a further £0.104m for bed renewal in hospitals
- The remaining balance available for use is £9.316m.

**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
Primary & Preventative	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/ Community Care	2020-23	Resource Scheduling (Total Mobile)	0.750	0.000	(0.750)	Red
Complex & Critical	2021-24	Review of Alternative travel arrangements - Service Users	0.174	0.000	(0.174)	Red
Complex & Critical	2020-23	Procurement Strategy	0.200	0.033	(0.167)	Red
Complex & Critical/ Community Care	2020-23	Re-provision of Care	1.400	0.540	(0.860)	Red
		Vacancies held to fund unmet savings as a substitute for undelivered savings		1.070	1.070	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	0.270	1.540	1.270
Amber	0.800	0.400	(0.400)
Red	2.724	0.573	(2.151)
Total	3.794	2.513	(1.281)



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	31 March 2023
Agenda Item No:	8.1
Report Title:	Review of the IJB Risk Management Policy and Strategy
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:

- Approval

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

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

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

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.

- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

2 Route to the Meeting

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

- Senior Leadership Team.
- Strategic Planning Group – 1 March 2023
- Quality and Communities Committee – 10 March 2023
- Finance, Performance and Scrutiny Committee – 17 March 2023
- Audit and Assurance Committee – 22 March 2023

3 Report Summary

3.1 Situation

The IJB Risk Management Policy and Strategy (RMPS) was created by the partner bodies in 2016 in line with the Integration Scheme. It was refreshed in 2019 and this refresh was approved by the IJB, however, although the review was carried out with partners, there was no formal approval through partner bodies governance routes at that time and subsequently, the Integration Scheme was reviewed, impacting on the RMPS. Following review of the Integration Scheme in March 2022, the RMPS requires to be reviewed again.

3.2 Background

Following the conclusion of the Integration Scheme review the IJB Risk Management Policy and Strategy (RMPS) has now been refreshed. Work has been carried out with the Senior Leadership Team (SLT), partner bodies and the internal auditors and the current revised draft is shown at Appendix 1 for consideration. This refresh has reflected the revised Integration Scheme and the organisational and governance restructures for the IJB and within the HSCP.

3.3 Assessment

The refresh of the RMPS has considered the following:

- The development of Risk Appetite – This is a work in progress and will be incorporated into the RMPS once agreed.
- The distinction between processes for IJB strategic risks, and processes for partner operational risks, where these may be shared with IJB members for assurance, information, and awareness.
- The removal of the “Corporate” risk category – This created confusion previously and blurred the distinction between strategic and operational risks. This will be addressed by the creation of an SLT operational risk register which will be a hybrid of NHS Fife and Fife Council service

operational risks that are of concern/scoring highly etc. These risks will remain on the respective systems of the partner bodies and be brought together specifically for review by SLT and reported to the IJB as necessary for assurance and information.

- The IJB Governance and HSCP organisational structure changes, including the roles and responsibilities of the Governance Committees.

Although much of the work to refresh the RMPS was undertaken prior to implementation of the new process for Strategy Development via the Strategic Planning Group (SPG) for the strategies supporting the Strategic Plan, it is important to integrate the RMPS within this new process as it is one of the strategies supporting delivery of the Strategic Plan. Consequently, development of some of the Strategy Development processes relating to roll out of the RMPS are ongoing. A working group has been formed and the delivery plan has been set out. Details of these have been shared with IJB members at the IJB Development session held on 24 February 2023 and are included as appendices in the RMPS. Further updates on progress with the delivery plan will be reviewed by the SPG quarterly and also twice per annum at the Audit and Assurance Committee.

3.3.1 Quality / Customer Care

The existence of a Risk Management Policy and Strategy will support quality and customer care issues.

3.3.2 Workforce

No direct workforce implications.

3.3.3 Financial

No direct financial implications.

3.3.4 Risk / Legal / Management

The IJB and its governance committees need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan.

3.3.5 Equality and Diversity, including Health Inequalities

An EqIA has not been completed and is not necessary because the existence of a risk management policy and strategy is not directly relevant to equality issues.

3.3.6 Environmental / Climate Change

There are no direct environmental or climate change impacts

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

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

4 Recommendation

Approval – The IJB is asked to approve the Risk Management Policy and Strategy, to support delivery of the Strategic Plan 2023-2026.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 – Draft IJB Risk Management Policy and Strategy 2023

6 Implications for Fife Council

Although operational risks remain the responsibility of Fife Council, those relevant to delivery of the Strategic Plan will be incorporated into integrated reports to be considered through the appropriate HSCP governance routes.

7 Implications for NHS Fife

Although operational risks remain the responsibility of NHS Fife, those relevant to delivery of the Strategic Plan will be incorporated into integrated reports to be considered through the appropriate HSCP governance routes.

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

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Integration Joint Board Risk Management Policy and Strategy 2023

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Forward

This Policy and Strategy is a refresh of the current Risk Management Policy and Strategy as referenced in the Integration Scheme for Fife at section 13.1. It seeks to identify, assess and prioritise risks relating to the planning and delivery of integrated services, particularly any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan regardless of whether they are held by the IJB, NHS Fife or Fife Council. It includes the development and maintenance of the IJB Strategic Risk Register which sets out the key risks that apply to the delivery of the Strategic Plan and the carrying out of integrated functions.

Executive Summary

The Risk Management Strategy identifies and describes processes for mitigating those key risks and sets out the agreed reporting standard that will enable other significant risks identified by the Parties to be compared across the organisations. The Risk Management Policy and Strategy includes an agreed Risk Monitoring Framework and arrangements for reporting risks and risk information to the relevant bodies. It also sets out the arrangements for providing assurance on both operational and strategic risks and how, and by whom, these will be disseminated to all bodies.

Introduction and Context

As set out in the Integration Scheme, this strategy describes the risk management arrangements for the IJB, how they link to the HSCP partner bodies risk management arrangements and that they form part of the wider framework of corporate governance, risk management and internal control.

The primary objectives and priorities of this strategy are to:

1. promote awareness of risk and define responsibility for managing risk within the:
 - a. IJB
 - b. HSCP Partner Bodies, as appropriate
2. establish communication and sharing of risk information through all areas of the IJB/HSCP and initiate measures to reduce exposure to risk and potential loss/harm;
3. encourage the pursuit of opportunities, through considered risk taking, in order to achieve a positive risk/reward ratio and delivery of the Strategic Plan.
4. establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

Policy – the risk management approach

The Integration Joint Board (IJB) is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance, and achieve goals safely, effectively, and efficiently by appropriate application of good risk management practice.

In doing so the IJB aims to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the IJB and others who interact with the services delivered under its direction.

The IJB believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of its strategic priorities, objectives, achievement of targets and fewer unexpected problems.

The IJB purposefully seeks to promote a culture and environment that is risk 'aware' and uses risk management information when making key decisions, rather than avoiding risk altogether. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enables the identification of opportunities for development and innovation.

Until risk appetite is formally defined by the Board, the IJB's appetite/ tolerance for risk is as follows:

The IJB will seek to take management action to reduce risks that fall into the High Risk (HR) or Moderate Risk (MR) areas, risks scoring 8 or above, where it is appropriate to do so. Risks falling into the Low Risk (LR) area can be tolerated providing there are contingency plans in place for those risks that have a Major or Extreme Consequence. Risks falling into the Very Low Risk (VLR) area can be tolerated without action.

This can be seen clearly in the following matrix:

Likelihood	Consequence				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost certain (5)	LR (5)	MR (10)	HR (15)	HR (20)	HR (25)
Likely (4)	LR (4)	MR (8)	MR (12)	HR (16)	HR (20)
Possible (3)	VLR (3)	LR (6)	MR (9)	MR (12)	HR (15)
Unlikely (2)	VLR (2)	LR (4)	LR (6)	MR (8)	MR (10)
Remote (1)	VLR (1)	VLR (2)	VLR (3)	LR (4)	LR (5)

Key benefits of effective risk management:

- appropriate, defensible, timely and best value decisions are made.
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward.
- supports achievement of objectives and targets.
- supports morale and increases productivity.
- better use and prioritisation of resources.
- high levels of user experience/ satisfaction with a consequent reduction in adverse events, complaints, claims and/ or litigation; and
- a positive reputation established for the IJB.

- Very Low Risk (VLR) – (1) – (3) - Can tolerate
- Low Risk (LR) – (4) – (6) - Can tolerate with contingencies for Major and Extreme Consequences
- Moderate Risk (MR) – (8) – (12) - Seek to reduce
- High Risk (HR) – (15) – (25) - Seek to reduce

Going forward, as risk management matures and becomes embedded within the Health and Social Care Partnership (HSCP) services that support the delivery of the Strategic Plan, the IJB will refine its Risk Appetite and develop a formal Risk Appetite Statement which will be appended to this document. This will take into consideration any impacts of the Risk Appetite and/or Risk Tolerance statements of the partner bodies.

The IJB promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the IJB.

The IJB receives a number of assurance reports (internal and external) from various sources on the adequacy and effectiveness of its management of risk. This arrangement provides additional scrutiny and allows the IJB to value the contribution that risk management makes to its wider governance arrangements.

Risk Management Vision and Strategic Plan 2023 - 2026

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

The Partnership's Strategic Plan 2023 to 2026 is available here: [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://www.fifehealthandsocialcare.org/~/media/2023/09/Fife-Strategic-Plan-2023-to-2026-FINAL.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org))



Our Strategic Priorities

Local – A Fife where we will enable people and communities to thrive

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

Wellbeing – A Fife where we will support early intervention and prevention

Outcomes – A Fife where we will promote dignity, equality and independence

Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

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.

Public Health Priorities

1. A Scotland where we live in vibrant, healthy and safe places and communities.
 2. A Scotland where we flourish in our early years.
 3. A Scotland where we have good mental health.
 4. A Scotland where we reduce use of harm from alcohol, tobacco and other drugs.
 5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
 6. A Scotland where we eat well, have a healthy weight and are physically active.
- The IJB seeks to ensure appropriate and effective risk management practices are embraced throughout its activities as an enabler of success and in order to support our mission to transform how we provide services to ensure these are safe, timely, effective, high quality, and based on achieving personal outcomes (Strategic Plan for Fife 2023 – 2026)
 - The IJB will use the joint resources to best effect to meet the priorities of the agreed Strategic Plan, including the National Health and Wellbeing Outcomes, Public Health Priorities and Locality Planning approach and to maximise opportunity, deliver innovation and best value, and improve performance as outlined in the Medium-Term Financial Strategy. The Partnership's guiding values will underpin practice:
 - Person focused
 - Integrity
 - Caring
 - Respectful

- Inclusive
- Empowering
- Kindness

In working towards this risk management vision, the IJB will demonstrate a level of maturity where risk management is embedded and integrated in its decision making and operations, enabling delivery of the Strategic Plan.

The measures of success for this vision will be:

- successful delivery of the strategic plan, objectives, and targets
- good financial outcomes for the Integration Joint Board
- successful outcomes from external scrutiny
- fewer unexpected/ unanticipated problems
- fewer adverse events/ accidents/ complaints – no avoidable harm
- fewer claims/ less litigation

[Link to the Partnership's Medium-Term Financial Strategy](#)

The Partnerships Medium-Term Financial Strategy sets out the resources available and ensures they are directed effectively to help deliver the outcomes of the Strategic Plan. The Risk Management Strategy will work alongside the Medium-Term Financial Strategy, to support the identification, prioritisation and management of risks associated with meeting the Medium-Term Financial Strategy.

[Link to the Partnership's locality plans and locality planning approach](#)

A key aspect of health and social care integration in Fife is the creation of localities, bringing decision making about health and social care local priorities closer to communities. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area.

More detail on the Fife's Locality Planning approach including links to the current Locality Guidance documents can be seen on Page 11 and 12 of the Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#)

[Risk Management Strategy](#)

This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, including those relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities, or threats.

As stated in the introduction, the key priorities of this strategy are:

Priority 1

Promote awareness of risk and define responsibility for managing risk within the:

- a) IJB
- b) HSCP Partner Bodies, as appropriate

Priority 2

Establish communication and sharing of risk information across all areas of the IJB/HSCP and initiate measures to reduce exposure to risk and potential loss/harm;

Priority 3

Encourage the pursuit of opportunities, through considered risk taking, in order to achieve a positive risk/reward ratio and delivery of the Strategic Plan.

Priority 4

Establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

These four key priorities will form the basis of the delivery plan for this strategy

Strategic risks represent the potential for the IJB to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan. These risks often arise from external factors, e.g, Political; Economical; Social; Technological; Legislative and Environmental and typically require strategic leadership in the development of activities and application of controls to manage the risk. These risks will be assigned at Senior Leadership Team (SLT) level and reported to IJB, and relevant governance committees as required, but not less than once per annum.

Operational risks represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the Partnership. These risks remain the responsibility of the partner bodies but where they relate to services being delivered under the Directions of the IJB, the IJB will require assurance that they are being appropriately managed by the partner bodies. These will include, but not be limited to, risks arising from, or impacting on Clinical Care and Treatment; Social Care and Treatment; Customer Service; Employee Health, Safety and Wellbeing; Business Continuity/Supply Chain; Information Security and Asset Management. Operational risks are likely to be more 'front-line' in nature and the development of risk control measures can be led by local

managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to SLT and/or 'strategic' status for the IJB or partner bodies, as appropriate.

Programme or Project Risks are the key risks that impact on the successful delivery of programmes or projects within the HSCP, and are managed by the partner bodies. Programme or Project risks will be monitored by the relevant Programme or Project Board and reported through SLT to the IJB or relevant Committee, as well as the partner bodies governance routes, as appropriate.

All risks will be analysed against the relevant risk matrix. The IJB will scrutinise all IJB strategic risks and high level operational risks of the partner bodies that relate to activities under the direction of the IJB or those that could impact on the delivery of the Strategic Plan, as appropriate.

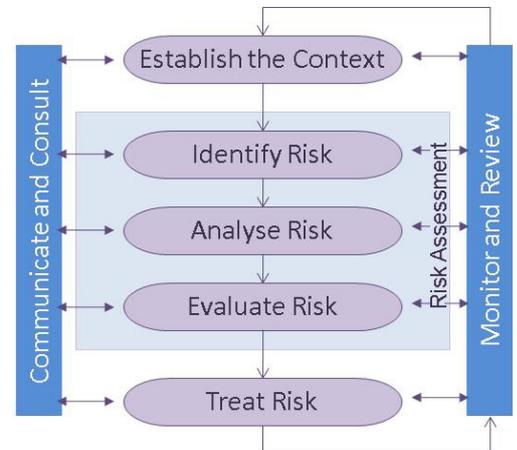
This document, which will be supported by guidance for managers, represents the risk management framework to be implemented across the IJB and will contribute to the IJB's wider governance arrangements.

Risk management process

Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹ It is proactive in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.

Further details and guidance on the risk management process will be developed for managers and board members, to support the implementation of this strategy.



¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

Governance, leadership, and accountability.

Board and Committee Roles and Responsibilities

Integration Joint Board

Members of the Integration Joint Board are responsible for:

- oversight of the IJB's risk management arrangements; including approval of the Risk Management Policy and Strategy
- receipt and scrutiny of reports on strategic risks and any key operational risks that are escalated to the IJB's attention; and,
- ensuring they are aware of any risks linked to recommendations from the Director of Health and Social Care concerning new priorities/policies
- Using risk information to inform its decision making
- providing information and assurance to NHS Fife and Fife Council on the key risks relating to the planning, development and provision of health and social care services in Fife. Assurance can be gained through the year end Governance Statement and the sharing of the Internal Annual Audit report.

Audit and Assurance Committee

The Audit and Assurance Committee, through internal audit, external audit and other assurance sources, such as the annual risk management report, will provide independent objective assurance to the IJB on the extent to which the risk management arrangements are in place and are effective.

Quality and Communities Committee

The Quality and Communities Committee provides assurance to the IJB that key risks in clinical and social care and patient safety are identified and managed effectively. This requires the Committee to review relevant risks from the IJB Strategic Risk Register and partner bodies Risk Registers to consider risks that require further scrutiny and seek assurance from individual risk owners regarding the management of these risks.

Finance, Performance and Scrutiny Committee

The Finance, Performance and Scrutiny Committee are responsible for monitoring the use of resources, reviewing the financial strategy in support of the Strategic Plan, reviewing any planned future developments and the impact on the financial position, monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB and ensuring that the Senior Leadership Team maintain effective controls within their services which comply with financial procedures and regulations. This will require the Committee to consider financial and performance related risks that require further scrutiny and seek assurance from individual risk owners regarding the management of these risks.

Management and Officer Roles and Responsibilities

Director of Health and Social Care/Chief Officer

The Director of Health and Social Care/Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Director of Health and Social Care/Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

Chief Financial Officer

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance. The Chief Financial Officer is a member of the Fife Council Risk Management strategy group and NHS Fife Risk and Opportunities Group.

Senior Leadership Team

Members of the Senior Leadership Team are responsible (either collectively, or by nominating a specific individual) for:

- supporting the Director of Health and Social Care/Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- monitoring, review and reporting of the IJB strategic risks assigned to them;
- arranging professional risk management support, guidance and training from partner bodies;
- promoting a culture of learning and improvement, including through the evaluation of policies, projects and programmes to highlight compliance issues, control breakdown, variations in or inadequate processes, and to identify limitations in knowledge and the reliability of information which may present risk to the organisation;
- receipt and scrutiny of regular risk reports on strategic, shared and key operational partner bodies risks and reporting any matters of concern to the IJB;
- ensuring that the risk management processes as outlined in supporting guidance are actively promoted, and adhered to, across their teams and within their areas of responsibility; and;
- Ensuring a focus is maintained on learning from past events, whether these are positive or negative, to improve staff anticipation and preparedness to address future situations.

Individual Risk Owners/Risk Managers

It is the responsibility of each risk owner/manager to ensure that:

- risks assigned to them are analysed in accordance with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and consequence of occurrence, but takes account of any changes in context that may affect the risk;
- the controls in place to manage the risk are proportionate to the context and level of risk, in line with the risk appetite, once developed, and that these controls are fully effective;
- Target risk scores are realistic and there are associated actions, to ensure they are achieved within a reasonable timeframe, which are monitored for delivery and effectiveness,

All persons working under the direction of the IJB/HSCP

Risk management should be embedded within daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their personal safety and that of colleagues, patients, clients, other service users and members of the public ;
- understand their accountability for particular operational risks and how they should manage them, in accordance with the Risk Management Strategies and Frameworks of the partner bodies;
- understand the importance of reporting adverse events and/ or near misses to allow lessons to be learned and contribute to the ongoing improvement of services and risk management arrangements; and,
- understand that good risk management is a key part of the IJB's/HSCP's culture and that of the partner bodies through whom they operate.

Senior Information Risk Owner (SIRO)

NHS Fife and Fife Council have appointed SIROs in respect of the information they are responsible for. The IJB has appointed the Chief Finance Officer as it's SIRO, in line with the IJB Records Management Policy.

Caldicott Guardian

NHS Fife and the IJB have appointed Caldicott Guardians. These are senior persons responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.

Partner Roles and Responsibilities

Partner Bodies

Partner bodies will continue to operate appropriate Risk Management processes for operational risk and Chief Executives of the partner bodies will ensure that processes are in place to alert the IJB of any strategic or operational risks which are likely to impact on the delivery of the IJB's Strategic Plan. The partner bodies will provide formal assurance to the IJB on the operation of their Risk Management arrangements and of the adequacy and effectiveness of key controls which could impact on the achievement of IJB objectives. The IJB will provide reciprocal assurance, including to other IJB's in their capacity as being responsible for hosted services, on its Risk Management processes and key controls.

It is the responsibility of relevant specialists from the partner bodies, to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

Resourcing risk management.

Resourcing the risk management framework

The work to develop and lead the ongoing implementation of the risk management framework for the IJB will be resourced through the Senior Leadership Team's arrangements (referred to in roles and responsibilities).

The IJB will ensure that risk management training and education is carried out efficiently and effectively, with the majority of risk-related courses/ training being delivered through resources already available to the IJB, in accordance with partner bodies risk management arrangements.

Resourcing those responsible for managing specific risks

Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Financial Officer.

Training, learning and development.

Risk management training and development opportunities

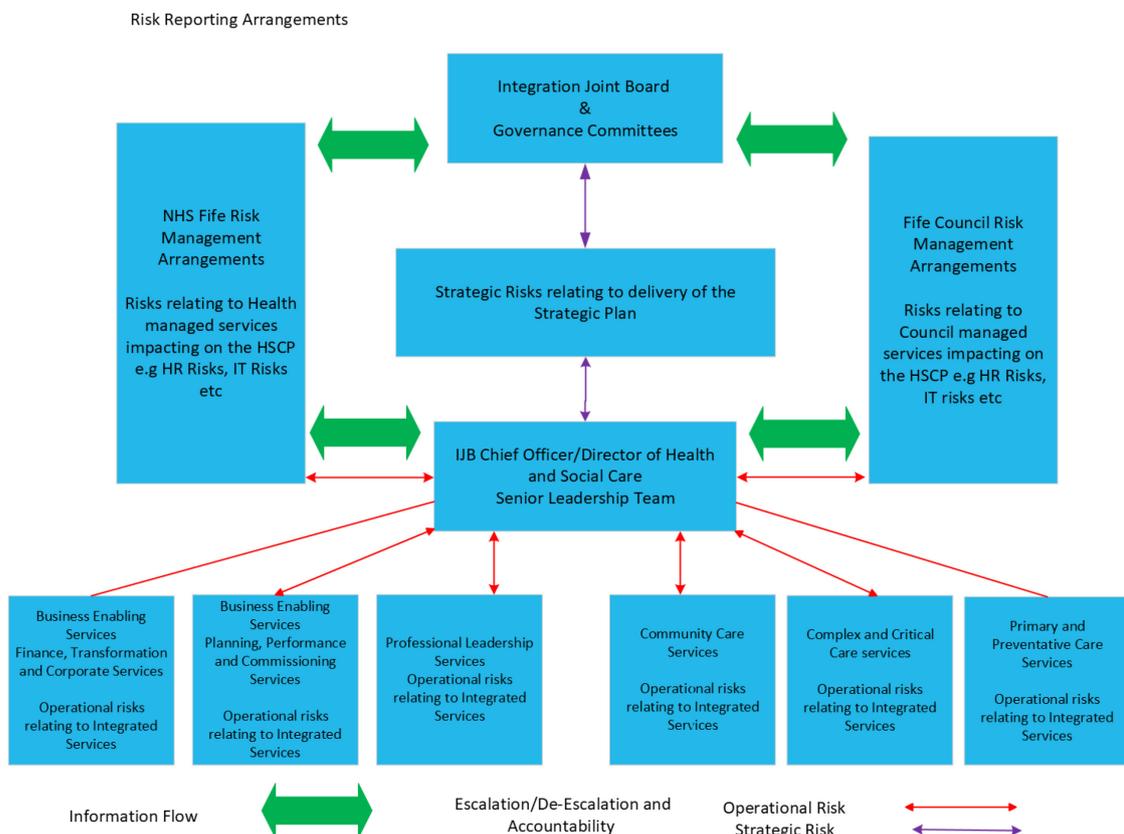
It is essential that staff have the competence and capacity to manage risk and are able to handle risk decisions with confidence.

Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Leadership Team will regularly review risk management training and development needs, in line with this Risk Management Policy and Strategy, and the Risk Management Strategies and Frameworks of the partner bodies, and source the appropriate training and development support required.

The Senior Leadership Team will ensure a focus is maintained on learning from past events whether these are adverse or positive to enable staff to anticipate or be prepared to deal with future problems.

Monitoring and Reporting on activity and performance

Risk Management Reporting Arrangements



Monitoring and Reporting risk management activity

The IJB operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made. Monitoring will include review of the IJB's strategic risks, at Senior Leadership Team level. This monitoring will be undertaken at least quarterly and/or as necessary as indicated by the risk score.

The Chief Executives of NHS Fife and Fife Council are included within the circulation for risk reports that are considered by the IJB.

It is expected that partner bodies will use the IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

The Director of Health and Social Care, as a member of the NHS Fife Executive Directors' Group and Fife Council's Council Executive Team will receive reports on the key risks for the partner organisations and will ensure that the IJB is updated on any risks that might impact on the delivery of the Strategic Plan in line with responsibilities set out above.

Monitoring and Reporting risk management performance

Measuring, managing and monitoring risk management performance is key to the effective delivery of objectives.

Performance Indicators (PI's) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs can provide assurance that key financial risks are under control. Performance is regularly reported to the IJB and its governance committees.

The performance data linked to the Strategic Plan / Performance Framework will also inform the identification of new risks or highlight where existing risks require more attention.

Assurances on risks and the risk management process will be reported to the IJB and relevant committees in line with the guidance supplied by the Internal Auditors – see appendix 3 – Committee Assurance Principles

Reviewing the IJB's risk management arrangements on an annual basis will help shape its future risk management priorities and activities, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

Communicating risk management.

Communicating, consulting on, and reviewing the risk management framework

Effective communication of risk management information across the IJB is essential to developing a consistent and effective approach to risk management. To support this the SBAR report template provides a specific section to outline key risks relevant to the report submitted and these should be used consistently across all Committees.

Copies of this policy and strategy will be widely circulated via the Senior Leadership Team and will form the basis of any risk management training arranged by the IJB or partner bodies.

The Policy and Strategy (version 3.0) was approved by the Integration Joint Board at its meeting of [].

This policy and strategy will be reviewed every three years to ensure that it reflects current standards and best practice in risk management and fully reflects the IJB's business environment.

Delivery Plan

A delivery plan, linked to the key priorities outlined in the Strategy, has been created by the Risk Management Policy and Strategy Development Short Life Working Group. This details the actions that will be taken to ensure that the strategy is successfully delivered and will remain under review by the Group. The Delivery Plan is shown at Appendix 1, with the Terms of Reference for the Working Group at Appendix 2.

Appendices

Appendix 1 – Delivery Plan

Appendix 2 – Strategy Development Working Group - Terms of Reference

Appendix 3 – Committee Assurance Principles

Appendix 4 – Glossary of Terms

References

NHS Fife Annual Delivery Plan 2022/23 - [nhs-fife-final-adp-2022_23-v60.pdf \(nhsfife.org\)](#)

Plan for Fife 2017-2027 - [Plan-for-Fife-2017-2027.pdf](#)

National Health and Social Care Health and Wellbeing Outcomes: A framework for improving the planning and delivery of health and social care services, February 2015 [National health and wellbeing outcomes framework - gov.scot \(www.gov.scot\)](#)

Public Health Priorities for Scotland - [01 Foreword - Scotland's public health priorities - gov.scot \(www.gov.scot\)](#)

National Care Service - [National Care Service - Social care - gov.scot \(www.gov.scot\)](#)

NHS Fife Risk Management Framework

Fife Council Risk Management Policy and Strategy

REVISION HISTORY

REVISION:

Date: 10th February 2023

Created by: A Sweeney

Version: 3.0



STRATEGY DELIVERY PLAN									
Risk Management Policy and Strategy									
Responsible: Avril Sweeney, Risk Compliance Manager									
Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
<i>Priority number in your strategy that action is linked to</i>	<i>What you'll need to do to implement the relevant priority in the strategy</i>	<i>Who is responsible for carrying out each action step</i>	<i>What resources will you need to complete each action step</i>	<i>How will you know that you have made progress on each action step</i>	<i>What are the risk that could affect this action step being achieved</i>	<i>Detail what was done to complete this action</i>	<i>The outcome of completing this action step</i>	<i>Anticipated completion date</i>	<i>Date completed</i>
4	Review the IJB Strategic Risk Register in line with the new Strategic Plan	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Progress will be identified by the production of a revised risk register aligned to the key priorities and themes of the Strategic Plan 2023 - 2026	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas Rapidly changing risk environment			Apr-23	
4	Develop a risk maturity model and use to assess a baseline level of maturity for the IJB as a metric to enable and measure improvement	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Once agreed, an assessment will be made to pinpoint the maturity level as a baseline. Further actions will then be developed to reach the next level on the model	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas			Jun-23	
4	Develop performance measures to provide assurance that risk management processes are operating effectively	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Performance measures in place and being reported to the relevant groups/committees	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas			Jun-23	
4	Ensure relevant key performance indicators are aligned to control actions to provide assurance that these are effective and improving the management of individual risks	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Performance measures in place and being reported to the relevant groups/committees	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Measures are in place for the current IJB Strategic Risks. Any new risks added following review of the IJB Strategic Risk Register will also have measures assigned		Apr-23	
3	Develop a Risk Appetite Statement for the IJB and processes to support the application of Risk Appetite to management of risks and delivery of objectives	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Risk Appetite Statement agreed and appended to this strategy. Further actions will then be required to apply to individual risks and risk decisions	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	First session at IJB Development meeting on 9 Dec 2022 Follow up session on 24 February 2023		May-23	
1	Develop guidance and processes for managers, staff and members of the IJB to reflect all elements of the risk management process to ensure ongoing review and management of risks and risk registers, aligned (or directing to) partner bodies processes as necessary	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Guidance agreed, circulated to relevant stakeholders and understood. Will link to training programme action	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Draft guidance circulated to working group for initial comments		Sep-23	
4	Develop a risk reporting framework to ensure relevant risks and risk registers are reported to the appropriate Group, Committee or board timeously	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Risk Reporting framework agreed, circulated to relevant stakeholders and implemented	Capacity of staff to attend meetings, review documents			Sep-23	
2	Create a lessons learned process to share learning across the HSCP and use that learning to improve management of risk going forward	Audrey Valente/Avril Sweeney	Support from Working Group Members SLT/ELT/Partner bodies/Other colleagues	Process agreed and in place	Capacity of staff to attend meetings, review documents			Sep-23	
1	Develop and roll out a risk management training programme	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Training needs identified and a programme in place to address these for all relevant staff/Board members	Capacity of staff to attend meetings, review documents			Sep-23	
2	Undertake a programme of process reviews/management audits to improve areas of loss e.g claims, complaints, adverse events, incidents etc	Audrey Valente/Avril Sweeney	Support from Working Group Members SLT/ELT/Partner bodies/Other colleagues	Programme to be set out for areas which are not already subject to regular review	Capacity of staff to attend meetings, review documents			Sep-23	



Risk Management Policy and Strategy

Strategy Development Working Group Terms of Reference

1. Background

As set out in the Integration Scheme, the Risk Management Policy and Strategy describes the risk management arrangements for the IJB and how these will link to the HSCP partner bodies risk management arrangements and forms part of the wider framework for corporate governance and internal control.

2. Purpose

Provide a forum for Health and Social Care services to discuss risk management as a means of contributing to the HSCP's aims and objectives and informing the Strategic Plan

3. Remit

- Consider the Review of the IJB Risk Management Policy and Strategy and how this can support the embedding of risk management throughout the HSCP
- Ensure the appropriate compilation, sharing and possible merger of relevant risk registers (whether these are initially IJB, Fife Council or NHS Fife) including the identification, assessment and prioritisation of risks, management control action taken and the effectiveness of these.
- Ensure relevant service risk registers are reviewed by measuring and monitoring progress and reprioritising as necessary
- Ensure the identification and management of, and the exchange of information on, new and emerging hazards/risks, including hazards/risks in projects and changes to service delivery

- Develop processes to capture and analyse information on losses
- Raise staff awareness of risk and risk management
- Identify training needs and seek ways to address these needs
- Report to the Senior Leadership Team (SLT) and advise on any arising issues
- Link with other groups such as Strategic Planning, Resilience, Health and Safety, Quality Matters, Transformation Change, etc, to ensure there is no duplication of effort/confusion.

4. Membership and Roles

The membership of the Working Group is included in Appendix 1. Members are required to identify a depute to attend meetings if they are unavailable. Additional members will be included as and when required.

5. Meetings

Meetings will take place 4 weekly and will take place over MS Teams. The standing agenda items will be:

1. Apologies
2. Action Note Update
3. Delivery Plan Update
4. Any Other Business

Papers will be issued 5 working days prior to the meeting date.

6. Reporting Arrangements

The Working Group will report to the Strategic Planning Group and the Senior Leadership Team.

Revision History

Date: 31/01/2023 Created by: Avril Sweeney Version: 0.1

Appendix 1 – Membership List

Name	Role	Position	Email Address

Avril Sweeney	Co Chair	Risk Manager	Avril.Sweeney@fife.gov.uk
Audrey Valente	Co-Chair	Chief Finance Officer	Audrey.Valente@fife.gov.uk
Alan Adamson	Member	Service Manager	Alan.Adamson@fife.gov.uk
Caroline Bruce	Member	Interim Service Manager	Caroline.Bruce@fife.gov.uk
Heather Bett	Member	Senior Manager	Health.Bett@nhs.scot
Dafydd McIntosh	Member	OD & Culture Specialist	Dafydd.McIntosh@fife.gov.uk
Cathy Gilvear	Member	Head of Quality, Clinical and Care Governance	Catherine.Gilvear@nhs.scot
Lorraine King	Member	Business Manager	Lorraine.King2@nhs.scot
Rachel Heagney	Member	Head of Improvement, Transformation & PMO	Rachel.Heagney@nhs.scot
Pauline Cumming	Member	Risk Manager	Pauline.Cumming@nhs.scot
Clare Whyte	Member	Risk Management Team Leader	Clare.Whyte@fife.gov.uk
Shona Slayford	Member	Lead Auditor	Shona.Slayford@nhs.scot
Pamela Redpath	Member	Service Manager, Audit and Risk Management	Pamela.Redpath@fife.gov.uk
Vicki Birrell	Member	Team Manager	Vicki.Birrell@fife.gov.uk
Lesley Gauld	Member	Team Manager	Lesley.Gauld@fife.gov.uk
Cathy Henderson	Member	Compliance Officer	Cathy.Henderson@fife.gov.uk
Denise Paterson	Member	Compliance Officer	Denise.Paterson@fife.gov.uk

Committee Assurance Principles

1. Purpose and remit

The overall purpose of the Board is to ensure efficient, effective and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes.

Detailed scrutiny should take place at Standing Committee level, with each Committee providing assurance and escalating key issues to the Board as required. For this to be achieved successfully, Standing Committees must be clear about their priorities, have focused agendas and workplans and must monitor their own performance rigorously. Standing Committee remits are approved by the Board with input from Committees and increasingly from Scottish Government (SG) and / or other national governance initiatives. However, Standing Committees must ensure that they are focused on Board priorities and on the risks delegated to them.

Sub-committees and groups will frequently have an operational focus but must ensure that they are in a position to provide the required assurances on their operations and on any risks, actions and controls for which they are responsible.

2. Board or Standing Committee Agenda

In general, for an item to be included on the agenda it should meet the following criteria unless the Committee Chair and Lead Officer agree there are other good reasons for its inclusion:

- a. It is a decision delegated to that Committee
- b. It relates to and/or provides assurance upon strategic priorities and related corporate risks delegated to that Committee. In this context, performance reports etc should make explicit reference to the corporate risks to which they relate and should contain a conclusion on whether the performance indicates that controls are operating effectively to mitigate that risk as intended
- c. It is a statutory or regulatory requirement or required by SG guidance
- d. The Committee can add value to a decision or issue by providing a different perspective, setting boundaries, generating ideas etc.

3. Assurance

At the start of the year, the Committee should consider its remit and determine its assurance requirements together with how these will be met, using assurance mapping principles. This should be set out in the Committee assurance plan or clearly identified within the Committee work plan. The 'three lines of assurance' are often used to help categorise assurances:

- First line: management assurance from "front line" or business operational areas;
- Second line: oversight of management activity, including effective management information, separate from those responsible for delivery, but not independent of the organisation's management chain;

- Third line: independent and more objective assurance, including the role of Internal Audit and from external bodies

Assurances should be:

- a. Explicitly linked to the relevant risk with an explicit conclusion from the responsible director or officer
- b. Streamlined so that there is no omission and no unnecessary duplication
- c. Relevant: data should not be presented just because it is readily available
- d. Reliable: assurances should be evaluated so that it is clear how much weight should be placed on any piece of evidence and how they fit in with other relevant evidence
- e. Sufficient: there should be sufficient evidence in total to allow a reasonable conclusion to be reached

The Board has delegated responsibility for oversight of most individual Corporate risks to the relevant Standing Committee. Following a discussion of an agenda item, the Committee should formally assess the level of assurance received. This is reported to the Board via the Chair's assurance report (see below). The following criteria (based on work undertaken by the Good Governance Institute) can help in assessing the level of assurance:

- a. Independent assurance (e.g. an auditor's opinion) carries more weight than internal evidence produced by management
- b. The best assurance is commissioned specifically to assure that a control is effective: reams of evidence with only indirect relevance does not provide good assurance
- c. Assurances are time-limited and should only be relied upon if current
- d. Differentiate between positive, negative and neutral opinion when using independent assurance
- e. Ensure that assurance is consistent: triangulate different sources and use independent evidence to assess the accuracy of internal assurance sources

Appendix A provides examples of questions that Committees and groups should ask about risks.

4. Chair's report /Assurance Report

Minutes are valuable for the group itself but are not normally an efficient and effective source of assurance. An assurance report allows issues to be collated and presented in a way that gives readers a quick and comprehensive summary of the key issues, without considering unnecessary detail or having to decode or investigate areas of interest. The following questions should be considered at the end of every Standing Committee and sub-group meeting and areas for recording agreed. These should then be included in the Chair's summary/assurance report and taken forward by the Responsible Director:

- a. Are there any issues which could be a disclosure in the Governance Statement (see below) or should be included within the Committee year-end report?

- b. Are there any new risks emerging which require escalation to the Board or recording in the Corporate or operational risk registers?
- c. Is the Committee fulfilling its workplan and if not, would any omissions have an impact on its ability to provide assurance at year-end?
- d. For the risks delegated to the Committee:
 - Are the scores correct?
 - Have there been any significant movements?
 - Has the committee received assurances that internal controls intended to mitigate the risk are working as intended and are effective?
 - Does performance reporting support this?
 - Has the committee received assurances that actions intended to reduce the risk to its target level are working as intended and will be effective?

5. Year-end reports

At the end of the financial year, Standing Committees provide their annual report to the Audit & Risk Committee (A&RC) (or equivalent) (and Board). Standing Committee annual reports are an opportunity to reflect on the year just gone and should be used to consider overall progress and key issues going forward. The annual report should be focused on the most important issues and should include, as a minimum:

- a. A clear description of movement in strategic risks aligned to the Committee and areas where actions were not effective
- b. Explicit identification of areas of non-compliance and explanation of the impact on the control environment
- c. Clear performance information and highlighting of areas of poor performance
- d. Inclusion of Key Performance Indicators where possible
- e. Rather than stating that a report was presented, providing a broad conclusion on whether the level of assurance provided was acceptable (noting that the new process for assessing assurance will aid this recommendation)
- f. Any specific requirements for that Committee based on its remit or duties such as an explicit opinion by the Staff Governance Committee on whistle-blowing arrangements based on an appropriate annual report or the Performance & Resources Committee (or equivalent) opinion on whether value for money was achieved
- g. Consideration of key risks and concerns and how these will be reflected in the workplan for the year ahead.

The Audit & Risk Committee must decide whether an item is of sufficient significance to be included in the narrative of, or disclosed within, the Governance statement. By extension Standing Committees should consider, whether an item should be brought to the attention of the Audit & Risk Committee within their annual report/assurance statement. Useful considerations in deciding whether an item should be disclosed include:

- a. Is it material i.e. likely to have a major impact on the organisation? The Healthcare Improvement Scotland risk management 'impact' criteria provide a helpful guide;

- b. Does it represent a control weakness? Some issues could not reasonably have been foreseen/prevented and therefore proportionate controls may not have prevented the incident;
- c. Was the control weakness in place in the year in question? A weakness in place throughout most of the year should be mentioned, even if resolved after or at year-end. However, if the issue was discovered in year but related to a weakness in previous years, now rectified, then it need not be disclosed.

Issue Date: January 2022

Questions for Risk Owners

- Would you know if your controls are working effectively as intended or failing?
- Can you evidence the effectiveness of the controls?
- Can you assure your Standing Committee of the effectiveness of controls?
- Do you have assurance for all three lines of defence?
 - 1st line - management / performance / data trends
 - 2nd line – oversight / compliance / audits
 - 3rd line – internal audit and/or external audit reports / external assessments
- If Yes - why above appetite?
- If No – How are the mitigating controls reflecting improvement or is there an action plan?
- Do you understand both the criticality and effectiveness of controls
 - Criticality: How important to the mitigation of the risk? The higher the importance of the control in mitigating the risk, the more assurance is required. If the control is of low importance is it a valid control to attach resource / effort?
 - Effectiveness: This should measure if the controls are well designed / appropriate as well as how effectively they are implemented.

Risk Questions for Committees

General Questions:

- Does the risk description fully explain the nature and impact of the risk and does it reflect/include all known significant issues that could have a major impact on the organisation?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both adequate i.e. well-designed and effective i.e. implemented properly
- Will further actions bring risk down to the planned / target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link to the strategic priorities and objectives / corporate risk?

Specific questions when analysing a risk delegated to the committee in detail:

- History of the risk (when was risk opened) – has there been improvement or deterioration- has it moved towards target at any point?
- Has a valid reason been provided for the current score?
- Is the target score:
 - In line with the organisation's defined risk appetite?
 - Realistic/achievable or does the risk require to be tolerated at a higher level?

- Sensible/worthwhile?
- Is there an appropriate split between:
 - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
 - Actions – planned initiatives which should take it from its current to target?
 - Assurances - which monitor the application of controls/actions?
 - Ensuring there is clarity over what the listed controls etc. actually do e.g. if there is a group, what is it for (noting a group might be all three or actually none)?
- Assessing Controls
 - Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
 - Overall, do the controls look as if they are applying the level of risk mitigation stated?
 - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty :
 - Are they are on track to be delivered?
 - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
 - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
 - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
 - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
 - Do the assurance sources listed actually provide a conclusion on whether:
 - the control is working
 - action is being implemented
 - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
 - What level of assurance is given or can be concluded and how does this compare to the required level of assurance (commensurate with the nature or scale of the risk):
 - 1st line - management / performance / data trends?
 - 2nd line – oversight / compliance / audits?
- 3rd line – internal audit and/or external audit reports / external assessments?

GLOSSARY OF TERMS

Risk Management

Risk	The chance, great or small, of something happening that will have an impact on objectives
Internal Control	Measure put in place to mitigate the likelihood of a risk coming to fruition and / or its consequence if it does.
Inherent Risk	The level of uncontrolled risk, assessed as if no internal controls are in place to mitigate it.
Residual Risk	The level of controlled risk, assessed at the current stage of implementation of internal controls. It gives due consideration to the existing internal controls and how effective they are.
Target Risk	The level of controlled risk assessed with the view that all internal controls that could be put in place, are in place and fully effective.
Risk Treatment	Selection and implementation of appropriate options for dealing with risk.
Management Action	Actions identified via a number of mechanisms (including management, internal / external audit and external scrutiny bodies), which, once complete, help to strengthen the internal control framework and reduce the gap between the current and target residual risks.
Risk Universe	The full range of risks which could impact, either positively or negatively on the ability of the organisation to achieve its objectives.
Risk Register	An information repository that an organisation creates to document the risks it faces and the responses it is taking to address them. Risk registers exist at different levels in organisations, including strategic /operational / service and project levels. The IJB is focussed on strategic risks with operational risks sitting with the partner bodies.
Risk Appetite	The amount of risk an organisation is willing to seek or accept in pursuit of its objectives
Risk Tolerance	The level of risk an organisation is willing to accept or live with.

Risk Type

Strategic Risk	Risks that may impact on overall delivery of the IJB's objectives as set out in the Strategic Plan.
Operational Risk	Risks that may impact on the day-to-day delivery of Health and Social Care services.
Project Risks	Risks that can impact directly on the successful delivery of individual projects.

Risk Assessment

Risk Matrix	The IJB uses a standard 5x5 Consequence / Likelihood matrix to assess / score' each risk.
Consequence	The level of consequence that will be sustained if a risk event occurs (comes to fruition), assessed on a scale of 1 - 5.
Likelihood	The likelihood of a risk event occurring assessed (coming to fruition) on a scale of 1 - 5.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	31 March 2023
Agenda Item No:	9.1
Report Title:	Chief Social Work Officer Annual Report 2021/22
Responsible Officer:	Kathy Henwood, Chief Social Work Officer
Report Author:	Kathy Henwood, Head of Education and Children Services (Children's and Families & Justice Services) / Chief Social Work Officer

1 Purpose

This Report is presented to the Board for:

- Assurance

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

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

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

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

2 Route to the Meeting

The report was supported by the Quality and Communities Committee at their meeting on 9 March 2023.

3 Report Summary

3.1 Situation

An annual report by the Chief Social Work Officer (CSWO) has been presented annually to a committee of the Council from 2009. The current report follows a standard template issued by the Scottish Government for the purpose of ensuring comparison of these reports across Scotland. The

Report is designed to provide an overview of social work services within Fife and reflects the formal statutory responsibilities held by the role undertaken by the Chief Social Work Officer.

3.2 Background

All Scottish local authorities are required to appoint a professionally qualified Chief Social Work Officer (CSWO). The function of the CSWO post is to ensure the provision of effective, professional advice to local authorities, including elected members and officers in the authority's provision of social work services. The post should assist authorities in understanding social work service delivery and the role that social work plays in contributing to the achievement of local and national outcomes.

The CSWO is also responsible for providing professional governance for the delivery of social work and social care services, whether these be provided by the local authority or purchased from the voluntary or private sector.

In addition, there are a number of specific duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made by the CSWO or by a professionally qualified delegate.

From 2014 the duties of the Chief Social Work Officer has been held by the Head of Service post responsible for Children & Families and Justice services.

3.3 Assessment

3.3.1 Quality / Customer Care

N/A

3.3.2 Workforce

N/A

3.3.3 Financial

N/A

3.3.4 Risk / Legal / Management

None arising from this report

3.3.5 Equality and Diversity, including Health Inequalities

There is no requirement for an impact assessment as the report is for noting only

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

There is no resource implication arising from this report.

3.3.8 Communication, Involvement, Engagement and Consultation

Nil

4 Recommendation

The Integration Joint Board is asked to take assurance from the report which describes the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the authority and by the Health and Social Care Partnership.

The attached report is submitted to the Scottish Government as part of the statutory responsibilities of the role of the Chief Social Work Officer and provides members with an overview of key aspects of social work provision in Fife including within the Health and Social Care Partnership throughout 2021/22.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 – The 2021/22 Chief Social Work Officer 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	
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

11 To Be Completed by SLT Member Only

Lead	
Critical	
Signed Up	
Informed	

Report Contact

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(Children and Families & Criminal Justice Services)
Chief Social Work Officer

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Chief Social Work Officer Annual Report 2021/22

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Introduction

This reporting year, post pandemic, has presented both opportunity and challenge. In an effort to reach the new 'normal', services have had to stretch and flex to accommodate different ways of working, out with central offices, building greater presence in the communities they work alongside.

Keeping connected was a key feature of the 'pandemic' and has become more pronounced as we face the longer-term impact on individuals and communities, exacerbated by the changing economic climate and increasing poverty.

It is through this lens that services have had to navigate, and I continue to be impressed and incredibly thankful for the continued commitment and energy shown across the social work and social care workforce, in their efforts to 'get it right' and make a positive difference to people, families and communities.

In the face of these challenges, I have seen innovation, creativity, and an appetite to learn. There have been national awards, audit, and scrutiny activity. All have required additional stretch and demand a commitment to professional values and continuous improvement. There are examples across all services.

Staff have not been immune to the challenges faced. The safe space between home and work life has become compromised at times. Taking care of each other, building the layers of support and access to emotional care and support will continue to be a focus through the coming year.

Social work and social care cannot operate or meet the challenges on its own. This year we have built on the partnerships developed through the pandemic and have continued to challenge expectation and outcomes, in that collective working space. The Fife reform agenda, working to place based services, provides further opportunity to develop our respective and collective contributions to effecting positive change.

I would want to take this opportunity to take a breath and thank everyone for their ongoing commitment and passion in driving the agenda that has shown some real achievements through 2021/2022.

As CSWO, I am very proud, to be part of this social work and social care journey in Fife.

Kathy Henwood

Chief Social Work Officer

1. Governance and Accountability

Fife Council Political Structure

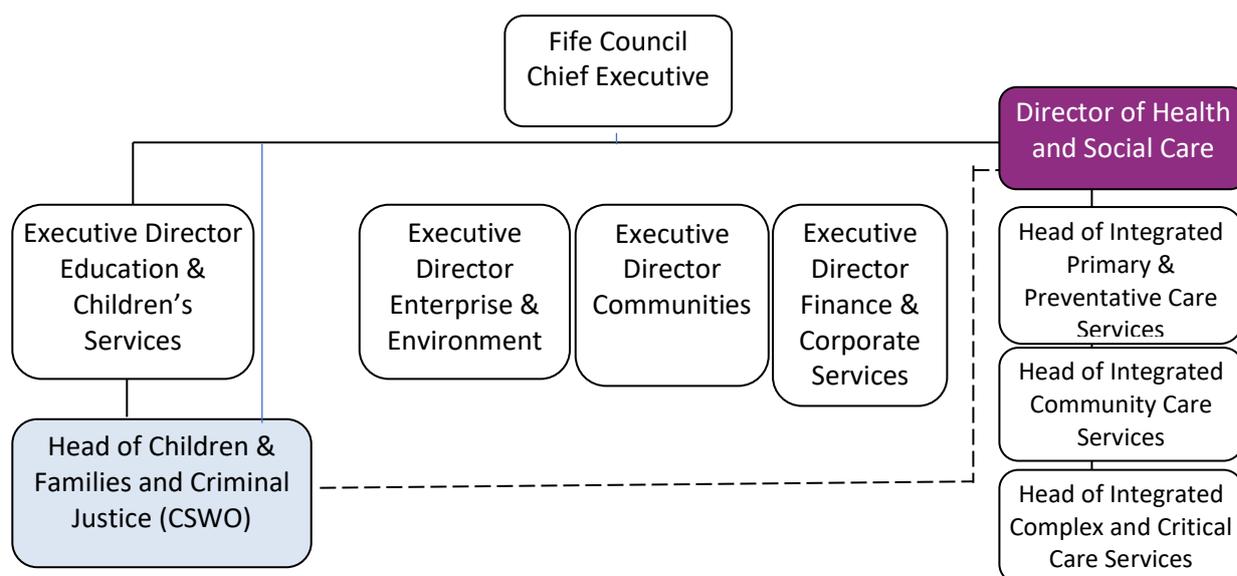
There are 22 electoral wards in Fife and each ward has three or four councillors who have been elected by the people of that ward to represent them. In total, there are 75 councillors.

They are responsible for setting policy for the Council and may sit on various committees where they can vote on a range of matters from local planning to decisions on welfare or education.

Breakdown by political groups	
Scottish National Party	29
Labour	23
Liberal Democrats	7
Conservative	13
Independents	2
Total	74

Fife Social Work Governance Arrangements (Structural)

In Fife, the Chief Social Work Officer (CSWO) is the Head of Children and Families, and Justice Services. The post sits within the Education and Children’s Services Directorate and reports through the Executive Director. The CSWO has a direct report line to the Chief Executive and access to Elected members.



The CSWO is responsible for monitoring social work service activity across the Council and within the Fife Health and Social Care Partnership to ensure that agreed targets are being met and that professional standards are maintained. Operational management responsibility for social work service delivery rests with relevant management arrangements in Children and Families, Justice Services, Adult, and Older People’s Services and a reporting system is in place in relation to those social work services where the CSWO has no operational management responsibility.

These reporting arrangements cover:

- Statutory decision-making including adoption, secure accommodation, and guardianship
- Performance outcomes and trend information
- Critical incident reports including significant case reviews
- Direct reporting by the CSWO to the Council and the Chief Executive

The CSWO also has a role to play in specific advisory bodies such as the Chief Officer Public Safety Group and in advising the Council in relation to matters affecting social work services arising from Community Planning and other Partnership bodies.

The CSWO also has access as required to the Council’s Chief Executive and Elected Members.

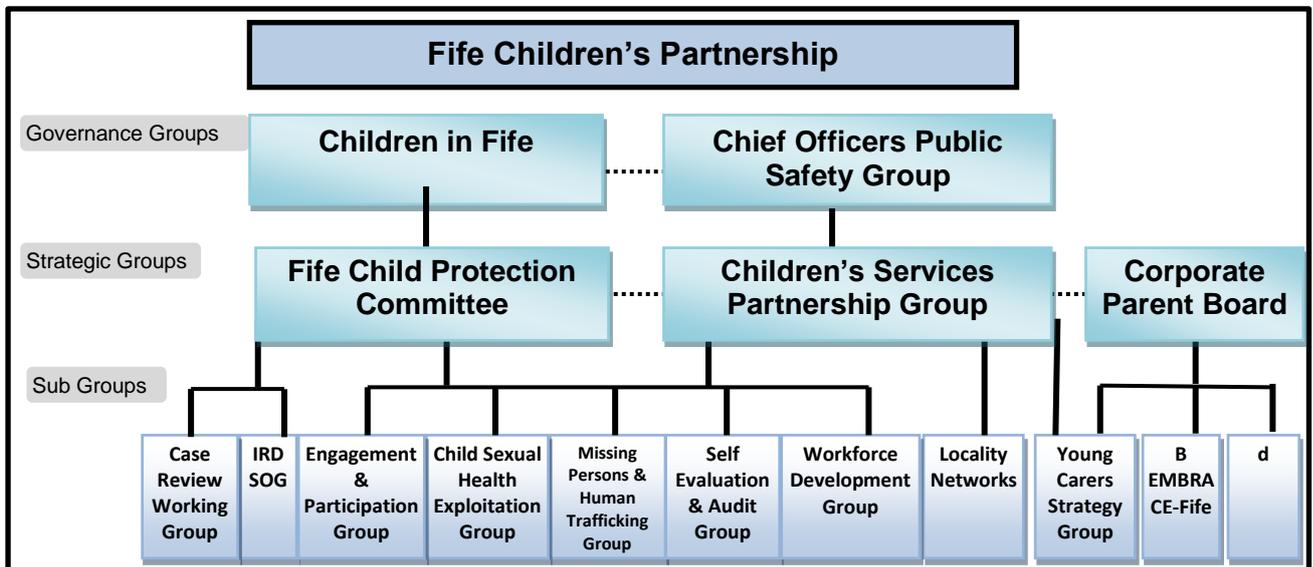
Fife Children’s Services and Justice Service: Strategic Governance and Accountability

The partnership between services for Children in Fife is well established at both a strategic level and across local areas. The responsibility for the Children’s Services Plan (2021-2023) is held by the Fife Partnership, represented by the Children in Fife Group. This partnership binds Fife Council, the voluntary sector, Police Scotland, Scottish Children’s Reporter Administration, NHS Fife, and Health and Social Care in common purpose. The Children in Fife Group reports to the Fife Partnership.

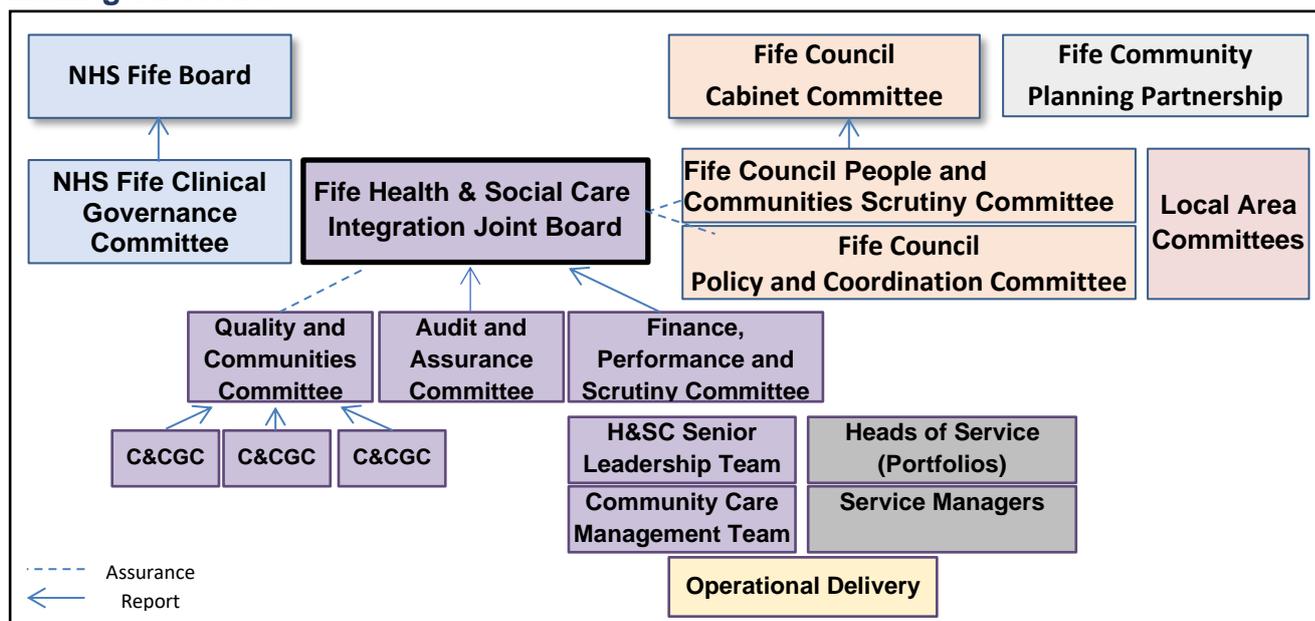
This plan is nested within Fife’s Community Plan, in particular these four outcomes:

- Improving early years development of children in Fife
- Raising educational attainment and reducing educational inequality
- Improving the health of Fifers and narrowing the health inequality gap
- Making Fife’s communities safer

These arrangements help ensure effective management of performance throughout Partnership social work services in Fife. This allows focus on particular areas of activity to assist in identifying where additional development are required. From this information, it is clear that there are a number of areas of strong performance as well as areas that require additional support. A particular focus in the coming period will be to ensure a level of consistency in relation to the quality of assessment and care planning across all service user groups, allied to ensuring that those in need of services get the assistance they require at the earliest possible stage.



Fife Social Work Governance Arrangements: Health and Social Care Decision Making Structure



Role of the Chief Social Work Officer

The CSWO is responsible for monitoring all social work service activity including Children and Families, Justice Services and Adults and Older People Services. The CSWO, through their statutory function, must be assured that agreed performance targets are being met and that professional standards are maintained. Operational management responsibility for social work service delivery rests with relevant management arrangements in Children and Families, Criminal Justice, Adults, and Older People's Services.

Financial Responsibilities of the CSWO

As a Head of Service for Education and Children's Services Directorate, the CSWO has direct operational responsibilities for financial management within the Children and Families, and Justice Social Work Services. The role also has oversight of the standards involved in the delivery of social work within Adult and Older People's Services, and any budgetary implications that may arise from this.

2. Service Quality and Performance

Overview of how services are performing, ability to deliver statutory functions and key risks to delivery

Children & Families

Priorities and Challenges in 2021/2022

2021-2022 was a second year of significant challenge for Social Work nationally due to the impact of COVID 19. Restrictions on travel and meeting people continued to affect the ability of social workers to visit family homes and carry out assessment activity. The impact on individual social worker's emotional wellbeing was a significant factor as they dealt with the pandemic in their non-work hours and then the impact during work hours. This was further compounded due to home becoming a workplace and school environment for many. The 'false starts' to a 'new normal' added additional pressure both to staff and the families they support as the winter resurgence of the virus had a further significant impact on wellbeing.

Despite this, the Children and Family social work service in Fife continued to work as close to a 'business as usual' model as possible, ensuring practice was safe, appropriate and proportionate.

The service continued to prioritise the most vulnerable children and initial assessment activity in relation to both need and risk. Visits were made face to face wherever possible, utilising a COVID safety assessment. For all other children and their families, virtual visits were undertaken to ensure continuity of relationships.

The service continued to hold Fostering and Adoption Panels and recruited carers as well as progressing permanence planning for children.

The service promoted robust and regular communication systems with the staff group sending out weekly and then fortnightly updates covering issues around: PPE, covid risk assessments, testing centres, visiting schedules, how to access staff support, HR updates. The communication by newsletter has been well received and will remain a central part of our staff communication strategy enhanced by management attendance at team meetings.

Children and Families Social Work Strategy

2021/22 saw the ongoing development of the Children and Family Social Work Strategy, phase 3, 'Belonging to Fife' (B2F), which had been further informed and shaped by the Care Inspectorate Improvement plan (2019) and the developing work from the Independent Care Review (The Promise). This year marked the end of a five year plan and saw the ambitions of a changed profile of care within Fife realised, with reducing numbers of children in high-cost residential placements (HCRP), as well as an increase in the use of Kinship Care.

The plan laid out a number of key priorities for the service including a shift towards a more preventative approach to families in need, along with a focus on high quality care and protection planning for children. This included new partnership approaches reflecting GIRFEC and supporting services to work collaboratively to support families.

As noted, the strategy has continued to reduce the overall numbers of children being Looked After by the local authority and increased kinship care arrangements for children who could not live safely at home and sections of the B2F annual report are included to provide evidence of the progress made during 2021 - 2022.

Principles Of Belonging to Fife (B2F)

- Reflecting the principles of GIRFEC and The Promise – what will it take from the whole of the team around the child to keep this child safely at home, additional supports, scaffolding, family strengths etc.
- Keeping the needs of children at the centre of all planning.
- Whole partnership understanding that children have a right to live within their own communities, with their siblings and where possible within their own family.
- Outcomes Focused/Strength based Planning reflecting the strengths and capacities of the young person and their family while recognising and managing any risk.
- Recognition that for some children a move home would be unsafe and not in their best interests.
- Residential care is a short-term care option for a period of 3 – 6 months (unless there are exceptional circumstances).
- Whole system approach is required as keeping children in Fife and keeping The Promise necessitates a commitment from all services: Education, Health, Police Scotland and third sector providers.

Additional Resources (2021-2022)

- Partnership working with The House Project has provided further supported tenancies for young people moving through to independence.
- Increased internal residential capacity with new built and newly purchased resources offering accommodation for 36 children and 4 care leavers in an adult resource.
- A review of the activity of the Belonging to Fife Team, reshaping and renaming this resource to offer enhanced/intensive support to all children in residential placements.

Summary of Progress against strategic aims

Residential Care

The number of HCRP has decreased significantly during the last 2 years and has reduced by more than 50% in the last year. Ongoing placement reviews give us confidence that this number has stabilised over the last few months. We continue to have capacity in our internal residential homes to offer residential care when this is assessed as the most appropriate (short term) care setting for a young person. This increased capacity, as well as a clear focus on assessing Kinship Carers prior to receiving a child into care has enabled more children and young people to live within their own family/community, significantly reducing the requirement for HCRP over the course of 2021-2022.

In May 2021 we successfully opened our own residential resource for children affected by disability and were able to support 3 young people 'home to Fife' with significant benefits for their families who can visit far more easily due to locally based care.

The number of placements out with Fife has also reduced, however some of these placements are providing a resource not readily available currently within Fife, e.g., Secure Care and 'step down from Secure' provision which includes an education provision.

Our STEPP provision is developing skills with offering a 12-week assessment package with a clear focus on family strengths and supporting children, whenever possible, to return to family care. We are working to develop additional supports to STEPP in relation to offering increased 1-1 support and group work.

Foster Care

Whilst there had been a decline in the numbers of local carers, this has improved over the last year due to strenuous efforts by Family Placement to recruit actively and creatively.

All foster placements continue to be reviewed on a high level on a monthly basis and this has led to a degree of confidence in which placements are meeting children's needs in relation to permanence and which children need active, vigorous assessment and review. This will be further enhanced by the creation of 2 permanence teams during 2022.

The data evidences a reduction and declining trend in the use of foster care which can be explained by the increasing use of kinship care but also by effective family strength-based intervention and flexible and immediate support to families at the time of the crisis. It also evidences a reduction in purchased placements which reflects our increased internal capacity.

Kinship Care

The drive to increase the number of kinship carers has been central to Fife's Belonging to Fife strategy for 5 years and reflects the national commitment to valuing family-based care which is supported both by policy and legislation.

The redesign of the Kinship Team led to a significant and sustained increase in the number of kinship arrangements since the strategy began and a significant increase (n 148) since 2019 when the Kinship Team began to undertake all assessments of potential kinship carers as a formal step before agreeing to accommodating children out with family care.

Strategic Commissioning

During 2020/21 a review of third sector provision was undertaken based on a strategic needs assessment and considering the changing profile of care in Fife. New service briefs were completed and from 2021 a programme of work has been undertaken to embed new Third sector services, establishing more seamless pathways to access support, and testing out new partnership models. The array of funding streams across priority areas of need has been an area the Children's Services Strategic Commissioning group, led by the CSWO, has maintained a focus with the objective of streamlining this work within the context of a shared framework for commissioning. This work is being progressed during 2022 and will focus on:

- a refresh of monitoring and evaluation processes
- review of governance arrangements
- locality based commissioning models; and
- the experience of families to help support co-development and co-design.

Resources Services

Fostering

2021-2022 saw a significant increase in the recruitment of foster carers with a net gain of 27 additional fostering households. This has positively impacted on Fife's ability to provide community-based care for children, young people and their brothers and sisters, within the geography of Fife. This goes against the national trend which has seen significant gaps in foster care recruitment and provision. Fife continues to be able to provide interim, permanent and short break care to children and young people of all ages. The internal fostering service cares for around 200 children and young people at any one time. Our fostering service has been recognised nationally with carers receiving awards for outstanding achievement by a foster carer and outstanding contribution by sons and daughters award.

The fostering service continues to be ambitious and ensure that carers and supervising social workers are trauma informed and able to support and sustain foster care placements, minimising moves for children. Fife is unique in that it has a dedicated therapeutic service for looked after children providing direct support and assistance to foster carers, the child and the professional network. This service offers expertise from social work practitioners, psychotherapy, clinical psychology and play therapy. The reach of this service has recently extended to supporting kinship families and family relationships.

Therapeutic Services

Fife continues to offer a specialist therapeutic service to looked after and accommodated children and young people placed within internal foster care and residential settings. The service is multi-disciplinary and offers specialist advice, training and consultation to foster carers, adoptive parents, residential childcare staff as well as social workers. This has recently extended to include kinship families. The service offers a range of specialist assessments as well as therapeutic interventions. This service supports 186 children and young people as well as/or the professional network around them.

National House Project

Fife was successful in securing funding from the Life Changes Trust to develop a House Project. Fife was the first Local Authority in Scotland to develop a Local House Project (LHP). All LHP's are members of the National House Project who help young people leaving care to create their own home and live independently. House Projects are co-designed with young people. They work together to develop relationships and learn skills that enable them to live successful adult lives. They have a choice in where they live and are involved in getting their property ready to become their home.

House Projects are represented by young people at the Care Leavers National Movement (CLNM) to ensure that a young person's voice is at the heart of all decision making. Fife continues to support young people to be active in this and they regularly attend events across the United Kingdom to ensure the voice of Care Experienced young people is not only heard but influences policy. One of the Young People attended an event at Westminster.

To date the House Project has enabled 18 young people to move into their own permanent tenancies. All young people have maintained their tenancy. All of the young people have secured employment or education and there have been no reported adverse community issues. Fife recruited a further 10 young people in early 2022 and they

continue to work through the project programme to secure their own tenancy, a place they can call home.

Kinship

The Kinship team was redesigned in June 2019 to support greater capacity to assess new kinship carers and work to an agreed timescale for assessment. The redesign more than achieved its ambitious aims with a significant increase in the number of kinship arrangements between 2020/21 with a 35% increase since the strategy began. This has increased again in 2021/22.

Fife has continued to invest in Kinship Services and the team now consists of 1 Team Manager, 3 Senior Practitioners, 5 social workers and 4 family support workers. In addition to this there are 2 social work assistants who have recently joined the service to enhance the educational experience of children cared for by family members. The Alcohol and Drug Partnership have agreed funding for 2 additional social workers who will be recruited during the next financial year. The primary focus of these workers will be to support children and young people and their family with the impact of parental addiction. The workers will offer a counselling approach in addressing the impact of addiction on families and seek to intervene to prevent the cycle of addiction within families.

Fife has a strong commitment to empowering families and ensuring that children and young people are cared for within their families and in their communities, getting the right support at the right time. Fife provides financial support to 746 Kinship arrangements through the payment of Kinship Allowance and Support for Family Carers Allowance. There are more children and young people cared for in Kinship this year than any other since 2015, and the team continue to offer financial, emotional, and practical support to children and their carers'. The Kinship Team continue to support around 250 carers through direct work and support groups at any time.

The Independent Care Review has recognised the impact on people when they become a Kinship Carer, identifying that carer's often experience feelings of isolation and can feel unsupported. The service continues to offer weekly Kinship Support Groups in 7 Localities of Fife, social and fun events throughout the year, delivers Solihull training to Kinship Carers, online support, a daily duty system as well as a programme of training tailored to meet the needs of kinship carers. CAMHS and Fife Council Social Work Service are in the process of developing a therapeutic provision for children and young people in Kinship Care as well as their carers'.

Funding was secured through the Corra foundation and The Promise to work with the kinship community to better understand experience, identity and access to support. This is due to report later this year.

Residential Houses

In terms of Service expansion, we have successfully opened 4 new services which has allowed us to further ensure that placement decisions are based upon the needs of children as opposed to available resources – a key finding of the Promise. The new houses have increased our internal capacity by 16 beds.

The Promise is also clear that the main purpose of Residential Childcare is to '...prioritise the quality of relationships that young people experience ...'. Our new practice model has been designed to support our staff to continue to respond to this aspiration which is a cornerstone of the Belonging to Fife Strategy.

The framework is based upon a literature review of attachment promoting trauma informed care and gives staff explicit messages and expanded examples of what this should look like in a group home setting.

We have developed a new Quality Assurance (QA) model around the main areas of the Practice framework. The new QA model will allow us to identify good practice and also areas where we need to improve.

Fife is proud of the developments in residential child care in the recent years and within 2021/22 we have 10 residential houses able to meet the needs of most children and young people within Fife. The residential estate can provide care to children with complex medical care needs and disability; young people with a learning disability, , emergency care for children and young people who are in crisis, care to children with complex trauma under the age of 12, community residential care for children and young people with considerable trauma and attachment difficulties, step down and alternative to secure provision and enhanced care to young people in an adult resource who need a bridging placement to more independent resources.

Our pledge for 2022/23 is to ensure that the workforce is skilled in assessing and responding to the most complex of care needs.

Supported Lodgings

Fife continues to recruit carers who can offer young people a safe, nurturing but more independent home setting in which to live. The service is one of the largest in Scotland and we continue to have 55 approved carers offering up to 60 placements at any one time.

Our carers are supported through rich opportunities to undertake training, meet together as a carers group as well as receive a high level of support from the team members. It is this support and training that has allowed Supported Lodgings Carers to offer care and stability to care leavers, accommodation and support to parent(s) and child, young people with learning difficulties, young adults in crisis and unaccompanied asylum-seeking young people. This agile service is responsive to the needs of young adults and supports young people to achieve their potential through its connections with employability services and further education resources in Fife.

Evaluation and Improvement

Overview of how the C&F Service is performing and delivering statutory functions and key risks to delivery.

Strategic Aims:

The Children and Family Social Work Service has one overall strategic aim which is to promote Belonging to Fife, ensuring that children and young people are supported to live safely within their own families/communities and to be ambitious for their success.

There are a number of strands of work which support and enhance this overall strategy:

- Increase in the provision of the types of care placements with an emphasis on increasing kinship, care at home and in-house foster/adoptive/supported lodgings care. This work developed at pace during 2020/21 with more children and young people enabled to live within their own family/community. Achieving a significant shift in the profile of care in Fife, away from high cost residential placements (HCRP) and purchased placements and towards support at home or with friends/relatives. Sustained scrutiny around planning for children in care led to a decrease of the use of high cost external residential placements by 50% between April 1st 2020 and March 31st 2021, from 84 to 42 children/young people.

- Ensuring that the services supporting looked after children and young people are better aligned, providing a coherent scaffolding around our care experienced children. Asking services to be both agile and responsive, family focused and community facing. The service completed a review of third sector commissioning during 2020 which led to the design of new service briefs attracting bids from across the sector to provide services in a targeted manner for those children most in need of additionality.
- Effective intervention at the additional level to prevent escalation to formal statutory involvement through assessment and provision of section 22 (voluntary support) and partnership working with the third sector and other statutory partners to provide additional support.
- Ensuring that services supporting all children, but in the first instance for those most in need, are better aligned and sufficiently focused on preventing the need for alternative formal care, wherever safe to do so.

The overall size of the Looked After population in Fife has remained at or below the Scottish average, as a result of action taken in the early phases of the strategy. This also enabled the previously rapid increase in the use of purchased placements to be stabilised.



The dashed line shows the pre-strategy trend, with a sustained increase in demand for purchased placements. The solid line shows the aim of the original strategy.

Phase 3 of the Children and Families Strategy was 'rebadged' in 2019 as 'Belonging to Fife' and has continued to build on the positive progress made over the preceding years.

This focussed on reducing service overspend through:

- shifting the balance of care (reducing purchased residential and foster care)
- service redesign and
- achieving savings through 3rd sector commissioning.

This phase of the strategy has enabled a significant reduction in the use of residential placements and has also enabled the level of in-house foster care to be restored to levels seen in 2017 (see figures below).

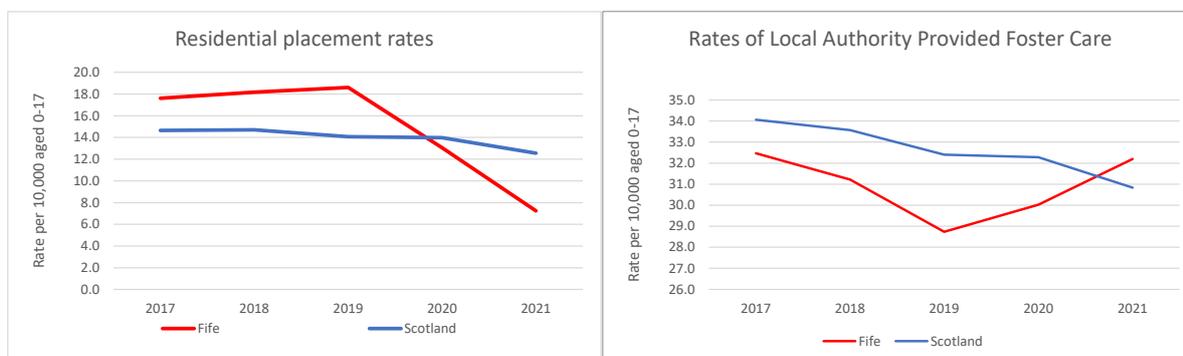


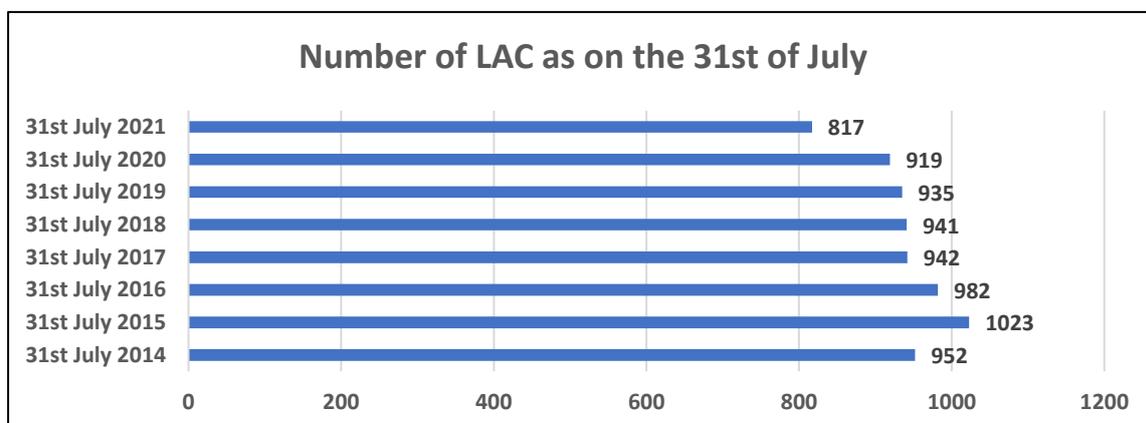
Figure. Impact of phase 3 of the strategy on the use of residential placements and levels of in-house foster care. Data for Fife and Scotland are taken from the Children Looked After Statistics (as at 31 July each year).

As noted earlier in this report the success of Belonging to Fife (B2F) exceeded our original ambition and expectations in relation to purchased residential care for the financial year 2020 – 2021 and this has been further sustained during 2021-2022.

Overall looked after numbers in Fife continue to reduce as more effective early intervention strategies develop and as we continue to dynamically review and challenge all placements for children placed out with parental or familial care.

The data below shows trends in numbers of looked after children since 2015.

The number of children looked after in Fife continues to reduce, with 919 LAC reported in the 2020 annual LAC survey and 817 LAC reported in 2021. Annual reporting figures for 2021/22 have further reduced to 758 LAC.



Notwithstanding the improvements seen in the balance of care between residential and community placements, there continues to be room for improvement in the number of children supported safely at home or in a kinship placement (see figure below).

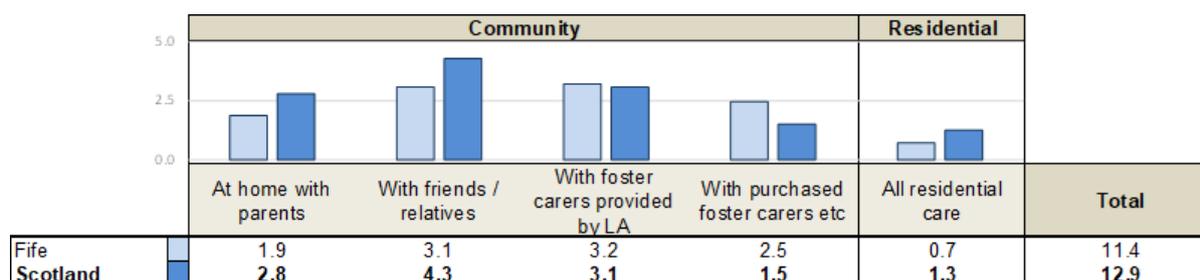


Figure. Comparison of the profile of care for looked after children in Fife and Scotland
Figures shown are a rate per 1,000 children aged 0-17 years. Based on Children Looked After Statistics as at 31 July 2021.

High-Cost Residential Placement Data

Month	Purchased Residential	Internal Residential
March 2019	133 children are in HCRP with 44% (n 59) out with the geography of Fife	16
March 2020	84 children are in HCRP with 38% (n 32) out with the geography of Fife	17
March 2021	42 children are in HCRP with 28% (n 12) outwith the geography of Fife	15
March 2022	18 children are in HCRP with 27%(n5) outwith the geography of Fife	20

Whilst there was an aim to reduce the number of purchased foster care placements, it was fully recognised that the majority of young people within this type of care had permanence plans and the service is clear that the needs of individual children must remain at the centre of planning. However alternative care placements continue to be subject to robust, monthly scrutiny to ensure care planning remains dynamic and responsive to emerging need.

Foster Care Data	Internal	Purchased	Total
March 2019	243	241	484
March 2020	217	226	443
March 2021	214	174	388
March 2022	196	156	352

There has been a significant increase in placing those newly looked after children with kinship carers and this reflects the principles central to both the Children and Family Strategy and those of the Independent Care Review.

Family Based Care	March 2019	March 2020	March 2021	March 2022
Paid Kinship	156	191	251	182
Unpaid Kinship	24	35	26	22
Non-LAC Kinship	311	351	353	394
Family Carers	107	117	122	148
Total kinship care	598	694	752	746

Whilst we are on the right side of the trend, in terms of our profile of care, i.e. more children and young people being supported with family as opposed to in foster or residential care, what is clear, is that factors influencing the number of families coming to the attention of formal services is complex and we should always anticipate spikes in need, vulnerability and risk, and hold capacity to be agile and respond in different ways.

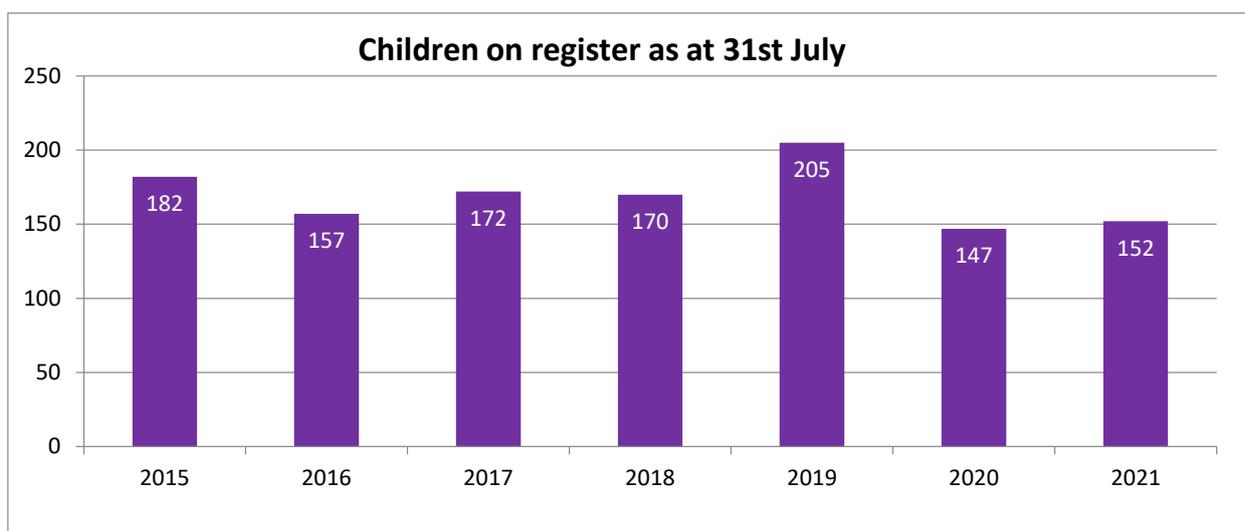
In response to this, the service continues to develop work within the practice context of the Belonging to Fife agenda and over the last year has developed targeted resource provision to support enhanced support for those children who are often described as being at the 'edge of care'. In particular the development of the Short Term Emergency Placement Planning service (STEPP) and the work of the Belonging to Fife team have supported the service's aims to offer wrap around care at the time of crisis to families.

There has also been a focus, on ensuring that our care leavers are enabled to build towards independence through ensuring they are supported through a range of potential next steps from care: continuing care, supported lodgings or a supported tenancy. In partnership with the Housing service we have secured a 'training' flat which has been used by 9 young people as a step towards independent living and this work will be significantly enhanced by the work of the House Project.

	March 2019	March 2020	March 2021	March 2022
Supported Lodgings Placements	22	35	42	55
Continuing Care	37	41	55	56

Child Protection

The number of registrations following a case conference in Fife during 2020/21 totalled 258 which is an 11.6% decrease on the previous year's total of 292. The chart below displays the number of children remaining on the register as of 31st July for each of the last 7 academic years. 2019 peaked at 205 whilst 2020 has recorded the lowest total remaining on the CPR at the end of a year with 147.



(Source – Children's Social Work Statistics, Scotland 2020-21)

Next steps

The service's ambition is to be significantly better than the Scottish average by 2023 in terms of securing better outcomes for children and young people, through improved service delivery, quality and cost.

We met our ambitious aim to come in on budget by 2020/21 and we aim to sustain this position. This will allow us to invest in children and families in more meaningful and measurable ways, improving the experience of families who have need of more targeted supports.

We aim to further develop our residential resource within Fife through offering emergency residential placements and support children affected by disability to remain within the geography of Fife with the opening of a redesigned care resource. We also aim to re-provision one current home to support care leavers and at the time of writing this has opened and is offering a home to three young people.

We still have a disproportionately high number of children and young people in purchased foster care. However, following robust reviews, we are clear that these children and young people are living in the right place for them at this time, with many on permanence orders in matched placements. However, we are keeping the wider system and pathways in and out of care actively under review.

Service re design is being progressed to better meet the changing need of children young people and their families; shifting to a whole system place-based model that works more closely with families in the communities that they live.

We plan to build on the professional role of social work and further promote relational based practice, ensuring workers have the time and resource to invest in families and communities to make the difference required.

Risks

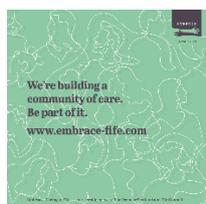
The findings of the Independent Care Review mirror many aspects of the Children and Family Strategy. Whilst this service notes this as a strength we are acutely aware that the over association of the 'Promise' with the social work service, presents a key risk in relation to ownership across the children's services partnership.

For the Promise to be achieved, it will take commitment from the 'whole system' and this culture change will take time during which challenging conversations will have to take place. It is hoped that the work of Franklin Covey will support this collective challenge. The service was keen to understand alternative improvement activity during the pandemic and learning from other services within Fife Council.

The methodology of 4DX was used in a partnership approach to consider how Fife approached ambitious aspects of the partnership strategy to keep more children at home, increase children and their family's participation in meetings and improve attendance at school for Looked After Children. Whilst not all data targets were achieved the overall impact of the weekly meetings, goal setting and focus on partnership working allowed the partnership to develop and improve on a locality basis.

Engagement with Individuals, Carers and Communities

For Education and Children’s Services, there is a well-established engagement process for Looked After Children supported by the activity of the Corporate Parenting Board which includes young people as core members. This activity includes crucial contributions from care experienced young people. In Fife we developed Embrace-Fife.com, in partnership with The Promise, to build on the visibility, voice and positive identity of the care experienced community. This is being promoted by development workers specifically recruited from the community.



In addition, there is a range of feedback processes such as surveys and questionnaires for families who are receiving services from Children and Families Social Work. Justice Services have similar feedback processes for partners in the Justice system, including Sheriffs, along with recipients of Community Payback activity. Feedback on the effectiveness of services from people who have offended is also gathered.

During the pandemic a survey was undertaken with children and their families to understand how their lives and experiences were being impacted. The learning from this survey was used to change practice in terms of virtual contact, virtual meetings and also recognising the need for face-to-face meetings. Families were supported financially to ensure that they had access to the internet and devices to allow communication and school learning.

During 2021 the service progressed with the introduction of the ‘app’ Mind of My Own (MOMO) and this is developing as both practitioners and young people become more aware of the usefulness of the app as a means of sharing views both in meetings but at times when young people feel they want to share.

The implementation of Mind of my Own is overseen by a Quality Assurance and Development Officer and a Corporate Parenting Development Worker. Monthly meetings – chaired by a Service Manager – have been established with a focus on strategic analysis of the reports received.

Following the local elections in May 2022, the revised membership of the Corporate Parenting Board (CPB) has been agreed. The CPB meets on a quarterly basis and is chaired by an elected member and supported by the Chief Social Work Officer. Participation, engagement and partnership-working with those who have “lived experience” is a key priority of the board. A group of individuals with “lived experience” has been established in the Levenmouth area and work is underway to develop similar groups across Fife. This work is being led by our Quality Assurance and Development Team.

Community Social Work

The achievements of B2F, in changing the profile of care, has enabled social work to extend and innovate into a community space, working under universal provision and across age range and service briefs.

Community Social Work, (CSW), is being piloted in an area of Kirkaldy, augmenting existing provision for example the WELLS. CSW performance measures are to increase family and community assets, improve social connectedness, community safeguarding and improve collective health, well-being and economic advantage. The impact to be qualified by people who have lived experience in the community, as opposed professional scrutiny bodies.

CSW is not a replacement for traditional statutory social work. Both require investment and a highly skilled and value-based workforce. However, CSW, if invested, could provide a reduction in the need for statutory supports, working alongside other community resources.

The CSW team are planning a national conference in November 2022 to explore the potential of a community social work model in further progressing the principles of The Promise, place-based services and effecting community change.

Fife Justice Social Work Service

Priorities and Challenges 2021-2022

Fife Council's Justice Social Work Service identified their key strategic priorities for 2021/22 as being set within the context of the ever-changing and developing landscape caused by the global pandemic. These identified key priorities are not an exhaustive list but highlight the key drivers which underpinned the plans for change, openness, and positive scrutiny. These were:

Action	Improvement Proposal (Performance)	Required Action(s)	Measurement(s)
1.	Improve service-user engagement and satisfaction.	<ol style="list-style-type: none"> Working with and learning from service-users and their families. Improve service-user questionnaire to be more accessible and user friendly. 	<ol style="list-style-type: none"> Complaints (Compliance and satisfaction) Service-user questionnaire feedback and improve engagement with SUPG.
2.	Revamp audit processes to provide measurement, scrutiny and improvement goals	<ol style="list-style-type: none"> Introduction of more robust auditing processes. Produce quarterly performance reports to share with staff and partners. Introduce peer auditing using full management cohort on rotation. 	<ol style="list-style-type: none"> Quarterly reports. Comparison with national statistical measurement. Annual review and evidence-based target setting.
3.	Provide clear, realistic and achievable performance and improvement targets.	<ol style="list-style-type: none"> Remodel practitioner led groups to include specific groups for practice and performance. Share targets with full staff group, including clear rationale and expectations. Set improvement targets for KPI, SPI and Service specific goals. 	<ol style="list-style-type: none"> Embed culture of performance improvement amongst front-line staff. Level of 'buy-in' from Performance Group in target setting. Improvement.
4.	Review and update Manual of Practice Guidance.	<ol style="list-style-type: none"> Full revision of MPG documentation. Update remaining information and fill any gaps. Set robust process review dates with lead officer responsibility. 	<ol style="list-style-type: none"> All documents are up to date. Implement version control system. Measure and ensure accessibility. Ensure review dates are met and upheld.
Action	Improvement Proposal (Partnership)	Required Action(s)	Measurement(s)
5.	Improve relationships with partners.	<ol style="list-style-type: none"> Actively engage with partners beyond the operational expectation. Ensure lines of scrutiny and reporting to CMT and Elected Members are robust open and accountable. Share performance reports and learning openly. Align Management group to specific partnerships to ensure open communication and consistency. 	<ol style="list-style-type: none"> Measure improvements in positive results and outcomes in cases where joint working is key. Improved working arrangements and reciprocal agreements with partners. Management reporting on operational specific links with partners or area-based alignment structures.

6.	Align future plans to wider Council and National objectives.	1. Ensure more structured evidence of JSW actions and planning features in Council-wide planning documents. 2. Follow links through the wider Council strategy to find elements of 'Golden Thread' in planning strategy.	1. Measure inclusion in the wider strategic planning process. 2. Ensure that local objectives take into account national objectives and priorities.
Action	Improvement Proposal (National Priority)	Required Action(s)	Measurement(s)
7.	Support Scottish Drug Death Taskforce to reduce instances of drug related death in Fife.	1. Ensure equivalence of support for people in the Criminal Justice System. 2. Focus on areas of high harm prevalence, e.g., at point of release from custody. 3. Work in partnership to co-ordinate and maximise support.	1. Drug related death annual report. 2. Ensure firm links with drug services. 3. Strengthen resources to high risk of harm areas and measure outcomes.
Action	Improvement Proposal (Publicity)	Required Action(s)	Measurement(s)
8.	Build upon successful social media strategy to share success and improve links to practice & academia.	1. Improve following on Twitter and YouTube. 2. Consider additional social media platforms. 3. Engage with local communities.	1. Engagement and response on social media. 2. Interest from local communities and groups.

In addition to the above priorities, Fife Justice Social Work Service experienced significant challenges delivering Services during this period due to varying levels of restrictions associated with the COVID-19 pandemic. This resulted in working from home, being office-based and adopting an overall more blended approach to service delivery whilst considering the risk and vulnerabilities of the service users involved. These arrangements changed frequently, often with short notice, requiring effective communication and leadership from the management team. This led to the set up of a twitter account and a group for people involved with justice services.

Despite these challenges, the pandemic has provided some opportunities to think creatively, and the Service has evidenced the ability to continue developing and establishing services which meet the ever-changing landscape as we move towards a post-pandemic world. During this time, the Service has been successful in winning two national awards, SASW (Scottish Associated for Social Work) and COSLA (Convention of Scottish Local Authorities) excellence award. Both awards recognising the excellent work undertaken by staff to deliver creative, person-centred interventions. Moving forward, the focus is now on embedding these new developments into the Service long-term, adapting to new working styles and building resilience to tackle any challenges faced in the future.

An additional challenge has been presented by the short-term nature of the Covid consequential funding. Whilst this additional funding is most welcome, the annual award limited to twelve months has had a significant impact on the Service's ability to attract suitably experienced and qualified staff to the area, which has meant an almost exclusive reliance on newly qualified staff with little or no formal ability to retain them beyond the lifetime of the budget. Local authorities across the country have experienced the same issue and find themselves competing for an extremely limited pool of experienced agency staff. Looking forward, a change in the limited timeline of budget allocation would be helpful, which is addressed in more detail in the staffing and recruitment section below.

Service Quality and Performance

Following on from the success of the Priority and Development Plan 2020-21, the Performance Review and Improvement Plan was created to not only set out objectives for 2022-23, but also review the outcomes of the 2020-21 priorities. This plan highlights the first full year performance reporting and details significant improvements specifically around self-evaluation and increased scrutiny through the revised file audit process. The Plan also provides an overview of the work undertaken by Justice Social Work staff, using case studies and practice examples to engage readers.

The Service has also reintroduced scrutiny and oversight of our Key Performance Indicators (KPI's) and, despite the changes necessary to deal with the demands of operating and delivering services in the face of unprecedented uncertainty, the Service has continued to evidence positive improvement in the majority of the KPI's. These include Community Payback Orders (CPO) successfully completed, Unpaid Work Orders being commenced more quickly and a rise in the number of successfully completed CPOs on young persons under 21. Two of the most significant increases relate to successfully completed groupwork programmes (65% to 88%) and successfully completed Bail Supervision Order (0% to 90%). These figures highlight early success in the efforts to reintroduce a more robust, sustainable performance and quality improvement agenda within the Service. This commitment has been underpinned by the appointment of a bespoke Quality Improvement Service Manager to lead on quality improvement, performance management and independent scrutiny.

Within the context of quality improvement, a new file audit process was launched in October 2021, which has seen increased levels of self-evaluation, based on independent scrutiny and a renewed focus on analysis. This has involved random selection of cases from teams across the Service. The auditing manager collates the key messages and findings from twelve cases over a three-month period, providing an analysis of practice and outcomes. Initial results have been significant and there have been notable changes made to frontline practice as a result of the audit findings, building on a cycle of continuous service improvement.

The changes in self-scrutiny and the renewed focus upon sustainable improvement has allowed the Service to plan more ably and set out clear, focussed, and stretched targets, through the mechanism of a Performance Improvement Framework. For 2022-23 the Service priorities are based upon audit, achievement, and analysis. These are:

- Continuing to embed robust Performance and Quality Assurance Processes
- Establish services for Diversion/SDS/EBS
- Developing Services for Youth Justice
- Enhancing the Service delivered to Dundee Sheriff Court and North-East Fife
- Improve delivery of Throughcare Services
- COVID-19 Recovery Plan

These six areas were identified through the self-evaluation process implemented over the last 12 months. Identifying gaps in service and areas for development was achieved through increased scrutiny and analysis of both file audits and Key Performance Indicators. These areas will be reported on quarterly with a view of fully reviewing progress/outcomes within the 2023-24 Service Plan.

Health And Social Care

Key changes and challenges during 2021/22

The impact of the coronavirus pandemic continued to have a substantial impact on the health and wellbeing of individuals and their communities. The past year has been incredibly difficult for the people that we care for, and for the employees and other individuals involved in delivering that care. The ongoing impact of the pandemic has created increased demand for health and social care and resulted in challenges in community care capacity.

To deliver reform, transformation, and sustainability Fife Health and Social Care Partnership was restructured in 2021 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 and Critical Care: including the delivery of mental health, learning disability and adult and older peoples social work services.
- 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, organisational development and culture.

What we have achieved during 2021/22

Connecting People with Local Support

The Wells are part of the Partnership's Community Led Support Service and are for anyone 16+ looking for advice and support. The Well enables people to speak directly to health and social care professionals and discuss enquiries in relation to their health and wellbeing. Our friendly staff empower people to find solutions to problems quickly and easily, giving them the right information at the right time and by providing support, information and guidance on topics such as social care, carer support, social isolation, housing, benefits, bereavement, or anything related to health and wellbeing.



During 2021 The Wells predominantly operated virtually with a few sessions for the Kirkcaldy physical Well. For the majority of the year, the Wells operated for 5 sessions a week with a total of 10 hours per week. During 2022 the Wells have returned to a full face-to-face service in all seven localities.

In 2021, the average number of people contacting The Wells each month was **18**.

In 2022, this increased to an average of **74** contacts each month.

Feedback from visitors has been very positive.

The top five reasons for visiting The Well related to:

- Mental Health
- Community Support
- Financial Support
- Housing Support
- Carer Support

47% of all visitors had more than one enquiry.

Providing Support to Carers

We continued to support unpaid carers through the challenges of the coronavirus pandemic and invested in additional support to promote carers health and wellbeing including:

- Creation of a Team dedicated to supporting carer involvement to promote the participation and engagement of unpaid carers and others.
- Introduction of a new commissioned support service in partnership with Circles Advocacy to help the carers of people without capacity to secure the necessary legal instruments for the longer term.
- Additional investment to support unpaid carers who meet the eligibility criteria with a dedicated budget for self-directed support, including resources to manage this new support opportunity.
- Ringfencing additional resources for carers of people living with autism spectrum disorder.
- Recruitment of a Project Officer to coordinate the review and reimagining of the commissioned voluntary sector support for carers and others.
- Introduction of significant additional support for young carers through the commissioned partnership with Fife Young Carers including a new holistic support for carers and their family members together with additional support to assist young carers transition into adulthood.

As well as the new support we have made available during the year we have continued to deliver the support needed to carers in their localities and have strengthened our support for the carers of people being discharged from hospital.

Again, this year we recognised carer contributions during Carers Week which, because of the pandemic, was an enhanced social media campaign with our commissioned partners playing a key role.

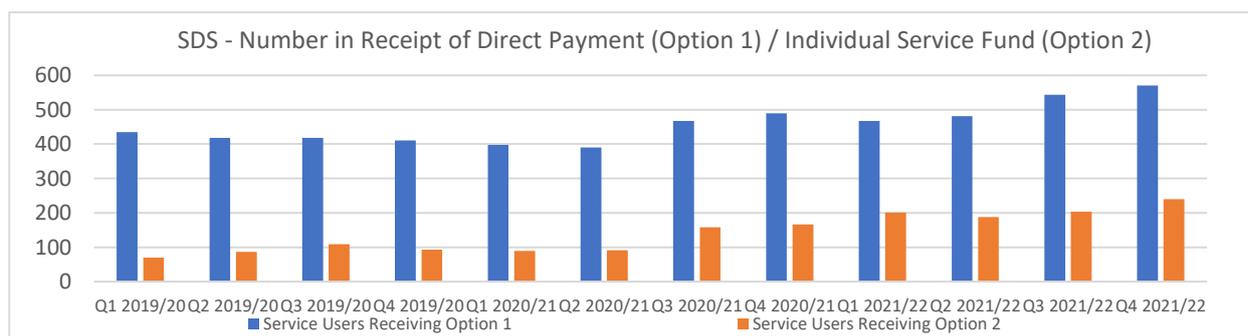
Finally, through our partnership with Fife Carers Centre we have continued to support carers' access to Personal Protective Equipment (PPE) during the pandemic and ensured they have ready access to the necessary protections to enable them to continue in their caring roles.

Supporting Adults to live independently through Self-Directed Support

The implementation of self-directed support (SDS) continues in Fife, ensuring that people we support, along with their families and carers, are offered choice and flexibility when planning their support ensuring that everyone can live their life as independently as they choose.

We use a personal outcome and a 'Good Conversations' approach to ensure people feel involved and listened to in decisions which impact their lives, ensuring they are given information and advice, including sign posting to external sources of support and/or advocacy, where required or requested, when discussing the 4 SDS Options. Staff continue to ensure that both personal and community assets are considered when discussing potential support options.

The graph below shows the increasing numbers of people over the past three years in receipt of either a Direct Payment (Option 1, which offers maximum choice, control and flexibility for people to select, arrange and manage their own support) or Individual Service Fund (Option 2 which offers clients a high degree of control in selecting and directing their own support arrangements but the responsibility of financial management rests with the local authority or third-party organisation(s)). Referrals for Option 1 or 2 continue to increase due to the demand for care at home packages and it is anticipated that Option 1 will continue to rise as the cultural shifts towards people feeling confident and comfortable to manage their own support arrangements and budgets, which is one of the key aims of both national and local SDS policy.



We continue to have a dedicated Self-Directed Support (SDS) Team who provide advice, information and support to colleagues in the wider service.

Over the past year we have:

- Refreshed SDS training with a new training module focused on the personal outcomes approach to assessment and support planning, using case studies and examples. The training provides an opportunity for participants to reflect that their practice addresses the SDS statutory values and principles.
- Had our Self-Directed Support Processes and Procedures approved in April 2021. These provide an excellent guide for staff. As well as an overview of self-directed support and the 4 options, it includes a guide to the new National SDS Framework for Scotland, links to external information, the legislation, some Frequently Asked Questions and the link to our website, On Your Doorstep Fife, which includes our SDS animation.
- Restarted our work on the implementation of prepaid cards. This will replace our current system of paying individual social care budgets via SDS Option 1 (direct payments). This piece of work was significantly impacted by the pandemic however is now a priority for the SDS Team, working alongside colleagues in Social Work Contracts/Quality Assurance.
- Continued to work closely with SDS Options (Fife), our external partner offering advice and support to people choosing to take their social care budget as a direct payment. Meetings are held quarterly to share information and discuss issues. This ensures consistency of approach and information.
- Participated in the quarterly SDS network (a subgroup of Social Work Scotland) which provides an excellent source of information and allows for significant shared learning, and Independent Living Fund (ILF) Scotland meetings to ensure we are kept up to date with developments relating to ILF payments and budgets.

Short Breaks Service

Choice and flexibility remain the key themes as we continue to try and support individuals and their families and carers to access suitable short breaks. Through a personal outcomes approach, our dedicated team works with families to facilitate short breaks for adults under 65 years of age, to give both individuals and their unpaid carers a break.

The Short Break Team provide information to supported individuals and their families/carers to assist them to access creative and innovative short break provisions or, where this is their choice (and depending on availability), building based resources, using their individual short break budget and chosen option through self-directed support.

The previous two years have been extremely challenging for many families who provide unpaid care and support. Coronavirus restrictions resulted in many building-based resources being closed and the requirement to “stay at home” meant that many other facilities were not an option. As restrictions eased, many resources were limited due to ongoing social distancing and staffing issues, with one facility closing permanently.

2021/22 brought about some degree of normality for services and as facilities began to welcome back visitors, options began to open up again for many families.

Due to the reduction in building based support, the Short Breaks Team have been working extremely hard to source creative ways in which breaks can be achieved, within budgets. Some examples of breaks taken during the last year are:

- Accessible Lodges and holiday cottages.
- Air BnB properties.
- Caravans with or without support staff.
- Supported holidays booked through external partners who source the break as well as the support

Shared Lives Fife

This initiative provides family-based care in the homes of carers across Fife to adults with disabilities and mental health difficulties. It aims to match families or individuals who are willing to share their homes, lives, interests, experience, and skills with adults who need support to live their lives to the full.

The initiative is supported by a small Team consisting of three social workers and one social work assistant who provide vital input to the recruitment and on-going support for approved carers across Fife. This includes regular communication and engagement with those involved with the service through newsletters and developing networking opportunities.

The Team actively include carers and service users in the development of policies, procedures and guidance (including the Shared Lives Fife Charter and Participation Strategy). The Team also ensure that carers can access and complete required training

Being a Shared Lives Carer allows the carer to build close connections with the people they support, by welcoming them into the carers home and family life, the carer is self-employed so can offer their support to work flexibly around their needs.

There are currently 61 carers working from their own homes to provide placements to 76 individuals (day care, short breaks or long-term live-in arrangements).

Fife Community Support Service (FCSS)

This Service provides flexible, community-based support during the daytime, evenings and weekends to suit the identified needs of individuals Fife-Wide. The service enables adults aged 16 to 65+ years old, with a range of disabilities (including learning disabilities, physical disabilities, sensory impairments, autistic spectrum disorders and other related issues) to lead full and meaningful lives and be valued citizens within their own communities. Service users can be supported in a variety of settings, determined by themselves and the outcomes they want to achieve. These personal outcomes are reviewed through regular review meetings and new goals identified. Support allows access to leisure, social, and recreational opportunities enabling individuals to maintain and develop life skills to enhance their self-esteem, confidence, and independence. We have four hubs across Fife, some of which contain PAMIS care suites (where personal care can be provided), multi-sensory areas to stimulate senses, relaxation areas and accessible gardens which all individuals in receipt of support have use of.

In accordance with the Health and Social Care Standards, FCSS promote individualised support with communication. For those individuals requiring enhanced support with their communication needs, FCSS continue to be invested in the PAACT initiative, partnership working with Speech and Language Therapy, and Education Services.

There was a significant impact on FCSS during the pandemic, with restrictions to how, when, and where, we could deliver services. The four hubs primarily remained closed, thus preventing us offering any building-based support, except for our Care Suites. In addition, many community-based activities formerly used by us were also closed or very restricted. We had to significantly change the way we provide services/support during the pandemic and for the team of staff retained within FCSS, infection control measures were reviewed and updated, strict protocols implemented, and guidance issued. New Interim Support Plans were developed to ensure the needs of the person receiving support were accurate, up-to-date and relevant to ensure safe, high-quality support was achieved. We re-assessed all 336 service users who formerly accessed FCSS to ensure they continue to meet the eligibility criteria to receive a funded service provided by the Partnership.

During April 2021 to March 2022, the number of people accessing our support has risen from 54 to 132 through being assessed as in critical need. We have been restricted to offering mainly 1-to-1 support to keep people safe as the pandemic continued to cause difficulties. From the service users who previously received support from FCSS, those assessed as eligible to receive funded support has risen with 204 expected to return to the service. FCSS has continued to provide a vital lifeline to those receiving our support and their families.

Accommodation with Care and Housing Support

This Service provides a combined housing support/care at home service to 140 adults with learning disabilities, physical disabilities and mental health issues living across Fife. Utilising a staff team of 625, support is provided over 64 services, in single tenancies, group homes and core and cluster services. Support can range from a few hours per week to 24 hours support each day.

The service delivers a person-centred provision of care and support with people's "rights" at the forefront. We promote independence with an active support approach that focuses on making sure that people are engaged and participating in all areas of their life, through accessing a wide and varied range of social and leisure opportunities, to maintain and increase their skills and abilities and have a valued role in their local community. Health and wellbeing is promoted through healthy eating, exercise, relaxation and wellness. Rest and relaxation encouraged with sensory sessions and mindfulness. Staff are committed to supporting people to maintain relationships with friends and family, build new positive relationships thus supporting people's sense of security and belonging.

Replacing our Care Homes

There are three new care home developments currently being progressed across Fife:

Methil Care Village – Anticipated handover of care home / nursery building in October 2022 with approximately 8 weeks of furnishing / fitout after this. Current Methilhaven residents have been actively engaged in the project, being shown monthly photographs as well as drone footage of progress, and helping the Project Team to choose colour schemes, furniture and fabrics. They hope to be in their new home by Christmas 2022.

Cupar Care Community - Planning approval was granted on 15th December 2021 for the replacement care home and supported housing building in Cupar and work has been progressing well on the detailed design of the building. Early enabling works on site are anticipated to commence before the end of 2022.

Anstruther Care Village - Work on the design for Anstruther has been ongoing and complicated in nature due to the size and sloping nature of the site. It is anticipated the Planning Application for Anstruther can be submitted by September 2022.

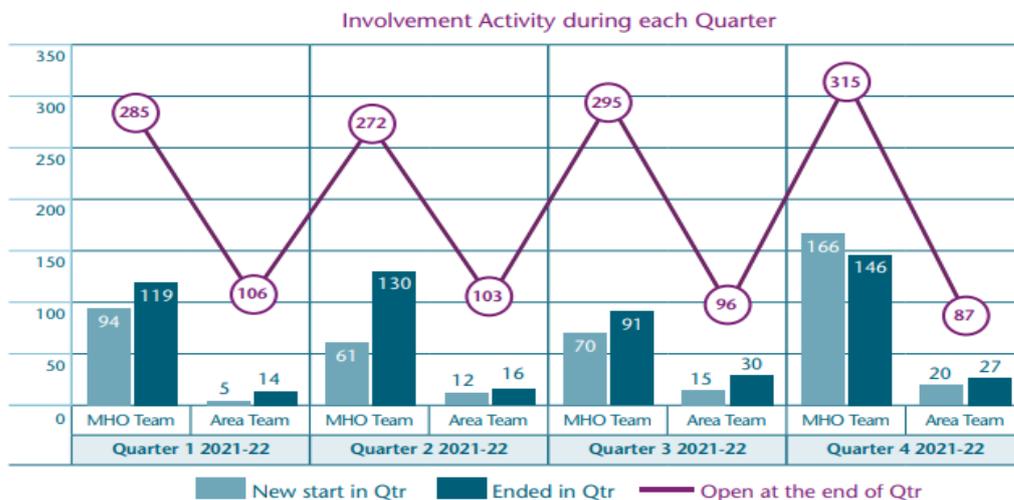
Investment in the Mental Health Officer Service.

Fife Health and Social Care Partnership were successful in their funding bid to increase the number of complex assessments for people in hospital. This investment is being used to increase capacity within the Mental Health Officer (MHO) Service, which plays a crucial role in helping people who need support to make decisions to safeguard their welfare and/or finances, to leave hospital within an appropriate a legal framework which upholds their rights. Many people are unable to leave hospital until a welfare guardian has been appointed to make decisions about their post discharge support needs and an MHO is required to write a report to the court to confirm the order is necessary and whether the proposed guardian is suitable. This report guides the Sheriff in determining whether to grant the guardianship order.

The Service is delivered via a Service Level Agreement to ensure Fife Council meets its statutory obligations with a dedicated MHO Team that undertake all requests for emergency assessments under the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Criminal Procedures (Scotland) Act 1995. The Team remains involved if an application is being made for a short-term detention certificate and undertake the social circumstances report. They also undertake most reports to accompany an application for welfare guardianship, (both Local Authority and private). For those MHO not employed in the dedicated MHO Team, the service level agreement sets out the amount and type of work they are required to do.

The investment is being used to employ an additional Team Manager and eight MHOs within the dedicated MHO Team. This increased capacity will allow more guardianship reports to be allocated which will reduce delays for people whose discharge planning cannot progress until a welfare guardian has been appointed. It will also enable the Partnership to progress integration between Fife Council MHO’s and the NHS Mental Health Community Mental Health Teams.

Team involvement activity - New Mental Health cases starting during the quarter, number of cases closed during each quarter and the number of cases open to MHO Team and to the area teams during each quarter.



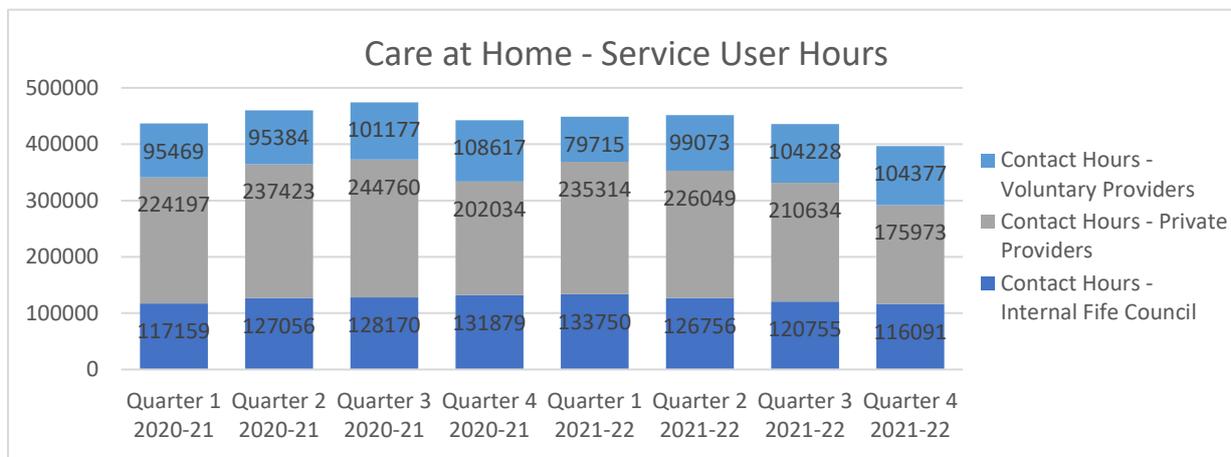
Legal orders granted during each quarter of the year.



Care at Home

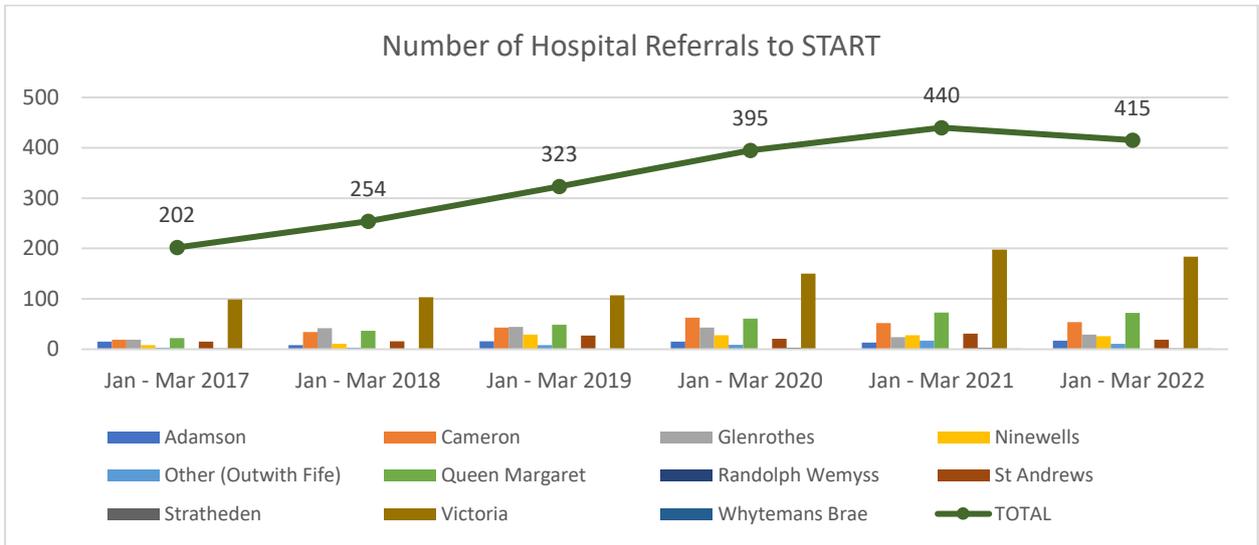
The Partnership delivers care at home services to enable people to live in their own homes for as long as possible. This is delivered through both internal care delivery teams and purchased from independent providers.

The chart below shows the service user hours for the last couple of years split by quarter (the hours received by the service user, not including multiple workers).



Over the past year we have introduced our **Care at Home Collaborative**. The aim of which is to support capacity and efficiency improvements from the independent sector. The Collaborative brings together independent care providers for a regular meeting with the Commissioning Team to assess capacity and to better co-ordinate planning and undertaking of packages of care. Significant progress has been made in returning people from interim beds via the Collaborative. It is thought this way of working is a first in Scotland. Work is now focused on developing processes for issues and returns of care packages.

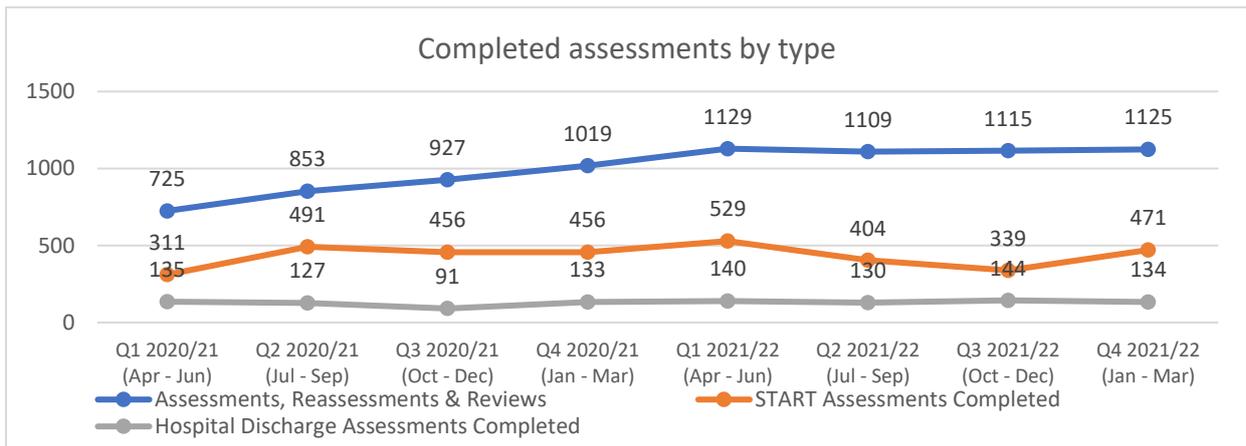
START (Short Term Assessment and Review Team) is provided by the Health & Social Care Partnership’s Care at Home Service. This reactive Care at Home Service is designed to support a person’s discharge from hospital and significantly improves discharge planning for people with assessed needs. Residents of Fife with care needs, who wish to return home, are referred to the service from any hospital and these referrals continue to rise. The Service also takes referrals for people in crisis at home and other models of care to deliver the right care, at the right time, in the right place. The first chart below shows a snapshot of the hospital referrals to START for the first quarter of each calendar year over the past 6 years.



Assessment and Care Management

During the year the operational teams across Fife continued to undertake their core duties completing:

- **4478** assessments/reassessments/reviews.
- **1742** START Assessments
- **548** Hospital Discharge Assessments



Technology Enabled Care

As part of our Transformational Change programme, the Partnership has been working with an external partner, **Just Checking**, to introduce the use of technology into both our assessment and review process. This is currently being piloted in the assessment of support needs for older adults and the review of overnight support in our 24/7 supported accommodation services.

Assessment

Just Checking continues to be used by operational teams supporting adults aged 65 years and over to undertake initial assessments utilising discreet motion sensors. This, coupled with the social work practitioner assessment, provides an overview of support needs prior to packages of support being arranged. This ensures that resources are targeted appropriately to those individuals with the greatest need.

Overnight Reviews

Overnight reviews, using discreet motion sensors, have almost been completed in the Dunfermline and Glenrothes area and work ongoing with providers to identify if and where alternative models of support can be provided.

In the Glenrothes area, the use of responsive technology, provided by Just Roaming, was introduced during 2021 and has been a huge success. Technology and waking staff have replaced the use of sleepover staff which now provides support for several nearby properties, since the waking night staff can be alerted to the needs of the individuals in the three neighbouring properties providing quick and responsive support, which is captured and evidenced on the handset. This allows greater independence for the individuals, whilst providing the security that support is nearby if required.

Work will continue with providers to explore options where this can be introduced whilst ensuring risks can be managed and individuals receive the support they require.

Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 places a duty on local authorities to make inquiries into instances where an adult is believed to be at risk of harm. Social work is the lead agency which takes forward a report of harm if the adult meets a three point criteria which allows for intervention under this Act. Health and Social Care Partnership Social Workers with suitable experience and training are delegated the responsibility to lead in the Inquiry and Investigation processes of adult support and protection. Social Workers approach this duty with a multi-agency focus to ensure that all relevant information is shared in a timely and appropriate manner to allow for joint decision making and risk planning. There are Information Sharing Protocols in place to support this.

Just Checking stats

Sept 20 – Feb 22

OP Services Assessment

- **230** referrals
- **199** assessments using motion sensors.

Of the assessments concluded by social work practitioners:

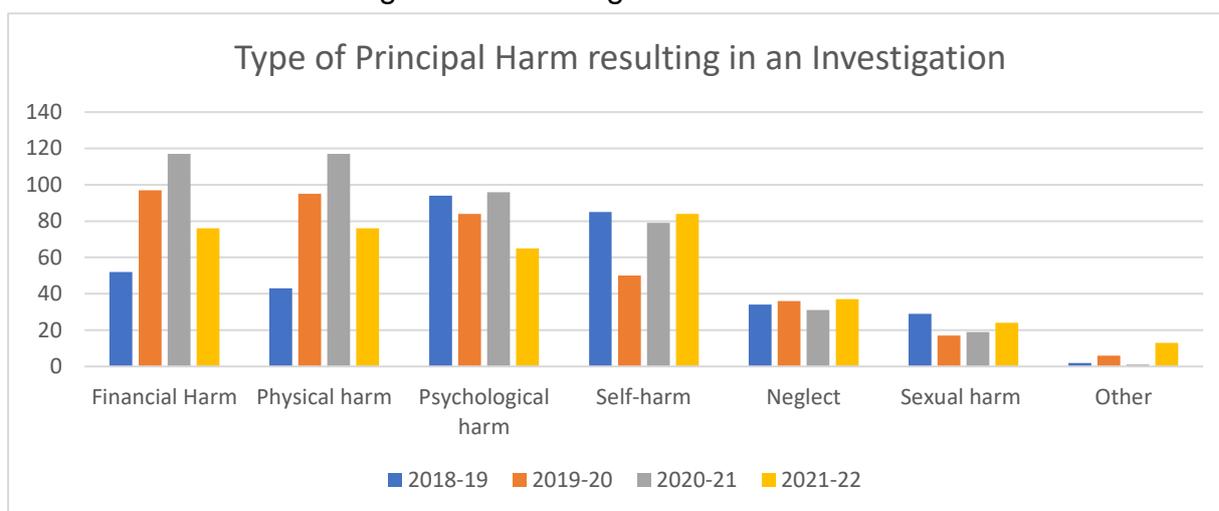
- £289,350 pa of care costs were avoided where following requests for support/increased support, the use of sensors indicated that support was at an optimal level.
- £6,570 pa was saved where an individual identified to require less support than was being provided, thus increasing their independence

Overnight Support/Reviews

- **212** referrals
- **131** reviews
- £84,656 pa of care costs were avoided where following requests for support/increased support, the use of sensors indicated that support was at an optimal level.
- £125,129 pa was saved where individuals were identified as requiring less support than was being provided, thus increasing their independence

Key activity during the year 1st April 2021 to 31st March 2022:

- We received **2919** Adult Support and Protection reports of harm relating to **1969** individuals. Of these **27%** had multiple reports of harm.
- We commenced **375** investigations; Of these **38** were subject to further AP action and **129** were subject to further non-AP action with the rest requiring no further action. The main types of harm recorded for cases at Investigation stage were Self harm (22%), Physical harm (20%) and Financial Harm (20%). There has been a notable increase in the number of Investigations relating to self-harm. The chart below shows the change over time in the principal harm resulting in an investigation.
- **97** cases were subject to an ASP Case Conference (63 initial and 34 review)
- We commenced **15** Large Scale Investigations.



3. Resources

Children and Families Financial Pressures

The Children and Family service was under significant financial pressure throughout 2018/19 and this continued into the following year. The service had a significant overspend associated primarily with:

- High cost residential placements
- Purchased foster placements

Significant efforts have been made to address these issues as detailed within this report and whilst there was a reported overspend of £10.160m in 2019/20, the ongoing commitment to reducing purchased placements allowed this deficit position to resolve during 2020/21, leading to the service reporting a budget underspend of £5.558m in 2021/22, whilst maintaining a focus on improved outcomes for children and families.

Health and Social Care Financial Performance

The IJB commenced 2021/22 with an ongoing, uncertain, and challenging financial position due to the continued pandemic. As we learn to live with the coronavirus pandemic and government restrictions are lifted, focus is now on recovery and reform.

The budget for 2021/22 was set predicated on implementing an approved saving plan to deliver £14.207m of savings. Savings of £10.413m were met by services and Scottish Government funded those which could not be achieved due to the coronavirus pandemic. £3.794m of 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.

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.
- 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. 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.

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 the coronavirus pandemic, and other earmarked carry forwards such as Primary Care Improvement Fund, Action 15, 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.

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.

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.

These underspends 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. 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.

Actual spend on the coronavirus pandemic 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 the coronavirus pandemic expenditure in 2022/23. Work is ongoing to determine the recurring costs of the coronavirus pandemic.

The opening reserves balance at April 2021 was £29.643m. In year allocations of £16.473m were passed to services, mainly for the coronavirus pandemic related expenditure, with the balance of £13.170m remaining in reserve. Further to this, late funding received from Scottish Government for the coronavirus pandemic expenditure and for new commitments such as Mental Health Recovery and Renewal totalling £66.541m was received and carried forward to reserves, giving a total reserve of £79.712 at March 2022.

Financial Outlook

2021/22 has been another difficult year with the effects of the coronavirus pandemic 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 the coronavirus pandemic 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. 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/PMO 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.

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, the fund is aimed at improving how people can manage their mental health with appropriate early support and be referred to additional support when required.

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.

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.

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
- the coronavirus pandemic 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.

4. Workforce

Overall Workforce Development Update (Education & Children's Services, Justice Services Health & Social Care Partnership (H&SCP) Adult Services) 2021-22

The HR Workforce Strategy & Organisational Development Team created workforce learning & development (training) plans for 2021-22 in consultation with Service Managers from all respective services, identifying priority areas for the coming year and considering legislative requirements alongside local and national policy frameworks.

As part of this, the team worked closely with Education, Health, and Third Sector colleagues to share knowledge expertise and learning resources where appropriate.

Working with the Digital Learning Team and the Organisational Development Team has also been helpful in considering how best to support the workforce in terms of digital engagement and to consider the importance of culture and behaviour within teams, to maximise learning and practice excellence.

While Covid 19 still impacted on aspects of how we delivered learning and development activity, we have been able to resume some aspects of 'in person' training where it is most appropriate, while continuing to provide robust digital options in the form of webinars and e-learning. This blended learning model appears to have provided more flexibility and accessibility for staff as they navigate their respective working hours and meet their development requirements and needs.

Across all services, there were a number of developments:

- Newly Qualified Social Workers (NQSW) are supported within all services and recently acquired funding via the SSSC allowed for the provision of further learning support – specifically, enhancing induction processes, supervision training for NQSW and their supervisors (incorporating the Solihull Approach to Supervision) and enhancement of digital resources available to all social workers and associated colleagues.
- Trauma training has been available online across services (Transforming Psychological Trauma Training at levels 1 and 2 of the National Trauma Training Framework). The provision of a specific Project Manager for Trauma training from Sept 2022 will help enhance the development in this area in the coming year.
- Services have engaged in Organisational Development activity in a number of ways - through bespoke team development sessions, coaching modules and reflective discussion spaces. The introduction of the Our People Matter framework allows management to consider ways in which to further support the workforce in undertaking their respective roles and responsibilities. All these resources form part of a programme to enhance dialogue and reflection on Leadership development within the services. Children's services staff will form part of a cohort that will engage in a Steps to Leadership Success programme that is currently being developed for all services.

- Specific post graduate courses were funded within all services according to specific practice need and in the context of succession planning. This has more recently included the offering of funded places on Social Work Diploma and Social Work Degree courses. There is ongoing provision in a number of SQA qualification areas that meet registration requirements, and which offer continuous professional learning opportunities for respective services.

Within Children services, a wide range of training opportunities have been provided, with specific focus on The Promise, which has been embedded in all training and development content to ensure it is integrated in culture and practice among all colleagues and carers involved in supporting children.

As part of the Whole Family Wellbeing approach (linked to the Promise), a specific focus will be given to the learning and development needs of social work and multi-agency partners to ensure deliver of practice excellence in relation to GIRFEC, risk assessment, Child Wellbeing Pathways and Trauma Informed Practice

Motivational interviewing, Theraplay, Connected Parenting, Working with Unaccompanied Refugees and Working with Interpreters are among the new courses offered to colleague across C&F operational and family placement resources teams, alongside the mandatory rolling programme training that exists.

The Social Work single agency child protection training continues, with specific review to ensure it reflects the Scottish Governments national CP guidance update. It is anticipated that the positioning of the multi-agency Child Protection Workforce Development Lead Officer within the Workforce Development Team will allow for closer alignment of all multi-agency services training needs.

Residential Childcare Training Pathways have been updated to reflect the expanding resources and associated learning and development needs of staff. This includes the provision of Solihull training and Attachment Based practice with Adults.

While Justice Services engages in a programme developed through Community Justice Scotland, internal offerings have included Trauma e-learning (Specialist and Trauma Informed Report Writing), Gambling Harms, Drug and Alcohol Awareness and Professional Supervision training.

As with other services, standard Child and Adult Protection training is provided in addition to MAPPA (Multi Agency Public Protection Arrangements) training.

Within the Health and Social Care Adult Services, development around the importance of both services users and staff's mental health and wellbeing has been a priority, along with a wide range of training which offers the chance to develop knowledge skill and values bases in respective fields.

In particular, Supporting Individuals with Autism has remained an importance focus - collaborative working among Local Authority, Health and Third Sector was considered in the provision of additional learning modules and facilitated discussion sessions between multi-agency professionals. Risk Assessment, Care Programme Approach and LGBT Awareness training has also been developed.

Adult Support and Protection training is provided with additional courses relating to Crossing the Acts on offer to support staff in understanding the manner in which the suite of legislation can interlink to maximise support for service users. Implementing the Carers Act has also provided colleagues with invaluable updates and reflection on support carers. The launch of the revised Adult Protection National Guidance will

The National H&SCP Workforce Strategy has informed discussions around the learning and development support required for the workforce going forward, and the Workforce Dev team are engaged in multi-agency discussions within the partnership around how to progress this.

Fife Justice Social Work Service – Workforce Update

Over the last 12 months, with a focus on Early Intervention, the Early Intervention Service was established as an extension to the award-winning Enhanced Bail Supervision team. This team now encompasses all the Diversion from Prosecution cases and Structured Deferred Sentences, adding to the successful implementation of Enhanced Bail Supervision work undertaken by the team. Alongside this, Youth Justice Service, recently acquired from Children and Families Service, are also included, creating an early intervention approach for young people involved in the Justice System.

Alongside this newly developed team, there are five Community Payback Area Teams which are set up to deliver Services across Fife:

- Dunfermline
- Cowdenbeath
- Kirkcaldy
- Levenmouth
- Glenrothes

There are two Throughcare area teams covering West and East Fife who supervise those who are subject to post-sentence supervision.

Specialist teams include DTTO (Drug Treatment and Testing Orders), Unpaid Work Team, Groupwork Services Team and Women's Justice Team who work across Fife, delivering services in geographical 'patch' areas. Specialist services are also delivered to both men and women through our bespoke 'TURN' and 'Fife Connect' services respectively.

Staffing and Recruitment

Fife Justice Service continue to invest in workforce development and ensure that they are best placed to deliver Services to those who need it. Scottish Government additional funding in the form of COVID-19 consequential funding provided the Service with an opportunity to recruit staff in preparation for increased workloads due to Court backlogs. Despite the Courts not increasing their capacity as expected, the staff recruited have been a welcomed addition to the Service. As we move forward, it is hoped that continued funding is confirmed, which would allow for staff to be offered longer term contracts, thus improving staff retention and support workforce planning.

With significant budget constraints the services currently delivered will need to be achieved with reducing resources. To ensure that delivery of core services is not compromised, the approach taken to delivering services will have to be adapted to consider this possibility.

Workforce Development

Fife Justice Service continue to invest in the development of staff through learning and development. Ensuring staff have the appropriate learning and experience to support service users is an ongoing priority for the Service. Working in conjunction with HR Workforce Development and Strategy, a training plan for was created, including core training required as a baseline for those working in Justice Services.

With most of the training arranged centrally through colleagues at Community Justice Scotland this collaboration ensures that Fife Justice staff have access to the key training to undertake their role. In addition to core training, Fife Justice Service prides itself in developing a training plan which is based around the needs of the workforce, with bespoke training developed around what staff would identify as gaps in learning or would support their understanding and implementation of practice. These include:

- Trauma L1 and L2 eLearning
- Trauma L3 (Epione via Community Justice Scotland)
- DSE L1
- Child Protection & Adult Protection
- MAPPA (Multi Agency Public Protection Arrangements) eLearning
- Prevent eLearning
- Trauma informed CJSWR (Criminal Justice Social Work Report) writing for SW's
- Diversion and SDS (Structured Deferred Sentence) Training for SWA's
- Data Protection
- Cyber Security
- SWIFT JSW module / LiquidLogic equivalent
- Motivational interviewing training
- Sentencing and guidelines for Young People
- Environmental risk assessments

In addition to this training available to all frontline practitioners, we are also supporting to Newly Qualified Social Workers to engage with the SSSC (Scottish Social Services Council) pilot programme which looks to develop a supported year for all new social workers. The staff members included will provide invaluable feedback to the course facilitators and help to shape the initiative for future NQSW (Newly Qualified Social Workers).



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	31 March 2023
Agenda Item No:	9.2
Report Title:	Fife Adult Support and Protection Committee Biennial Report
Responsible Officer:	Kathy Henwood, Chief Social Work Officer
Report Author:	Alan Small, Independent Chair of Fife Adult Support and Protection Committee

1 Purpose

This Report is presented to the Board for:

- Assurance.

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

- 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:

- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

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.

- Approved by Fife Adult Support and Protection Committee on 16 November 2022.
- Endorsed by Fife Chief Officer Public Safety Group on 10 January 2023.
- Supported at the IJB Quality and Communities Committee on 9^h March 2023

3 Report Summary

3.1 Situation

The purpose of this paper is to present the Fife Adult Support and Protection Committee (ASPC) Biennial Report to the Quality and Communities Committee. The report is for their information and to provide assurance in relation to the Adult Support and Protection Committees work towards supporting the application of the Adult Support and Protection (S) Act 2007 (the Act) and our shared vision to ensure that all adults at risk feel safe, supported, and protected from harm. Members are asked to note the content and take assurance from of the Biennial Report as presented.

3.2 Background

Section 46 off the Act states that the Convener of an Adult Protection Committee must biennially prepare a report on the exercise of the Committee's functions. The Scottish Government (SG) set the reporting period in line with the fiscal calendar and request that ASPCs submit their report to them every two years. The SG in collaboration with ASPCs have produced a template outlining expected content, to enhance consistency and assist in carrying out a Scotland wide analysis of the work of ASPCs. The report presented covers the reporting period of 1st April 2020 to 31st March 2022.

3.3 Assessment

The Biennial report provides a degree of statistical data in respect of the characteristics of adults at risk of harm. The report contains a summary of local activity over 2020 - 2022 and how the functions of the Adult Support and Protection Committee were maintained during the Covid-19 pandemic, the challenges faced, our response to these and sets out priorities for the future. It contains a summary of the findings of the Joint Inspection of Adult Protection which took place took place between May and August 2021.

Fife Adult Support and Protection Committee has a shared vision that all adults at risk feel safe, supported and protected from harm. The Committee is a statutory body established under section 42 of the Act.

The ASPC is the primary strategic planning mechanism for inter-agency adult support and protection work in Fife. The Committee is made up of senior representatives of key agencies who work together to effectively discharge its obligations in respect of policy and practice in adult support and protection matters. Fife's ASPC reports on its work and progress and is accountable to the Chief Officer Public Safety Group.

The key functions of the ASPC as defined in the 2007 Act are:

- To keep under review the procedures and practices of the public bodies and office holders relating to the safeguarding of adults at risk;
- To give information or advice, or make proposals on the exercise of functions which relate to the safeguarding of adults at risk;
- To make, assist in, or encourage the making of, arrangements for improving the skills and knowledge of officers or employees who have responsibilities relating to the safeguarding of adults at risk; and
- Any other function relating to the safeguarding of adults at risk as the Scottish Ministers may specify.

The report outlines the ASPC's response to the pandemic. Fife Adult Support and Protection Committee, alongside all ASPC's across Scotland, required to quickly adapt to the unknown and regularly changing circumstances surrounding Covid-19. New ways of working were developed and virtual communication through MS Teams became the established medium for all meetings of the Committee and its working groups. A Public Protection Group was set up to ensure oversight of the safe and effective delivery of service across all areas of Public Protection. The group were tasked with ensuring that risks or spikes in COVID-19 were identified early and addressed, trends monitored through relevant data analysis, and implications for staff welfare were considered.

Despite these unprecedented changes to our ways of working, the strategic work of the ASPC and its sub-committee groups continued. The report covers this in more detail within a specific section dedicated to our response to the pandemic.

Prior to the pandemic Scottish Ministers had instigated the first Scotland wide joint inspection regime specific to Adult Support and Protection. Whilst the programme was initially stalled it restarted in 2021 and the Fife Partnership was selected for inspection in the spring of 2021. As with any inspection the preparation and ongoing supply of information to the inspection team was a significant undertaking, but especially given the state of recovery the nation was in following the pandemic. The joint Inspection team engaged virtually throughout the inspection which albeit a challenge was found to be relatively focused and proportionate. We received the following outstanding feedback from the Care Inspectorate.

Strengths

- Adults at risk of harm typically experienced improvements to their safety, health and wellbeing due to the collaborative efforts of social workers, health professionals, and police officers.
- The partnership's initial inquiry practice was highly effective, with well documented interagency referral discussions. Partners' participation in these discussions was consistent and purposeful.
- Adults at risk of harm benefitted from sound, well-documented investigative practice, and effective adult protection case conferences and review case conferences.
- Independent advocates ably supported adults at risk of harm throughout their adult protection journey.
- Partnership leaders promoted a collaborative ethos. It led to improved outcomes for adults at risk of harm.
- Adults at risk of harm played a key role on the adult support and protection committee. A third sector body effectively supported their meaningful participation.
- Partnership leaders exercised sound, collaborative leadership for adult support and protection. They initiated constructive quality assurance and self-evaluation work.

The inspection report did identify an area for improvement around chronologies which I am pleased to say had already been identified by the ASPC and was under development.

Since the joint Inspection Reports was published the ASPC has worked with the Care Inspectorate around this area of improvement and chronologies are now embedded within the Adult Support and Protection process. The Care Inspectorate are satisfied that Fife ASPC have completed the improvement to the required standard. There is still work to be done to further embed the use of chronologies as a means of early identification of support need or harm and there is ongoing work with the Scottish Government to explore what this may look like.

The report highlights our (Appendix 4) Communication and Engagement Strategy which builds on already impressive work to listen to the voices of those with lived experience and involve those we aim to protect in service design and delivery. This was a key finding of the Joint Inspectors who stated that *“adults at risk of harm participated meaningfully in the adult support and protection committee. The lived experience of an adult at risk of harm enhanced the committee’s capacity to operate effectively.”*

The strategy has seen an intensive media campaign aimed at increasing awareness of the types of harm that adults can be at risk from and encouraging reporting. Working in partnership with Kingdom FM the ASPC has initiated quarterly radio campaigns supported by Kingdom FM’s social media pages. Whilst the overall impact of such campaigns are hard to assess the hard data of follow up social media hits indicate that the results are on a par with any major local commercial campaign.

The report contains a range of statistics which the ASPC use as part of their evaluation of trends and to validate our improvement journey. Some highlights are:

- 2798 reports of harm were received, representing a percentage decrease of 5.7% since the 2019-20 report. Of the 1876 individuals referred, 29% of individuals had multiple reports of harm recorded.
- 460 Investigations were undertaken in the year, whilst this is an increase from the data reported to the Scottish Government last year (385) it must be noted that following a number of data validation exercises in 2020-21, the number of investigations now recorded on the social work system for 2019-20 has risen to 459 therefore there is no significant change noted.
- 126 initial and review case conferences are reported this year, an increase from 2019-20, 73% of these were undertaken in adults teams.
- Two Large Scale Investigations (LSIs) were started in Quarter 4 of 2020-21, this is a decrease from 3 last year. Continuing the trend from previous years, the majority of investigations relate to individuals aged 16-65 (63%), and those identifying as female (58%).
- There has been a 72% increase in investigations relating to adults with mental ill health from 58 last year to 100 in 2020-21.
- The main types of harm recorded for cases at Investigation stage were Financial harm (25%), Physical harm (25%) or Psychological/emotional harm (21%). There has been a notable increase in the number of Investigations relating to self-harm.
- Reflecting data in previous years, the most likely location of harm investigated was an individual’s own home (62%), and very small numbers are recorded within care home settings (5%) when compared

to the national average for last year (22%). There are actions already in place to investigate reasons for this.

The report looks forward to the current reporting period and the ASPC has recently signed-off the committee improvement plan for 2023 -2025. The plan looks to build on previous achievements with a particular focus on:

- Engagement with all stakeholders.
- Workforce Development.
- Review of policy and procedures.
- Audit and improvement monitoring to evidence improved outcomes.
- Continued Covid 19 recovery.

3.3.1 Quality / Customer Care

The report demonstrates how service delivery and quality was maintained for adults at risk of harm over the reporting period.

3.3.2 Workforce

The workforce across all partnership agencies were impacted by Covid-19 related absences throughout the period of the report. A Public Protection Group was formed and initially met weekly moving to fortnightly to look at data trends and workforce issues specific to protection with a remit to report to the Chief Officers Public Safety Group should significant issues be raised.

3.3.3 Financial

N/A

3.3.4 Risk / Legal / Management

The emergence of COVID-19 created new and unprecedented national challenges to our working practice. Fife Adult Support and Protection Committee has an established risk register which was used to highlight risks and mitigations.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed in respect of this report.

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

- Approved by Fife Adult Support and Protection Committee on 16th November 2022.
- Endorsed by Fife Chief Officer Public Safety Group on 10th January 2023.

4 Recommendation

- **Assurance** – The IJB are asked to take assurance on the work being progressed in support of the protection of adults as outlined in the Fife Adults Support and Protection Committee Biennial Report 2020-2022.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 – Fife Adult Support and Protection Committee Biennial Report 2020 - 2022

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	No Direction Required
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

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Fife Adult Support & Protection Committee

Biennial Report 2020-2022

October 2022

Author: Ronan Burke, Quality & Assurance Officer

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Foreword

As Independent Chair of Fife Adult Support and Protection Committee I am delighted to introduce this Biennial Report for 2020-2022. The last 24 months has been challenging for people within our community, practitioners, and services.

As a result of the Covid-19 restrictions many people have experienced a range of personal and professional challenges and despite the restrictions on our daily lives, many of us will still know people who became seriously unwell or sadly died during this period.

Within Fife there is a real strength to have so many individuals, practitioners, organisations, and agencies focussed on supporting the wellbeing of others. In these unprecedented times we have seen an extraordinary commitment to support and protect people from across our communities.

The Adult Support and Protection Committee has worked hard to fulfil its functions, as outlined by the Adult Support and Protection (Scotland) Act 2007. Throughout the reporting period, Fife Adult Support and Protection Committee adapted to the pandemic by identifying new ways of working and identifying risks and challenges with new approaches and a renewed dedication to making a difference even in the most difficult of circumstances. Through strong partnership working, commitment and resilience the Committee and Working Group members have; ensured training and development opportunities were delivered virtually to enable the confident application of Adult Support and Protection (Scotland) 2007 legislation across our frontline workers; developed a Committee Covid-19 Recovery Plan ensuring any risks and trends were identified and acted upon at the earliest opportunity; updated and developed policy and procedure including the Interagency Engagement and Escalation protocol and the Herbert Protocol; successfully raised awareness of Financial Harm and strengthened partnership working to identify and report this and initiated a short life working group focussing on hoarding and self-neglect.

Over the course of this reporting period our priorities have been driven and guided by our Strategic Improvement Plan 2019/ 2020 and 2021/2023. The Adult Support and Protection Team work to ensure the effective alignment of local work and priorities with that of the National forum.

The committee continues to work alongside colleagues in the Child Protection Committee, Fife Violence Against Women's Partnership, Fife Alcohol and Drug Partnership, and MAPPA (Multi-agency Public Protection Arrangements) to ensure there are shared learning opportunities and a mutual understanding of protection, harm and responsibility across all partners throughout the life span.

The Adult Support and Protection Committee has continued to drive forward improvement actions despite unprecedented times throughout 2020 – 2022. The contribution of all agencies represented on the Adult Support and Protection Committee who have given their on-going support, dedication, resilience, and creativity has been greatly appreciated.

I would like to offer my sincere thanks and appreciation to all those who have worked tirelessly with resilience and dedication to keep members of our community safe from harm.

A handwritten signature in black ink, appearing to read "Alan Small". The signature is written in a cursive style with a light grey rectangular highlight behind it.

Alan Small, Fife Adult Support and Protection Committee Chair

Introduction

The Adult Support and Protection Committee (ASPC) is a statutory body established under section 42 of the Adult Support and Protection (Scotland) Act 2007 (the 2007 Act) within each council area. The committee is chaired by an independent convenor who is neither a member nor an employee of the Council.

The ASPC is the primary strategic planning mechanism for inter-agency adult support and protection work in Fife. To operate effectively, all office holders and public bodies collaborate on the exercise of functions which relate to the safeguarding of adults at risk in Fife.

The ASPC is made up of senior representatives of key agencies who work together to effectively discharge its obligations in respect of policy and practice in adult support and protection matters. Fife's ASPC reports on its work and progress and is accountable to the Chief Officer of Public Safety (COPS).

The key functions of the ASPC as defined in the 2007 Act are:

- To keep under review the procedures and practices of the public bodies and office holders relating to the safeguarding of adults at risk;
- To give information or advice, or make proposals on the exercise of functions which relate to the safeguarding of adults at risk;
- To make, assist in, or encourage the making of, arrangements for improving the skills and knowledge of officers or employees who have responsibilities relating to the safeguarding of adults at risk; and
- Any other function relating to the safeguarding of adults at risk as the Scottish Ministers may specify.

In performing these functions, the ASPC must have particular regard to improving co-operation between and across each of the public bodies and office holders.

Fife's ASPC has continued to meet on a regular basis throughout the Covid-19 pandemic, moving to 'virtual' online meetings via Microsoft Teams. This has ensured and enabled a continued focus on adults at risk of harm and the timely oversight and identification of any themes and/or trends as they arose. This Biennial Report 2020-22 offers an oversight of how this focus was maintained during this time and shares the resulting outcomes.

Impact of the COVID-19 Pandemic

At the end of March 2020 Fife Adult Support and Protection Committee, alongside all ASPC's across Scotland, required to quickly adapt to the unknown and regularly changing circumstances surrounding Covid-19. The restrictions and implications linked to COVID-19 meant we had to develop new ways of working. Fife Public Protection Group was set up in order to ensure oversight of the safe and effective delivery of service across the Public Protections. Senior representatives from statutory partners (Social Work, Health and Police) met virtually on a weekly basis to ensure that all partners were supported, that risks or spikes in COVID-19 were identified early and addressed, trends monitored through relevant data analysis, and implications for staff welfare were considered.

All representatives of the ASPC received briefing and awareness raising materials throughout both periods of lockdown to support the continued importance of reporting Adult Protection concerns. Council Officers continued carrying out adult protection related work and visits with the aid of PPE and staff were provided with the appropriate technology and access to virtual meeting systems to allow virtual IRD and Case Conferences to continue.

It is also important to note that despite these unprecedented changes to our ways of working, the strategic work of the sub-committee groups continued, with many of the strategic outcomes being delivered from 2020-22, which the Biennial Report will illustrate.

Finally, it is vitally important to note that the commitment, dedication, creativity and flexibility of our ASPC members were critical in ensuring the support to our service users, patients, communities and workforce continued throughout this period. An integral part of this was the Partnership's Covid Recovery Plan which was first developed in June 2020. This kept, and continues to keep, all processes under review in light of Covid-19 and helps to identify and act on any practice issues raised. The Covid Recovery Plan takes into account ASPC functions, the working groups, learning and development, communication, national networks, working arrangements, service user contact/engagement, data, human rights and identifying harm and hidden harm as a result of the pandemic. This plan has helped ensure that harm continues to be identified and reported and that services and supports are able to reach all those who need it.

What our data tells us

For the past two years the Committee has been provided with detailed statistical summary reports following the submission of the Scottish Government data return. Reports provide trend analysis, information on types of harm being investigated and demographic details of adults at risk, all of which has helped to inform our local improvement planning discussions for the next reporting period. In addition, it has prompted a number of interagency self-evaluation activities to provide context to emerging trends, for example the annual Adult Support and Protection case file audit, a Mixed Methods Review in relation to care home statistics and future audit of all Large Scale Investigation activity over the last reporting period. A summary of the data is provided below.

Key Statistics

- 5717 reports of harm were received between 2020-22, representing a percentage increase of 0.70% since the 2018-20 report (5677).
- 835 Investigations were undertaken in the reporting period 2020-22, which is an increase of 15% compared to the 2018-20 Biennial Report (724).
- 223 initial and review case conferences were convened in 2020-22, an increase of 48 in comparison with the previous 2 years. This is a 27% increase in total.
- 17 Large Scale Investigations (LSI) were commenced 2020-22, compared with 4 across 2018-20. This is an overall increase of 325%. This is clearly a notable increase within the reporting period, with audit activity planned within the next reporting period to investigate this further.
- Continuing the trend from previous years, within 2020-2022 the majority of investigations relate to individuals aged 16-65 (64%), compared to 59% for 2018-2020.
- In terms of gender demographics, those identifying as female counted for 59% of total investigations from 2020-22, rising from 56% during the 2018-20 reporting period. For those identifying as male, we see a drop from 44% of total investigations in 2018-20 down to 41% from 2020-22.
- We see an increase from 14% in 2018-20, to 19% in 2020-2022 of total investigations where the adult's client category was recorded as adults with mental ill health. Interestingly, we see a drop of 2% for investigations where the adult's client category was recorded as physical disability (28% in 2018-20, 26% for 2020-22), and a drop of 1% for where it was identified the client category was infirmity due to old age (14% for 2018-20, 13% for 2020-22).
- The main types of harm recorded for cases at Investigation stage for the 2020-22 reporting period were Financial harm (23%), Physical harm (23%) or Self-harm (20%). In comparison, from 2018-20, the main types of harm recorded for cases at investigation stage were Psychological harm (25%), Financial harm (21%) and Physical harm (19%). We see a drop of 6% in reporting periods for Psychological harm. Self-harm statistics continue to rise which is something that has been noted across the adult's social work service for further development in terms of training offerings for frontline workers moving forward.
- Reflecting data in previous years, the 2020-22 reporting period demonstrated that the most likely location of harm investigated continues to be an individual's own home (59%), followed by Not known (10%) and Care home (5%). In comparison, 2018-20 data shows the main locations of harm

were the individual's own home (63%), Not Known (12%) and Care Home (10%). In particular, Fife's Care home statistics are of note. Not only have these numbers halved between the two reporting periods, they are also significantly lower than the 22% national average recorded in 2020. There are actions already in place to investigate reasons for this, including the addition of presentations by the Adult Support and Protection Team to care homes to provide further information on harm and the processes for reporting this.

The available data is reflective of a number of similar trends to that of previous years and identifies a number of areas which may have been impacted upon by Covid-19. The perhaps smaller than expected increase in reports of harm is likely to directly correlate with a reduction in face-to-face contact and engagement with members of the community due to lockdown restrictions at this time in 2020-21 in particular. The ASPC has developed a Stakeholder Engagement Strategy which is particularly relevant and raised the awareness of the continued need of practitioners to remain vigilant to identifying and reporting harm whilst we gradually came out of restrictions. It is not surprising that the most likely location of harm remains a person's own home given the restrictions that were in place for a large part of 2020-2021, however, there remain questions about the low level of investigations being progressed for adults in care homes. A mixed methods review has been taken forward in 2022 and will continue into 2023 to provide exploration and assurances as to the reasons behind this and any supportive action required following.

This report has highlighted that there is a growing number of investigations where the adult is experiencing mental ill health, and a growing number relating to self-harm. There is a possibility that this is reflective of the impact of lockdown restrictions on our individuals and communities. The volume and complexity of Adult Support and Protection work being undertaken across the service, particularly in relation to adults under the age of 65 is apparent. There are a high number of individuals whereby multiple reports of harm are received, and a number of individuals subject to repeat investigations. Existing audit processes will be used to identify learning and ensure that our processes in relation to multiple reports of harm and engagement escalation are sufficiently robust and to ensure that as an ASPC we are finding effective ways to keep people safe from harm.

Outcomes, achievements and service improvements

A number of different actions have been taken forward across the ASPC within the reporting period for the purpose of improving Adult Support and Protection related services, reducing the risk of harm and improving outcomes for adults at risk of harm.

Within the first 4 weeks of lockdown in March/April 2020, an extensive amount of shielding related work was carried out by Adult and Older Adult Social Work. Within Fife, over 10,000 people had been asked to shield and within this time frame 8,800 of them had been contacted by social work to carry out welfare checks. The remainder were contacted by letter and if this did not trigger contact, then these people were visited. Given the potential for social isolation and loneliness, these actions aimed to reduce the risk of harm for those forced to shield.

An Adult Support and Protection staff survey tool was developed in July 2020 to gather data regarding front-line worker's views on the ASP activity they were carrying out on a day-to-day basis. This included questions regarding confidence in the application of Adult Support and Protection

policy and procedures, as well as access to training, support and supervision to ensure ongoing learning and development.

At the same time, a service user feedback tool began development in July 2020 to gain information about how people with lived experience feel about the effectiveness of adult support and protection interventions. It was noted by the Adult Support and Protection Team that previous data focused on the number of investigations, IRDS, Case Conferences for example, but not on the views of those actually involved in these interventions. The aim of this tool was to have a greater understanding of these experiences and to identify gaps and routes for improvement. An initial 6 month review of the tool's effectiveness is planned for December 2022.

In addition, the Adult Support and Protection staff survey tool underwent extensive multi-agency discussion and consultation within the relevant ASPC sub-committee groups throughout the reporting period with first drafts produced. This will be launched within the next reporting period.

Inter-agency Adult Protection policies, procedures and practice guidance have continued to underpin work relating to the support and protection of adults at risk of harm. The overarching Fife Interagency Procedures have been reviewed during the period, to reflect changes and improvements and promote best practice. This has also included individual guidance in relation to important matters such as Financial Harm, Hoarding and Self-Neglect, Domestic Abuse, Multiple Report of Harm, Engagement Escalation protocols and Large Scale Investigation guidance. Each of these updates have been approved by the Committee and went live in June 2022, with reviews due to be carried out within the next reporting period. Also crucial to this has been the development of an inter-agency chronology process which has been an integral service improvement carried out within the reporting period.

Resultant to the identification of an increase in Financial Harm in the previous year, the Financial Harm Working Group continued their campaign to raise awareness of identifying and reporting harm throughout 2020-22. With a concern that Financial Harm may rise due to increased use of technology within homes and loneliness and isolation, the Financial Harm Working Group, supported by the ASPC and The Adult Support and Protection Team, launched its first radio campaign in December 2020 in partnership with Kingdom FM. This campaign aimed to raise awareness of Financial Harm, how to spot it and identify it. Feedback from Kingdom FM analytics identified a very successful campaign with significant reach across the community.

DECEMBER POST CAMPAIGN

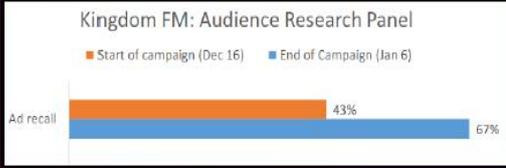



DETAILS

- AIRTIME
120 x PLAYS
7TH DEC – 3RD JAN
- DIGITAL DISPLAY
7TH DEC – 3RD JAN
- ADMESSENGER
100,000 IMPRESSIONS
7TH DEC – 3RD JAN

DELIVERY

- AIRTIME
140 x PLAYS
52,870 REACH – 6.2 OTH
- DIGITAL DISPLAY
75,439 IMPRESSIONS – 75 CLICKS
- ADMESSENGER
170,009 IMPRESSIONS – 2408 TAPS



Period	Ad recall (%)
Start of campaign (Dec 16)	43%
End of Campaign (Jan 6)	67%

The survey results showed an increase in:

Recall of hearing the advert jumped from 43% of listeners to 67% (equivalent to 37,654 listeners remembering your advert)

Positively, adverts in relation to the chosen category of harm were played approximately 6 times per day in December and reached a total of 52,870 listeners across the month. Given the population of Fife is approximately 370,000, this means the campaign reached 14% of this population across the month.

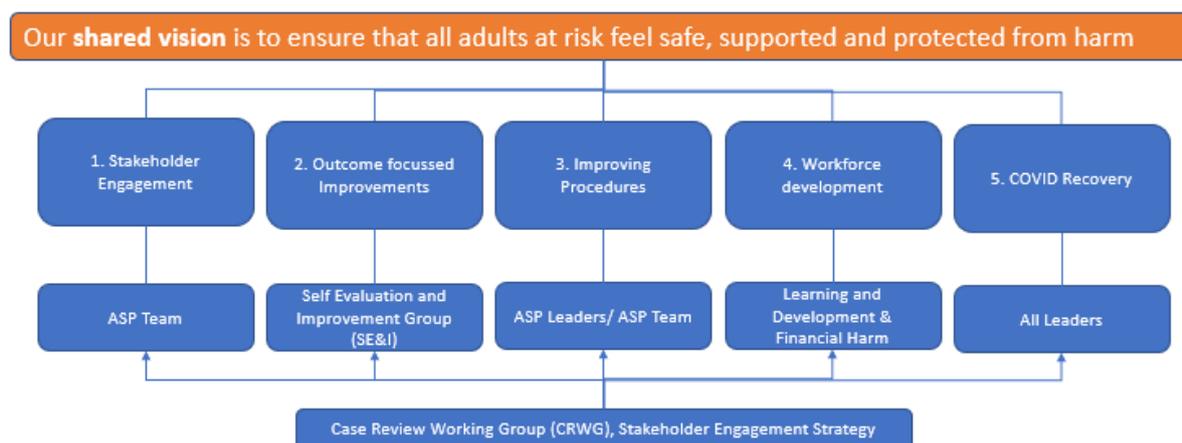
As a result of this, the campaign was run for a second time in February 2021, to align with National Adult Support and Protection Day. January 2021 saw the roll out of ‘A Year of Financial Harm Awareness Raising’ in the form of monthly SWAY documents, each raising the profile of a different type of scam or finance related harm. This campaign was hugely well received and continued throughout the full year. Linked to this, a pilot project commenced within the same period between Police and Trading Standards, which involved an information-sharing process whereby vulnerable person’s database entries related to Financial Harm would be shared with Trading Standards in order to ensure support and preventative action to ensure adults were empowered and supported to remain safe from further harm. This innovative piece of improvement work is now established practice due to the success of the pilot.

We have continued running quarterly radio campaigns throughout the 2021 and 2022 reporting period, both to align with this year’s Adult Support and Protection Day but also with different themes each quarter with the goal of raising Adult Support and Protection awareness. These have included Adult Support and Protection and Fire Safety, Adult Support and Protection and Social Media and alcohol and drug awareness. Analytics for each campaign have indicated positive engagement and reach for our topics, evidencing that our innovative strategy for reaching Fife residents has been successful.

In terms of quality assurance and audit activity analysis, this reporting period saw the addition of the Quarterly statistical data report added to the ASPC agenda. Specific indicators were identified to enhance discussion of the major adult support and protection themes affecting Fife and for all

agencies involved to understand more effectively what the data means. This in turn can better identify areas of improvement which are required and ultimately reduce the risk of harm for adults.

The reporting period also saw the introduction and work towards completion of Fife ASPC's Strategic Improvement Plan for 2021-23. The Strategic Improvement Plan set out Fife's vision for ASP and principles, five priority areas for development and subsequent aims and objectives for each. To ensure alignment and shared understanding of our vision, each priority has been driven forward by one of the ASPC sub-groups, the Adult Support and Protection Team or by Adult Support and Protection leads across partner agencies, who are tasked with developing and delivering a strategy or workplan to achieve the aims set out for each priority. The objectives within these plans have been specific, measurable, achievable, relevant and time-bound (SMART). The diagram below shows who has led the delivery of each of the five priorities with the Case Review Working Group (CRWG) feeding into all workplans as appropriate. Similarly, the Stakeholder Engagement Strategy and Performance Framework, which will be discussed later in this report, has actions linked to all priorities. From our vision and principles through to our workplans, this approach aims to be person centred and outcome focused.



Given the pandemic, the introduction of the above tools and methodologies has allowed the Partnership to further adapt to new ways of working which has proved to be a significant achievement.

Finally, a crucial aspect of our Adult Support and Protection outcomes, achievements and service improvements during this reporting period was the Fife Adult Support and Protection Inspection carried out by the Care Inspectorate. The focus of this inspection was on whether adults at risk of harm in the Fife area were safe, protected and supported. The joint inspection of the Fife partnership took place between May 2021 and August 2021.

The methodology for this inspection included four proportionate scrutiny activities. These were the following:

- Analysis of supporting documentary evidence and a position statement submitted by the partnership.

-A staff survey, where staff from across the partnership (738) responded to the Care Inspectorate's adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.

-The scrutiny of the health, police, and social work records of adults at risk of harm, which involved the records of 50 adults at risk of harm where their adult protection journey progressed to at least the investigation stage. It also involved the scrutiny of recordings of 40 adult protection initial inquiry episodes where the partnership had taken no further action, in respect of further adult protection activity, beyond the duty to inquire stage.

-Finally, staff focus groups. The Care Inspectorate carried out two focus groups and met with 16 members of staff from across the partnership to discuss the impact of the Covid-19 pandemic on adult support and protection and adults at risk of harm. This also provided them with an opportunity to discuss how well the partnership had implemented the Covid-19 national adult support and protection guidance.

Positively, Fife received the following outstanding feedback from the Care Inspectorate.

Strengths

- Adults at risk of harm typically experienced improvements to their safety, health and wellbeing due to the collaborative efforts of social workers, health professionals, and police officers.
- The partnership's initial inquiry practice was highly effective, with well documented interagency referral discussions. Partners' participation in these discussions was consistent and purposeful.
- Adults at risk of harm benefitted from sound, well-documented investigative practice, and effective adult protection case conferences and review case conferences.
- Independent advocates ably supported adults at risk of harm throughout their adult protection journey.
- Partnership leaders promoted a collaborative ethos. It led to improved outcomes for adults at risk of harm.
- Adults at risk of harm played a key role on the adult support and protection committee. A third sector body effectively supported their meaningful participation.
- Partnership leaders exercised sound, collaborative leadership for adult support and protection. They initiated constructive quality assurance and self-evaluation work.

In terms of areas of improvement, Fife received the following:

Priority areas for improvement

- The partnership should develop standardised templates for adult protection chronologies, risk assessments, and protection plans, and use them consistently.
- The partnership should adopt the policy that all adults at risk of harm, who require them, should have a chronology, a risk assessment and an accompanying protection plan, whether they have been subject to a case conference or not.

These areas have been addressed by Fife's Inspection Improvement Plan, devised by the Adult Support and Protection Team, again throughout this reporting period. The route for the use of standardised adult protection chronology, risk assessment and protection plan earlier in the ASP journey than previously has been reviewed and agreed at Committee, with clear guidance given to practitioners as part of the overarching updated inter-agency Adult Support and Protection procedures which went live from June 2022 onwards. This will again be reviewed during the next reporting period to assess its effectiveness and ensure these are being used appropriately. To assist with this, Fife's inter-agency case file audit methodology has been reviewed and updated to ensure a focus on the above moving forward.

Training, learning and development

For a number of months following the initial period of lockdown, there was no Adult Support and Protection Training available. To ensure that there were enough Council Officers available to progress statutory Adult Support and Protection activity, an interim guidance was put in place. By December 2020 all ASPC Training, including Council Officer Training, was launched on Microsoft Teams which allowed practitioners an alternative way of receiving Adult Support and Protection learning and guidance. This focus was necessary given lockdown measures prevented any in-person training taking place. As a result, important Adult Support and Protection training was able to continue in extremely challenging circumstances, positively impacting on both adults at risk of harm and the continued learning and development of Council Officers and practitioners across all services.

We have continued to develop training and learning opportunities for front line staff since then, throughout the reporting period. Priority 4 of Fife's Adult Support and Protection Committee's Strategic Improvement Plan 2021-23 states that the Learning and Development sub-group "will continue to support our workforce, ensuring staff across all agencies are confident, knowledgeable and supported". This has included the development of training opportunities for our Adult Support and Protection training facilitators as well as Adult Support and Protection Senior Manager sessions.

Other essential aspects have included making sure that "training is supported and sustained through active implementation, supervision and coaching and a continued focus on staff wellbeing. This means building in enough time and resources where staff can talk, reflect, and be listened to". The overall aim for priority 4 of the Strategic Improvement Plan has been for all staff across partner agencies to feel supported and confident in identifying and responding to harm and in providing an integrated response to reduce harm. To help achieve this priority the Self Evaluation and Improvement Group launched an Adult Support and Protection post-training questionnaire in September 2021. Another purpose of the questionnaire is to gather data to allow assessment of the effectiveness of the current Adult Support and Protection training offerings across the Partnership.

Training evaluation reports have been completed quarterly and provided to the Learning and Development sub-group to allow discussion to take place at their quarterly Group meetings moving forward, as well as at the wider Committee meetings, also on a quarterly basis. Over 95% of all feedback received across all the Adult Support and Protection training courses since the questionnaire went live has either agreed or strongly agreed that these have resulted in increased Adult Support and Protection knowledge as well as increased confidence in carrying out the Adult

Support and Protection role across the frontline. This is a significant achievement considering the sudden unexpected change to learning via Microsoft Teams as a result of the pandemic at extremely short notice, which emphasises the strength of our Adult Support and Protection training facilitators within the Partnership.

Linked to the above has been the introduction of the frontline Adult Support and Protection Practitioner's Forum. It was a challenge progressing this due to the pandemic. Initially, within the reporting period, the Learning and Development sub-group spent time considering alternative ways in which this could be progressed, including a proposal that this would be held virtually, on a Fife-wide basis. It was proposed that initially the forum would include a representative from each partner agency with the aim of the group identifying themes for the forum for the remainder of 2022. This has allowed representatives of the forum to collate views and questions from colleagues and allowed continued feedback of Adult Support and Protection related information to front-line teams and meant that those front-line workers views could continue to be heard, which was crucial during the pandemic period.

An aide memoir was developed in 2020 by the Learning and Development Group for the accompanying officers (second officers) supporting the progress of Adult Support and Protection investigations. This brought about greater understanding of the role of accompanying officer within Adult Support and Protection interviews/visits and supported staff's confidence to take on this role. This role can be progressed by any appropriate partner, alongside the Council Officer (social worker).

Finally, crucial to the Partnership's ongoing Adult Support and Protection learning and development has been a revamp of our Adult Support and Protection Competency Framework. This is used to focus specifically on ensuring that relevant workers have the competencies, knowledge and skills they need to carry out their roles in supporting and protecting adults at risk of harm. It can also be used to review what the workforce already know and understand, support 'Learning and Development Needs Analysis' and identify ongoing opportunities for this. It should inform and enhance practice for those who need a particular set of skills and can be used as a tool when writing job descriptions.

Adult Support and Protection and workforce development should be seen as an essential part of continuous improvement, and the Framework is designed for use as part of agencies' continued professional learning. The individual learning and development needs of each worker should be considered and reviewed, including Adult Support and Protection where relevant, in how workers and managers will meet the Continued Professional Learning (CPL) requirements of particular roles. The competencies, knowledge and skills can be 'mapped' at an individual level (to any other forms of learning and development that workers take part in).



Each staff member will now read the table above and identify which Group describes their current role. Once this has been established they will be aware of which competencies they need to be able to demonstrate within their own work environment and be able to use this framework in order to evidence them appropriately. See appendix 2 for a full copy of the new framework. The purpose of changing the existing ASP Competency Framework was to simplify the process and provide a document which can be used clearly within frontline worker's supervision sessions with their line manager. It is clear what specific competencies are required for specific roles, prompting a good conversation within supervision as to how gaps of knowledge can be filled to ensure adults continue to be as safe from harm as possible.

Engagement, involvement, and communication

Continuing to engage with and involve people with lived experience has proved to be challenging within this period due to the lack of face-to-face meeting opportunities caused by lockdown measures. Despite this, the ASPC's Engagement and Participation Coordinators endeavoured to adapt to these changed circumstances as much as possible.

As lockdown measures commenced, a wide range of easy read resources were distributed around the ASPC so these could be shared with a wide range of service users.

The ASPC newsletter continued to be released on a monthly basis with links to sources of support and advice, and updates in relation to legislation. Fife Council's Deaf Communication Service was

involved in making material available in British Sign Language (BSL) to ensure members of our deaf community had access to all of the information needed to confidently identify and report harm.

A hugely important piece of work carried out during this period was the “Staying Safe, Keeping Well” booklet. This was created as a paper resource for those who do not get their information online or from social media. The leaflet contained numbers for emergency support, Council Covid Community helpline, general council numbers related to types of harm including domestic abuse, advice regarding scams, and general hints and tips for getting through the lockdown period. 13,500 were printed and distributed through Fife Voluntary Action Helping Hands volunteers – to people self-isolating, and vulnerable people who may not have had family/friend/neighbour support. Additional distribution was done through Meals on Wheels, Home Care and Community Learning and Development Teams. This demonstrates the effective engagement and joint working across our 3rd sector groups within ASP work and again showed an innovative communication method in challenging times.

Another example of engagement with the community was the ASPC’s supermarket campaign carried out in May 2020. All Fife supermarkets were contacted (see appendix 3 for the covering letter which was distributed) and asked to display posters with the Fife Council Contact Centre telephone number and information as to how to make a referral. This was done in response to adults at risk of harm potentially being out of sight at the time due to lockdown measures. Please see below for the poster itself which was displayed.



Adult and Child Protection means protecting the most vulnerable from harm and neglect.

**Harm and neglect can be perpetrated by anyone.
Harm can be a crime.**



If you see something, are told something or something doesn't feel right you need to report it.



Adult Protection: 01383 602200

Child Protection: 03451 55 15 03

If someone is in immediate danger call 999



www.fife.gov.uk/adultprotection

www.fifechildprotection.org.uk

The ASPC Engagement and Participation Officers also engaged with community groups as part of Teams/Zoom meetings throughout 2020-21 to continue to better understand the experiences of service users and include them in the co-production of services, policy and procedures as well as offering awareness raising sessions and the space to ask questions. Part of this engagement also included working with the Partnership's Deaf Communication Team so that our ASP policy and procedures could be translated into British Sign Language before being uploaded to Fife Council's Adult Protection information website. This has helped us be as inclusive as possible when raising awareness of ASP within our area.

Finally, an integral part of the Partnership's drive to enhance engagement, involvement, and communication within the reporting period has been the creation of our Communication and Stakeholder Engagement Strategy for 2022.

Section 42 of the [Adult Support and Protection \(Scotland\) Act 2007](#) states that:

- Any actions undertaken by an Adult Protection Committee must have regard to improving communication and cooperation amongst its members;
- Formal inquiries consistently identify effective communication, information sharing and co-ordination as critical in protecting adults at risk of harm; and
- Adult Protection Committee's will have an opportunity to provide a model of joint working by the way they themselves operate and will require to promote good working relations between agencies and staff working within them.

The overall aims of this Communication and Stakeholder Engagement Strategy, in seeking to ensure achievement of the above, are:

- to set out how appropriate and effective communication will support the achievement of the ASPC's key strategic objectives;
- to promote effective communication in all aspects of adult support and protection; and
- to ensure that key stakeholders are aware of, understand and are engaged in this work.

Communication is a continuous process and the benefits of good communication include:

- Establishing collaboratively, and based on evidence, local priorities and plans which meet local needs;
- Continuous striving to improve outcomes for stakeholders;
- Working together to manage risk at an appropriate level;
- Taking collective responsibility for the achievement of a shared vision; and
- Assisting in the planning and development of more effective services, effective professional practice and stakeholder satisfaction, developing a learning approach across all partner organisations.

Our ASPC has resolved to develop a strong focus on engagement and communication across key stakeholders, including with those at risk of harm and their carers, to ensure the effectiveness of local safeguarding practice.

The ASPC Communication and Stakeholder Engagement Strategy sits within the wider context of the ASPC's Strategic Improvement Plan 2021-23, which sets out the principles and approach to the engaging with individuals, groups and communities in service planning and development to ensure positive outcomes. This plan then evaluates the impact of our activities and allows The Partnership to gain greater insight of the quality of our response to reports of harm, and the lived experience of all stakeholders.

The Action Plan at Appendix 4 has been developed to support the ASPC's Communications and Stakeholder Engagement Strategy. It outlines the communications and engagement activity that will take place over the course of the Strategy to implement and improve the ways in which we communicate with our different audiences. These have taken place within the reporting period, but also cross over into the next. Ultimately, the action plan has detailed how we have and will continue to work together with partners, individuals and in our communities to raise awareness and support the safety of vulnerable people in Fife who may be at risk of harm. Value has been placed on eliciting the voices of people with lived experience of the ASP process to drive outcome focussed improvements to practice.

Progress on delivery of the action plan has and will continue to be reported to the Fife Adult Support and Protection Committee. The development and delivery of this plan is a major achievement for Fife when taking into account the ongoing pandemic and the difficulties in engaging with others on a face-to-face basis during this reporting period.

Areas for Improvement/Looking forward

The key areas of work and improvement will be driven forward within the next reporting period by the ASPC Strategic Improvement Plan 2023-25. This will be written in the last quarter of 2022 before being approved at committee in January 2023 for the two years to follow.

Our shared vision is to ensure that adults at risk feel safe, supported and protected from harm. This strategic Improvement Plan for Fife will set out the actions we will take over the next reporting period and next two years in total to work towards achieving this vision.

The plan will build on achievements to date, using the previous improvement plan (2021-23) as our foundation and drawing on learning from Single and Interagency Case File Audits, Activity and Performance Data, Stakeholder feedback, and Initial and Significant Case Reviews.

The plan will out the ASPC's vision and principles, priority areas for development and subsequent aims and objectives. We understand particular improvements will be required and contained within strategic planning moving forward. These include an audit of Large Scale Investigations carried out within Fife, annual Initial Case Review reporting, the roll out and embedding of Learning Review guidance, Hoarding and Self-Neglect related guidance work, the creation of a Friends of the

Committee group to further develop our community links within Fife and improve stakeholder engagement further, and also the roll out of the new Liquid Logic case management system.

We need to continue to think differently in how we measure outcomes and move away from a focus on numbers and performance indicators to a more qualitative, deeper understanding of the complexities of people's lives. Underpinning our approach is a focus on transforming the way that we collect and use data to evaluate the impact of our activities and gain greater insight of the quality of our response to reports of harm, and the lived experience of all stakeholders.

A range of outcome focused indicators will be developed to evaluate our success against a number of strategic outcomes.

These will be measured through an outcome focused performance framework which was a fundamental objective of the previous Strategic Improvement Plan. All actions throughout this plan will be linked to the achievement of these outcomes.

Chairs closing remarks

There has been considerable work undertaken by all partners throughout 2020 – 2022 under the auspices of the Committee. Throughout this time period we were impacted upon by an unprecedented local and national challenge resultant to the sudden impact of COVID-19. The Committee has evidenced dedication, commitment, adaptability, resilience and creativity during this time and has ensured its function has been fulfilled. A robust Strategic Improvement Plan has been created on a foundation of partnership working, continuous improvement and a strive for excellence, where we will endeavour to ensure that learning identified during this time is embedded into practice.

Once again, I would like to offer my sincere thanks and appreciation to individuals, families, carers, practitioners, organisations and agencies within Fife who are involved in preventing harm and supporting those who have been harmed.

This will be my last Fife Adult Support and Protection Biennial report as I intend to stand down as Independent Chair in March 2023. Whilst my time as chair will come to an end I very much look forward to learning of further successes and initiatives undertaken by the Committee to help keep adults safe.



Alan Small, Fife Adult Support and Protection Committee Chair

Appendix 1-Annual Data Reports, 2020-2022

www.fifehealthandsocialcare.org



Fife Health & Social Care Partnership



Adult Support & Protection Annual Return 2020-21

Summary Statistics

May 2021



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Introduction:

This report summarises the data collated for the annual Scottish Government Adult Support & Protection (ASP) statistical return.

It provides a count of referrals, investigations, Case Conferences and Large-Scale Investigations (LSIs) undertaken between 1st April 2020 and 31st March 2021, an overview of the types and location of harm investigated, and the demographic profile of adults subject to ASP Investigation in the same time frame. Where appropriate, trend or further analysis of the data has been provided. Summary tables are presented in [Appendix 1](#) which detail the data submitted to the Scottish Government over the past 5 years. It is expected that a new quarterly minimum dataset for ASP will be developed which is intended to replace this return in future years.

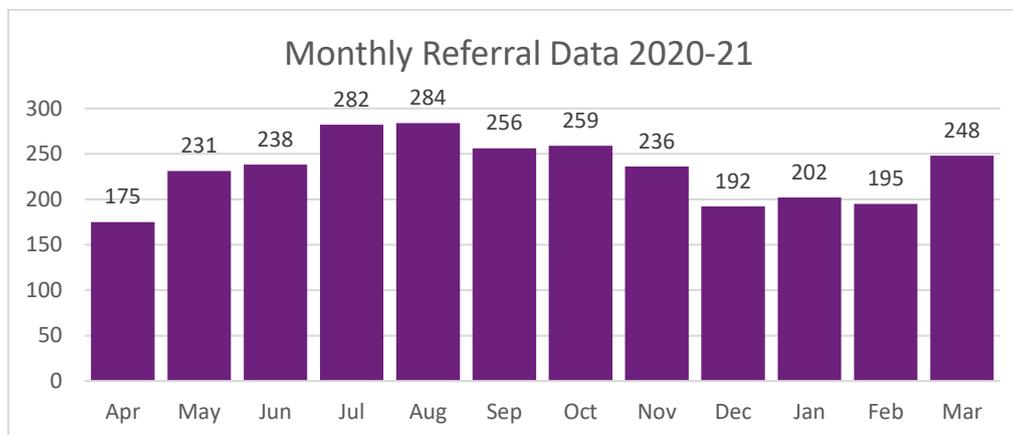
Analysis of the data has raised a number of key areas for further exploration and this report highlights a few areas for consideration at Self Evaluation and Improvement Group (SE&I) to agree if they should be integrated into relevant improvement plans.

Key Statistics

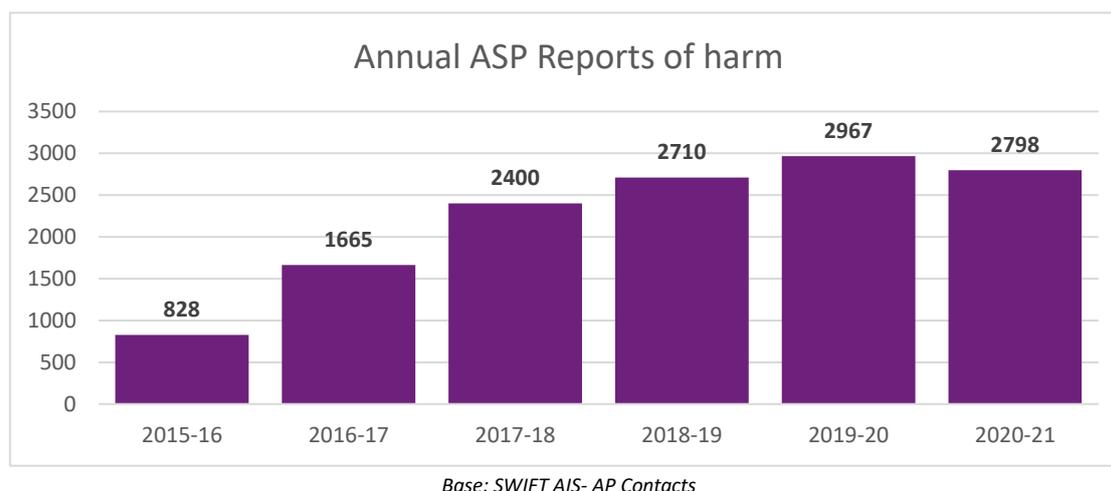
- 2798 reports of harm were received, representing a percentage decrease of 5.7% since the 2019-20 report. Of the 1876 individuals referred, 29% of individuals had multiple reports of harm recorded.
- 460 Investigations were undertaken in the year, whilst this is an increase from the data reported to the Scottish Government last year (385) it must be noted that following a number of data validation exercises in 2020-21, the number of investigations now recorded on the social work system for 2019-20 has risen to 459 therefore there is no significant change noted.
- 126 initial and review case conferences are reported this year, an increase from 2019-20, 73% of these were undertaken in adults teams.
- Two LSIs were started in Quarter 4 of 2020-21, this is a decrease from 3 last year.
- Continuing the trend from previous years, the majority of investigations relate to individuals aged 16-65 (63%), and those identifying as female (58%).
- There has been a 72% increase in investigations relating to adults with mental ill health from 58 last year to 100 in 2020-21.
- The main types of harm recorded for cases at Investigation stage were Financial harm (25%), Physical harm (25%) or Psychological/emotional harm (21%). There has been a notable increase in the number of Investigations relating to self-harm.
- Reflecting data in previous years, the most likely location of harm investigated was an individual's own home (62%), and very small numbers are recorded within care home settings (5%) when compared to the national average for last year (22%). There are actions already in place to investigate reasons for this.

Reports of Harm:

In 2020-21, 2798 reports of harm were received, representing a 5.7% decrease since the previous year and reversing the upward trend that we had seen since 2015¹. It is suspected that this is partly due to the impact of Covid-19 restrictions which meant that some agencies did not have as much contact with individuals as would usually be the case. Monthly referral data shows that there were fewer reports of harm in months with the strictest lockdowns and would therefore support this theory.



In the counts below, an adult at risk of harm can be counted more than once where multiple referrals are made. In 2020-21 there were 2798 reports of harm for 1876 individuals, 551 individuals were referred more than once (29% of individuals had multiple referrals), with 45 people having 5 or more reports of harm recorded in the time period.



Recommendations:

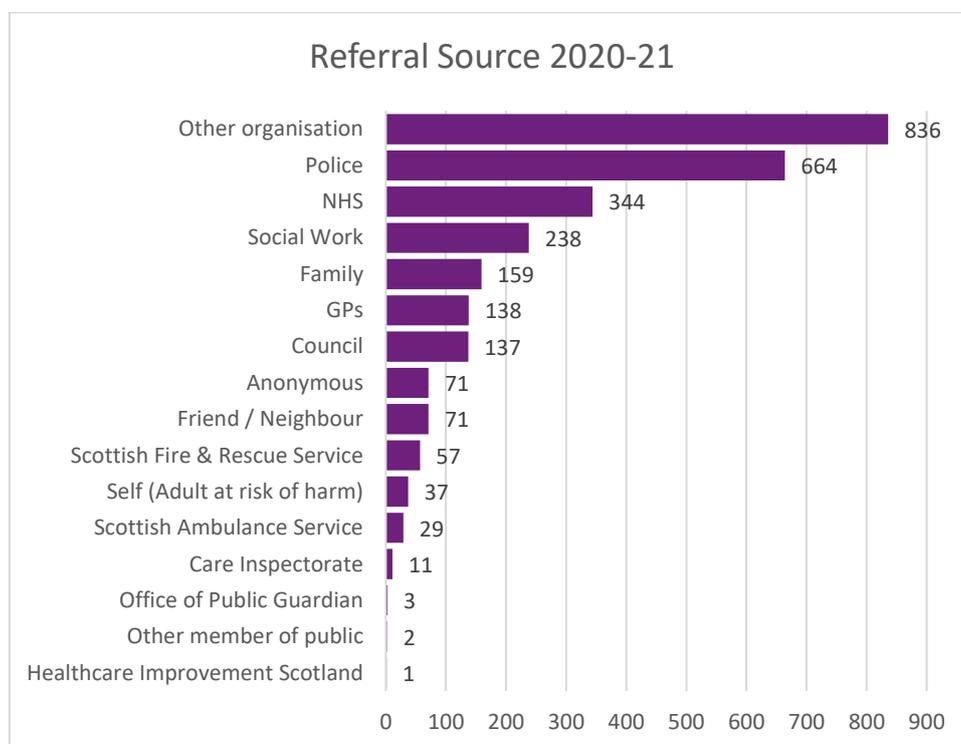
- *Adult Support & Protection Self Evaluation and Improvement Group (SE&I) to consider undertaking an audit of cases where there have been multiple reports of harm to evaluate the quality of the partnership's response to preventing harm and identify any learning or improvement actions.*
- *Social Work to audit 45 cases with 5 or more reports of harm to ensure that the multiple report of harm protocol is being correctly taken forward (and engagement escalation if appropriate), chronologies are in place and there is evidence of defensible decision-making in line with social work recording guidance.*

¹ In Fife, all contacts where 'Adult Protection' is recorded as 'contact reason' are counted as a referral. If reports of harm are later deemed as not appropriate these may be later 'reclassified' and therefore not included in the counts. This may not be the case in all partnership areas and therefore caution must be taken when comparing the data to National data.

- *ASP Leaders to consider audit findings, set up short life working group to review the multiple report of harm protocol and engagement escalation process, updates to coincide with annual interagency procedure review.*

Referral Source:

The chart below shows the referral source as reported to the Scottish Government for all 2798 reports of harm in 2020-21.

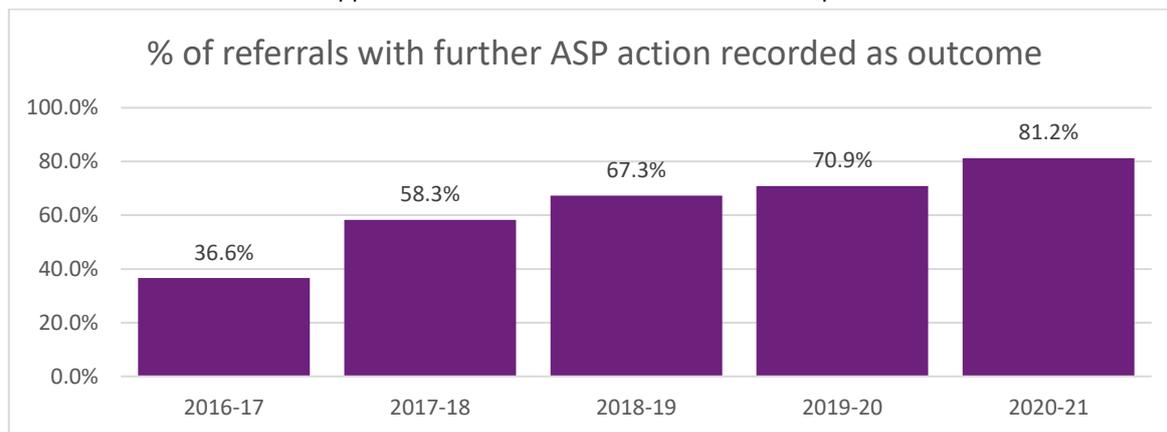


Whilst there has been an overall decrease in referrals this year, this is not consistent across all sources. There has been a significant increase in reports of harm from Police (664 compared to 377 in the previous year), and a notable increase in Scottish Ambulance Service (29 compared to 3 the previous year). Whilst there has been a significant decrease in reports of harm from 'other organisations' the number remains high, potentially indicating that a wide range of agencies are aware of what constitutes harm and how to report it. There has been a decrease in the number of self-referrals this year. As part of the ongoing 2021-23 workplan, the ASP Team will continue to strengthen links with all partners and raise awareness of our key messages throughout 2021-22 through the development and implementation of a stakeholder engagement plan.

The Summary Tables ([Appendix 1](#)) show the referral source for all reports of harm over the past 5 years. SE&I will continue to monitor referral source on a quarterly basis through quarterly reports.

Outcome of referral:

In comparison to previous years, a higher proportion of referrals (81.2%) required further Adult Protection action. Whilst this could point to improved practice in relation to the correct identification and reporting of harm, this could also be attributed to an alteration in recording practice at the Social Work Contact Centre (SWCC). There are inconsistencies in how contact reason is currently recorded when a case is reclassified which would also impact on this number. This makes interpretation of referral data difficult. The development of a national minimum data set combined with the procurement of a new case management system (Liquidlogic) for social work brings with it an opportunity to review and clarify recording practices in relation to how reports of harm are captured and reported on in future.



The table below shows the count for each outcome of the report of harm over the last 5 years, the increase in work progressed and the decrease in reports of harm where other non-AP action was required could potentially indicate that practice has strengthened across the partnership with appropriate identification and reporting of harm.

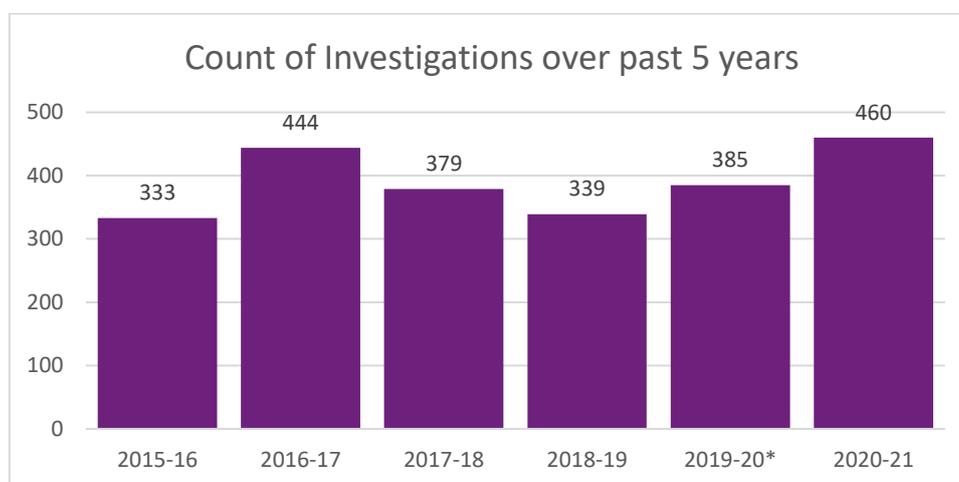
Outcome	2016-17	2017-18	2018-19	2019-20	2020-21
Further Adult Protection Action	610	1398	1825	2103	2272
Further Non-AP Action	301	332	242	256	130
No further action	713	610	560	518	342
Not recorded	41	60	83	90	54
Total	1665	2400	2710	2967	2798

Recommendation:

- *ASP Team, PIP Team, Social Work and Workforce Development to work with the SWIFT replacement team to ensure that the Liquidlogic system is able to effectively capture and report on count, source and outcome of all reports of harm.*

Investigations:

In 2020-21 there were 460 ASP Investigations undertaken, whilst this demonstrates an increase from the 385 Investigations reported in the Annual Statutory Return last year, much work has been done with respect to data quality this year which resultantly increased the number of Investigations recorded last year to 459, a similar number to this year. The graph below shows the number of Investigations reported to Scottish Government Annual Return over the past five years.



*This figure has been revised to 459 in the social work performance reports

The number of individuals for whom an investigation has taken place is 428, this is because 29 Individuals have had more than one ASP Investigation undertaken within the time period. A breakdown by age shows that 24 of the 29 individuals who had multiple investigations were aged under 65. Data shows that 9% of all adults aged under 65 are subject to multiple investigations, compared to 3% of those aged over 65.

Recommendations:

- *SE&I Interagency Audit to include a sample of cases where there have been multiple investigations with a view to evaluating if the partnership could strengthen its response to harm, particularly in relation to effectively supporting adults aged under 65.*
- *ASP Leaders to review cases and consider procedural implications (if any) where multiple investigations are taking place.*

Outcome of Investigations:

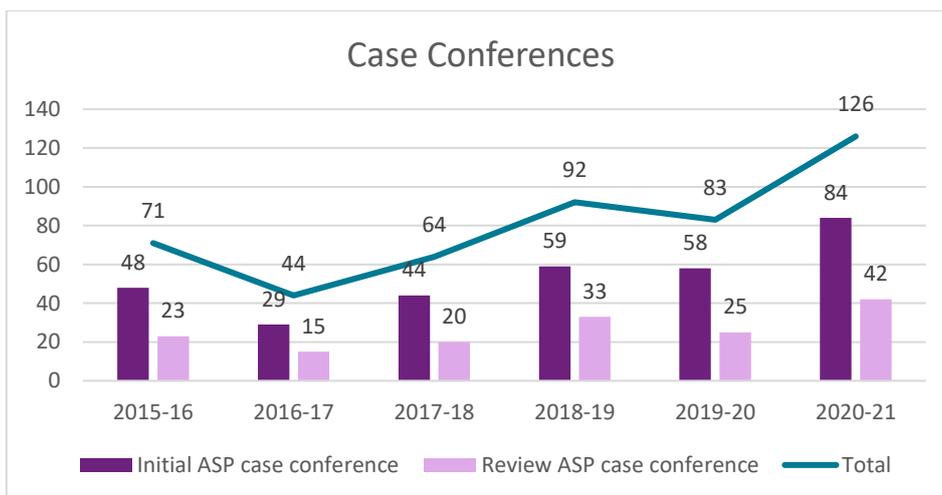
The proportion of cases progressed past investigation stage for further AP action remains similar to previous years.

Outcome	2016-17 (444)	2017-18 (379)	2018-19 (339)	2019-20 (385)	2020-21 (460)
Further AP action	16.9%	12.7%	10.0%	11.4%	12.8%
Further non-AP action	48.2%	43.8%	30.1%	34.0%	37.4%
No further action	30.9%	41.4%	48.7%	52.2%	49.3%
Not known	4.1%	2.1%	11.2%	2.3%	0.4%

Overall 12.8% of cases were progressed for further ASP action, however of the 59 cases progressed, 44 relate to adults under the age of 65. 15.2% of cases relating to adults under 65 were progressed for further ASP action compared to 8.8% of adults aged over 65. This again points to the complexity of the ASP work being taken forward by Adults teams.

Case Conferences:

There has been a 52% increase in the overall number of ASP case conferences taking place since last year, of the 126 initial and review case conferences, 92 were undertaken by Adults Teams (73%).



Recommendation:

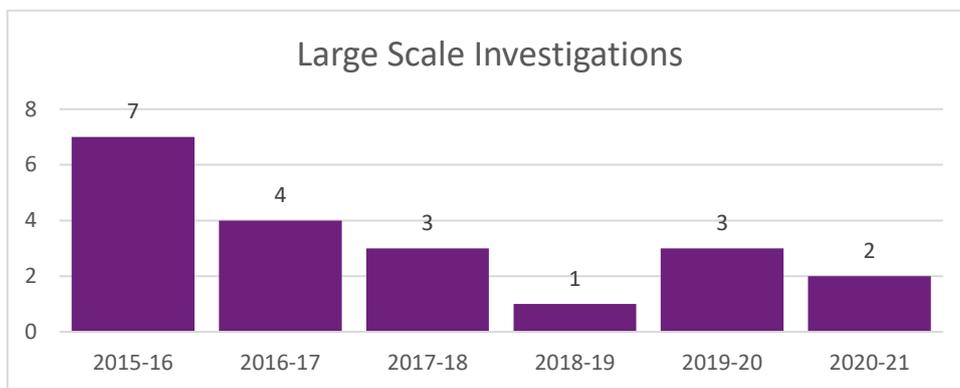
- *Social work service managers to continue to monitor through the Quarterly ASP Performance Process and consider resource implications, specifically as a result of the high number of case conferences undertaken within adults teams.*

Protection orders:

There were no protection orders granted in 2020-21

Large Scale Investigations:

There were two Large Scale Investigations undertaken in 2020-21, both commenced in Quarter 4 of the year.

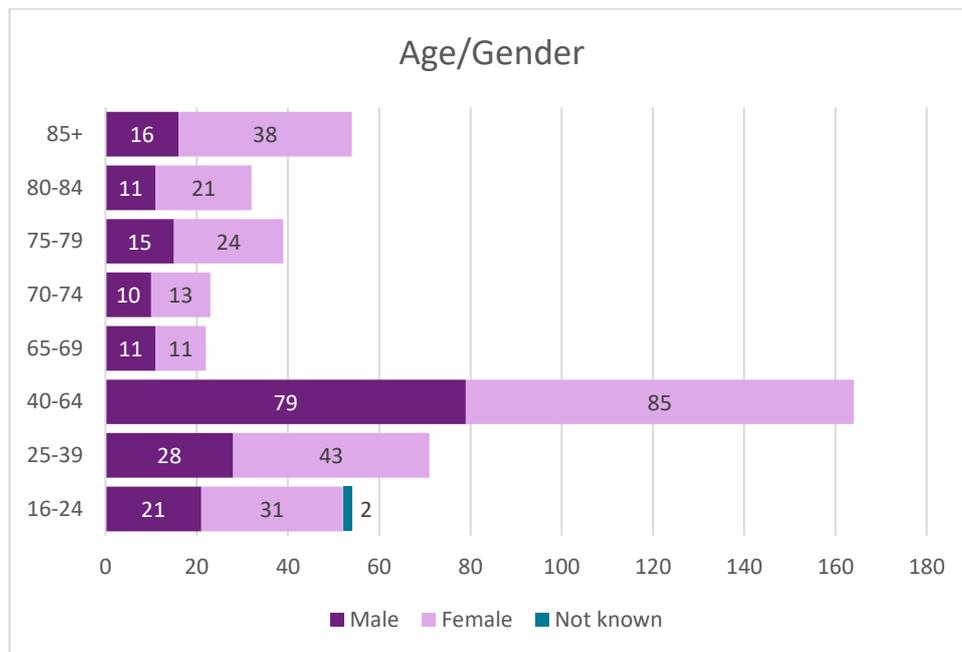


Demographic Information:

To plan and develop effective pathways and preventative support, it is essential to monitor who is at-risk, what type of harm they are experiencing and where this harm takes place. Nationally, this is reported on at Investigation Stage and this is what is reported on below. Please note an Adult at Risk of harm can be counted more than once in the below counts (where more than one investigation has occurred for an individual in the period). This data is reported to ASPC on a quarterly basis to enable continuous monitoring of any trends.

Age/Gender

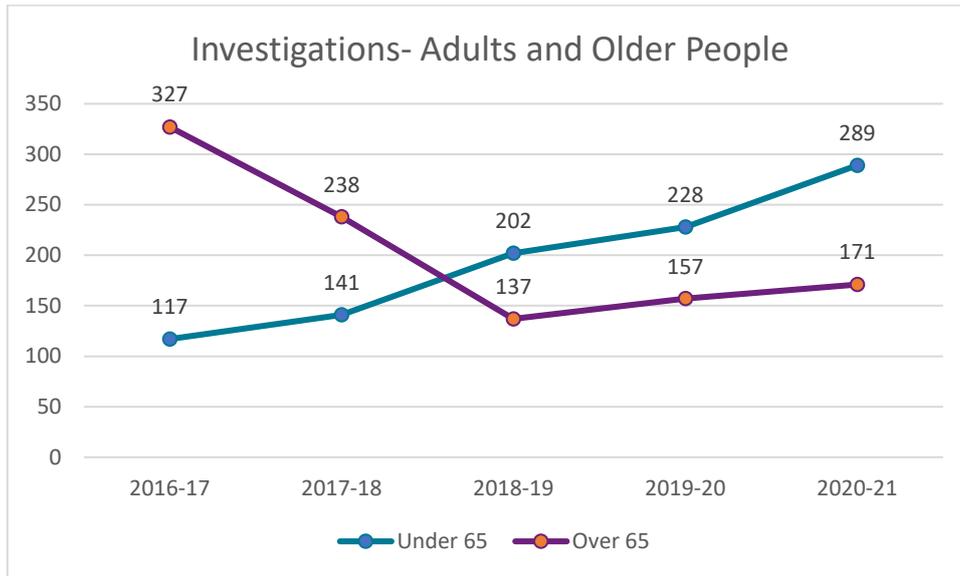
The graph below shows the count of investigations undertaken by gender and age group. Overall, more investigations relate to adults identifying as 'female' and this is the case across all age groups with the exception of the 65-69 group, where there is an equal number of male and female adults. Please note 'not known' relates to two individuals who have chosen not to identify as male or female as opposed to being not recorded.



In 2016-17 26.3% of all investigations related to an adult under 65, compared to 62.8% of investigations this year. A short paper has been produced to summarise the age profile of Adults subject to ASP investigation, the changes over the past 5 years, and to provide a context to this change. ([Appendix 2](#)).

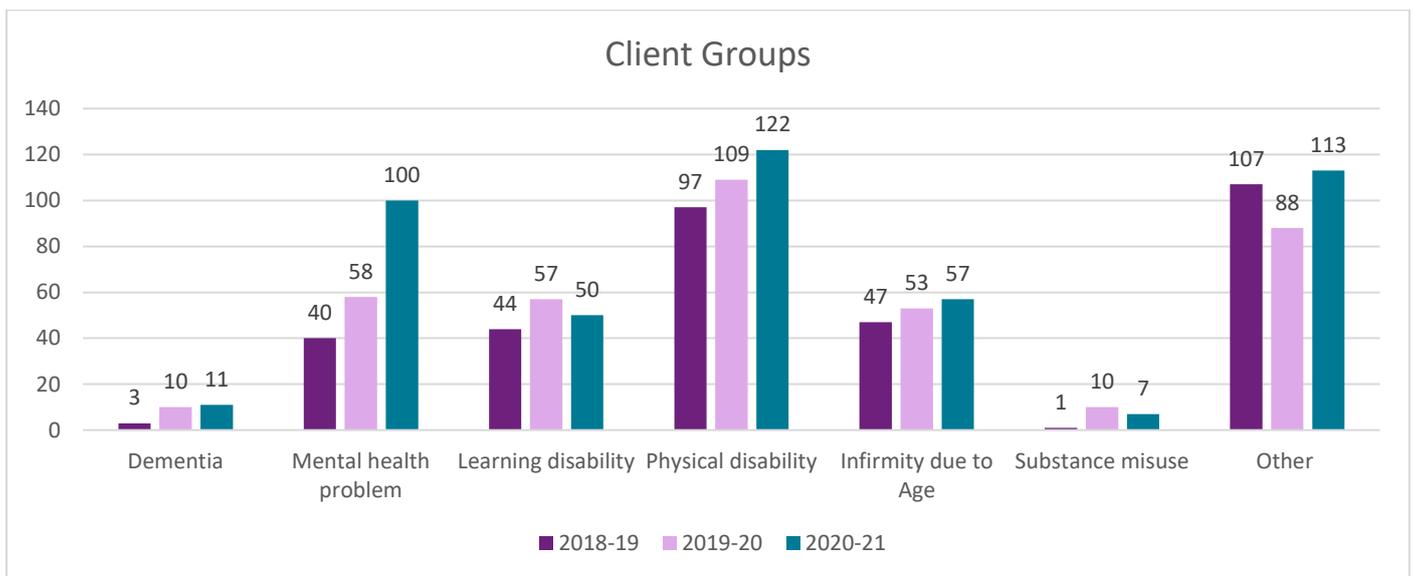
Investigations relating to adults aged under 65 has increased year on year, potentially this could be related to awareness raising and training across Fife to strengthen our approach to identifying and reporting harm. The reduction in reports of harm in older age groups is potentially related to work undertaken to ensure that practitioners are better able to differentiate between significant occurrences and harm and work to reduce the risk of harm occurring in care settings. The number of investigations relating to adults over 65 has been increasing for the past two years but at a slower rate than adults aged under 65.

The chart below shows the number of investigations relating to people under 65 and over 65 since the 2016 return.



Client Group

A high number of investigations relate to adults with a physical disability (26.5%) however in 2020-21 we have seen a substantial increase in the number of Investigations relating to adults with a mental health problem, with 21.7% of all investigations relating to an individual with mental ill health.



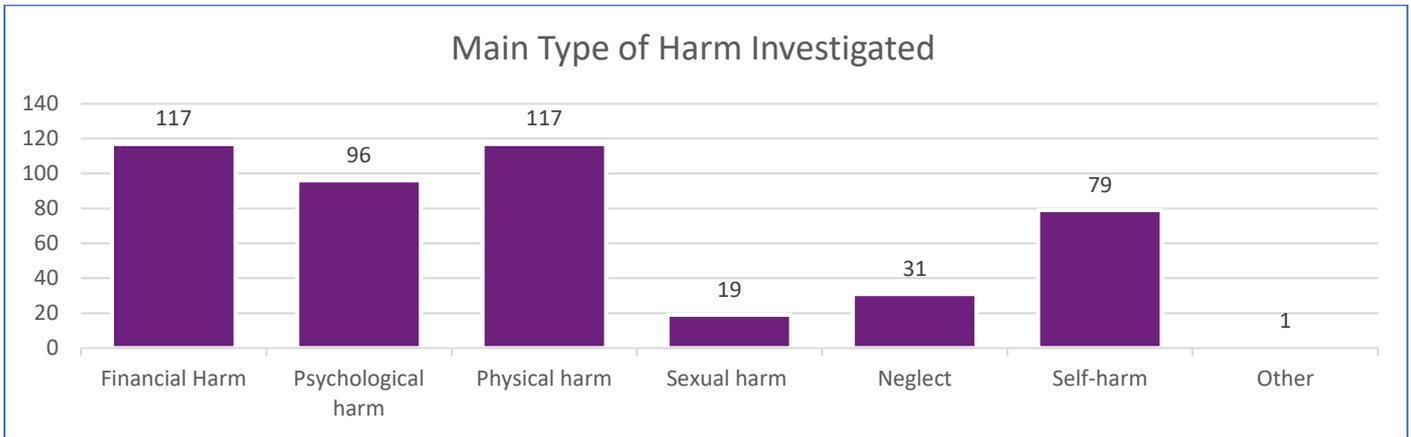
Recommendations:

- *Learning and Development to consider the increase in Investigations for adults with Mental ill health, staff confidence working across the acts and links with MH services. Review reach and effectiveness of Crossing the Acts training*

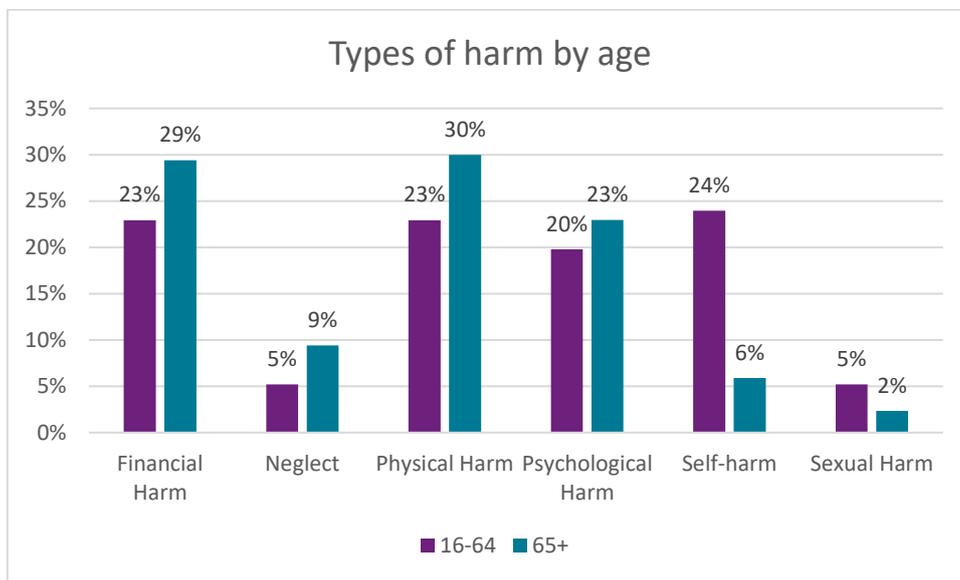
Incident Information:

Type of harm

In 2020-21, the most common types of principal harm recorded which resulted in an investigation was Financial (25%) and Physical (25%) harm. High numbers also related to psychological harm (21%) and self-harm (17%). The self-harm category has seen a substantial increase since last year (58% increase reported).



As in previous years, data shows that there is variance in types of harm experienced in different age groups, this is particularly the case with respect to investigations relating to self harm, with 87% of these investigations relating to individuals aged under 65, and accounting for 24% of all investigations where the adult was 16-64 (higher than any other harm type in this age range).

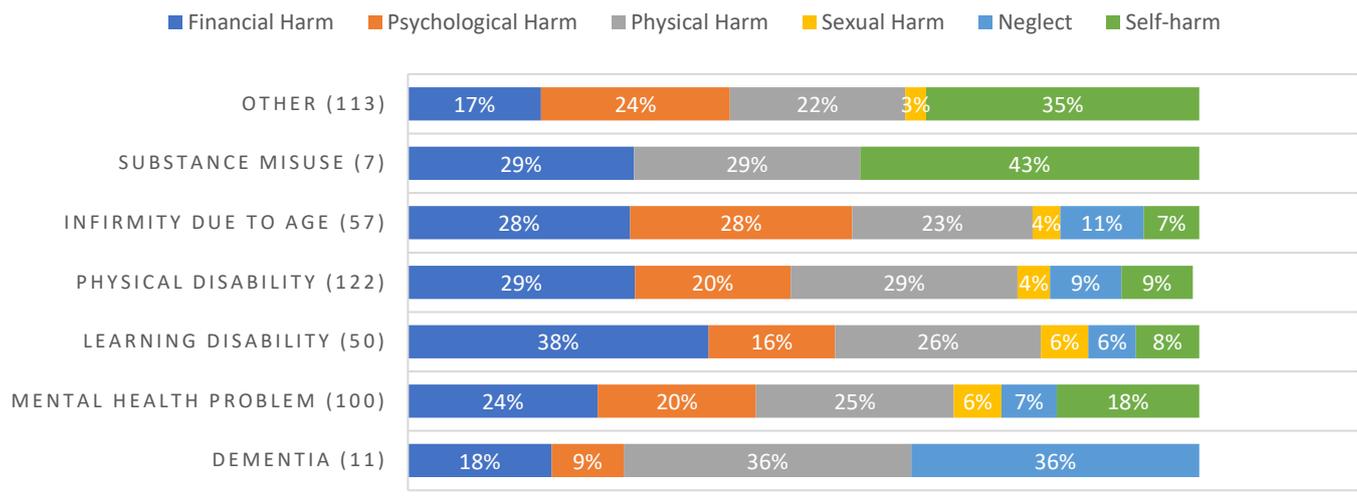


Recommendations:

- *Learning & Development to consider the increase in investigations relating to self harm, particularly in 16-65 age range, and the current training and resources in place to support staff to provide effective, timely support*

The type of harm investigated varies between client groups and although caution must be taken as counts broken into client group are small (shown in brackets below), it may be beneficial to consider this information as part of targeted communications campaigns.

CLIENT GROUP/ MAIN TYPE OF HARM



Recommendations:

ASP Team to consider the breakdown of client group and types of harm with a view to developing more targeted communications campaigns. For example, looking at increasing information regarding the prevention of financial harm to people with learning disabilities.

Location of harm

Where the location of harm is known, the vast majority of harm investigated (62%) took place in an individual’s own home. This is universal across age group, gender, primary client group and ethnicity and reflects the data from previous years.

The number of investigations where the location of harm was reported as ‘care home’ remains low (5.4% compared to 22% national average) and has further reduced in number since last year (25 compared to 37 last year). The planned self-evaluation activity to scrutinise and understand reasons for this is planned in 2021.

Concluding remarks:

As the data is largely reflective of previous years, the ASPC Strategic Improvement plan and supporting workplans already have a number of actions which are reinforced by the findings in this report, notably the development of a stakeholder engagement strategy which is particularly relevant given the reduction in referrals this year, and the mixed methods review to provide reassurance and explore the reasons behind the low number of Investigations in care homes which has continued this year.

However, this report has highlighted a number of new potential areas for further investigation, namely that there is a growing number of investigations where the adult has mental ill health, and a growing number relating to self-harm. The volume and complexity of ASP work being undertaken across the service, particularly in relation to adults under the age of 65 is apparent. There are a high number of individuals whereby multiple reports of harm are received, and a number of individuals subject to repeat investigations. Existing audit processes could be used to identify learning and ensure that our processes in relation to multiple reports of harm and engagement escalation are fit for purpose and to ensure that as a partnership we are finding effective ways to keep people safe from harm. In response to these findings a small number of actions have been identified to take forward, if agreed, these will be embedded to existing workplans for 2021-23 and are outlined below.

To demonstrate ongoing quality improvement and evidence the work undertaken to progress these identified actions, the ASPC will provide analysis and outcomes of the report recommendations below within the Annual Return 2021/2022.

2020-21 Key Findings	Report Recommendations for consideration	Lead	When
Significant number of individuals for whom multiple reports of harm are received	<i>Adult Support & Protection Self Evaluation and Improvement Group (SE&I) to consider including a sample of cases in the interagency audit where there have been multiple reports of harm to evaluate the quality of the partnership's response to preventing harm/ responding to reports of harm and identify any learning or improvement actions.</i>	SE&I	Dec 2021
	<i>Social Work ASP lead to consider audit of 45 cases with 5 or more reports of harm to ensure that the multiple report of harm protocol is being correctly taken forward (and engagement escalation if appropriate), chronologies are in place and there is evidence of defensible decision-making in line with social work recording guidance (include sample within existing case file audit process)</i>	ASP SW Lead	Oct 2021
	<i>ASP Leaders to consider audit findings, and review the multiple report of harm protocol and engagement escalation process, updates to coincide with annual interagency procedure review.</i>	QA Officer/ ASP Leaders	Jan 22
Difficulty interpreting data relating to the outcome of a report of harm	<i>ASP Team, PIP Team, Social Work and Workforce Development to work with the SWIFT replacement team to ensure that the Liquidlogic system is able to effectively capture and report on count, source and outcome of all reports of harm.</i>	SW ASP Lead	Jan 22
Individuals subject to multiple investigations are more likely to be aged under 65	<i>SE&I Interagency Audit to include a sample of cases where there have been multiple investigations with a view to evaluating if the partnership could strengthen its response to harm, particularly in relation to adults aged under 65.</i>	SE&I	Dec 21
	<i>ASP Leaders to review cases and consider procedural implications (if any) where multiple investigations are taking place.</i>		

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		ASP Leaders	Jan 22
High volume and complexity of ASP cases coming into adults teams	<i>Social work service managers to continue to monitor through the Quarterly ASP Performance Process and consider resource implications, specifically due to the high number of case conferences undertaken within adults teams.</i>	ASP SW Lead	Ongoing
Increase in investigations relating to adults with Mental ill health	<i>Learning and Development to consider the increase in Investigations for adults with Mental ill health, staff confidence working across the acts and links with MH services. Review reach and effectiveness of Crossing the Acts training</i>	L&D Group	Apr 22
58% increase in investigations relating to self harm	<i>Learning & Development to consider this trend (possibly through practitioner forum) and the current training and resources in place to support staff to provide effective, timely support</i>	L&D Group	Apr 22
Variance in the types of harm investigated by age and client group	<i>ASP Team to consider the breakdown of client group and types of harm with a view to developing more targeted communications campaigns as part of the stakeholder engagement strategy. For example, looking at increasing information regarding the prevention of financial harm to people with learning disabilities.</i>	ASP Team	Jan 22

Please contact Ronan Burke (Adult Support and Protection Team Quality Assurance and Development Officer) if you have any questions about the content of this report, or if you would like to request further analysis of the data from this return. Ronan.Burke@fife.gov.uk

Appendix 1

Summary Tables:

Section A: Data on referrals

Q1: Summary of Referrals over the past 5 years

	375	510	757	725	644
	427	502	659	757	822
	410	588	671	730	687
	453	800	623	755	645
	1665	2400	2710	2967	2798

Q2: Referrals by Source –over the last 5 years²

Source	2016-17	2017-18	2018-19	2019-20	2020-21
Mental Welfare Commission	0	0	0	0	0
Unpaid carer	0	0	0	0	0
Others	11	7	1	0	0
Healthcare Improvement Scotland	0	0	0	0	1
Other member of public	7	178	218	122	2
Office of Public Guardian	3	2	0	2	3
Care Inspectorate	15	31	0	7	11
Scottish Ambulance Service	3	3	0	3	29
Self (Adult at risk of harm)	38	40	49	50	37
Scottish Fire & Rescue Service	77	74	63	69	57
Friend / Neighbour	136	13	0	35	71
Anonymous	25	33	74	89	71
Council	272	343	194	193	137
GPs	45	64	131	180	138
Family	39	48	0	117	159
Social Work	216	258	293	310	238
NHS	229	365	322	411	344
Police	87	249	375	377	664
Other organisation	462	692	990	1002	836
Total	1665	2400	2710	2967	2798

Outcome of referral–over the last 5 years (Section E)

Outcome	2016-17	2017-18	2018-19	2019-20	2020-21
Further Adult Protection Action	610	1398	1825	2103	2272
Further Non-AP Action	301	332	242	256	130
No further action	713	610	560	518	342
Not recorded	41	60	83	90	54
Total	1665	2400	2710	2967	2798

Investigations – over the last 5 years (Section B)

	2015-16	2016-17	2017-18	2018-19	2019-20*	2020-21
Number of Investigations	333	444	379	339	385	460

* Following validations this number has been revised to 459 however the number here is what has been reported to SG in 2019-20

² Please note that Scottish Ambulance Service and Family are new dropdown categories to enable reports. The decline in 'other member of public' can be attributed to referrals being correctly classified into Friend/ Neighbour or Family in 2019-20

Investigations by client group - over the last 5 years (Section B)

Client groups	2016-17	2017 - 18	2018-19	2019-20	2020-21
Dementia	157	101	3	10	11
Mental health problem	37	54	40	58	100
Learning disability	63	70	44	57	50
Physical disability	54	46	97	109	122
Infirmity due to Age	49	48	47	53	57
Substance misuse	19	11	1	10	7
Other	65	49	107	88	113
Total	444	379	339	385	460

Investigations by type of harm - over the last 5 years (Section B)

Type of harm	2016-17	2017-18	2018-19	2019-20	2020-21
Financial Harm	68	91	52	97	117
Psychological harm	46	49	94	84	96
Physical harm	120	106	43	95	117
Sexual harm	20	19	29	17	19
Neglect	104	66	34	36	31
Self-harm	19	23	85	50	79
Other	67	25	2	6	1
Total	444	379	339	385	460

Investigation by location where principal harm took place - over the last 5 years (Section B)

Location of Harm	2016-17	2017-18	2018-19	2019-20	2020-21
Own home	264	246	226	227	285
Other private address	6	13	9	14	14
Care home	128	66	33	37	25
Sheltered housing or other supported accommodation	17	5	9	7	15
Independent Hospital	1	0	1	3	0
NHS	16	19	11	14	10
Day centre	1	5	0	1	0
Public place	9	20	27	16	16
Not known	2	5	23	66	95
Total	444	379	339	385	460

Outcome of Investigations - over the last 5 years (Section E)

Outcome	2016-17	2017-18	2018-19	2019-20	2020-21
Further AP action	75	48	34	44	59
Further non-AP action	214	166	102	131	172
No further action	137	157	165	201	227
Not known (ongoing)	18	8	38	9	2
Total	444	379	339	385	460

Number of Investigations by Age and Gender - over the last 3 years (Section B)

Number of investigations by age and gender												
Age Group	2018-19				2019-20				2020-21			
	Male	Female	Not known	All adults	Male	Female	Not known	All adults	Male	Female	Not known	All adults
16-24	17	15	0	32	16	22	2	40	21	31	2	54
25-39	28	26	0	54	37	29	0	66	28	43	0	71
40-64	56	60	0	116	55	67	0	122	79	85	0	164
65-69	6	9	0	15	10	8	0	18	11	11	0	22
70-74	9	10	0	19	6	11	0	17	10	13	0	23
75-79	9	13	0	22	9	16	0	25	15	24	0	39
80-84	10	20	0	30	17	27	0	44	11	21	0	32
85+	15	36	0	51	17	36	0	53	16	38	0	54
Not known	0	0	0	0	0	0	0	0	0	1	0	1
Total	150	189	0	339	167	216	2	385	191	267	2	460

Number of Investigations by Age and Ethnic Group - over the last 3 years (Section B)

Age Group	2018-19								2019-20								2020-21							
	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults
16-24	27	1	0	0	0	1	3	32	37	0	1	0	0	0	2	40	47	0	1	0	0	0	6	54
25-39	48	0	2	0	0	1	3	54	63	0	0	0	0	1	2	66	67	1	1	0	0	0	2	71
40-64	101	0	1	0	0	3	11	116	115	0	0	0	0	0	7	122	152	0	0	0	0	0	12	164
65-69	13	0	0	0	0	0	2	15	15	0	0	0	0	0	3	18	19	0	0	0	0	0	3	22
70-74	16	0	0	0	0	0	3	19	16	0	0	0	0	0	1	17	21	0	0	0	0	1	1	23
75-79	19	0	0	0	0	0	3	22	22	0	0	0	0	0	3	25	35	0	0	0	0	0	4	39
80-84	30	0	0	0	0	0	0	30	36	0	0	0	0	0	8	44	29	0	0	0	0	0	3	32
85+	47	0	0	0	0	0	4	51	48	0	1	0	0	0	4	53	52	0	1	0	0	0	1	54
Not known	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	301	1	3	0	0	5	29	339	352	0	2	0	0	1	30	385	422	1	3	0	0	1	33	460

ASP Case Conferences - over the last 5 years (Section C)

Type of ASP Case Conference	2016-17	2017-18	2018-19	2019-20	2020-21
Initial ASP case conference	29	44	59	58	84
Review ASP case conference	15	20	33	25	42
ASP case conference*	0	0	0	0	0
Total	44	64	92	83	126

Number of LSI commenced - over the last 5 years (Section D)

	2016-17	2017-18	2018-19	2019-20	2020-21
Total number of LSI	4	3	1	3	2

Appendix 2

Fife Adult Support and Protection

Summary of age profile of adults subject to ASP Investigation 2020-21

Introduction:

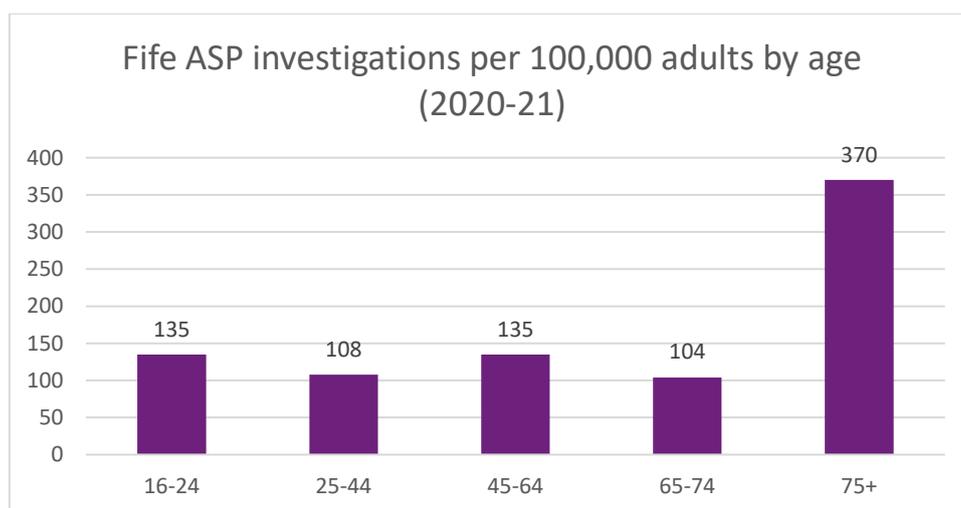
This analysis has been provided to give an overview of the age profile of adults in Fife subject to ASP Investigation. It should be read alongside the Annual Scottish Government Data report for 2020-21 which provides further detail of the data.

Data Overview:

Investigations per 100,000 population

In Fife, the breakdown per 100,000 adults by age group shows that people aged 65 and over are more likely to be subject to an ASP Investigation (225 adults per 100,000) than those of working age (124 adults per 100,000)³.

When age categories are broken down further, adults aged 75+ are the most likely group to being subject to ASP Investigation (370 per 100,000) as shown in the chart below. This is thought to be broadly reflective of the national picture when compared to available benchmarking data.

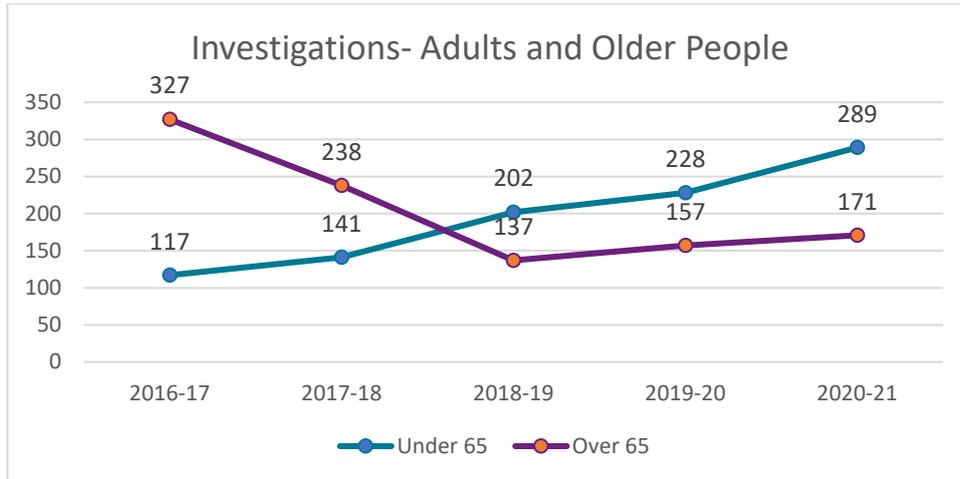


Count of Investigations:

Since 2016-17, the number of ASP Investigations relating to adults aged 16-64 has been increasing, 2020-21 data was no exception with figures showing a 27% increase in investigations in this age group since the previous year. Whilst the number of Investigations for Adults aged 65+ has also increased this year, this equates to a 9% increase.

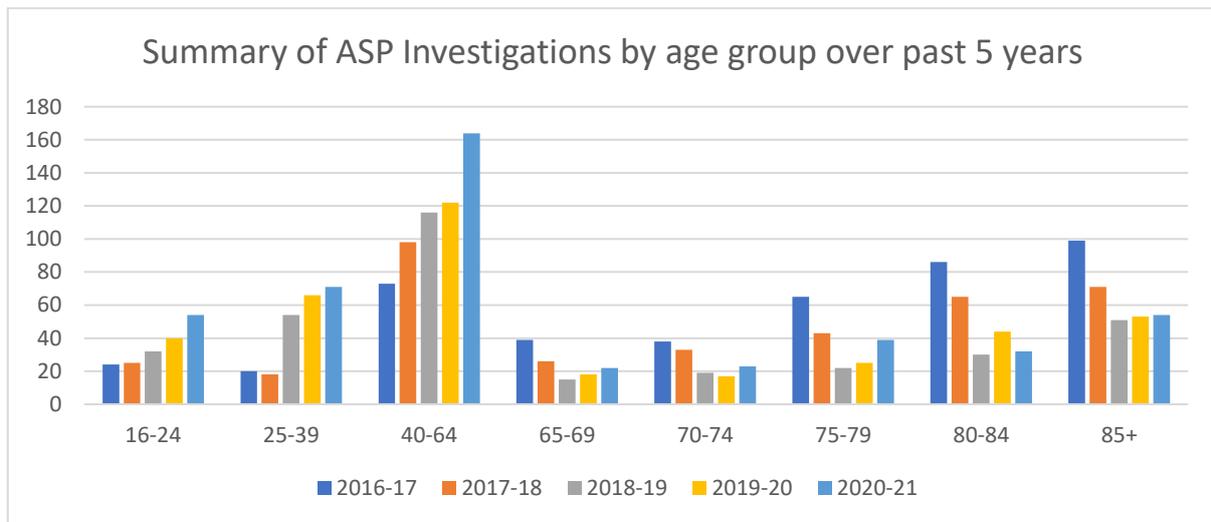
The number of investigations relating to adults aged 16-64 has been higher than those aged 65+ since 2018-19. For adults over 65, there was a sharp decline in Investigations between 2016-17 and 2018-19, followed by small increases over the past two years. The graph below shows the count of Investigations over the past five years by those aged under 65 and those over 65.

³ For calculation of rates per 100,000, the population data was sourced from National Records of Scotland: https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/fife-council-profile.html#table_pop_est_sex_age



Source: SG Annual Return Data

Breaking down the age category further shows that since 2017-18 there are consistently more investigations relating to Adults aged 40-64 when compared to any other age categories. All age categories in the under 65 age group note increases in numbers over the past five years, whilst all age categories over 65 group note a decline between 2016-19, with most categories seeing slight increases over the past two years.



Source: SG Annual Return Data

The reduction of Investigations in older age groups between 2016-19, particularly within Care Home settings has been highlighted in previous data reports. It is hypothesised that this decrease is primarily because our workforce is increasingly confident in correctly identifying and reporting harm, preventing harm in care settings and better able to differentiate between significant occurrences and ASP. The decrease may correspond to training launched in 2016 which primarily targeted managers and deputies in care homes, with a focus on ‘early indicators’ of harm and preventing harm in care settings. Subsequent training and reviews to procedure increasingly support our workforce to be confident in identifying and reporting harm and case file audits would support that improvements have been seen in relation to correct application of the three-point criteria.

It is anticipated that we will find further evidence to support this hypothesis through;

- A mixed methods review of the approach to responding to harm in care home settings (SE&I action)
- A review of the approach to contracts monitoring of Significant Occurrences (ASP Leaders action)
- An interagency staff survey to measure confidence in identifying and reporting harm which will be distributed to Care at home and Care home staff. (SE&I Action)
- Post training questionnaire to measure confidence in recognising and reporting harm following training (SE&I action).

Conclusions:

Based on the information available at the time of writing, our data reflects the national picture showing that adults over the age of 75 are more likely to be subject of ASP Investigation than those in younger age groups.

Whilst this is the case, in terms of operational management of ASP work it must be noted that the number of Investigations is far higher in Adults Services (16-64) than Older People (65+) and appears to be increasing at a faster rate. In addition, both the Social Work Performance reports and the analysis of the data return has highlighted the complexity of ASP work being undertaken for younger adults, pointing to the numbers progressed for further AP action following investigation, the number of individuals subject to multiple investigations and the different types of harm, specifically self-harm, predominantly experienced in younger age groups.

We are working within our communities to continuously raise awareness of what constitutes harm and how to report it. It is likely that we will continue to see further increases in the number of Investigations undertaken as more people become aware of the signs of harm and how to report it.



Fife Health & Social Care Partnership



Adult Support & Protection Annual Return 2021-22 Summary Statistics

Report Date: August 2022
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1. Introduction

The following report is a summary of the data collected for the annual Scottish Government Adult Support and Protection (ASP) statistical return. The information gathered includes a count of referrals, IRDs, investigations, case conferences and large-scale investigations (LSIs) recorded between **1st April 2021 and 31st March 2022**. An overview of the types and location of harm of investigations and the demographic profile of nominals subject of ASP investigations has also been provided. Summary tables are given in Appendix 1 which shows the data submitted to the Scottish Government for the most recent reporting period and the five previous financial years (2016/17 to 2021/22). Analysis of the 2021/22 data has highlighted key areas for future exploration and this report highlights points for consideration at the Self Evaluation and Improvement Group (SE&I) to agree if they should be integrated into relevant improvement plans. Concluding remarks and an overview of recommendations are provided from pages 16 to 20.

2. Key Statistics

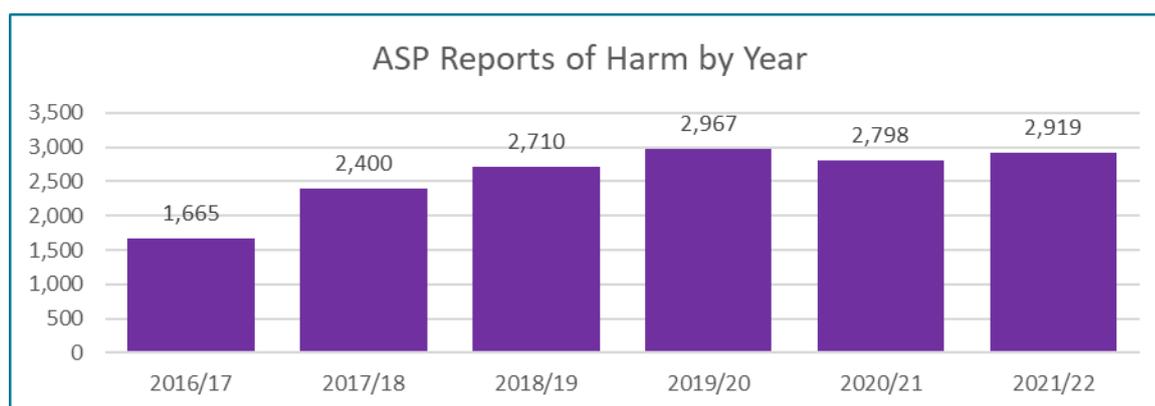
Data for the period 1st April 2021 to 31st March 2022 shows the following:

- There were 2,919 reports of harm received, a 4.3% increase on the 2020/21 report and a reversal of the decrease the previous year, with figures returning to similar levels observed pre-Covid.
- Of the 1,969 individuals referred, 27% had multiple reports of harm recorded (535), a small decrease on the 29% received the previous year but with a greater number of nominals with five or more referrals recorded (45 in 2020/21 and 50 in 2021/22).
- There were notable rises in ASP referrals from the NHS (+30.2%), possibly affected by remobilisation of NHS appointment leading to increased contact with clients in 2021/22. ASP referrals with further AP action continued to rise in 2021/22, marking the fifth consecutive year of increase.
- There were 375 investigations undertaken during 2021/22, which marks an 18.5% decrease on the previous year (460). Data validation exercises should be considered for the 2021/22 figures to ensure that the data is directly comparable.
- There were 97 case conferences reported this year, a 23% reduction on the 2020/21 report (126) and 76.2% of these were undertaken by the Adults team.
- There were 15 LSIs reported by team managers during 2021/22, a notable rise on the year before (2). An audit for LSIs 2020-2022 is currently being conducted to investigate possible reasons for this.
- Continuing the previous trend, the majority of ASP investigations related to nominals aged under the age of 65 (65.1%) and those identifying as female (60.3%).
- There was a notable decrease in investigations involving clients' mental health, which almost halved in 2021/22 (from 100 in 2020/21 to 57) following the rise observed the previous year (58 to 100).
- The main types of harm recorded at the ASP investigation stage were financial harm and psychological harm, consistent with previous trends and each accounting for 20.3% of total

investigations during 2021/22. Following the notable rise in investigations relating to self-harm last year (50 investigations to 79), this figure has increased further during 2021/22 (+5 to 84).

- As observed during previous years, the most likely location of harm investigated was the individual's own home (55.5%). Care home settings have decreased further (from 25 to 18) and remain very low (4.8%) as compared to the previous national average (22%). Actions are ongoing to investigate the reasons behind this.

3. ASP Reports of Harm

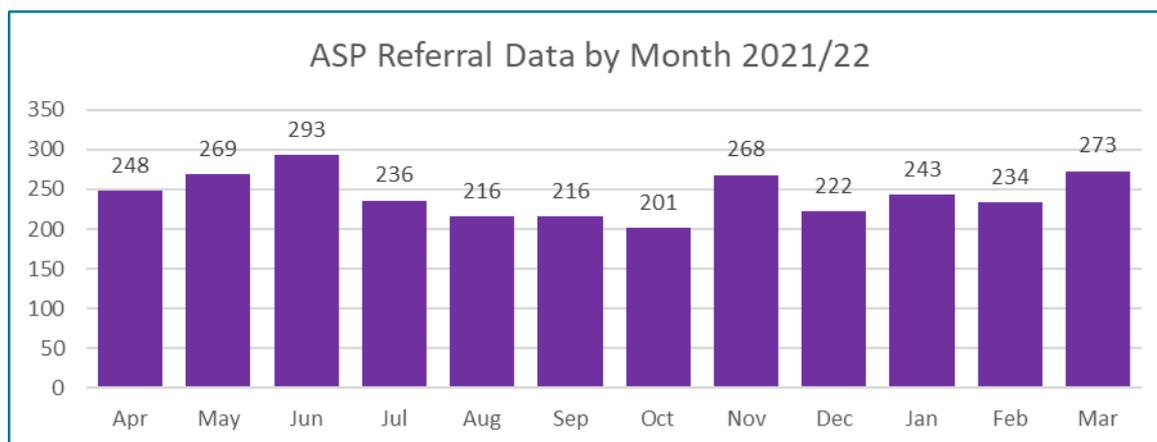


Source: SWIFT AIS.

The graph above shows that between 1st April 2021 and 31st March 2022, there were 2,919 ASP reports of harm recorded. This represents a 4.3% increase on 2020/21 (+121, from 2,798) and a return to the upward trend observed in previous years.

These figures reverse the 5.7% decrease observed during 2020/21, which was believed to be affected by Covid-19 restrictions reducing agencies' contact with individuals. This was supported by there being fewer reports of harm recorded in months with the strictest lockdowns (April 2020, December 2021, January 2021 and February 2021).

The graph below shows the number of referrals per month for 2021/22, with volumes ranging from 201 to 293. The total number of referrals in 2021/22 (2,919) have returned to similar levels to pre-Covid (2,967 in 2019/20) as restrictions have eased and services have remobilised.



Source: SWIFT AIS.

In relation to referrals, an adult at risk of harm can be counted more than once where multiple reports of harm have been received about the same individual. During 2021/22, there were 2,919 referrals recorded about 1,969 nominals. In total, 27% of individuals had multiple reports of harm (535 of 1,969), with 50 clients having five or more referrals recorded in the time period examined.

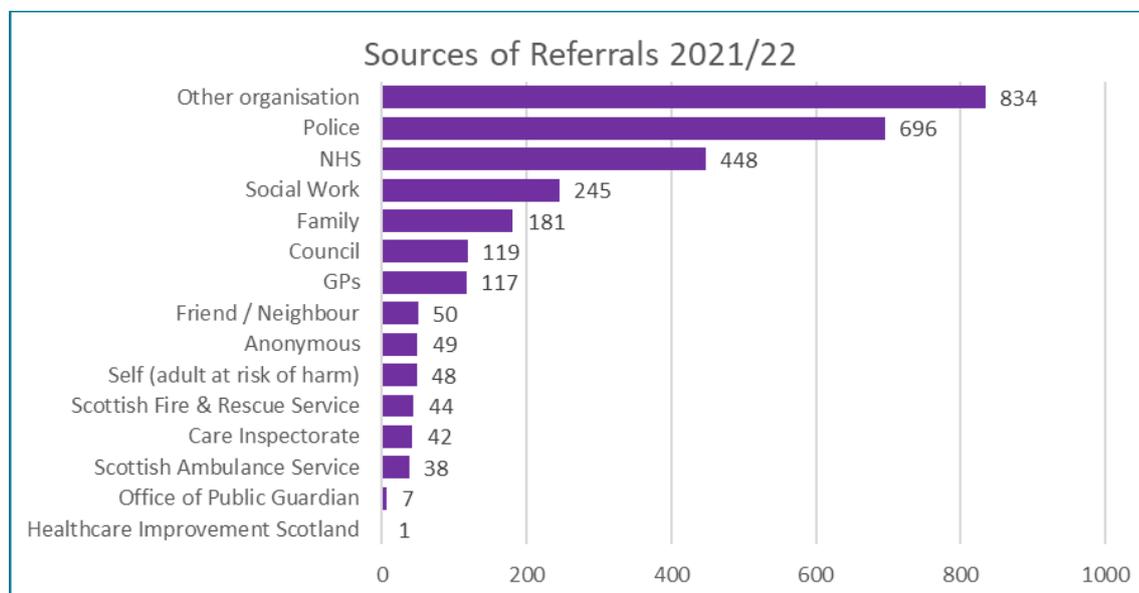
As compared to last year, this is a rise in relation to overall referrals (2,798 to 2,919) but a decrease in individuals with more than one reports of harm (from 29% or 551 to 27% or 535). During 2021/22, there were slightly more nominals with five or more reports of harm recorded (45 last year and 50 this year).

Recommendation 1: Adult Protection Self Evaluation and Improvement Group (SE&I) to consider undertaking an audit of cases where there have been multiple reports of harm (535) and / or an audit of cases with five or more reports of harm (50). This will help ensure that the multiple report of harm protocol is being correctly taken forward and that there is an escalation of engagement (where appropriate). It will also allow an evaluation of the quality of the partnership's response to preventing harm and help identify any learning points or further actions for improvement moving forward. In addition, this would assist with a review of chronologies which will be an action point for the overarching Adult Support and Protection Committee (ASPC) strategic improvement plan for 2023-25 and could be considered for the forthcoming annual ASP audit for 2023. Given the volume of cases involved (535 multiple reports of harm, 50 of which have 5+ referrals), it may be more appropriate to consider a dip sample from both categories to ensure any audit is manageable but as representative as possible of the broader data. The PIP team can provide further data on multiple reports of harm as required.

Recommendation 2: The service aims to complete 85% of inter-agency referral discussions (IRDs) within five working days. However, IRD snapshots may include multiple reports of harm IRDs (MRH) which can lead to delays in the timescale being met due to the time taken to co-ordinate the availability of participants to conduct the face-to-face meetings required. ASP team and PIP to examine the current scale and consider ways in which this can be addressed (such as reviewing MRHs separately, for example).

4. Source of ASP Referrals

The graph below illustrates the source of the ASP referral as reported to the Scottish Government for the 2,919 reports of harm recorded during 2021/22.



Source: SWIFT AIS.

Overall, there was a 4.3% increase in the total number of referrals recorded during this period (+121, from 2,798 in 2020/21).

The most significant was a 30.2% rise in ASP referrals from the NHS (+104, from 344 to 448). This is likely to have been affected by remobilisation of NHS appointments leading to increased contact with clients in 2021/22. During the previous year, Covid-19 restrictions and subsequent pressures on the service had led to more routine surgeries and treatments being put on hold. Furthermore, the ASP team has reported a greater volume of referrals from NHS24, with analysis evidencing a notable jump this period and a rise year-on-year from 2019/20 (16 referrals to 23 in 2020/21 to 55 in 2021/22). The second most significant rise for the source of ASP referrals was the care inspectorate, with figures almost tripling from 11 in 2020/21 to 42 during 2021/22 (+31).

Increases in ASP referrals were also observed for police (+32, from 664 to 696) and Scottish Ambulance Service (+9, from 29 to 38). Both experienced a notable rise during the last return (referrals from police rose from 377 in 2019/20 to 664 in 2020/21 and reports of harm from SAS from 3 to 29 respectively). Further increases this year show this rise has been not only sustained but exceeded during the return for 2021/22. Other rises of note were evident for the adult's family (+22, from 159 to 181) and self-reporting from the adult (+11, from 37 to 48).

Despite an overall increase in the volume of ASP referrals recorded during 2021/22, not all sources of referral experienced a rise during this period. One of the most significant decreases was in relation to GP referrals (-21, from 138 to 117). This may have been impacted, at least in part, to the reduction in face-to-face appointments in favour of telephone consultations due to Covid-19 restrictions experienced in 2021/22. Other decreases of note included referrals from friends and neighbours (-21, from 71 to 50) and the council (-18, from 137 to 119).

As was observed the previous year, the highest number of ASP reports of harm during 2021/22 were received from other organisations, which accounted for over a quarter (28.6%) of referrals (834 of 2,919). This is comparable with the figure observed during 2020/21 (836) and indicates that a wide range of agencies are aware of what constitutes harm and adults at risk and how to report it.

The summary tables provided in Appendix 1 show the referral source for all reports of harm reported to the Scottish Government during 2021/22 along with the previous five financial years for comparison purposes.

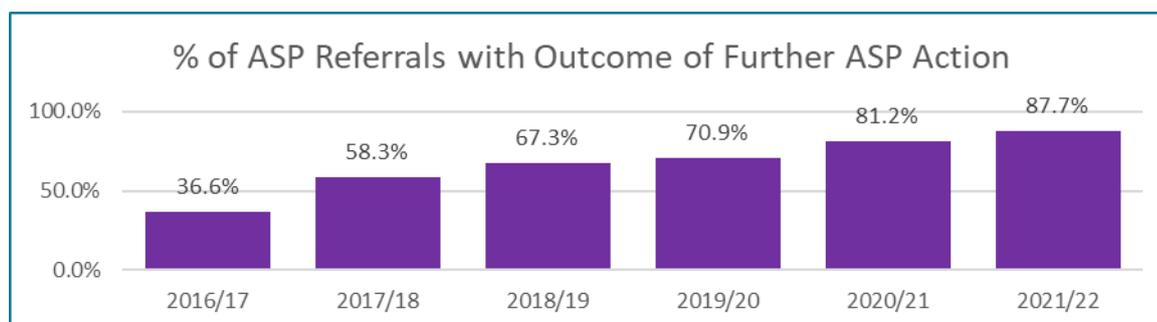
Recommendation 3: As per the ongoing 2021-23 ASP workplan, the ASP team will continue to strengthen links with all partners and raise awareness of the key ASP messages during the forthcoming year through development and implementation of a stakeholder engagement plan (planned in early 2023).

Recommendation 4: Audit and drug prevention activity from SAS were highlighted at ASPC in August 2022. Work is ongoing to further strengthen ASP links with SAS and reporting of harm moving forward.

Recommendation 5: SE&I group to continue to monitor the source of ASP referrals on a quarterly basis via analysis provided by the PIP team in the ASPC quarterly report.

5. Outcome of ASP Referrals

The graph below shows the outcome of the ASP referral as reported to the Scottish Government for the 2,919 reports of harm recorded during 2021/22.



Source: SWIFT AIS.

The proportion of referrals requiring further Adult Protection action rose by 6.5% during 2021/22 (from 81.2% to 87.7%). This continues the consistent increasing trend seen over six years examined (2016/17 to 2021/22). This may, in part, be a reflection of improved practice in the correct identification and reporting of harm, resulting from increased team knowledge, training opportunities and review at team level. A further contributory factor could be an alteration in recording practices at the Social Work Contact Centre (SWCC).

Further development and refinement of a national minimum dataset alongside the forthcoming new case management system for Social Work will enable review and clarification of recording practices on how reports of harm are collected and recorded. The launch of the new LiquidLogic system has now been rescheduled until mid-2023, allowing additional time for recording practices to be evaluated and refined to facilitate more consistent and robust performance reporting moving forward.

The table below shows the outcomes of ASP reports of harm from 2016/17 to 2021/22. The consistent increase in ASP referrals with further AP action since 2017/18 combined with a decrease in reports where non-AP action was required over the last three financial years indicates a further strengthening of practice across the partnership on the appropriate identification and reporting of harm in relation to adults at risk.

Referral Outcome	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	610	1,398	1,825	2,103	2,272	2,560
Further non-AP action	301	332	242	256	130	90
No further action	713	610	560	518	342	206

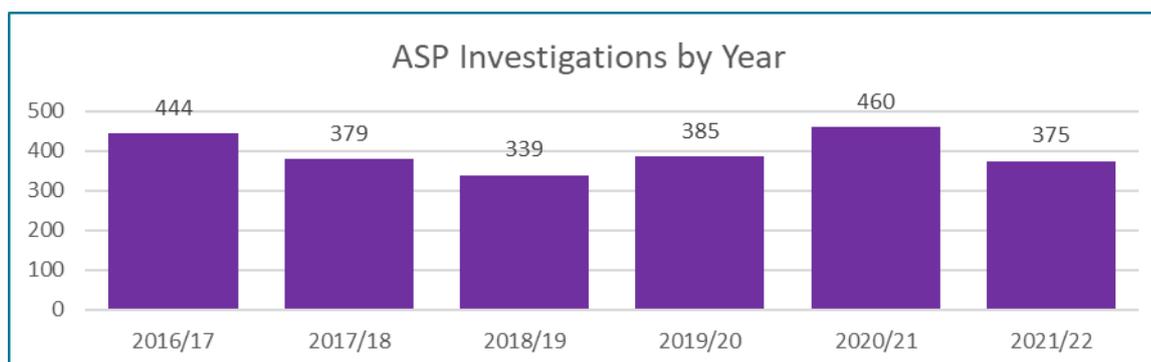
Not recorded	41	60	83	90	54	63
TOTAL	1,665	2,400	2,710	2,967	2,798	2,919

Source: SWIFT AIS.

Recommendation 6: Continuation of working group and regular meetings between ASP team, PIP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LiquidLogic system can effectively record and report on counts, source and outcomes of ASP referrals.

6. ASP Investigations

The graph below illustrates the number of ASP investigations as reported to the Scottish Government for the period 1st April 2021 to 31st March 2022.



Source: SWIFT AIS. Note: 385 recorded in 2019/20 rose to 459 following data validation exercises.

During 2021/22, the volume of ASP investigations conducted reduced by 18.5% as compared to the previous year (-85, from 460 to 375). The figures for 2021/22 (375) show a return to the levels observed during 2019/20 (385) and are generally consistent with the five-year average (401 per year based on figures from 2016/17 to 2020/21). However, it should be noted that data validations subsequently increased the 2019/20 figures from 385 to 459 (after this had been reported to Scottish Government). Similar actions should be considered for the 2021/22 figures in order to ensure that data is directly comparable.

Whilst 375 ASP investigations were conducted during 2021/22, this was in relation to 358 individuals. The majority of nominals were the subject of only one investigation (342), however 15 individuals had two ASP investigations undertaken and one nominal had three investigations conducted over the time period examined. It should be noted that this is a reduction in the number of individuals with multiple investigations as observed the previous year (29 in 2020/21).

Analysis by age group shows that 11 of the 16 nominals who were the subject of multiple ASP investigations were under 65 years, with five over the age of 65. Proportionally however, the figures are more

comparable, with 4.5% of adults aged under 65 years being the subject of more than one ASP investigation over the period examined (11 of 244) as compared to 3.8% of those aged 65 years and over (5 of 131).

Recommendation 7: ASP Team and PIP to investigate what data validation exercises were carried out during 2019/20 given the rise in investigations subsequently observed once this work had been carried out. Consider similar data validations for 2021/22. PIP team can provide data and analysis where appropriate.

Recommendation 8: SE&I interagency audit to consider including the 16 nominals who have been subject to multiple investigations during 2021/22 to evaluate if the partnership can strengthen its response to harm, particularly in relation to the support of adults under 65 years.

Recommendation 9: ASP team leaders to consider routine review of cases and any procedural implications where multiple investigations are being undertaken.

7. Outcome of ASP Investigations

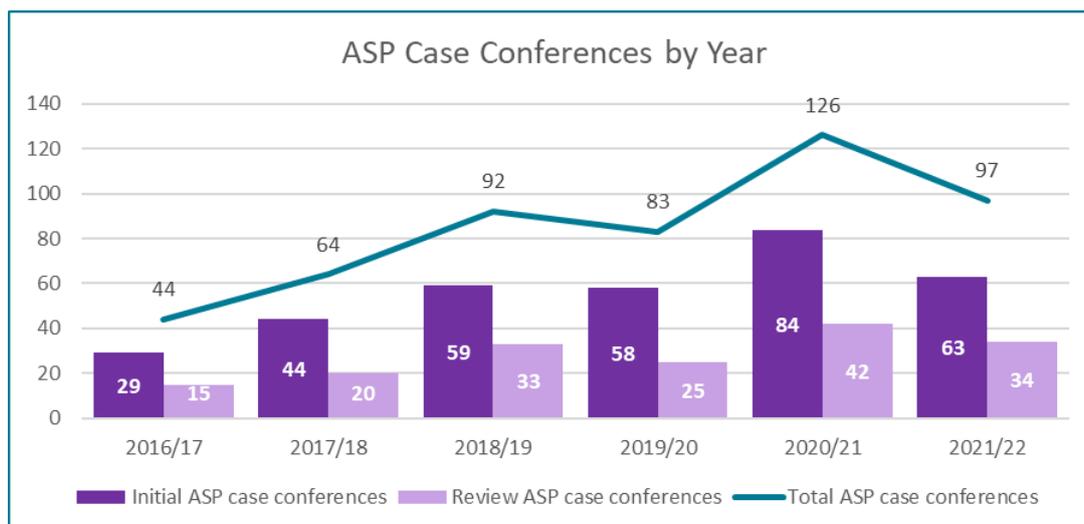
Investigation Outcome (%)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	16.9%	12.7%	10.0%	11.4%	12.8%	10.1%
Further non-AP action	48.2%	43.8%	30.1%	34.0%	37.4%	34.4%
No further action	30.9%	41.4%	48.7%	52.2%	49.3%	53.9%
Not recorded	4.1%	2.1%	11.2%	2.3%	0.4%	1.6%

Source: SWIFT AIS.

The table above provides the proportion of cases progressed past investigation stage for further ASP action. Overall, the figures observed for 2021/22 remain similar to previous years. Overall, 10.1% of cases were progressed for further AP action. This relates to 38 investigations, a notable reduction on the previous year (59 during 2020/21). Of the 38 cases progressed for further ASP action, 32 related to nominals under 65. Work is ongoing in relation to how this data will be captured on and extracted from LiquidLogic.

Recommendation 10: Continuation of working group and regular meetings between ASP team, PIP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LiquidLogic system can effectively record and report on counts, outcomes and nominal demographics from ASP investigations.

8. ASP Case Conferences



Source: Team managers.

The graph above shows the number of ASP case conferences undertaken during 2021/22 as compared to the previous five financial years. Overall, the volume of ASP case conferences conducted during 2021/22 decreased by 23% (-29, from 126 in 2020/21 to 97). This decrease was evident across both ASP case conference categories, with initial ASP case conferences reducing from 84 to 63 and review case conferences from 42 to 34. This also follows the notable 52% rise observed the previous year (from 83 in 2019/20 to 126 in 2020/21). Of the 97 total ASP case conferences during 2021/22, 76.2% were undertaken by the Adults teams (74). Proportionally, this is broadly comparable with the volume observed during the previous year (73% by Adults Teams).

Recommendation 11: Social work service managers to continue to monitor the distribution of ASP investigations and case conferences and consider the resource implications, particularly in relation to the volume of case conferences undertaken by the Adults teams during 2021/22 (76.2% of total).

Recommendation 12: Data on case conferences is currently gathered from team managers via Microsoft Forms due to difficulties in recording and extracting figures from SWIFT AIS. Ways to enable the consistent and accurate recording and extraction of case conferences on LiquidLogic should be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring and the collation of the statutory Scottish Government annual return.

Recommendation 13: ASP Team and PIP Team to compile concise guidance sheet for use by team managers about which information to record on case conferences for the Scottish Government return. This can be used for training, will facilitate consistency of approach across teams, ensure that data is directly comparable year-on-year and assist with future LiquidLogic discussions. This should be accompanied by a simple table / spreadsheet to capture all data required for internal performance and statutory reporting and saved in a centralised Sharepoint location to allow comparison between periods and facilitate regular updates from team managers. PIP team to compile timetable for completion and send reminders throughout the forthcoming year. Consider for use in the interim pending the launch of LiquidLogic.

9. ASP Protection Orders

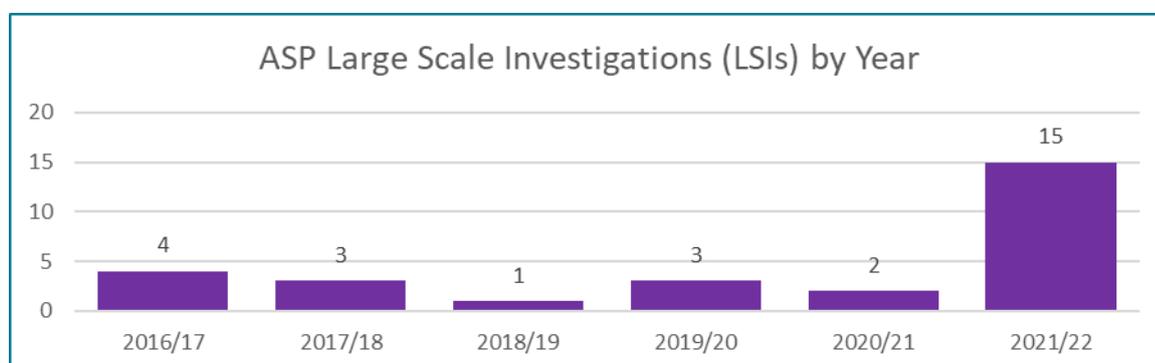
The Scottish Government return for 2021/22 requested information on protection orders granted, namely assessment orders, removal orders, temporary banning orders, banning orders, temporary banning orders with power of arrest and banning orders with power of arrest. There were no ASP protection orders granted in 2021/22 in Fife which is consistent with the previous year. Reporting of protection orders remains very low, and work is ongoing to investigate the reasons behind this. Consideration needs to be given to how information on protection orders will be recorded in and retrieved from the new LiquidLogic system and more streamlined and robust ways to capture the required information in the interim period.

Recommendation 14: Data on protection orders is currently gathered manually from team managers via Microsoft Forms due to difficulties extracting this information from SWIFT AIS (this data is currently recorded in profile notes which cannot easily be searched). Ways to enable the consistent and accurate recording and extraction of protection orders on LiquidLogic should be considered as a priority to enable robust and timely extraction to facilitate regular performance monitoring and statutory annual return.

Recommendation 15: ASP team and PIP team to compile concise guidance about what information to record on protection orders for the Scottish Government return along with a simple table / spreadsheet to capture all data required. This should be saved in a centralised Sharepoint location and used in the interim pending the launch of LiquidLogic (as per Recommendation 13).

Recommendation 16: ASP team to continue work on processes, information gathering and the recording procedure in relation to protection orders due to consistently low figures.

10. Large Scale Investigations (LSIs)



Source: Team managers.

The graph above shows the number of large-scale investigations (LSIs) reported to the Scottish Government. During 2021/22, there were 15 LSIs undertaken - a notable rise as compared to the previous five years, where the number of annual LSIs ranged from one to four annually. Three of the LSIs were undertaken by the Adults team, with the remaining 12 being conducted by the Older People teams. An LSI audit for the period 2020-2022 is currently being carried out by the ASP co-ordinator and the ASP quality assurance officer to examine reasons for the rise in LSIs experienced this year. LSI cannot be extracted from SWIFT AIS and as such, is currently gathered from team managers. Initial findings suggest that LSI IRD planning meetings may have been included in this year's figures (8) as well as formal full LSIs (6), however this would still constitute a rise in LSIs for 2021/22 as compared to the previous year (from 2 to 6).

Iriss, in partnership with the National Adult Protection Committee, have developed a free online learning resource explaining the role of LSIs within ASP practices in Scotland. This is split over four modules covering key principles, tasks / knowledge, potential practice dilemmas / errors, differences in singular investigations and an LSI and planning / structuring an LSI. The ASP team have been asked to consider this for delivery and training on a multi-agency basis. Iriss is also currently developing a national LSI framework to include learning, evidence and examples to encourage consistency in practice and ensure transparency of approach.

Recommendation 17: Social work service managers to continue to monitor distribution of LSIs and consider resource implications, particularly in relation to the number of LSIs undertaken by OP teams during 2021/22.

Recommendation 18: ASP team and PIP team to compile clear guidance on what LSI information is required for the Scottish Government and a table / spreadsheet to ensure consistency of approach across teams and on previous submissions (as per Recommendation 13). The lead should be taken from the Fife Interagency Guidance and Procedure for Large Scale Investigations of Adults at Risk of Harm (updated December 2021). The LSI review for 2020-22 is ongoing and has been added to the agenda of the next ASP managers meeting.

Recommendation 19: Ways to enable the consistent and accurate recording and extraction of LSIs on LiquidLogic should be considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring and the statutory annual return to the Scottish Government.

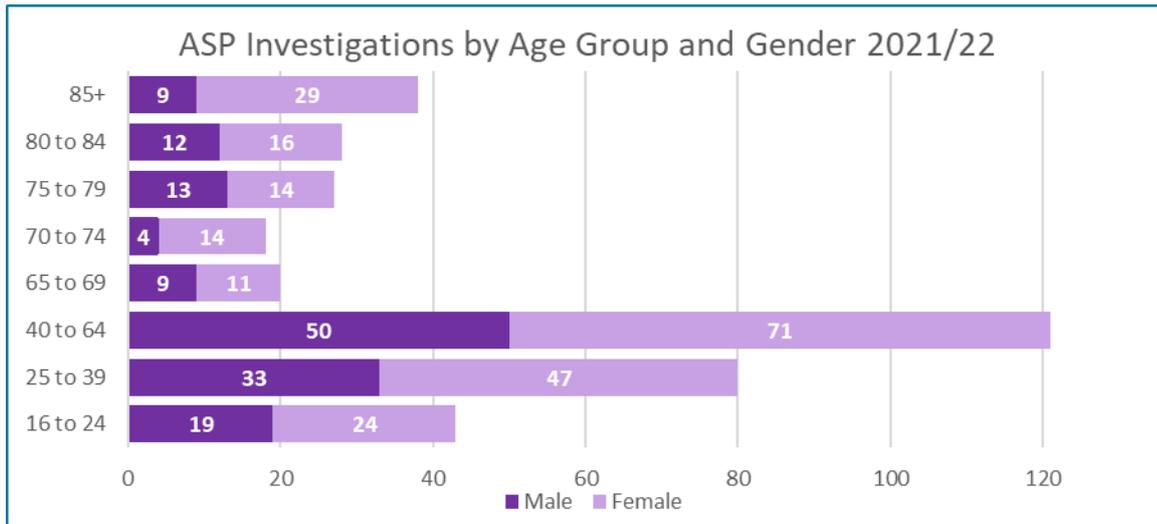
Recommendation 20: ASP are considering the LSI package from Iriss to compile a learning resource for delivery and training on a multi-agency basis.

11. Demographic Information

To facilitate planning and development of effective pathways and preventative support, it is essential to monitor details of adults of risk, the types of harm they are experiencing and where this is taking place. Nationally, this is reported on during the investigation stage of an ASP enquiry and analysis of this is

provided below. It should be noted that persons may be counted more than once within the following figures (where more than one investigation has been conducted for that nominal within the time period examined). Demographic data is reported to ASPC on a quarterly basis to enable continuous monitoring and early identification of trends or changes in data.

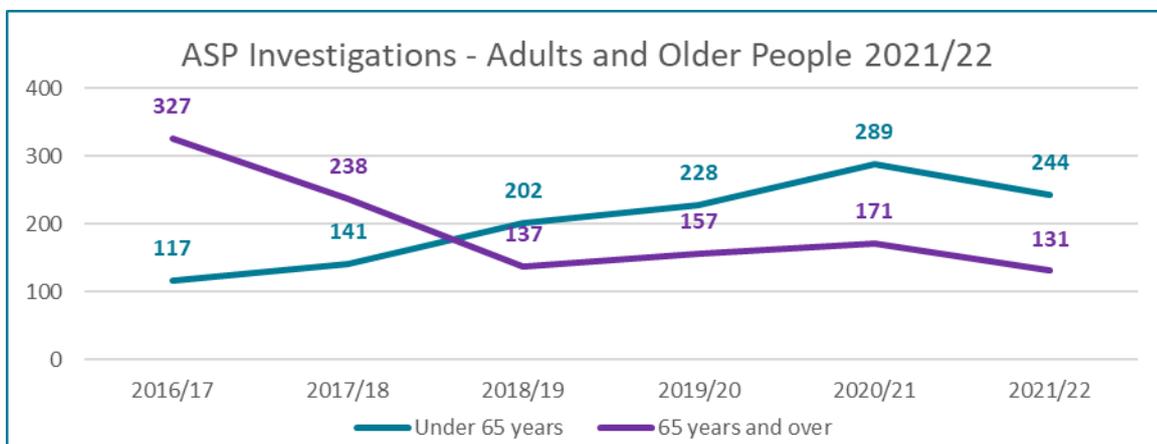
11.1. Age and Gender



Source: SWIFT AIS.

The graph above illustrates the count of investigations by gender and age group of the individual concerned.

Overall, a greater proportion (60.3%) of ASP investigations during 2021/22 related to adults identifying as female (226 of 375), which is the case across all age ranges considered. This trend was also observed consistently across all four quarters of the reporting period examined.



Source: SWIFT AIS.

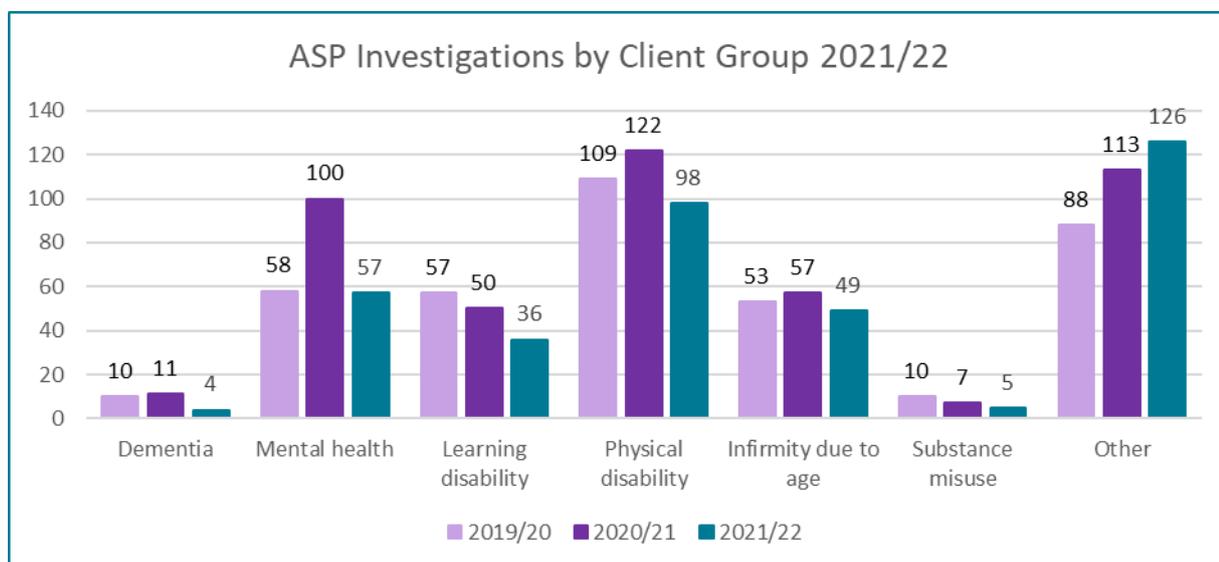
Age Group (%)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Under 65 years	26.4%	37.2%	59.6%	59.2%	62.8%	65.1%
65 years and over	73.6%	62.8%	40.4%	40.8%	37.2%	34.9%

Source: SWIFT AIS.

During 2021/22, just under two thirds (65.1%) of investigations conducted involved persons under the age of 65 years (244 of 375). The proportion of investigations for this age group has shown a consistent upward trend since 2016/17 and a year-on-year increase since 2019/20, which may be reflective of awareness raising and training across Fife strengthening our approach to identifying and reporting harm.

The resulting reduction in the proportion of investigations involving older age groups (from 73.6% in 2016/17 to 34.9% in 2021/22) could be related to ongoing work to ensure that practitioners are better able to differentiate between significant occurrences and harm.

11.2. Client Group



Source: SWIFT AIS.

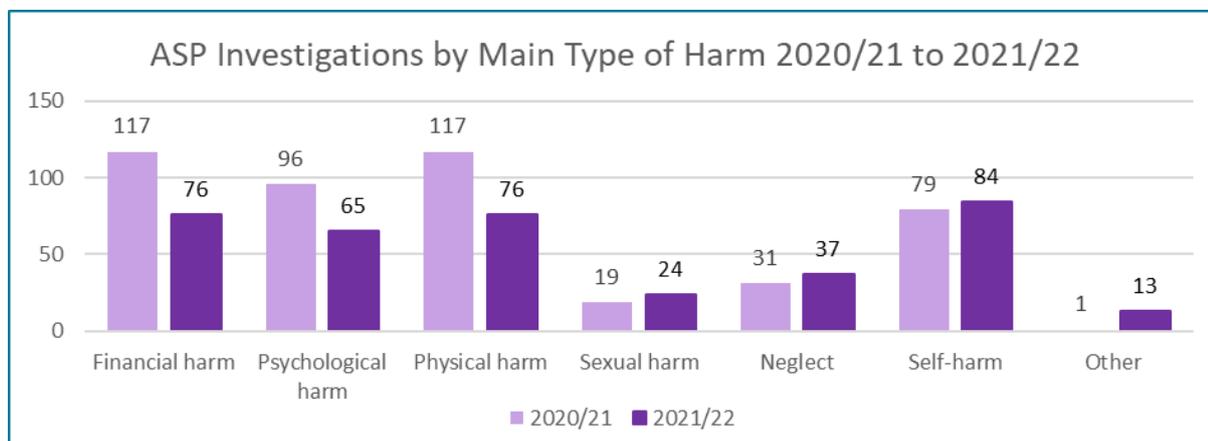
The graph above shows the number of investigations conducted for each client group category during 2021/22. Due to the overall decrease in the volume of investigations carried out over this period (from 460 in 2020/21 to 375 in 2021/22), there has been a resultant reduction in most of the client categories. The most notable is for mental health, which has almost halved in 2021/22 (from 100 to 57) following the rise observed the previous year (from 58 in 2019/20). One possible contributory factor to the rise seen in

2020/21 is the pandemic, with concerns over Covid-19, a reduction in available services and mandatory lockdowns likely to have had impact upon individual's mental health.

The only rise in client group during 2021/22 was in relation to the Other category (from 113 in 2020/21 to 126). The highest number of investigations were for Offenders (32) and Other Vulnerable People (30). It should be noted that for 19% of this category, the client group was listed as Not Recorded (24 of 126).

12. Incident Information

12.1. Type of Harm

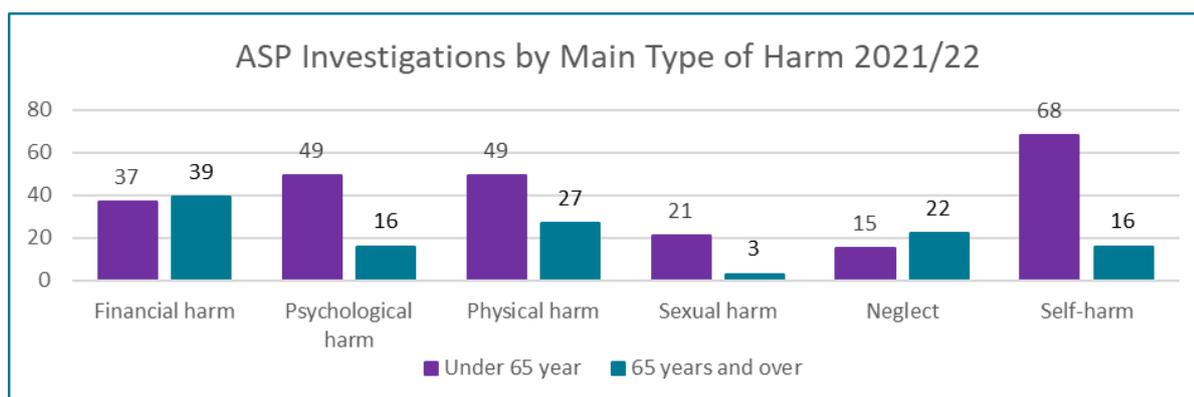


Source: SWIFT AIS.

The graph above shows the number of ASP investigations by main type of harm recorded. During 2021/22, the most common types of principal harm leading to an ASP investigation were financial harm and psychological harm, consistent with the previous year. Each accounted for 20.3% each of total investigations during 2021/22 (76 each of 375), a reduction in the proportions seen the year before (25% each in 2020/21).

Despite an overall decrease in the volume of ASP investigations carried out in 2021/22 (from 460 to 375), there were small rises in the volume and proportion of investigations involving sexual harm (+5, from 19 or 4.1% in 2020/21 to 24 or 6.4% in 2021/22; 18 nominals to 23), neglect (+6, from 31 or 6.7% to 37 or 9.9%; 31 nominals to 35) and self-harm (+5, from 79 or 17.2% to 84 or 22.4%; 75 nominals to 83). It is notable that the rise in investigations involving self-harm last year (from 50 to 79) has continued in 2021/22 (+5 to 84).

The graph below shows the main type of harm recorded in the ASP investigation by client age group for 2021/22. As in previous years, this demonstrates the variance in types of harm experienced over the different age groups. Consistent with the findings from 2020/21, the most notable is for investigations involving self-harm, with 80.9% of these involving under 65s (68 of 84) and accounting for 27.9% of all investigations involving adults aged 16 to 64 (68 of 244, higher than any other harm type for this age range).



Source: SWIFT AIS.

The type of harm investigated varies between client groups and it may be beneficial to consider this information to advise targeted communications campaigns. The highest count and percentage has been shown in red for each category in the table below for ease of reference. Caution must be taken when analysing the findings as counts for each can be small (given in the TOTAL column).

Client Group		Main Type of Harm							TOTAL
		Financial harm	Psychological harm	Physical harm	Sexual harm	Neglect	Self-harm	Other	
Dementia	Count	0	0	2	0	2	0	0	4
	%	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	100.0%
Mental health	Count	14	12	7	5	3	16	0	57
	%	24.6%	21.1%	12.3%	8.8%	5.3%	28.1%	0.0%	100.0%
Learning disability	Count	7	7	11	3	2	5	1	36
	%	19.4%	19.4%	30.6%	8.3%	5.6%	13.9%	2.8%	100.0%
Physical disability	Count	20	12	20	5	19	18	4	98
	%	20.4%	12.2%	20.4%	5.1%	19.4%	18.4%	4.1%	100.0%
Infirmity due to age	Count	17	4	14	1	4	4	5	49
	%	34.7%	8.2%	28.6%	2.0%	8.2%	8.2%	10.2%	100.0%
Substance misuse	Count	2	2	1	0	0	0	0	5
	%	40.0%	40.0%	20.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Other	Count	16	27	20	10	7	41	5	126
	%	12.7%	21.4%	15.9%	7.9%	5.6%	32.5%	4.0%	100.0%

Source: SWIFT AIS.

Recommendation 21: Learning and Development to consider the continued increase in investigations relating to self-harm and the current training and resources in place to support staff in providing effective and timely support.

Recommendation 22: ASP team to consider the breakdown of client group and types of harm with a view to developing more targeted communication campaigns based on the analysis above.

12.2. Location of Harm

The most frequent location of harm continues to be the individual's own home, accounting for over half (55.5%) of the ASP investigations during 2021/22 (208 of 375). This is a small decrease on the proportion observed the previous year (62%) but has remained universal across age group, gender, primary client group and ethnicity and is consistent with data from previous years. The number of investigations where the location of harm was reported as a care home has further decreased in 2021/22 (from 25 in 2020/21 to 18) and is very low (4.8%) as compared to the previous national average (22%).

Recommendation 23: Self-evaluation activity to scrutinise / investigate reasons for difference between number of investigations where location is a care home as compared to national average (ongoing).

13. Concluding Remarks

As has been observed previously, the data for 2021/22 is broadly consistent with the findings from past returns. As such, the ASPC Strategic Improvement Plan, updates and supporting workplans already contain ongoing actions which are further reinforced by the findings of this report. National statistics in relation to the Scottish Government returns for 2021/22 have not yet been published, but a comparison paper in relation to Fife statistics will be produced once this data becomes available.

Current work includes the development of a stakeholder engagement strategy and a mixed methods review to investigate the low number of investigations involving care homes as compared to the national average of 22% (volume in Fife decreased further in 2021/22, from 25 to 18 or from 5.4% to 4.8%).

Ongoing trends from previous years which have continued during 2021/22 include:

- Rising reports of harm from police (664 to 696) and Scottish Ambulance Service (29 to 38).
- Continued reduction in referrals from GPs (180 in 2019/20 to 138 in 2020/21 to 117 in 2021/22).
- Further increase in investigations involving self-harm, majority of which (80.9%) involve under 65's.

New potential areas for further investigation highlighted by the findings from this 2021/22 report include:

- Notable increase in referrals from NHS (from 344 to 448) – possibly due to greater service contact / involvement following easing of lockdown restrictions. Specific rise from NHS24 (from 23 to 55).
- Notable rise in ASP referrals from care inspectorate (from 11 to 42).
- Significant increase in the number of LSIs reported (from 2 to 15).

Overall, the volume and complexity of ASP work undertaken across the service, particularly in relation to those aged under 65 years, continues to increase. There has been a small reduction in the number of individuals for whom multiple reports of harm are received (551 to 535) but a rise in nominals with five or more referrals (from 45 to 50). The proportion of referrals requiring further adult protection action rose again 2021/22, marking the fifth consecutive year of increase. The proportion of ASP investigations involving those under 65 years of age has grown further (from 62.8% in 2020/21 to 65.1%).

Existing audit processes can be used to identify learning points and review and refine our processes regarding multiple reports of harm and escalation of involvement and engagement. This will help to ensure that we continue to move forward as a partnership in finding effective ways to keep people safe from harm. The tables overleaf provide an overview of the recommendations made from the findings in this report. If agreed to be taken forward, these can be embedded in the existing workplans for 2021-23 and the stakeholder engagement plans (as appropriate).

Recommendation 24: PIP team to produce a report on Fife ASP return for 2021/22 as compared to national statistics for Scotland once data becomes available from the Scottish Government (anticipated late 2022).

Please contact Katie Jones (Performance Improvement and Planning Officer) if you have any questions about the contents of this report or would like to request further analysis of the data from this return.

Email: Katie.Jones@fife.gov.uk

Key Finding and Report Section	Report Recommendation for Consideration	Lead	Required
<p>Small decrease in nominals with multiple reports of harm (from 29% or 551 to 27% or 535) but a rise in the number of individuals with five or more referrals recorded (from 45 to 50).</p> <p><i>(Section 3. ASP Reports of Harm)</i></p>	<p><u>Recommendation 1:</u> SE&I to consider undertaking an audit of cases where there have been multiple reports of harm (535) and / or an audit of cases with five or more reports of harm (50). This will help ensure that the multiple report of harm protocol is being correctly taken forward and that there is an escalation of engagement (where appropriate). It will also allow an evaluation of the quality of the partnership's response to preventing harm and help identify any learning points or further actions for improvement moving forward. In addition, this would assist with a review of chronologies which will be an action point for the overarching Adult Support and Protection Committee (ASPC) strategic improvement plan for 2023-25 and could be considered for the forthcoming annual ASP audit for 2023. Given the volume of cases involved (535 multiple reports of harm, 50 of which have 5+ referrals), it may be more appropriate to consider a dip sample from both categories to ensure any audit is manageable but as representative as possible of the broader data. The PIP team can provide further data on multiple reports of harm as required.</p>	SE&I ASP team	2023
	<p><u>Recommendation 2:</u> The service aims to complete 85% of inter-agency referral discussions (IRDs) within five working days. However, IRD snapshots may include multiple reports of harm IRDs (MRH) which can lead to delays in the timescale being met due to the time taken to co-ordinate the availability of participants to conduct the face-to-face meetings required. ASP team and PIP to examine the current scale and consider ways in which this can be addressed (such as reviewing MRHs separately, for example).</p>	SE&I ASP team	2023
<p>Changes in referral trends in 2021/22 include a 30.2% rise in ASP referrals from NHS (+104), a notable increase from care inspectorate (+31) and continued rises from police and SAS.</p> <p><i>(Section 4. Source of Referrals)</i></p>	<p><u>Recommendation 3:</u> As per ongoing 2021-23 ASP workplan, the ASP team will continue to strengthen links with all partners and raise awareness of the key ASP messages during the forthcoming year through development / implementation of a stakeholder engagement plan.</p>	ASP team	Early 2023
	<p><u>Recommendation 4:</u> Audit and drug prevention activity from SAS were highlighted at ASPC in August 2022. Work is ongoing to further strengthen ASP links with SAS and reporting of harm.</p>	ASP team SAS	2023

	<u>Recommendation 5</u> : SE&I group to continue to monitor the source of ASP referrals on a quarterly basis via analysis provided by the PIP team in the ASPC quarterly report.	SE&I PIP team	Quarterly
Later launch of LiquidLogic allows additional time for ROH recording practices to be evaluated / refined for more consistent / robust performance reporting moving forward. (Section 5. Outcome of ASP Referrals)	<u>Recommendation 6</u> : Continuation of working group and regular meetings between ASP team, PIP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LiquidLogic system can effectively record and report on counts, source and outcomes of ASP referrals.	ASP team PIP team SWIFT replacement team	As required

Key Finding and Report Section	Report Recommendation for Consideration	Lead	Required
Investigations reduced on last year to 375, similar to 2019/20 (385), which rose to 459 following data validation exercises. (Section 6: ASP Investigations)	<u>Recommendation 7</u> : ASP Team and PIP to investigate what data validation exercises were carried out during 2019/20 given the rise in investigations subsequently observed once this work had been carried out. Consider similar data validations for 2021/22. PIP team can provide data and analysis where appropriate.	ASP team PIP team	2023
16 nominals were the subject of multiple ASP investigations during 2021/22 (albeit decrease on last year). (Section 6: ASP Investigations)	<u>Recommendation 8</u> : SE&I interagency audit to consider including the 16 nominals who have been subject to multiple investigations during 2021/22 to evaluate if the partnership can strengthen its response to harm, particularly in relation to the support of adults under 65 years.	SE&I	2023
	<u>Recommendation 9</u> : ASP team leaders to consider routine review of cases and any procedural implications where multiple investigations are being undertaken.	ASP team	2023
The recording and extraction of ASP investigation data from LiquidLogic.	<u>Recommendation 10</u> : Continuation of working group and regular meetings between ASP team, PIP team, Social Work, Workforce Development and SWIFT replacement	ASP team PIP team	As required

<i>(Section 7: Outcome of ASP Investigations)</i>	team to ensure that the LiquidLogic system can effectively record and report on counts, outcomes and nominal demographics from ASP investigations.	SWIFT replacement team	
76.2% of case conferences completed by Adults teams in 2021/22 (74 of 97). <i>(Section 8: ASP Case Conferences)</i>	<u>Recommendation 11</u> : Social work service managers to continue to monitor the distribution of ASP investigations and case conferences and consider the resource implications, particularly in relation to the volume of case conferences undertaken by the Adults teams during 2021/22.	SW teams	2023
Recording of case conference information on Liquid Logic and for Scottish Government return and internal monitoring and reporting purposes. <i>(Section 8. ASP Case Conferences)</i>	<u>Recommendation 12</u> : Data on case conferences is currently gathered from team managers via Microsoft Forms due to difficulties in recording and extracting figures from SWIFT AIS. Ways to enable the consistent and accurate recording and extraction of case conferences on LiquidLogic should be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring and collation of statutory SG return.	ASP team PIP team SWIFT replacement team	2023
	<u>Recommendation 13</u> : ASP Team and PIP Team to compile concise guidance sheet for use by team managers about which information to record about case conferences for SG return. This can be used for training, will facilitate consistency of approach across teams, ensure data is directly comparable year-on-year and assist with LiquidLogic discussions. This should be accompanied by a simple table / spreadsheet to capture data required for internal performance and statutory reporting and saved in a centralised Sharepoint location to allow comparison between periods and facilitate regular updates from team managers. PIP team to compile timetable for completion and send reminders throughout the forthcoming year. Consider for use in the interim pending the launch of LiquidLogic.	ASP team PIP team	2023

Key Finding and Report Section	Report Recommendation for Consideration	Lead	Required
Recording of ASP Protection Orders. <i>(Section 9. ASP Protection Orders)</i>	<u>Recommendation 14</u> : Data on protection orders is currently gathered manually from team managers via Microsoft Forms due to difficulties extracting this information from SWIFT AIS (this data is currently recorded in profile notes which cannot easily be searched). Ways to enable the consistent and accurate recording and extraction of protection orders on LiquidLogic should be considered as a priority to enable robust and timely extraction to facilitate regular performance monitoring and statutory annual return.	ASP team PIP team SWIFT replacement team	2023
	<u>Recommendation 15</u> : ASP team and PIP team to compile concise guidance about what information to record on protection orders for the Scottish Government return along with a simple table / spreadsheet to capture all data required. This should be saved in a centralised Sharepoint location and used in the interim pending the launch of LiquidLogic (as per Recommendation 13).	ASP team PIP team	2023
	<u>Recommendation 16</u> : ASP team to continue work on processes, information gathering and the recording procedure in relation to protection orders due to consistently low figures.	ASP team	2023
Increase in volume of LSIs during 2021/22. <i>(Section 10. Large Scale Investigations (LSIs))</i>	<u>Recommendation 17</u> : Social work service managers to continue to monitor distribution of LSIs and consider resource implications, particularly in relation to the number of LSIs undertaken by OP teams during 2021/22.	ASP team	2023
Recording of LSIs. <i>(Section 10. Large Scale Investigations (LSIs))</i>	<u>Recommendation 18</u> : ASP team and PIP team to compile clear guidance on what LSI information is required for the Scottish Government and a table / spreadsheet to ensure consistency of approach across teams and on previous submissions (as per Recommendation 13). The lead should be taken from the Fife Interagency Guidance and Procedure for Large Scale Investigations of Adults at Risk of Harm (updated December 2021). The LSI review for 2020-22 is ongoing and has been added to the agenda of the next ASP managers meeting.	ASP team PIP team	2023

	<u>Recommendation 19</u> : Ways to enable the consistent and accurate recording and extraction of LSIs on LiquidLogic should be considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring and statutory annual return to Scottish Government.	ASP team PIP team SWIFT replacement	2023
	<u>Recommendation 20</u> : ASP are considering the LSI package from Iriss to compile a learning resource for delivery and training on a multi-agency basis.	ASP team	2023

Key Finding and Report Section	Report Recommendation for Consideration	Lead	Required
Continued rise in the number of ASP investigations for self-harm (50 in 2019/20, 79 in 2020/21 to 84 in 2021/22). <i>(Section 12. Incident Information Section 12.1. Type of Harm)</i>	<u>Recommendation 21</u> : Learning and Development to consider the continued increase in investigations relating to self-harm and the current training and resources in place to support staff in providing effective and timely support.	L&D Group	2023
Variance in the types of harm investigated by age and client group. <i>(Section 12. Incident Information</i>	<u>Recommendation 22</u> : ASP team to consider the breakdown of client group and types of harm with a view to developing more targeted communication campaigns based on the analysis above.	ASP team	2023

<i>Section 12.1. Type of Harm)</i>			
<p>Number of investigations where the location of harm was reported as a care home has further decreased and is very low as compared to the national average.</p> <p><i>(Section 12. Incident Information</i> <i>Section 12.2. Location of Harm)</i></p>	<p><u>Recommendation 23</u>: Self-evaluation activity to scrutinise / investigate reasons for difference between number of investigations where location is a care home as compared to national average (ongoing).</p>	ASP team	2023
<p>Analysis of Fife annual ASP return for 2021/22 and other statistics for Scotland to provide comparison on national basis.</p> <p><i>(Section 13. Concluding Remarks)</i></p>	<p><u>Recommendation 24</u>: PIP team to produce a report on Fife ASP return for 2021/22 as compared to national statistics for Scotland once data becomes available from the Scottish Government (anticipated late 2022).</p>	PIP team	Late 2022 / early 2023

14. Reference Documents

This report should be considered in conjunction with the following additional reference documents, which outline strategies for the forthcoming period as well as ongoing workplans and partnership information (press Ctrl and right click on the link to access the documents).

Adult Support and Protection Committee Strategic Improvement Plan 2021-23

https://www.fife.gov.uk/_data/assets/word_doc/0031/176908/ASPC-Strategic-Improvement-Plan-2021-23-FINAL.docx

Adult Support and Protection Improvement Plan 2021-23

https://www.fife.gov.uk/_data/assets/pdf_file/0031/188086/ASPC-Vision-and-priorities-2021-23-1.pdf

Appendix 1: Summary Tables

Section A: Data on ASP Referrals

Question 1: Number of ASP referrals received

Summary of ASP Referrals	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Q1 (Apr to Jun)	375	510	757	725	644	810
Q2 (Jul to Sep)	427	502	659	757	822	668
Q3 (Oct to Dec)	410	588	671	730	687	691
Q4 (Jan to Mar)	453	800	623	755	645	750
TOTAL	1,665	2,400	2,710	2,967	2,798	2,919

Question 2: Source of principal referral

Source of ASP Referrals	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Mental Welfare Commission	0	0	0	0	0	0
Unpaid carer	0	0	0	0	0	0
Others	11	7	1	0	0	0
Healthcare Improvement Scotland	0	0	0	0	1	1
Other member of public	7	178	218	122	2	0
Office of Public Guardian	3	2	0	2	3	7
Care Inspectorate	15	31	0	7	11	42
Scottish Ambulance Service	3	3	0	3	29	38
Self (adult at risk of harm)	38	40	49	50	37	48
Scottish Fire & Rescue Service	77	74	63	69	57	44
Friend / neighbour	136	13	0	35	71	50
Anonymous	25	33	74	89	71	49
Council	272	343	194	193	137	119
GPs	45	64	131	180	138	117
Family	39	48	0	117	159	181

Social Work	216	258	293	310	238	245
NHS	229	365	322	411	344	448
Police	87	249	375	377	664	696
Other organisation	462	692	990	1,002	836	834
TOTAL	1,665	2,400	2,710	2,967	2,798	2,919

Section B: Data on Investigations

Question 3: Number of investigations commenced under the ASP Act

ASP Investigations	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Number of investigations	444	379	339	385	460	375

Question 4a: Number of investigations commenced by age and gender

Age Group	2019/20				2020/21				2021/22			
	Male	Female	Not Known	TOTAL	Male	Female	Not Known	TOTAL	Male	Female	Not Known	TOTAL
16 to 24	16	22	2	40	21	31	2	54	19	24	0	43
25 to 39	37	29	0	66	28	43	0	71	33	47	0	80
40 to 64	55	67	0	122	79	85	0	164	50	71	0	121
65 to 69	10	8	0	18	11	11	0	22	9	11	0	20
70 to 74	6	11	0	17	10	13	0	23	4	14	0	18
75 to 79	9	16	0	25	15	24	0	39	13	14	0	27
80 to 84	17	27	0	44	11	21	0	32	12	16	0	28
85+	17	36	0	53	16	38	0	54	9	29	0	38
Not known	0	0	0	0	0	1	0	1	0	0	0	0
TOTAL	167	216	2	385	191	267	2	460	149	226	0	375

Question 4b: Number of investigations commenced by age and ethnic group

Age Group	2019/20								2020/21								2021/22							
	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	TOTAL	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	TOTAL	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	TOTAL
16 to 24	37	0	1	0	0	0	2	40	47	0	1	0	0	0	6	54	40	0	0	0	0	0	3	43
25 to 39	63	0	0	0	0	1	2	66	67	1	1	0	0	0	2	71	74	0	1	0	0	1	4	80
40 to 64	115	0	0	0	0	0	7	122	152	0	0	0	0	0	12	164	105	2	2	0	0	0	12	121
65 to 69	15	0	0	0	0	0	3	18	19	0	0	0	0	0	3	22	20	0	0	0	0	0	0	20
70 to 74	16	0	0	0	0	0	1	17	21	0	0	0	0	1	1	23	18	0	0	0	0	0	0	18
75 to 79	22	0	0	0	0	0	3	25	35	0	0	0	0	0	4	39	26	0	0	0	0	0	1	27
80 to 84	36	0	0	0	0	0	8	44	29	0	0	0	0	0	3	32	27	0	0	0	0	0	1	28
85+	48	0	1	0	0	0	4	53	52	0	1	0	0	0	1	54	33	0	0	0	0	0	5	38
Not known	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
TOTAL	352	0	2	0	0	1	30	385	422	1	3	0	0	1	33	460	343	2	3	0	0	1	26	375

Question 5: Number of investigations commenced by primary main client group

ASP Investigations by Client Group	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Dementia	157	101	3	10	11	4
Mental health problem	37	54	40	58	100	57
Learning disability	63	70	44	57	50	36
Physical disability	54	46	97	109	122	98
Infirmity due to age	49	48	47	53	57	49
Substance misuse	19	11	1	10	7	5
Other	65	49	107	88	113	126
TOTAL	444	379	339	385	460	375

Question 6: Type of principal harm which resulted in an investigation (as defined under the ASP Act)

ASP Investigations by Type of Harm	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Financial harm	68	91	52	97	117	76
Psychological harm	46	49	94	84	96	65
Physical harm	120	106	43	95	117	76
Sexual harm	20	19	29	17	19	24
Neglect	104	66	34	36	31	37
Self-harm	19	23	85	50	79	84
Other	67	25	2	6	1	13
TOTAL	444	379	339	385	460	375

Question 7: Location of principal harm which resulted in an investigation (as defined under the ASP Act)

ASP Investigations by Location of Harm	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Own home	264	246	226	227	285	208
Other private address	6	13	9	14	14	17
Care home	128	66	33	37	25	18
Sheltered / supported accommodation	17	5	9	7	15	4
Independent hospital	1	0	1	3	0	0
NHS	16	19	11	14	10	5

Day centre	1	5	0	1	0	1
Public place	9	20	27	16	16	23
Not known	2	5	23	66	95	99
TOTAL	444	379	339	385	460	375

Section C: Data on ASP Case Conferences and Protection Orders

Question 8: Number of cases subject to an ASP case conference

Type of ASP Case Conference	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Initial ASP case conference	29	44	59	58	84	63
Review ASP case conference	15	20	33	25	42	34
TOTAL	44	64	92	83	126	97

Question 9: Number of protection orders granted

No protection orders were granted between 1st April 2021 and 31st March 2022.

Section D: Data on ASP Large Scale Investigations (LSIs)

Question 10: Number of LSIs commenced

ASP Large Scale Investigations (LSIs)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Number of LSIs	4	3	1	3	2	15

Section E: Data on Outcomes

Question 11: What happened to referrals received

Outcome of ASP Referrals	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	610	1,398	1,825	2,103	2,272	2,560
Further non-AP action	301	332	242	256	130	90

No further action	713	610	560	518	342	206
Not recorded	41	60	83	90	54	63
TOTAL	1,665	2,400	2,710	2,967	2,798	2,919

Outcome of ASP Referrals (%)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	36.6%	58.3%	67.3%	70.9%	81.2%	87.7%
Further non-AP action	18.1%	13.8%	8.9%	8.6%	4.6%	3.1%
No further action	42.8%	25.4%	20.7%	17.5%	12.2%	7.1%
Not recorded	2.5%	2.5%	3.1%	3.0%	1.9%	2.2%

Question 12: What happened to investigations received

Outcome of ASP Investigations	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	75	48	34	44	59	38
Further non-AP action	214	166	102	131	172	129
No further action	137	157	165	201	227	202
Not known / ongoing	18	8	38	9	2	6
TOTAL	444	379	339	385	460	375

Outcome of ASP Investigations (%)	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Further Adult Protection action	16.9%	12.7%	10.0%	11.4%	12.8%	10.1%
Further non-AP action	48.2%	43.8%	30.1%	34.0%	37.4%	34.4%
No further action	30.9%	41.4%	48.7%	52.2%	49.3%	53.9%
Not known / ongoing	4.1%	2.1%	11.2%	2.3%	0.4%	1.6%

Appendix 2-Updated Adult Support and Protection Competency Framework

Group A – Competences 1-5

Members of this group have a responsibility to contribute to Adult Support and Protection, but do not have specific organisational responsibility or statutory authority to intervene.

- All Support Staff in Health and Social Care
- Day service Staff
- Housing Staff
- Council Based Office Staff
- HR Staff
- Elected Members
- Volunteers
- Befrienders
- Charity Trustees
- Drivers, other transport staff

Staff Group B - Competences 1-12

This group have considerable professional and organisational responsibility for Adult Support and Protection. They have to be able to act on concerns and contribute appropriately to local and national policies, legislation and procedures. This group needs to work within an inter or multi-agency context.

- Social Workers
- Nurses
- Frontline Managers
- Team Managers
- Health and Social Care Providers Service Managers
- Senior Support Workers

Staff Group C - Competences 1-16

This Group is responsible for ensuring the management and delivery of Adult Support and Protection Services is effective and efficient. In addition they will have oversight of the development of systems, policies and procedures within their own organisations to facilitate good working partnerships with allied agencies to ensure consistency in approach and quality services.

- Operational Managers
- Senior Management
- Heads of Assessment and Care Managers
- Service Managers
- Senior Social Workers

Staff Group D - Competences 1-5 and 16-20

This Group is responsible in ensuring their organisation is, at all levels, fully committed to Safeguarding Adults and have in place appropriate systems and resources to support this work in an intra- and inter-agency context.

- Senior Leadership Team
- Chief Executive

Demonstrating Competence

To demonstrate competence staff should present a combination of evidence to their line managers. This could include formal training, completion of vocational/professional awards and work products. The line managers may wish to carry out a professional discussion, question / answer session with you in order to ensure competency in a specific area. A full list of suggested evidence can be found at the end of this document (appendix 2)

If you are required to demonstrate more than one set of competences, for example your current role is within both B and C - you may want to look at both of these competences as you should be able to cross reference your evidence for competences in other groups.

Staff Group A

All Staff to complete this section:

Competencies 1-5	Description	Evidence or Demonstration of Competence/Confidence in this area	Any development Required?	Review Date (minimum of 12 monthly)
1.	I understand that <i>"adult support and protection is everyone's business"</i>			
2.	I am able to recognise an adult potentially in need of Adult Support and Protection intervention and take action.			
3.	I understand how to make an ASP referral.			
4.	I understand dignity and respect when working with individuals.			
5.	I have knowledge of Fife Health and			

	Social Care Partnership's multi-agency ASP Procedures.			
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Staff Signature Line Managers Signature

Date

Staff Group B & C to complete this section

Competence in working with people and delivering Safeguarding Services Competence

Competencies 6-12	Description	Evidence or Demonstration of Competence/Confidence in this area	Any development Required?	Review Date (minimum of 12 monthly)
6.	I have the required knowledge and skills to contribute fully to the Adult Support and Protection process.			
7.	I am aware of and can apply local policy and procedural frameworks when undertaking Adult Support and Protection Activity.			
8.	I ensure service users/carer's are supported appropriately to understand Adult Support and Protection issues.			
9.	I am able to distinguish between observation, facts, information and			

	opinion gained from others in gathering evidence with regard to ASP issues			
10.	I know and understand the legislative context of Adult Support and Protection i.e. Adults with Incapacity (Scotland) Act 2000 and Mental Health Care and Treatment (Scotland) Act 2003			
11.	I maintain accurate, complete and up to date records.			
12.	I am able to demonstrate the required level of skills and knowledge to undertake an Adult Support and Protection Investigation.			

Staff Signature Line Managers Signature

Date

Staff Group C (Need to complete B & A also)

Competence in Strategic Management and Leadership of Safeguarding Services

Competencies 13-16	Description	Evidence or Demonstration of Competence/Confidence in this area	Any development Required?	Review Date (minimum of 12 monthly)

13.	I actively engage in supporting a positive multi-agency approach to Adult Support and Protection work.			
14.	I support the development of robust internal systems to provide consistent, high quality Adult Support and Protection service.			
15.	<p>I chair Adult Support and Protection meetings such as IRD discussions OR Case Conferences.</p> <p>(This only applies to Senior Practitioners or Team Managers who role involves chairing ASP meetings)</p>			
16.	I ensure record systems are robust and fit for purpose.			

Staff Signature Line Managers Signature

Date

Staff Group D (need to complete A also)

Competence in Strategic Management and Leadership of Safeguarding Services

Competencies 17-20	Description	Evidence or Demonstration of Competence/Confidence in this area	Any development Required?	Review Date (minimum of 12 monthly)
17.	I lead the development of effective policy and procedures for Adult Support and Protection services in my organisation.			
18.	I ensure plans and targets for Adult Support and Protection are embedded at a strategic level across the organisation.			
19.	I promote awareness of Adult Support and Protections systems within and outside my organisation.			
20.	I develop and maintain systems to ensure the involvement of service users in developing Adult Support and Protection services.			

Development of Competence-Appendix 1

Please make notes of how any competences that have not been demonstrated, can be evidenced in the foreseeable future and dates to when this will be assessed.

Competence:	Actions:	Target Date:
For example, I have knowledge of Fife's Health and Social Care Partnership's inter-agency ASP procedures	CB requires to broaden his understanding of Council Officer training. To attend CO training.	Within next 6 months.

Examples of Evidence to Support Competence Level-Appendix 2

Suggested Evidence Group A

- Clear understanding of their role in making an alert and an Adult Support and Protection referral.
- Clear understanding of their organisation's policy and procedures.
- Understand limits to confidentiality.
- Be able to define 'adult at risk of harm'.
- Know the different types of abuse and how to recognise indicators/signs.
- Contact emergency services where appropriate.
- Know how to make an alert and a referral.
- Know how to record appropriately.
- Value individuality and be non-judgmental.

- Be aware of how own values and attitudes influence understanding of situations.
- Understand how to 'whistleblow' using Local procedures.

Suggested Evidence Group B

- Responds to referrals within specified timescales.
- Identify and reduce potential and actual risks after an allegation of abuse has been made.
- Convene relevant ASP meetings such as IRD or Case Conference meetings as appropriate within specified time scales.
- Contribute effectively to all information sharing.
- Develop protective strategies for those who refuse services.
- Show a clear understanding of the thresholds and pathways for investigating in response to an Adult Support and Protection referral.
- Describe the purpose of a IRD Meeting and Case Conference.
- Describe the purpose of a Protection Plan.
- Use of appropriate forms and recording systems.
- Understand the use of legislation within Adult Support and Protection work including:-
 - Adult Support and Protection (Scotland) Act 2007
 - Mental Health Care and Treatment (Scotland) Act 2003
 - Adults with Incapacity (Scotland) Act 2000
- Recognise service users' rights to freedom of choice.
- Understand the impact that abuse can have on individuals.
- Provide information on local support services that may provide support.
- Provide written and verbal information on Adult Support and Protection processes.
- Demonstrate knowledge of gathering, evaluating and preserving evidence.

Suggested Evidence Group C

- Evidence of protection planning.
- Evidence of report writing.
- Evidence of multi-agency working.
- Explicit understanding of confidentiality and data protection issues
- Demonstrate a thorough knowledge and application of purpose, duties, tasks involved in Adult Support and Protection investigations.
- Plan and carry our agreed strategy to protect an adult from harm during and following an investigation.
- Understand the different roles and responsibilities of the different agencies involved in investigating allegations of harm.
- Demonstrate a clear understanding of Fife Health and Social Care Partnership multiagency policy and procedures.
- Ensure supervision is carried out regularly to support safeguarding activity.
- Ensure effective performance management systems are in place and implemented when poor Adult Support and Protection practice is identified.
- Ensure the workforce has the necessary skills and knowledge to carry our effective safeguarding activity.
- Chair relevant Adult Support and Protection meetings and conferences in line with local policy and procedures.
- Demonstrate effective systems are in place to maintain records including investigation reports, minutes and protection plans.

Suggested Evidence Group D

- Have a strategic understanding of the scope of Adult Support and Protection services across the organisation.
- Work in partnership with a range of key agencies to promote Adult Support and Protection Services.
- Promote the Fife Health and Social Care Partnership's Adult Support and Protection Committee work plan and key priorities.
- Effectively communicates a proactive approach to Adult Support and Protection within your organisation.
- Be able to account for your organisations Adult Support and Protection practice
- Ensure that internal audit systems are robust and meet the requirements for external scrutiny.
- Have a comprehensive knowledge of Care Inspectorate inspection findings and how these will be implemented to support service development in your organisation.
- Be aware of the findings from serious case reviews and any Adult Support and Protection implications for service delivery in your organisation.
- Identify systems and structures in place used to raise awareness of Adult Support and Protection locally.
- Evidence that service users, patients and carers are supported and involved in all aspects of activity, and that their feedback impacts upon service planning and delivery.

Appendix 3-Covering Letter as part of the ASPC's COVID Supermarket campaign



Child and Adult Protection Committee Support Team

Police Headquarters

Detroit Road

Glenrothes

KY6 2RJ



Fife Child Protection Committee

To the Shop Manager

Dear Sir/Madam

I write to ask for your assistance to help Fife Child and Adult Protection Committees keep children and adults safe from harm during the current crisis.

The COVID-19 outbreak and the current lockdown presents a variety of challenges to support children, young people and adults at risk of harm. The closure of schools and nurseries, day and drop-in centers, community hubs, libraries, banks and shops has resulted in people being behind closed doors, away from the people and services who might normally spot problems. We are asking everyone to keep their eyes and ears open for children and adults who may be at risk of harm, abuse or neglect during the COVID-19 crisis. During lockdown it's more important than ever to speak up if you see or hear something worrying about an adult or a child. This includes your staff, customers and delivery drivers, who can all have a part to play.

As part of our ongoing efforts to ensure that people know what harm is and how to report it, we have created the attached poster which details this information and shows the numbers to contact to talk about any concern you may have for both adult and child protection.

It would be appreciated if this poster can be displayed on your community noticeboard or near your shop entrance, so that we can continue to raise awareness of reporting methods and keep our communities safe from harm. I have enclosed an additional poster for display in staff areas and request that you make staff aware that any concerns they may see or hear about can be reported using the phonelines. If you are operating a delivery service, I would ask that you make your drivers aware.

If your staff, either within the shop environment or during deliveries see anything that gives them cause for concern, please assure them that it can be reported, confidentially if preferred, and that all concerns will be dealt with by Social Work and/or Police, handled sensitively and support provided if required.

I appreciate your assistance in this matter.

Yours faithfully



Alan Small

Independent Chair

Fife Child Protection Committee

Chair Alan Small

Lead Officer Amanda Law

“child protection is everyone’s jobit’s our job”

www.fifechildprotection.org.uk

Appendix 4- Communication and Stakeholder Engagement Action Plan

How will we communicate and engage with stakeholders?	Timescale	Responsibility	Measuring Impact
Seasonal ASPC SWAYs (one for the public, another for professionals) Winter 2022 SWAY will focus on “Staying Safe and Keeping Well”	Quarterly	ASPC	Feedback received (annual survey and ongoing) re the bulletin, and items for inclusion
Evaluate ASPC Webpage, and make any necessary recommendations for improvement	January 2022	ASP Team	Website analytics/Visits to site
Harm Awareness Raising Campaigns via SWAY to be provided for joint audience of public and professionals.	Monthly	Learning and Development Group	Increased referrals from members of the public Number of visits to SWAY page
Radio Campaigns	Quarterly	ASP Team, Kingdom FM Radio	Post Campaign Analysis fed back each quarter
Annual Adult Support and Protection Day	February	ASPC	Increased referrals from members of the public
Easy Read Resources/ Review resources for carers and families of adults at risk of harm, produce glossary of resources	March 2022	ASP Team	Feedback received from public and professionals
Inter-agency Guidance and Protocols - This is targeted work to strengthen links and ensure effective pathways of support for a workforce confident in ASP practices.	January 2022, to be updated as necessary	ASP Team	Feedback received from partner agencies as part of annual review of inter-agency guidance and protocol.
Professional updates to be provided relating to what the ASPC has achieved over the last quarter and will work towards over the next quarter	Quarterly	ASPC	ASPC to respond to this feedback in order to improve practice.
Practitioners Forum events	Quarterly	ASP, Learning and Development Group	Appropriate response – as measured by SE+I

			Group Performance Framework Numbers in attendance
ASP Bitesize Awareness Sessions	Last quarter of 2022	ASP Team, Engagement and Participation Co-Ordinator	Feedback from those involved
Service User Engagement Sessions - Consideration to be given to engaging with minority groups and those with specific language requirements, for example, BSL.	Ongoing	ASP Team, QA Officer, SW Teams	Feedback from those affected – Collected by front-line staff, Advocacy (including via website), QA Officer (Post-intervention questionnaire), wider partners, etc
Care Home Awareness Raising Sessions	Annual programme of engagement opportunities to be developed to help improve staff awareness: - Awareness-raising sessions with specific care home partners (via Teams or in person) - Multi agency awareness-raising sessions, eg with third sector partners (via Teams or in person)	ASP Team, Learning and Development Group	Appropriate response – as measured by Performance Framework, Numbers attending sessions across partners



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	31 March 2023
Agenda Item No:	9.3
Report Title:	Mainstreaming the Equality Duty and Equality Outcomes Progress Report – January 2023
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance and Commissioning
Report Author:	Lesley Gauld, Team Manager, Strategic Planning Avril Sweeney, Risk Compliance Manager

1 Purpose

This Report is presented to the Board for:

- Decision. The report is submitted to the Integration Joint Board for final review and approval, to ensure that the Partnership is meeting its requirements within the Equality Act 2010.

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:

- Outcomes - A Fife where we will promote dignity, equality and independence.

2 Route to the Meeting

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

- Senior Leadership Team
- Strategic Planning Group – 1st March 2023
- Quality and Communities Committee – 10th March 2023
- Finance, Performance and Scrutiny Committee – 17th March 2023.

Following feedback from the Strategic Planning Group additional references to carers were included in the Report, and the case study for Fife Carers Centre was moved to Equality Outcome 6. The Quality and Communities Committee suggested that additional information was also included in Section 3.3 of this SBAR relating to Child Rights and Wellbeing Impact Assessments (CRIWA) and the Equality Outcomes Action Plan.

No further changes were required by the Finance, Performance and Scrutiny Committee.

3 Report Summary

3.1 Situation

In April 2016, the Fife Integration Joint Board approved and published its Mainstreaming Report and Equality Outcomes in accordance with the Equality Act 2010. To continue to meet the obligations of the Act, the Integration Joint Board must comply with a number of duties that are set out below.

3.2 Background

The Equality Act 2010 includes a public sector equality duty (Section 149) which requires public bodies, including Integration Joint Boards, in the exercise of their functions, to have due regards to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a relevant protected characteristic and those who do not.

These are often referred to as “general” duties. In addition, there are also “specific” duties for some public bodies, including Integration Joint Boards, as set out in the table below.

Duty	Equality Act reference	Summary of Requirements	Frequency	Last published
Report on mainstreaming the equality duty	Section 3	Publish a report on the progress made to make the general equality duty integral to the exercise of functions	At least every two years	April 2018
Equality Outcomes	Section 4(1) and (2)	Publish a set of equality outcomes having involved protected characteristic groups/individuals and used available evidence	At least every 4 years	April 2016
Progress against equality outcomes	Section 4(4) and (5)	Publish a report on the progress made to achieve the equality outcomes	At least every 2 years	April 2018
Equality Impact Assessments	Section 5	Conduct equality impact assessments for new/revised policies and publish these	Ongoing	Ongoing on website

The Public Sector Equality Duty covers these protected characteristics:

- Age
- Disability
- Sex
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sexual Orientation
- Marriage and Civil Partnership

In addition, the Fairer Scotland Duty, Part 1 of the Equality Act 2010, came into force in Scotland in April 2018. It places a legal responsibility on public bodies to actively consider (“pay due regard to”) how they can reduce

inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. To fulfill their obligations under the Duty, public bodies must be able to meet the following key requirements:

- Actively consider how they can reduce inequalities of outcome in any major strategic decisions they make; and
- Publish a written assessment (Equality Impact Assessment) showing how they have done this.

3.3 Assessment

Over the last few years, the coronavirus pandemic has had a substantial impact on Fife Health and Social Care Partnership and the health and well-being of individuals and communities across Fife. Unavoidably, this has delayed the review of our existing equality outcomes and performance reporting on their progress.

The report at Appendix 1 meets the requirement to report on Mainstreaming the Equality Duty, provides a further progress update on the nine equality outcomes published in 2016 and last reported on in 2018, and also sets out the new set of five equality outcomes for 2023 to 2026.

We have integrated our approach to the development of the new set of outcomes with the work to develop the Strategic Plan 2023 to 2026. Together with support from the Equality and Human Rights Commission and through a newly created IJB Equality Peer Support Network, comprising representatives from a number of Scottish IJB's, we are working to ensure compliance in this area going forward.

An Equality Outcomes Action Plan is included in Appendix 2 and sets out key priorities over the next three years. During 2023 a detailed Action Plan will be developed to support the implementation of the Partnership's new equality outcomes. This will include specific actions to support individuals with care experiences (particularly children), carers, and the Armed Forces and Veterans Community. Current processes are being refreshed to include wider use of Equality Impact Assessments (EQIA's), and where relevant, Child Rights and Wellbeing Impact Assessments (CRIWA).

CRWIA is a process which will help identify, research, analyse and record the anticipated impact of any proposed law, policy or measure on children's human rights and wellbeing. CRWIA follows accepted impact assessment practice and should take place as early as possible in the policy development cycle.

The impacts can be direct or indirect; short, medium or long-term; and positive, negative or neutral. The CRWIA provides a template to help assess the impact of the policy/measure on the Articles of the United Nations Convention on the Rights of the Child (UNCRC) and consider how implementation of the policy/measure can help progress the realisation of children's rights, and safeguard, support and promote the wellbeing of children and young people in Scotland.

Completed assessments will be published on the Partnership's website here: www.fifehealthandsocialcare.org/publications.

3.3.1 Quality / Customer Care

The Partnership must understand the needs of those who use services so that it can deliver accessible, fair and effective health and social care services.

3.3.2 Workforce

This report does not cover the Equality Act, Specific Duties, in terms of the health and social care workforce. These are the responsibility of the partner bodies.

3.3.3 Financial

No direct impact.

3.3.4 Risk / Legal / Management

The report supports compliance with the Equalities Act 2010.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed because this report is for information only, but an impact assessment was carried out for the development of the Strategic Plan, which included the development of the new equalities' outcomes. This will be reported separately to the IJB along with the Strategic Plan.

3.3.6 Environmental / Climate Change

No direct impacts.

3.3.7 Other Impact

No other impacts.

3.3.8 Communication, Involvement, Engagement and Consultation

Not specific to this report but consultation on the revised equalities outcomes has taken place as part of the development of the Strategic Plan.

4 Recommendation

- **Decision** – The Integration Joint Board is asked to discuss the report and provide final approval of the Mainstreaming Report and Equality Outcomes Progress Report 2023.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Mainstreaming the Equality Duty and Equality Outcomes Progress Report – March 2023.

Appendix 2 – Equality Outcomes Action Plan.

6 Implications for Fife Council

N/A, Fife Council has separate responsibilities under the Equality Act 2010.

7 Implications for NHS Fife

N/A, NHS Fife has separate responsibilities under the Equality Act 2010.

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	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

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

Lead	Fiona McKay
Critical	
Signed Up	
Informed	

Report Contact

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Author Job Title: Team Manager, Strategic Planning/Manager, Risk Compliance

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**Mainstreaming the Equality Duty
and
Equality Outcomes Progress Report**

March 2023

Mainstreaming the Equality Duty and Equality Outcomes Report

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Supporting the people of Fife together



Introduction

This report sets out the approach of Fife Integration Joint Board (IJB) in making the public sector equality duty integral to its functions. This includes the IJB's progress towards mainstreaming equality, an update on the IJB's Equality Outcomes for 2016 to 2022, and an overview of the new Equality Outcomes that have been agreed for 2023 to 2026.

Legislative Context

The Equality Act 2010 includes a public sector equality duty (Section 149) which requires public bodies, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act 2010.
- advance equality of opportunity between persons who share a protected characteristic and persons who do not.
- foster good relations between persons who share a protected characteristic and those who do not.

Some public authorities, including Fife Integration Joint Board, are also required to publish reports on the progress they have made integrating the general equality duty into the exercise of their functions, so as to better perform that duty. These progress reports are usually published every two years.

The public sector equality duty covers these protected characteristics:

- Age
- Disability
- Sex
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sexual Orientation
- Marriage and Civil Partnership

Fairer Scotland Duty

The Fairer Scotland Duty (the Duty) came into force in 2018 and places a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

The Duty defines "socio-economic disadvantage" as living on low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socio-economic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. Examples of socio-economic disadvantage include low wealth, material deprivation, and area deprivation (experienced by communities of place and communities of interest).

The Fairer Scotland Duty is intended to reduce the inequalities of outcome caused by socio-economic disadvantage. Inequalities of outcome is defined as any measurable differences between those who have experienced socio-economic disadvantage and the rest of the population, for example in relation to health and life expectancy or educational attainment. Socio-economically disadvantaged households have a greater risk of experiencing negative outcomes.

The coronavirus pandemic had a significant impact on people already experiencing disadvantage including minority ethnic communities, disabled people, older and younger people, and women.

NHS Fife, Fife Council and Fife Integration Joint Board have all amended their Equality Impact Assessment Templates to reflect the Fairer Scotland Duty, and equality impact assessments are undertaken and published in line with the Duty.

Mainstreaming Equality

Mainstreaming equality means integrating equality into all of the day-to-day activities of an organisation, and ensuring compliance with the requirements of equality legislation.

This approach has a number of benefits for organisations including:

- equality becomes part of the structures, behaviours and culture of the organisation.
- the organisation knows and can demonstrate how, in carrying out its functions, it is promoting equality.
- mainstreaming equality contributes to continuous improvement and better performance.

Fife Integration Joint Board published its first 'Mainstreaming Report and Equality Outcomes' in 2016. An update report was provided in September 2018 which highlighted the actions taken by the IJB and Fife Health and Social Care Partnership (the public-facing element of the IJB) towards integrating the general equality duty. The 2018 Report is available here: [Mainstreaming Report and Equality Outcomes 2018](#).

Over the last few years, the coronavirus pandemic has had a substantial impact on Fife Health and Social Care Partnership and the health and wellbeing of individuals and communities across Fife. Unavoidably, this has delayed the review of our existing equality outcomes and performance reporting on their progress.

This Mainstreaming the Equality Duty Report 2023 summarises the actions that have been taken towards integrating the general equality duty into the day-to-day working of Fife Integration Joint Board and provides an update on progress towards achieving the equality outcomes established in previous reports.

We recognise that the pandemic continues to have a disproportionate impact on some individuals and groups, and that many people have also been negatively affected by other national factors such as the current cost of living crisis and climate change. Many individuals are facing multiple disadvantages including, less access to employment, complex health needs, greater ill-health and mortality, increased social and digital exclusion, and food insecurity.

Fife Integration Joint Board continues to work with partner agencies across Fife, enabling people to live well at home, or in a homely, setting for longer. This includes updating our equality outcomes to reflect people's current circumstances, needs and aspirations.

Fife Integration Joint Board

Fife Integration Joint Board (IJB) was established on 1st April 2016 and is responsible for the planning and delivery of integration arrangements and delegated functions in Fife. This includes strategic planning, operational oversight, and performance management of these health and social care services:

- all adult and older people Social Work Services.
- community health services, for example district nursing, physiotherapy, and mental health services.
- children's community health services, such as health visiting.
- housing services which provide support services to vulnerable adults, and disability adaptations.
- the planning of some services provided in hospital, for example medical care of the elderly.

The IJB includes representatives from Fife Council and NHS Fife, it also has several professional advisors and other specialists. The IJB is commonly referred to as Fife Health and Social Care Partnership. This is the public facing aspect of the Integration Joint Board and is essentially the employees from both organisations working in partnership, along with colleagues in the independent and third sectors, to deliver health and social care services.

The IJB meets its equality duties both through its own actions and those of the wider Partnership.

Strategic Plan 2023 to 2026

Every Integration Joint Board in Scotland has to have a Strategic Plan that sets out the vision and future direction of their health and social care services. 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. Strategic Plans are reviewed regularly to make sure that they are still relevant to the needs of the area and the people who live there.

The Strategic Plan 2023 to 2026 sets out the Partnership's agreed vision, mission, values, and strategic priorities over the next few years.

Vision

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

Mission

We will deliver this by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes.

Values

Person-focused • Integrity • Caring • Respectful
Empowering • Inclusive • Kindness

Strategic Priorities



Further information about the Strategic Plan 2023 to 2026 is available on our website: www.fifehealthandsocialcare.org/publications.

Locality Planning

An important part of Fife health and social care integration was the creation of localities, bringing decision making about health and social care local priorities closer to communities. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area.

Localities provide one route, under integration, for communities and professionals (including GPs, acute clinicians, social workers, nurses, Allied Health Professionals, pharmacists, and others) to take an active role in, and provide leadership for, local planning of health and social care service provision. Promoting equality and improving the health and wellbeing outcomes for the people in Fife is at the heart of locality planning.

Participation and Engagement

Participation is central to the work of the Health and Social Care Partnership with the people of Fife. We are committed to listening to people and taking views into account to achieve the best possible outcomes for everyone.

The Participation and Engagement Strategy 2022 to 2025 sets out the principles, and approaches for participation work across all adult health and social care services in Fife. This Strategy will help us not just to listen, but also to act on the thoughts and feelings of the public on health and social care services, and to use feedback as part of ongoing quality and service improvement. The Participation Team provide an important service in helping Teams and Services across the Health and Social Care Partnership to develop their participation practice.

Carers

Changes to the way that services are delivered can impact on individuals, and the people who care for them. For example, reductions in service provision for an individual can have a negative impact on the carers' health and wellbeing, financial situation, work role, family relationships or other commitments.

All carers are included in the Partnership's Carers Strategy and the supporting delivery plan, guidance, and procedures. This approach ensures that carers, requirements, and potential impacts on their health and wellbeing, as well as their capacity to undertake their caring role, are considered in all planning and decision-making.

Communication

The IJB's Communication Strategy outlines key communication aims that enable us integrate equality and diversity including:

- keeping people, communities and organisations up to date and supported to participate in the planning and delivery of our services - particularly to share their views and ideas. This can include stakeholders who are directly or indirectly affected, may have an interest or concern or may be impacted in the future.
- ensuring people know how to access services (both provided and purchased/contracted) including those who are harder to reach, so they can make better informed choices and decisions about how they can be supported to meet their health and social care needs or that of others.
- keeping our staff and partners updated, promoting integrated working and providing mechanisms to share feedback and learnings.
- promoting our shared culture and 'Team Fife' approach – on integration, our shared identity, values and behaviours.

Equality Impact Assessments (EQIA)

An equality impact assessment is an evidence-based approach that assesses the potential impact on equality of a new strategy, policy, or decision. It provides a positive opportunity to:

- Take effective action on equality.
- Develop better policies and practices, based on evidence.
- Be more transparent and accountable.

Fife Integration Joint Board uses EQIAs in governance processes and reporting templates. This helps us to understand the potential impacts of our decisions, whether our services are meeting everyone's needs, and where any changes may be required. Fife Council and NHS Fife also use EQIA's, further information is available here:

- [Equality Impact Assessments | Fife Council](#)
- [Equality Impact Assessment \(EQIA\) | NHS Fife](#)

Equality Outcomes 2016 to 2022

The nine equality outcomes previously identified by the IJB are:

1. People with sensory impairment are engaged in their process of care in ways that allow them to share their concerns and ideas.
2. Respect and dignity for older people must be integral to all work.
3. People with learning disabilities are enabled to optimise health, wellbeing and social inclusion whilst recognising the need for specialist input when required.
4. Understand health needs and work collaboratively with Lesbian, Gay, Bi-sexual and Transgender communities in Fife.
5. Tackle stigma for people with mental health.
6. Reduce inequalities.
7. Effective involvement and engagement with communities and individuals.
8. Responsive service delivery and excellent customer and service user care.
9. Zero tolerance on hate incidents and discrimination.



Progress towards achieving our Equality Outcomes

The tables below provide an update on progress made towards achieving the equality outcomes. These are key examples; this is not a complete list of all activities.

Equality Outcome 1

<p>People with sensory impairment are engaged in their process of care in ways that allow them to share their concerns and ideas.</p>
--

<p>The Deaf Communication Service (DCS) consists of a small team of workers with many years of experience supporting individuals who are D/deaf, Deaf Sign Language users, hard of hearing, deafened, deafblind and for people newly diagnosed with a hearing loss. There are no age barriers to support, as the Team provide support from birth to end of life.</p>

<p>DCS provide a drop-in service for members of the community to gain assistance to translate letters and make phone calls, and to access support where necessary. Drop-In was previously available on Monday, Wednesday, and Friday each week; however, this was reduced during the coronavirus pandemic. Drop-in has now restarted on Monday and Friday afternoons and members of the community can drop-in and gain assistance to issues relating to their deafness. Service users can travel from all areas of Fife to present for assistance.</p>
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<p>DCS also work closely with NHS Fife Audiology Services and Deafblind Scotland where there is dual sensory loss. Partnership working with Audiology has been in place for many years including a joint clinic, and targeted support for individuals who are in crisis in relation to their hearing and communication.</p>

<p>DCS have been working since 2017 on the British Sign Language National Plan 2017-2023, where the goal is to make Scotland the best place in the world for BSL users to live, work and visit. DCS are the lead for the B.S.L Fife Local Plan and fully involve Fife B.S.L users in the development and monitoring of the Local Plan.</p>
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<p>DCS work with a range of stakeholders and meet four times a year to progress the recommendations of the B.S.L National Plan by 2023 with a focus on the making information accessible for B.S.L users in these key areas: Public Services, Early Years Education, Post School Education, Employment, Health, Transport, Culture and Leisure, Sport and Arts, and Justice.</p>
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<p>Fife DCS achieved a Scottish Sensory Equality Award in 2019 for Communication for All.</p>

Equality Outcome 2

Respect and dignity for older people must be integral to all work.

We have developed new approaches in relation to the supply of **Specialised Housing**, including:

- Older Persons Housing – work is on-going in Methil to complete the Care Village there. There will be 40 bungalows for older people in the development and these will offer a Very Sheltered Housing service. Further developments are on-going with work at Care Villages at Cupar and Anstruther at the planning stage. Housing only sites are being developed in Dunfermline and Lochgelly. There is an on-going programme of affordable housing across Fife.
- Specific Needs Housing – additional Group Homes have been purchased from other Registered Social Landlords to meet the needs of adults and older people with complex needs.
- Geographic spread of services – we have undertaken geographic mapping of locations where we have specialised housing. This enables us to identify and address any potential gaps in service provision.

As part of our **Transformational Change Programme**, the Partnership has been working with an external partner, Just Checking, to introduce the use of technology into both our assessment and review process. This is currently being piloted in the assessment of support needs for older adults and the review of overnight support in our 24/7 supported accommodation services.

Overnight reviews, using discreet motion sensors, have almost been completed in the Dunfermline and Glenrothes area and work is ongoing with providers to identify if and where alternative models of support can be provided. In the Glenrothes area, the use of responsive technology, provided by Just Roaming, was introduced during 2021 and has been a huge success. Technology and waking staff have replaced the use of sleepover staff which now provides support for several nearby properties, since the waking night staff can be alerted to the needs of the individuals in the three neighbouring properties providing quick and responsive support, which is captured and evidenced on the handset. This allows greater independence for the individuals, whilst providing the security that support is nearby if required. Work will continue with providers to explore options where this can be introduced whilst ensuring risks can be managed and individuals receive the support they require.

The **Dementia Friendly Fife Project** has become closely connected with the local peer support group called STAND (Striving Towards a New Day). STAND supports anyone with a diagnosis of dementia and their families, carers, and friends. With the support of the Dementia Friendly Fife Project, STAND has secured £160,000 of income to develop seven Meeting Centre spaces across Fife to ensure every weekday in Fife there will be a space where people who are affected by dementia can go for information, peer support, physical activity and creative opportunities.

Equality Outcome 3

People with learning disabilities are enabled to optimize health, wellbeing and social inclusion whilst recognising the need for specialist input when required.

The **Learning Disability Service** is developing an additional support team to create a life span resource. We continue to work with the Multi-Disciplinary Team and our partners in social work and the third sector using Positive Behavioural Support Planning to maintain care within the patient's home. Should individuals be admitted to hospital, the Learning Disability Liaison Service operates within our acute hospitals to support patients and staff, by providing advice and guidance to ensure positive outcomes, and works collaboratively with the Community Learning Disability Nursing Team and social care partners to ensure development of a clear and concise discharge plan, which supports effective communication to ensure care delivery is optimised to prevent the readmission.

Staffing the service has been challenging due to difficulties replacing staff as they retire or move to other positions. The Lead Nurse for the Learning Disability Service has worked hard to build relationships with universities to actively participate and engage with student nurses to build a positive picture of employment in Fife.

The **Accommodation with Care and Housing Support Service** provides a combined housing support/care at home service to 140 adults with learning disabilities, physical disabilities and mental health issues living across Fife. With a staff team of 625, support is provided over 64 services, in single tenancies, group homes and core and cluster services. Support can range from a few hours per week to 24 hours support each day. The service delivers a person-centred provision of care and support with people's "rights" at the forefront. We promote independence with an active support approach that focuses on making sure that people are engaged and participating in all areas of their life, to maintain and increase their skills and abilities.

People are supported to get the most out of life, by accessing a wide, varied range of social and leisure opportunities and have a valued role in their local community. We promote health and wellbeing through healthy eating, exercise, relaxation and wellness. We golf, walk, keep fit, football, swim, bowl, snooker and learned how to play Boccia! We encourage rest and relaxation with sensory sessions and mindfulness.

Working with the Social Enterprise Talking Mats, funded by Fife Charity Trust, the **Podiatry Service** was able to design and create a Talking Mats Podiatry Tool to support patients with cognitive impairment and help them engage with their decision making.

The Talking Mats Podiatry Tool consists of three discussion topics – prevention, intervention and impact of foot health conditions. The aim was to promote patient engagement in their care – both in preventative care and when specialised input is required. By creating the resource, we aimed to explore what really mattered to the person and what for them were acceptable goals and outcomes. By developing a

specific Talking Mats resource, we were able to explore treatments options and impact of conditions and actively engage the person in expressing their views thus creating a person-centred care plan.

Evidence shows us when people are involved in decision making, they are more satisfied with their care, which in turns improves their quality of life. The tool was initially used in a trial phase in order to gather patient's views and make alternations as required. Following this period, the completed Talking Mats Podiatry Tool is now in use and members of staff have been trained in its use. By using this resource, we can help our patients explore their views and wishes, therefore enabling co-production in care. The resource promotes preventative care as well as specialist intervention.

Going forward there are many other areas of foot health that could potentially be explored in developing further resources – such as paediatrics, nail surgery, musculoskeletal.

Equality Outcome 4

Understand health needs and work collaboratively with Lesbian, Gay, Bi-sexual and Transgender communities in Fife.

Sexual Health Fife commissioned a survey of LGBTI people in Fife. This explored the sexual health needs and experiences of LGBTI community when using sexual health services. This was carried out by our partners, The Terrence Higgins Trust and was due to be disseminated as lockdown restrictions were implemented. A short life working group has been set up to look at the implications of the survey for service delivery in the future. This is a link to the Final Report: www.lgbthealth.org.uk/Fife-LGBT-Community-Needs-Assessment-SUMMARY-REPORT-FINAL

The **NHS Scotland Pride Badge** promotes inclusion for LGBT+ people and makes a statement that there's no place for discrimination in the NHS in Scotland. The Badge was designed in recognition of the multi-factorial and intersectional issues of discrimination and exclusion, and incorporates the Progress Flag colours.

In June 2021, NHS Fife asked employees to demonstrate a commitment to the issues that LGBT+ people can face when accessing healthcare by taking NHS Scotland's Pride Pledge and wearing its new Pride Badge. Employees who wear the badge have pledged to:

- be aware of and responsive to issues faced by LGBT+ people accessing care.
- be a friendly, listening ally who staff, and service users can safely approach.
- use inclusive language and respect identity.

Employees who take the pledge are provided with access to resources and information that outlines the challenges that LGBT+ people can face, and how to offer support and understanding.

A new project from Pink Saltire aims to improve the wellbeing of LGBT+ people in Fife. Thanks to support from the **Fife Communities Mental Health and Wellbeing Fund**, from the Scottish Government and Fife Voluntary Action, 'Rainbow Kingdom' launches in Spring 2023 with a programme to provide coaching and personal development for adults, and a series of events to help people learn new skills.

Pink Saltire also plans to launch a new website as a digital hub for LGBT+ community work in Fife. The site will be packed with details on community groups, venues, support groups and useful information for LGBT+ people across Fife.

Equality Outcome 5

Tackle stigma for people with mental health.

The **Child and Adolescent Mental Health Service** (CAMHS) continue to support children, parents and carers through a range of groups through Access Therapies Fife including:

- Understanding teens, designed for parents of teenagers who are experiencing emotional distress.
- Shine, an online group to help 12–17-year-olds learn about anxiety and coping strategies.
- Glow, an anxiety management resource for primary school age children.
- A new group Embracing Difference has been developed to meet the needs of parents with primary aged children with suspected neurodiversity. A helpline for families awaiting neurodevelopmental assessment for their child was introduced to provide support while they wait for assessment.

Fife CAMHS is in the process of increasing its multi-disciplinary workforce through the introduction of additional staff across Mental Health Nursing, Consultant Psychiatry, Family Therapy, Clinical Psychology and Allied Health Professionals. Referrals to Fife CAMHS continue to increase with the impact of the coronavirus pandemic contributing to the ongoing trend. An increase in the number of children and young people presenting with urgent or priority mental health needs has meant that the service has had to respond to changing demand in order to ensure those with the most significant need receive prompt and effective interventions.

Psychology Support have improved the accessibility of mental health services via self-referral, online options and provision of individualised therapies and psychological interventions. These are some of the recent innovations to improve our digital delivery of mental health care:

- The Access Therapies Fife website (www.accesstherapiesfife.scot.nhs.uk) was launched in 2018 to provide improved access to online psychological therapies, including numerous self-referral options. The website has grown considerably in the past year, with the introduction of additional online groups (for all ages) and additional self-referral to wellbeing modules. The website is reviewed regularly.
- The Moodcafe website (www.moodcafe.co.uk) was introduced in 2006 to promote mental health by providing information and resources to help people in Fife understand and improve mental health and wellbeing. During 2021/2022 it has undergone an extensive upgrade to provide easier navigation and increased content. The site was relaunched early in 2022. Work is ongoing to provide a facility that can be used on both desktop/laptop and mobile devices.
- The Psychology Service Digital Working Group was set up in response to the coronavirus pandemic, initially looking at best digital practice in providing online groups, videos, and one-to-one consultations. Over the last year, work has included testing to introduce Near Me, video consultation which offers improved functionality in the delivery of psychoeducational and therapeutic groups.

The **Veterans First Point** (V1P) Fife service was established in 2015, as part of a Scottish Government commitment to veterans to meet responsibilities linked to the Armed Services Covenant. The initiative is now 50% funded by Fife Health and Social Care Partnership. The V1P Fife service moved to newly refurbished premises at Rosewell Centre in Lochgelly and was officially opened by Keith Brown, Cabinet Secretary for Justice and Minister for Veterans, in July 2021.

The V1P service model takes a holistic psychosocial perspective to mental health and wellbeing, working with a range of community partners to address wider determinants of poor mental health and wellbeing. One example is our partnership with the Fife Employment Action Trust on the 'Grow Your Mind' project, through which veterans develop their horticultural knowledge and skills and their more general cognitive skills. This programme has been well received by veterans.

Equality Outcome 6

Reduce inequalities.

Since 2017, the discharge hub team at NHS Fife Victoria Hospital, has been working in partnership with **Fife Carers Centre - Hospital Support Service**. The support worker works with the carer and hospital team in order to give the person appropriate care for the best possible chance of a successful and lasting discharge from hospital. Although carers, along with the patients, are included in deciding the plans for a successful discharge, carers often need support that focuses on them and their concerns in addition to the support for the cared-for person. The support worker has been instrumental in providing this support.

Due to the success of the project, Fife Carers Centre has recruited additional support workers for the Victoria Hospital, Queen Margaret Hospital and one worker to cover Glenrothes, Cameron, Adamson and St Andrews hospitals.

Since the project started at Victoria Hospital in 2018, over 1300 carers have engaged with the Fife Carers Centre Hospital support worker. The Discharge Hub Team has received very positive feedback from carers about the support worker giving emotional support and a listening ear to carers when they have needed it the most, as well as helping them to identify areas in which they are entitled to help and support.

Fife Alcohol and Drug Partnership have 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.

Other developments which aim to reduce inequalities include:

- Commissioning of an independent advocacy service, delivered by Circles Network to work with adults with alcohol and drug problems.
- Completion of a lived experience led evaluation of women's experience of alcohol and drug services in Fife in partnership with Fife Violence Against Women Partnership. This will form the basis of an improvement approach across Fife Violence Against Women Partnership, Social Work Services, NHS Scotland, Fife Health & Social Care Partnership and ADP to engage more women in support and treatment earlier and retain in provision use and a co-production approach will be undertaken with women with lived experience to deliver the recommendations.

Fife Health and Social Care Partnership continued to support unpaid carers through the challenges of the coronavirus pandemic and invested in additional support to promote carers health and wellbeing including:

- Creation of a Team dedicated to supporting carer involvement to promote the participation and engagement of unpaid carers and others.
- Introduction of a new commissioned support service in partnership with

Circles Advocacy to help the carers of people without capacity to secure the necessary legal instruments for the longer term.

- Additional investment to support unpaid carers who meet the eligibility criteria with a dedicated budget for self-directed support, including resources to manage this new support opportunity.
- Ringfencing additional resources for carers of people living with autism spectrum disorder.
- Recruitment of a Project Officer to coordinate the review and reimagining of the commissioned voluntary sector support for carers and others.

Fife Integration Joint Board has updated its reporting templates and supporting guidance to provide greater clarity on how proposed changes and/or improvements, support the Public Sector Equality Duty, Fairer Scotland Duty and the Board's Equality Outcomes. Report authors must also provide a completed Equality Impact Assessment, or identify why an EQIA is not required.

An EQIA template is available to ensure a robust and consistent approach, and a process is being developed to publish completed EQIA's on the Partnership's website. This work will be completed in 2023.

Equality Outcome 7

Effective involvement and engagement with communities and individuals.

The Partnership's **Participation and Engagement Team** was established in 2021 and have undertaken the following consultations:

- National Care Service Review
- Fife Alcohol and Drugs Partnership
- Third Sector Re-Imagining Exercise
- Fife Integration Scheme
- Fife Strategic Plan 2022 to 2026
- Home First Programme
- Carer's Strategy

An updated Participation and Engagement Strategy was approved and published in 2022 and sets out how the Partnership will support Fife Integration Joint Board to deliver on its vision, through participation and engagement activity, to enable the people of Fife to live independent and healthier lives.

The transfer of **Travel Health Vaccinations** Levels 1 to 3 was successfully delivered from GPs to the Health Board via a Community Pharmacy model on 1st April 2022. There are now 22 local Fife Community Pharmacies delivering Travel Health Vaccinations, with the spread of pharmacies across Fife providing equitable access to all areas within the Kingdom.

The FifeFitForTravel webpage (www.nhsfife.org/fifeFitForTravel) with links to NHS Inform and the national FitForTravel website detailing the 23 Fife Community Pharmacies providing Travel Health Vaccinations was successfully launched on 1st April 2022 with both a national and local communications campaign promoting and supporting the launch.

The **Fife Community Diabetes Specialist Nursing Service** is an interface service between primary and secondary care. Its aims are to:

1. Support patients with complex type 2 diabetes.
2. Provide supported hospital discharge.
3. Offer professional support and education.

Immediately prior to the coronavirus pandemic, waiting times for the service were more than 11-12 weeks due to staffing, service design, referral rates, inequity in the allocation of caseloads and inconsistencies in how care was delivered. The pandemic provided access to new tools and encouraged a reconfiguration of the service in order to offer a more equitable service with lower wait time.

We have achieved the following outcomes over the past 2 years:

- Triage assessment offered and conducted in the majority of patients within 24 hours of the initial referral.
- Patient wait times for appointment, (video consultation or face to face) significantly reduced from an average of 90 days to 13 days.
- Majority of patients managed remotely allowing us to see elderly or vulnerable patients face to face in locality clinics or at home visit more quickly.
- Patient and Professional satisfaction increased.
- Professional advice email averages 120 requests per month and we are able to use this data to determine professional education needs in our locality and plan education delivery.

Equality Outcome 8

Responsive service delivery and excellent customer and service user care.

Action 15 is a programme of work funded by the Scottish Government's Mental Health Strategy. This includes the **Link Life Fife** project which aims to reduce pressures on GP practices whilst supporting individuals to meet their outcomes and reduce dependence upon GPs, where appropriate.

The service is for anyone aged 18 and over living in Fife who is engaging with their GP or other health professional in Primary Care for support to manage stress, anxiety, or feelings of being overwhelmed, that are affecting their mental health or general well-being. A team of local area co-ordinators and seven community connectors were recruited between June and September 2021 and are now receiving referrals from Fife GPs and Primary Care Teams.

The **Action 15 Oversight Group** identified that communications needed to be strengthened to support the new mental health projects and services that are being progressed. The Health Promotion Service received Action 15 funding to develop and deliver a communication plan to directly support the Action 15 programme of work. The aim is to increase frontline staff, partner organisations and the general public's understanding and awareness of the range of mental health services and support available and how to access support and services. The support and services information spans prevention and early intervention through to acute service provision.

The **Fife Multiagency Mental Health Information and Communication Working Group** includes representatives from Fife Health and Social Care Partnership, NHS Fife, Fife Council and five third sector organisations. The Group members all have responsibility for updating mental health and wellbeing information within their roles and remits and some of their services and organisations have received Action 15 funding. Members represent a wide variety of services across Fife

including Moodcafe, Fife Voluntary Action, On your doorstep Fife, Fife Centre for Equalities, The Well and Fife Forum. The remit of the group is to develop and deliver information and communication strategies to ensure frontline staff and members of the public are aware of, and are able to navigate the range of support and services available.

The Wells are part of the Partnership's **Community Led Support Service** and are for anyone 16+ looking for advice and support. The Well enables people to speak directly to health and social care professionals and discuss enquiries in relation to their health and wellbeing. Our friendly staff empower people to find solutions to problems quickly and easily, giving them the right information at the right time and by providing support, information and guidance on topics such as social care, carer support, social isolation, housing, benefits, bereavement, or anything related to health and wellbeing.

During the coronavirus pandemic The Wells predominantly operated virtually; in 2022 The Wells have returned to a full face-to-face service in all seven localities.

SAMS Café is a SAMH run crisis support service for individuals to access when they are struggling with their wellbeing. There are no referral/appointments/criteria for accessing – a person simply drops in and will be supported by a peer practitioner. All practitioners have lived experience of mental health issues and use a range of tools/resources to support attendees to better self-manage their mental wellbeing.

During the coronavirus pandemic SAMS provided support via telephone, this ensured that people who were not able access support in person, for example individuals who were shielding or had tested positive for coronavirus, were still able to access support.

SAMS is now available in person as well as via telephone, and the website continues to be updated with peer support information (www.samscafe.org.uk).

Equality Outcome 9

Zero tolerance on hate incidents and discrimination.

CONTEST is the UK Government's strategy on terrorism, it aims to reduce the risks from terrorism for individuals and communities, so that people can go about their lives freely and with confidence.

Fife Health and Social Care Partnership works with national agencies and Fife partners to support the CONTEST counter-terrorism strategy and local **CONTEST Groups**. This includes:

- Raising awareness of potential threats or risks, and how to respond.
- Promoting training for colleagues, such as ACT Awareness, PREVENT, and guidance on handling security incidents.

- Contributing to the development of local policies and arrangements.
- Participating in preventative activities, such as incident preparedness workshops.

These activities help to highlight potential threats and related risks, and encourage employees to support a zero-tolerance approach to hate incidents and discrimination.

The Partnership's **Health and Safety Forum** carried out a Deep Dive Review into Violence and Aggression to identify gaps and areas of good practice across the partner organisations. The review encompassed three key areas namely:

- Guidance, policies and procedures
- Data capture and reporting
- Training

A twelve-point action plan was developed and implemented across the organisations. The action plan included a specific action around the capture of data with regards to Hate incidents and this information was included within analytical performance reports

Along with other partner agencies, Fife Health and Social Care Partnership supports the annual campaign **16 Days of Activism Against Gender-Based Violence**. This is an international campaign which aims to raise awareness of gender inequality issues and most importantly highlight the need for change to create a Scottish society that embraces equality and rejects all forms of violence against women and girls.

In 2022, the Fife programme ran from 25th November to 10th December and included these events:

- a mixture of in-person and online events, including talks and training sessions across a wide range of subjects.
- a wide range of social media inputs, including posts, videos, blogs and chat events.
- some practical ideas for involvement during the campaign.
- a number of community-based discussion events.

The campaign was highlighted in the Partnership's weekly briefing from the Director of Health and Social Care and employees were encouraged to promote and participate in events that were of interest.

Equality Outcomes 2023 to 2026

Fife Integration Joint Board is committed to promoting dignity, equality and independence for the people of Fife. Our Strategic Plan and collection of supporting strategies will ensure that we continue to work effectively with partners, local communities, individuals, their families and carers, to challenge sources of inequality such as discrimination, harassment and victimisation, and to promote equality of opportunity for all.



These are our equality outcomes for 2023 to 2026, a progress update is due to be published in 2025.

1. Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.
2. Individuals with lived experience of inequality and exclusion will have more opportunities to get involved and share their views, concerns, and suggestions for improvement across the Partnership.
3. Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic, leading to improved health outcomes for individuals, their families and carers.
4. Greater diversity and an inclusive workforce culture, with employees from all backgrounds and cultures reporting that they feel increasingly valued.
5. Improved understanding and better relations between individuals and groups who share a protected characteristic, and those who do not.

Additional Information

Further information about our equality outcomes, and our commitment to integrate equality into the day-to-day working of the IJB and the Fife Health and Social Care Partnership is available on our website:

www.fifehealthandsocialcare.org/publications

Equalities - IJB Action Plan 2023 - 2026			
Ref No.	Action Required	Lead	Timescale
2023.001	Develop a process and guidance to identify whether an Equality Impact Assessment is required for any new or current strategies, policies or practices.	Compliance Team	March 2023
2023.002	Develop a process and a guidance template for the review and development of IJB policies and procedures where an Equality Impact Assessment is required.	Compliance Team	March 2023
2023.003	Develop a Communications Strategy to publish and promote the IJB equalities guidance documentation and templates.	Strategic Planning Team	May 2023
2023.004	Develop an approval process and a EQIA Register to record and manage all IJB Equality Impact Assessments.	Compliance Team	March 2023
2023.005	Create an Equalities library in the IJB SharePoint site to hold the completed and approved Equality Impact Assessments.	Compliance Team	May 2023
2023.006	Review the IJB Document Control Log and papers at past IJB Committees to determine which policies and practices will need to be reviewed and will require an Equality Impact Assessment carried out.	Compliance Team	July 2023
2023.007	Develop training for senior managers/IJB Members.	Compliance Team	July 2023
2023.008	Develop Action Plan for the 5 new equality outcomes in the Mainstreaming Report	Strategic Planning Team	July 2023
2025.001	Report on the progress of the 5 equality outcomes alongside the mainstreaming report	Strategic Planning Team	July 2025
2026.001	Develop new equality outcomes for the next period 2026-2029.	Strategic Planning Team	December 2026



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 19th JAN 2023 AT 10.00 AM VIRTUAL TEAMS MEETING

- Present:** Dave Dempsey (Chair), Fife Council
Sinead Braiden (Vice Chair), NHS Fife Board Member
John Kemp, NHS Non-Executive Board Member
- Attending:** Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Audrey Valente, Chief Finance Officer (Fife H&SCP)
Barry Hudson, Regional Audit Manager (NHS Fife)
Shona Slayford, Principal Auditor (NHS Fife)
Avril Sweeney, Risk Compliance Manager (H&SCP)
Sally Howley, Management Support Officer (Minutes)
- Observer:** Claire Gibb, External Communications Advisor (H&SCP)
- Apologies:** Cllr Sam Steele, Fife Council
Tony Gaskin, Chief Internal Auditor (NHS Fife)

		ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Dave Dempsey welcomed everyone to the first Audit & Assurance Committee of 2023 and extended a warm welcome to John Kemp, a new Committee member. Introductions were made by all and apologies noted as above.</p>	
2.	<p>DECLARATION OF INTEREST</p> <p>No declarations of interest were noted.</p>	
3.	<p>DRAFT MINUTE AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 9 NOVEMBER 2022</p> <p>Minutes of the last meeting were reviewed with Dave noting:</p> <ul style="list-style-type: none"> Draft Minute – a reference to the Audit & Risk Committee should be amended to Audit & Assurance Committee Action Log - one outstanding action with no comment (<i>Review of Committee annual assurance statements to be undertaken</i>). Nicky Connor updated that the timescale for this is March 2023 and that the annual assurance statement work is ongoing in order to meet this. 	SH
4.	<p>Progress on 2021/22 & 2022/23 Internal Audit Plans</p> <p>Shona Slayford provided an update on progress of 2021/22 and 2022/23 for the committee's awareness and discussion. She highlighted that the two remaining reports listed on Appendix 1 (F05-22 and F06-22) are with Tony Gaskin for final review and will be issued imminently.</p>	

	<p>Nicky thanked Shona for the update and asked for assurance that feedback and early sightings of areas of significant concern are communicated by audit prior to reports being issued in order to identify impact and allow actions to be done. Especially in relation to the Strategic Plan which is going to this month's IJB. Shona confirmed that audit have been feeding back during the development of the Strategic Plan. She will ask Tony Gaskin to give assurance to Nicky in order for her to give this to HSCP Finance, Performance & Scrutiny Committee, and IJB.</p> <p>Dave commented that reviewing audit reports from 21/22 plan in March 2023 feels late. He knows that timescales will improve and asked if the request for more timely review by the committee is reasonable. Barry Hudson gave assurance that going forward Internal Audit will deliver in a timelier manner – there has been issues around clients progressing plans, longtime sick across the whole client base, including Internal Audit, and staff vacancies.</p> <p>Dave Dempsey highlighted appendix 2 summary and asked if there are any reports from Fife Council. Shona to check and bring any relevant reports to next committee meeting.</p> <p>Committee noted progress on the 2021/22 & 20202/23 Internal Audit Plans</p>	<p>SS</p> <p>SS</p>
<p>5.</p>	<p>Internal Audit Operational Plan</p> <p>Shona introduced the paper which has been brought to committee for consideration and approval of the Annual Internal Audit Plan 2022/23. She highlighted that the committee should note that an arrangement has been reached to provide assurance on Contract / Market Capacity related on Strategic risk 21. Any changes to the IJB Risk Profile resulting in further amendments to the plan would be brought back to this Committee for approval.</p> <p>A discussion took place around the time scales of the annual cycle for the audit plan as it was felt this was quite late in financial year to consider 2022/23 plan. Barry confirmed that the plan is developed after year-end processes have concluded which allows risks to be reflected in the plan. Approval of the plan would then be approved prior to being taken to IJB Aug/Sept. John Kemp saw the logic of any issues flagged on the conclusion of year-end influencing the plan, but there must be a way of producing the plan which isn't dependent on this, as it is limiting the time available to conduct the work. Plan for what you know and keep capacity for any issues arising later.</p> <p>Audrey Valente stated that it made sense to have a further conversation around this with Tony Gaskin and she will link with him and highlighted the latest plan is scheduled to be brought to next Committee meeting. Nicky Connor supported and highlighted that this forms part of how we do our governance e.g., Clinical Care governance – this area has nothing to do with the annual report but requires to be looked at – a balanced approach is required to address and agree a principle or process - not just annually.</p> <p>Dave asked in relation to the list of Fife Council reviews (appendix 1) if these will come to this committee when published? Shona confirmed that a summary is provided but if any of particular interest the Council can be asked to provide a fuller report. Nick Connor highlighted that the summary is helpful for our partners' reviews but for areas of IJB</p>	<p>AV/TG</p>

	<p>responsibilities would need a fuller report (e.g. Care at Home). Dave is content with the summary in the first instance with fuller reports for reviews covering IJB areas of responsibilities coming to committee.</p> <p>Shona confirmed completion of the Internal Control Evaluation review (NHS Fife) has just happened and this will be brought to March's committee.</p> <p>Nicky confirmed that the committee had oversight of recommendations with assurance of delivery coming through Operational structures. She raised a question around the NHS Fife Operational Internal Audit Plan in relation to IJB areas of responsibilities, these should not be reporting into NHS Fife Governance structure and are separate. Barry noted it may be how the information has been presented and advised that time has to be planned for IJB audits as well. The appendix describes the time used to deliver the whole plan (Fife) not just NHS Fife.</p> <p>Audrey will discuss with Tony Gaskin to agree what is reported to NHS Fife is number of days spent conducting audits.</p> <p>The Committee approved the Internal Audit Operational Plan 2022/23.</p>	<p>SS</p> <p>SS</p> <p>AV</p>
<p>6.</p>	<p>IJB Strategic Risk Register</p> <p>Audrey provided a summary of the report which has been brought to Committee for discussion. The committee has previously requested sight of the IJB Strategic Risk Register at every meeting.</p> <p>Avril Sweeney updated that risks were reviewed in October 2022 with another review about to be undertaken. Appendix 1 of the report contains the condensed format score which takes into account management actions and as previously requested and the current risk profile for IJB. The risk profile at April 2022 has been added in also to give an idea of movement. Work is ongoing in aligning with the Strategic Plan.</p> <p>A discussion took place around the committee's role (scrutiny of the process of review, not of the detail of risk (escalation/issues) which is considered by the other HSCP committees/meetings, the format/level of detail, and frequency to be reported to committee. For risks that sit continually on the register (financial risk) consider the approach NHS Fife has introduced – Deep Dive process – which looks at the issue in more depth and reviewed at lower committee level.</p> <p>It was acknowledged the amount of input this committee has had in influencing the format of the register, which is ever evolving, and it was agreed that the current version provides readable and clear information which allows assurance to be gained.</p> <p>Members felt that timescales for bringing the risk register back should be reviewed with the suggestion of quarterly proposed as being right for the role of this committee. There is an audit plan and process in terms of risk management in place and knowledge that things change and other work happening may affect the risk.</p> <p>Nicky valued the input from all and asked Audrey and Avril to reflect on discussions and consider what is the criterion for deep dives, indicators to help understand and bring a paper back to the next committee. how information feeds into the risk appetite discussion which is being discussed later on in the agenda.</p>	<p>AV/AS</p>

	<p>Audrey and Avril were asked to review timescales for bringing updated register back to committee and identify relevant committee meetings.</p> <p>Dave asked for the risk number to be added to the risk table (3.3) alongside the title as provides link to the matrix.</p>	<p>AV/AS</p> <p>AS</p>
7.	<p>Progress with Review of the IJB Risk Management Policy and Strategy</p> <p>Audrey introduced the paper which provides an update on the progress of the IJB Risk Management Policy and Strategy (RMPS) review and is brought to give an opportunity for the committee to provide any further comments on the RMPS prior to final submission to Governance Committees and IJB in March 2023.</p> <p>Work has been carried out with the Senior Leadership Team (SLT) and partner bodies and the current revised draft is shown at Appendix 1 for consideration. This refresh has reflected the revised Integration Scheme and the organisational and governance restructures for the IJB and within the HSCP.</p> <p>It was highlighted that, at its meeting on 25th November 2022, the IJB noted and agreed the new process for Strategy Development via the Strategic Planning Group for the strategies supporting the Strategic Plan. The RMPS is one of these strategies and, between now and the next committee cycle in March, work will be done to ensure the RMPS is integrated with and follows this process.</p> <p>A discussion took place with the following areas highlighted:</p> <ul style="list-style-type: none"> • a minor point, in relation to 1.6 on page 4 of Appendix 1 (<i>...the IJB will refine its Risk Appetite and consider development of a formal Risk Appetite Statement</i>) are we considering or developing? Avril Sweeney to amend. • operational risks - how ensure consistent organisational understanding and approach to measure risk – Avril confirmed that that there is a draft document being reviewed as part of guidance, by a short life working group. • there is no paragraph 6.7 (6.6 then 6.8) and the diagram on risk management reporting difficult to read (white text on darker background and blurry) – Avril to amend • confirmed that a delivery plan will be developed that underpins the strategy by a short life working group with the agreed priorities from this plan (yrs 1-3) and associated risks being reported to this committee. • an annual report will be brought to this committee <p>The Committee recognises the challenge in producing this piece of work and thanked Avril for her endeavors. It is important on what happens next and that updates on progress/risk need to feed into papers coming to this committee.</p> <p>Avril confirmed that an update will be brought back to the next meeting in March.</p>	<p>AS</p> <p>AS</p> <p>AS</p>
8	<p>Risk Appetite (Statement Development)</p> <p>Audrey introduced the paper which provides the Risk Appetite results (Appendix 1) from the IJB Development session of 9th December 2022.</p>	

	<p>Previously in September 2022, IJB members had been presented on the concept and potential benefits of Risk Appetite and, following work to refresh the Strategic Plan, were asked at December's IJB Development session to vote on the Risk Appetite Classifications.</p> <p>The paper is brought to committee for discussion of the results and gives an opportunity for any relevant comments to inform next steps.</p> <p>The committee acknowledged that more time is needed for the IJB to fully consider the implications of the approach as there may be difficult decisions to be taken. A balance to be found between level of risk, constraints of governance/law/finances and clinical (safe services). It was highlighted that the Risk Appetite is an over-arching guide.</p> <p>It was agreed that Audrey and Avril would develop good/bad scenarios/examples to bring back for further discussion at another IJB Development session, this will help crystalize people's minds– e.g. open to take some financial risk but only in certain circumstances. There will be some where there is a choice along with others where there are a narrow set of solutions.</p>	AV/AS
9	<p>Audit and Assurance Committee Draft Workplan 2023</p> <p>Dave queried why there were two columns – planned and actioned – on the plan. Audrey informed that it provides an overview of the year's planned business and an audit trail of when papers are brought to Committee (may be brought later than planned).</p> <p>Agreed that Audrey and Sally will review regularly. Dave content that for any unplanned business this will be captured in the Action Log and through to relevant Committee agenda.</p>	AV/SH
10	<p>Directions Update</p> <p>Avril introduced the paper which, for the first time, coming to committee to give assurance on the current position, and for discussion/comment.</p> <p>The IJB approved the use of Directions and the monitoring and tracking of issued directions on a quarterly basis via the Finance, Performance and Scrutiny (FPS) Committee. This report provides an update on Directions complete and outstanding.</p> <p>The report is going to FPS committee tomorrow.</p> <p>Nicky stated that the annual set of directions cover HSCP services - what we know, forward planning, budget and by exceptions – and this year's is brought to allow the committee to get an overview. Work is underway for next year's directions to align with financial planning. Audrey confirmed there will be a version of this linked to setting of the budget (what the services are, what budget is for the year) and an overarching direction from 1st April. Additional directions can be added during the year ahead. A version will be taken to IJB. It will be the first-time directions for services will be aligned to financial planning.</p> <p>Dave noted he had been expecting a paper more around process of directions and not detail. The detail within the report is pertinent for FPS but not for this committee. Nicky agreed, this committee needs process of how to strengthen use of directions and allow it to scrutinise and monitor.</p>	

	<p>Dave wondered how this committee gets assurance that the direction has been done as it will not be addressed here. He acknowledged that work is on going and that directions will be meeting SMART objectives going forward. Avril stated that work will be done on a matrix and additional information which will provide additional info to committees and give assurance to this committee.</p> <p>Dave commented that the spreadsheet format has a lot of white space which makes it difficult to read the comments. Avril will amend.</p> <p>Committee members are content for this report to go to FPS committee tomorrow.</p>	AS
11	<p>Committee Meetings 2023</p> <p>Dave raised that the committee has been meeting virtually and wished to get input from members to continue with this or to do face/face or a mix of face to face and virtual. Owing to time pressures and travel Members agreed to maintain as virtual meetings.</p>	
12	<p>DATE OF NEXT MEETING</p> <p>22nd March 2023 – 10.00am – 12.00pm</p>	



Fife Health & Social Care Partnership

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MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 20 JANUARY 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Alistair Morris, NHS Board Member
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander
Cllr Graeme Downie

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
Rona Laskowski, Head of Critical and Complex Care Services
Lisa Cooper, Head of Primary and Preventative Care Services

In attendance:

Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Cllr David Graham
Lynn Barker, Associate Director of Nursing
Helen Hellewell, Associate Medical Director
Ben Hannan, Director of Pharmacy and Medicines

		ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting. Apologies were noted as above. All were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with Minute taking.</p>	
2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interests were noted.</p>	

3.	<p>MINUTE OF PREVIOUS MEETING – 11 NOVEMBER 2022</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are complete.</p>	
5.	<p>FINANCE UPDATE</p> <p>Report details the financial position of the delegated and managed services based on 30 November 2022. The forecast for Fife Health & Social Care Partnership is currently a surplus £7.1m. Noted an explanation of the main variances can be found in the papers on pages 21, 22 and 23.</p> <p>Budget set in March on the basis that any undelivered savings brought forward would be achieved in 2022-2023. The value brought forward was £3.8m and as of November 66% is being projected to be delivered.</p> <p>Current projected position in terms of COVID spend is spend of £14.5m against reserves of £35m. A letter has been received from Scottish Government confirming future allocations will be reduced by the value of excess COVID reserves which will mean a return to the Scottish Government of £21m.</p> <p>In total reserves of £79m were brought forward into this financial year and the projected year end position is a balance of £35m remaining at the 31st March.</p> <p>Committee were asked to approve the monitoring position and reserves held as at November for onward submission to the IJB.</p> <p>John Kemp queried with regards to the money being returned to Government.</p> <p>Audrey Valente explained that when a return is submitted this a projected spend, an estimate as to what we will spend to the end of the year. Audrey Valente confirmed that she was happy with the current position that the Partnership will return £21m. If there were to be any variances from that Government have advised, they will work with us to cover any excess.</p> <p>Cllr Dempsey commented with regards to the vacancy position, how long do we continue in this situation and when does there come a point when we have to redefine how we operate?</p> <p>Audrey Valente advised regarding work being undertaken with both partners taking a deeper dive into vacancies to understand where they are, how long they have been vacant for and looking at budget realignment.</p> <p>Nicky Connor highlighted the challenges faced with recruiting and staff turnover, noting that vacancies were not always necessary the same vacancies in the same part of the system at any given time. The Partnership is seeing a shift with some of its vacancies following recent campaigns to recruit Carers proving to be successful.</p>	

Nicky Connor stated that the Partnership were are not accepting of the position of vacancies and continues to work on these however, realistically faces ongoing challenges and needs to consider as part of both it's risk management.

Cllr Downie queried in addition to filling positions, adverts etc for ongoing recruitment are we confident we have a good forward pipeline of people coming through?

Nicky Connor advised that the Organisational Development team is working closely with operational services to look at how we support our careers and our pipeline into health and social care which includes third and independent sectors not just our manged statutory services.

Cllr Downie queried in relation to the Scottish Governments announcement on additional funding on social care how this feeds through into finance?

Fiona McKay advised that the Partnership had received funding for interim beds to move people out of hospital who are waiting on a care at home package. The funding has been used to support care homes across Fife and for the first-time care homes on our border Kincardine, Taybridgehead. Beds have also been commissioned in Perth and Stirling as a trial. As Fife already have an interim bed model the funding has allowed us to increase the rate paid for the first time to encourage care providers to have some block beds to take in interim people. Currently there are fifteen people in interim beds and a weekly return will be provided to Scottish Government detailing numbers placed.

Alistair Morris commented with regards to the constant vacancy position and the impact that has on finances, how do we deliver the strategies and new ways of working identified within these constraints?

Audrey Valente acknowledged the position and agreed this was a whole systems issue. The Partnership will continually review and think creatively to encourage people to work in Fife and is very much keen to improve the services delivered to its people and will endeavour to keep doing so.

Audrey Valente shared a presentation which followed on from the Development Session pre-Christmas. The update provided Committee with the current position with regards to the gap and highlighted the risk and uncertainties. An update with regards to reserves was also provided.

Following previous discussion at the Finance & Performance Committee Development session in December where it had been agreed to bring back to Committee for further discussion the request from the Director of Finance, NHS Fife, Audrey Valente advised of the paragraph she wished to incorporate into the finance update for the IJB and sought Committee's thoughts and views and highlighted through questions raised this would be a one-off payment. Both Audrey Valente and Nicky Connor advised Committee that they believed that this was the right thing to do.

Committee provided their thoughts and agreed to the transfer of funds and the inclusion of the suggested paragraph in the finance report with the comments Members had provided.

	<p>Alastair Grant confirmed that Committee were assured that there was a robust financial monitor in place. Committee agreed onward submission to the IJB for approval of the financial monitoring position as at end of November 2022 and agreed onward submission to IJB for approval of the use of the reserves as at November 2022.</p>	
<p>6.</p>	<p>Performance Report</p> <p>The monitoring of Performance is part of the governance arrangements for the Health and Social Care Partnership. The report is brought to every second Committee and provides a detailed account on services performance across the Partnership and across the Acute sector and provides an overview of progress and performance in relation to the National Health and Social Care Outcomes, Health and Social Care Local Management Information and Management Information. Fiona McKay provided an overview of the figures.</p> <p>Cllr Dempsey thanked Fina McKay for the report and noted it's considerable detail and queried what Committee should be taking from the information?</p> <p>Fiona McKay confirmed that the report is for awareness and to provide Committee assurance that the services in the Partnership are meeting the requirements. If they are not there is an action plan for an understanding of why and what we are doing to rectify the position.</p> <p>Nicky Connor commented she would be keen to understand a bit more fully what would help Committee in relation to the performance report and what Officers could do to present the report in a more meaningful way?</p> <p>Cllr Dempsey suggested the report being more pointed and focused on what matters.</p> <p>Nicky Connor thanked Cllr Dempsey for his feedback which Officers will take away and consider for future reports. Nicky Connor also suggested there may be scope to look at holding Development Sessions for Committees where there might be opportunity to take a deeper look at performance.</p> <p>Alastair Grant thanked Nicky Connor for the suggestion of a Development Session and agreed this would be beneficial.</p> <p>Alastair Grant confirmed Committee took awareness of the report.</p> <p>Alistair Morris commended the Partnership for its work in relation to staff absence, retention and sickness and in particular with reference to page 55 of the papers with the rolling 12-month absence coming down. This was a nice trend to see and looked forward to seeing the figures coming down even further.</p> <p>Nicky Connor thanked Alistair Morris for his comments which will be passed onto operational teams. Noted that the absence rate is the lowest rate that it has been in the last three years, although still higher than desired. There are a number of actions on-going through operational teams and through the support from HR and Organisation Development and Culture colleagues.</p> <p>Cllr Alexander commented he was pleased all going in the right way and queried whether there were any out liars within that and whether managers see these in more detail?</p>	

	<p>Nicky Connor explained the reports received at senior and management level go into much more nuance around trends and where the challenges are. Review and Improvement Panels have been set up in each of the Portfolios which look at any short-term and long-term cases.</p> <p>Lynne Garvey provided an update on how the Review and Improvement Panels are facilitated and the difference that these have made.</p>	
<p>7.</p>	<p>Directions Update</p> <p>The Integration Joint Board (IJB) approved the tracking of Directions on a quarterly basis by the Finance, Performance and Scrutiny Committee. This report provides an update on Directions issued to date and is the first report to be brought before Committee. Regular updates on progress will be provided and reported on every six months.</p> <p>Currently five Directions have been issued by the IJB over 2020 and 2021 and Appendix 1 and 2 contained in the papers refer noting that four out of the five are now complete, with the Mental Health Strategy progressing well.</p> <p>Noted Direction(s) will be set as part of the budget process with an overarching Direction that's sets out what services will deliver in the financial year ahead and the budget assigned. Any additions will come through Committee as and when required.</p> <p>Alastair Grant confirmed Committee's assurance and no queries or questions were raised.</p>	
<p>8.</p>	<p>Improvement Plan</p> <p>Report and improvement plan from the Joint Inspection Team is submitted to Committee as a final position following the recent inspection, for awareness, discussion and assurance that recommendations are being taken forward. Update reports will be brought to future Committee's.</p> <p>Fiona McKay provided background to the inspection and the work undertaken.</p> <p>The outcome of the inspection has been considered by SLT members and has been discussed at a previous IJB development session.</p> <p>In its findings the inspection team reported on key strengths, areas for improvement and identified areas that they considered to be good practice.</p> <p>The Partnership has welcomed the inspection as presenting both a positive picture of how work is carried out in Fife and as an opportunity to help in the process of establishing priorities for future development.</p> <p>An improvement plan has been developed to assist in taking forward the areas for improvement and will be monitored by an oversight group with progress reported to the relevant subgroup of the IJB. The Partnership has two years to complete the Improvement Plan and work is well underway on this.</p> <p>John Kemp queried how the Care Inspectorate would monitor progress and what was the Partnerships reaction to the report?</p>	

	<p>Fiona McKay advised that the Link Inspector for Fife will request updates from the Partnership on its progress. These will be in the form of formal written updates and provided on a regular basis.</p> <p>Nicky Connor provided feedback with regards to Partnerships thoughts and the questions asked to the Care Inspectorate of what could be done to improve the ratings given, noting also that this was the first inspection of its kind across Scotland. Feedback has been given to all Teams involved and have celebrated the kindness and values by which Teams are delivering.</p> <p>Cllr Dempsey queried the monitoring mechanism of the actions noted in the improvement plan.</p> <p>Fiona McKay advised that there will be update reports on progress which will be brought back to this Committee. A Working Group has been set up to take forward the actions in the improvement plan.</p> <p>Cllr Alexander commented that the Partnership should be proud of its achievements for this being the first report was quite superb!</p> <p>Alastair Grant thanked Officers for the report and Committee look forward to receiving updates going forward.</p>	
9.	<p>MINISTERIAL STRATEGIC GROUP (MSG) INDICATORS</p> <p>Report provided to assure Committee on the progress being made with the implementation of the Ministerial Strategic Group (MSG) Indicators and to determine areas for further development.</p> <p>Fiona McKay provided a background to the indicators and advised that these have progressed since the original assessment, with sixteen areas established and six areas partially established. The summary report from page 137 of the papers provides an update on progression to December 2022. For those areas which are complete now looking at the exemplar rating and how this can be achieved for next year.</p> <p>Cllr Dempsey provided comment on the summary report and queried how objective the established exemplary ratings were and how can you tell that you are in one and not the one above or one below?</p> <p>Fiona McKay thanked Cllr Dempsey for his comments and ensured how data is reported would be looked at further. With regards to the definitions noted in the summary report these are set by MSG and is for the Partnership to determine where they are through self-evaluation. Page 143 onwards within the papers sets out the work undertaken to meet the requirements, steps taken and action plan in place.</p> <p>Alistair Grant confirmed with Committee that they supported the recommendation and for progress to be reported in the Health and Social Care Partnership Annual Report to be approved by the Integration Joint Board in July 2023.</p>	

10.	ITEMS FOR HIGHLIGHTING Alastair Grant confirmed with the committee that there were no issues requiring to be highlighted at the Integration Joint Board on 27 th January 2023.	
11.	AOCB No issues were raised under AOCB.	
12.	DATE OF NEXT MEETING: Friday 17 th March 2023 at 10.00am via MS Teams	



Fife Health & Social Care Partnership

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UNCONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE TUESDAY 18 JANUARY 2023, 1000hrs - MS TEAMS

- Present:** Sinead Braiden, NHS Board Member (Chair) (SB)
Councillor Rosemary Liewald
Councillor Graeme Downie Councillor Lynn Mowatt
Councillor Sam Steele
Ian Dall, Service User Rep, Chair of the PEN (ID)
Morna Fleming, Carer's Representative (MF) Paul Dundas, Independent Sector Lead (PD)
- Attending:** Dr Helen Hellewell, Deputy Medical Director (HH)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Lynne Garvey, Head of Community Care Services (LG)
Rona Laskowski, Head of Complex and Critical Care Services (RLas)
Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)
Simon Fevre, Staff Side Representative (SF)
Heather Bett, Interim Senior Manager Children Services, Sexual Health & BBV and Rheumatology (HB)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Cllr Margaret Kennedy
Dr Chris McKenna, Medical Director
Ben Hannan, Director of Pharmacy and Medicines
Lynn Barker, Director of Nursing
Kathy Henwood, Head of Education and Children's Services (Children and Families/CJSW and CSWO)
Nicky Connor, Director of HSCP
Roy Lawrence, Principal Lead for Organisational Development & Culture
Fiona McKay, Head of Strategic Planning, Performance & Commissioning

No	Item	Action
1	<p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>The Chair welcomed all to the meeting, she wished to thank staff for their ongoing efforts in a particularly challenging period for Health & Social</p>	

	Care. She apologised for the late issue of the Quality & Communities Committee meeting papers and the reduced agenda, which is due to the current pressures on Services.	
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 09 SEPTEMBER 2022 The previous minutes from the C&CGC meeting on 08 November 2022 were approved as an accurate record of the meeting.	
5	GOVERNANCE	
	<p>5.1 Mental Health Strategy Progress Report</p> <p>RLAs introduced the report which is an update on the status of implementation of the existing Mental Health Strategy and preparedness for the intended Fife Mental Health Strategy.</p> <p>The report gives an update on business which has been finalised over the past 6 months and examples of where Fife are in other areas of practice.</p> <p>RLAs referred to good news stories reflected in the report. She advised Action 15 monies have been confirmed to be awarded on a recurring basis and described the range of programmes this supports. She advised, although there has been significant investment in mental health, new and additional requirements are requested by Scottish Government.</p> <p>RLAs referred to the range of renewal and recovery initiatives instructed by Scottish Government, each with their own funding stream. She touched on the difficulties around lack of flexibility and the challenges meeting local needs in Fife. CAMHS and Psychological Therapies have been heavily invested in. RLAs spoke of the backlog and gave details of the current situation, giving assurance work is progressing.</p> <p>Activity described included Mental Health and Wellbeing Hubs at Primary Care level. RLAs told of the work taking place within the Hubs at each of the 7 localities.</p> <p>RLAs explained the changes within Redesign/ Replacement of the MH Inpatient Estate. This is a long-term programme involving replacing redesign and/or replacing psychiatric hospital sites with fit-for-future hospital/s. It is anticipated this will come through governance to both IJB and NHS Fife Board over the next couple of month, prior to submission to SG.</p> <p>RLAs outlined other areas of work being progressed within the Service, including Community MH Estate, development of pathways of care and the new national strategy for Scotland.</p>	

	<p>The challenges of significant workforce gaps and the initiatives being utilised to help improve recruitment were outlined and RLAS advised work is underway to explore models from 3rd sector agencies, providing reach/outreach models to enhance the patient experience and build successful discharge pathways. Questions/comments were invited.</p> <p>MF thanked RLAs for her detailed presentation and raised several points including staff recruitment challenges, training and funding. RLAs answered all queries raised.</p> <p>Cllr Liewald referred to the strategy monies which have been made available and queried the degree of flexibility which can be employed at Fife level. RLAs confirmed the areas of priority for any such monies will be first point of contact at Locality Hubs and Out of Hours Care. She detailed some of this work.</p> <p>Cllr Downie queried when the MH services bench marking for OOH was recorded. RLAs confirmed the data was reported Nationally in early 2022, data coming from late 2021. RLAs offered to bring back a report specifically looking at benchmarking. Cllr Downie indicated he would appreciate more specific data coming back to Committee.</p> <p>ID asked to see more in Post Diagnostic Support and OOH support for dementia Carers. RLAs outlined the current status of Post Diagnostic Support services and advised she will take away the point regarding OOH support for Carers and give an update within the next MH Strategy Update Report.</p> <p>SB was interested to note prescribing rates in depression are similar across all areas, although deprivation has been proven to have a detrimental effect on mental health. HH stated prescribing is not always the best indicator of mental ill-health within an area due to the complexity of the illness and the method of help provided to an individual. She gave assurance this is being considered within the Primary Care Strategy.</p> <p>Other areas discussed were dependence on locum consultants, recruitment and workforce challenges.</p>	<p>RLAs</p> <p>RLAs</p>
<p>5.2 Suicide Prevention Strategy</p>	<p>LC requested this report be deferred to a later Committee meeting. This was agreed.</p>	
<p>5.2 Violence Against Women Annual Report 2021/22</p>	<p>The report is brought to the Quality & Communities Committee to inform and assure of the work being undertaken within NHS Fife, Fife Health and Social Care Partnership and Fife Violence against Women Partnership (FVAWP) to address violence against women and girls.</p> <p>She advised the report contains 3 detailed annual report from April 21 – March '22, underpinning the Safe Scotland Strategy which is designed to prevent / eradicate violence against women and girls.</p>	

	<p>LC introduced Heather Bett, Senior Manager Children Services, Sexual Health & BBV and Rheumatology. HB began by commending the work undertaken by small teams working extremely hard to provide quality interventions and services to women and girls across Fife.</p> <p>She gave background to the 3 reports - Fife Violence Against Women Annual Report - a multi-agency partnership involving HSCP, Police, Education and Social Work and described the stands of work being taken forward.</p> <p>Marac Annual Report - multi-agency risk assessment conferencing, an approach used to support those at the highest risk of violence.</p> <p>Fife HSCP Gender based Violence Service annual report - sitting within HSCP offering a range of services, including a gender based violence care pathway, the forensic care pathway and the children and young people's care pathway which HB described. Questions were invited.</p> <p>SB asked HB to convey thanks to the teams for the work they are carrying out in very difficult circumstances. She commented on several reports in the media recently regarding violence and attitudes towards women.</p> <p>Cllr Liewald referred to the "What Were You Wearing" exhibition which she and other elected members attended and commended the good work which is taking place and she felt changing the attitudes of young males.</p> <p>SF queried if there are opportunities to increase the workforce and if there is support in place for the staff carrying out this work, which at times can be very difficult. HB advised, staffing is fully established within the HSCP team, however, work is spread over wider teams which she described. She added, training and development is an area of work to be focussed on, although support is provided through the Sexual Assault Centre.</p> <p>Cllr Steele referred to the Caledonian Programme and the men which did not complete the course during the pandemic. She queried if there was a follow up to this. HB will check with Social Work colleagues and contact Cllr Steele outwith the meeting.</p>	H Bett
6	<p>ITEMS FOR ESCALATION</p> <p>No items for escalation.</p>	
7	<p>AOCB</p> <p>No further business raised.</p>	
8	<p>DATE OF NEXT MEETING – Friday 10th March 2023, 1000hrs MS Teams</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM TUESDAY 24 JANUARY 2023 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
 Nicky Connor, Director of Health & Social Care
 Debbie Fyfe, Joint Trades Union Secretary
 Audrey Valente, Chief Finance Officer, H&SC
 Billy Nixon, Health & Safety, NHS Fife
 Danielle Archibald, Service Manager (for Rona Laskowski)
 Elizabeth Crighton, Project Manager – Wellbeing & Absence
 Fiona McKay, Head of Strategic Planning, Performance & Commissioning
 Hazel Williamson, Communications Officer, H&SC
 Kenny McCallum, UNISON
 Lee-Anne French (for Elaine Jordan)
 Lisa Cooper, Head of Primary & Preventative Care Services
 Lynn Barker, Associate Director of Nursing
 Lynne Garvey, Head of Community Care Services
 Morag Stenhouse, H&S Adviser, Fife Council
 Roy Lawrence, Principal Lead Organisation Development and Culture
 Susan Robertson, UNITE
 Susan Young, HR Team Leader, NHS Fife
 Yvonne Batehup, UNISON Welfare Representative
 Wendy McConville, UNISON Fife Health Branch
 Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Angela Kopyto, Dental Officer, NHS Fife
 Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
 Elaine Jordan, HR Business Partner, Fife Council
 Eleanor Haggett, Staff Side Representative
 Helen Hellewell, Deputy Medical Director, H&SC
 Kenny Grieve, Health & Safety Adviser, Fife Council
 Lynne Parsons, Society of Chiropractors and Podiatrists
 Rona Laskowski, Head of Complex & Critical Care Services
 Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 16 November 2022	
	The Minute from the meeting held on 16 November 2022 was approved as an accurate record of the meeting.	

NO	HEADING		ACTION
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2.2	Action Log from 16 November 2022		
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The Action Log from the meeting held on 16 November 2022 was approved as accurate.

Simon Fevre provided a short update on the decision make an edited version of the LPF Annual Report at the same time as the full report is being produced this year.

3	JOINT CHAIRS UPDATE		
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Nicky Connor updated on the position of Principal Social Work Officer, which became vacant at the end of 2022. Dougie Dunlop is currently providing professional support on an interim basis, interviews for this role are scheduled to take place in the near future and the LPF will be updated once this is concluded.

Simon Fevre gave an update on potential industrial action from the perspective of the health unions, three of whom have voted in favour of strike action. Talks are ongoing with the Cabinet Secretary around the 2023-2024 pay award and strike action has been suspended pending the outcome of these. There are still some issues to resolve regarding the 2022-2023 pay award.

4	HEALTH AND WELLBEING		
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Attendance Information

Susan Young advised that NHS absence for November was 7.05%, up from 6.85% in previous month. Main reasons continue to be to Anxiety / Stress / Gastro- intestinal problems although cough/cold/flu are responsible for a number of short-term episodes. 26 areas had an absence rate of over 10% in November 2022. Improvement Panels are being convened and Attendance Management training has been refreshed and is available on Stafflink.

Lee-Anne French advised that Fife Council absence for the same period has reduced from to 11.7%, the lowest absence rate in 23 months. Main reasons continue to be mental health / stress and MSK. HR are providing pro-active support to managers including monthly absence panels. Employees are signposted to health and wellbeing supports as necessary.

Discussion took place around the use of the Stress Toolkit and Debbie Fyfe asked if an at glance guide or checklist could be provided for Managers to assist with cases. Lee-Anne French will discuss this with colleagues.

Debbie also offered to highlight guidance and advice for employees on the union's Social Media pages

Self-referral of employees to access physiotherapy and counselling was discussed and HR colleagues will look into how best to promote these to employees.

Susan Young had provided a written update which was circulated with the papers for the meeting and she highlighted some of the work which is ongoing including Walking Meetings and information on women's health and the uptake of wellbeing activities. Simon Fevre asked about these figures, which were included in this update for the first time, Susan will check statistics and feedback at next meeting.

**SY/EJ /
EC / LAF**

SY

NO	HEADING	ACTION
4	HEALTH AND WELLBEING (CONT)	
	Staff Health & Wellbeing (Cont)	
	Elizabeth Crighton had also provided a detailed written update and she highlighted some of the ongoing work within Fife Council including early intervention calls, return to work evaluation, the HSE Talking Toolkit and wellbeing focus visits to care homes.	
	Nicky thanked Susan, Elaine, Lee-Anne and Elizabeth and Heads of Service for all of the work which is being done to support health and wellbeing.	
5	HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP AND MANDATORY TRAINING)	
	Danielle Archibald gave an update on the H&S Assurance Group on behalf of Rona Laskowski. The group last met on 25 October 2022, next meeting is 14 February 2023 and they will meet quarterly thereafter.	
	Paper was taken to SLT Assurance on 12 December 2022, focusing on the position and compliance with mandatory training relating to Health and Safety. Recognised need to improve compliance across workforce, acknowledging current service pressures and challenges in access. Initial target improvement target by May 2023 is under negotiation with the H&S advisers in NHS Fife and Fife Council.	
	Current Lone Working return has been sent to all services and this will be considered at February H&SAG meeting.	
	Health and Safety Executive have developed a stress management risk assessment which is divided into 6 sections covering all 6 standards, The "Talking Tool Kit". The tool kit is organised into six sections, each providing guidance and a template which enables the supervisor to have conversations with a staff member around the six topics;	
	<ul style="list-style-type: none"> • Demands • Control • Support • Relationships • Role • and Change 	
	any of which may individually, or combined, be a contributor to causing workplace stress to a degree that is impacting on an individual's ability to fulfil their role. Tool Kit has been rolled out across Fife Council staff within the HSCP over the past 6 – 9 months, to great effect, offering supported use of the tool to individuals staff members who are absent from work due to work related stress. The HSCP has recently taken a decision to extend the life of this project. It is welcome that steps are being taken to enable NHS Fife workforce to have similar levels of support.	
	Discussion took place around violence and aggression in the workplace, the need to ensure employees report / record all incidents (including verbal) and it was confirmed that this is part of the work of the Health & Safety Assurance Group.	

NO	HEADING	ACTION
5	HEALTH AND SAFETY UPDATE (CONT)	
	<p>Billy Nixon and Morag Stenhouse had both provided written updates prior to the meeting.</p> <p>Billy updated on figures for violence and aggression incidents within NHS partnership staff. During 2022 there were 87 physical and 50 verbal incidents. A new Violence and Aggression Adviser has recently joined Billy's team and he will be responsible for V&A training. Five RIDDOR incidents have been reported and additional manual handling trainers are being recruited to help reduce waiting lists.</p> <p>Morag Stenhouse advised her report was taken from PowerBi and showed 7 RIDDORS were reported in the last quarter. During 2022 there were 174 physical and 61 verbal violent and aggressive incidents recorded. A Lone Working review is underway.</p> <p>Nicky Connor suggested that a communications plan be drawn up in conjunction with Hazel Williamson to highlight health and safety issues and priorities within the directors brief and staff communications. To be discussed further at LPF pre-agenda meeting on Wednesday 8 March 2023.</p>	HW/BN/MS
6	FINANCE UPDATE	
	<p>Audrey Valente provided a finance update which has not changed much since the last update. Partnership is reporting a projected outturn underspend of £7m.</p> <p>Pay awards for both Fife Council and NHS Fife staff have been factored into this year's calculations.</p> <p>Currently hold approx £16/£17m in uncommitted Reserves, with a further £11m earmarked for specific purposes (eg PICP, ADP). Policy advising holding around 2% (approx £13m).</p> <p>Budget and medium-term financial strategy estimate a £7m gap in year 1 which rises to £15m in year 3. This takes account some assumptions for future pay awards, inflation and potential funding uplift.</p> <p>There are a number of areas under consideration to assist with closing the budget gap and examples were being provided of the types of areas being explored. SLT members are looking at these in detail and finalised PIDS will be brought forward in due course.</p>	AV
7	UPDATE ON STRATEGIC PLAN	
	<p>Fiona McKay gave a presentation on the Strategic Plan 2023-2026 which was being considered for approval at the IJB meeting on Friday 27 January 2023. The plan fits into the Plan4Fife and over 638 people, including staff and the public, contributed feedback to finalised version. Simon Fevre commended the amount of engagement which had taken place and this has resulted in a very readable document full of relevant information. He thanked all those involved in the process and will be happy to add the LPF support to this when discussed at the IJB.</p>	

NO HEADING**ACTION****8 SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19****System Pressures and Update**

Lynne Garvey updated on the current significant pressures on the whole workforce, these are not unique to Fife. This has resulted in a number of additional surge beds being opened in our community hospitals and at present there is not a timeframe to project when these are likely to be stood down. Daily workforce huddle still taking place and some staff have been deployed to areas with greatest need.

There is also significant pressure on the Social Care workforce, recruitment continues to be heavily promoted, current approach is focusing on local areas via the use of posters in libraries, supermarkets, etc. Recent recruitment drive has resulted in 47 new staff and the attrition rate is falling, which is positive news.

New Care at Home Co-ordinators are helping to free up capacity and ensure equity with the number of staff supervised. Staff wellbeing is being promoted in all areas. Debbie Fyfe advised that the additional Co-ordinators were appreciated by carers as they can now get easier access to management support and supervision. Lynne advised that the Review Team is checking all packages of care being provided to ensure levels are appropriate.

Simon Fevre asked about Scottish Government funding for additional care home beds to ease pressure. Lynne Garvey advised that Fife already make use of interim care beds which patients wait for a suitable package of care. Fiona McKay confirmed that extra beds have been commissioned until the end of March 2023.

A Care at Home Inspection is currently underway and more information will be provided at the next LPF meeting.

FM

Danielle Archibald updated on staffing levels in Social Work, Social Care and Adult Resources which all remain challenging. All mental health beds, including additional surge beds, are currently in use. Staffing remains green or amber in accordance with the OPEL tool.

Lisa Cooper advised that her daily huddle continues to take place. The Tender Contract for 3 of the 2C GP practices goes live till 27 March 2023 and should be concluded by the end of May. Response from Urgent Care over the festive public holidays was phenomenal with the Flow and Navigation Hub undertaking a test of change is being piloted with ambulance staff to call before they convey patients. The Primary Care Improvement Plan is being refreshed with a workshop planned for week commencing 30 January 2023.

Update on Industrial Action

Simon Fevre had given an update on this during the Joint Chairs Update.

Immunisation - Staff / H&SC Workforce

Lisa Cooper advised that the autumn/winter programme is complete with over 90% uptake within Fife. Mop up and drop sessions are still available. Some staff have been deployed to other areas. Lessons learned and feedback from

NO	HEADING	ACTION
8	<p>SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19 (CONT)</p> <p>Immunisation - Staff / H&SC Workforce</p> <p>last year are both in place. This continues to be promoted and LPF are encouraged to promote staff uptake.</p>	
9	<p>HSCP LEADERSHIP PROGRAMMES 2023</p> <p>Roy Lawrence presented this paper and was seeking the support of the LPF in the design stage of the programmes. The Extended Leadership Team (ELT) is being refreshed and we are looking to ensure there is a consistent approach, which is flexible and contains the golden thread throughout all leadership development work. These programmes are aimed at staff within ELT and the 3rd and Independent sectors as well as those in acute and pharmacy. There is also further leadership development being progressed to support team manager level and this will be launched later in 2023.</p> <p>Simon Fevre was encouraged by the report which would shape how the organisation supported leadership development and would develop staff including those new to Health and Social Care.</p> <p>Nicky Connor thanked Roy and his team for the work which had gone into this which shows great potential going forward into 2023 and supports our commitment to Organisational Culture and staff development.</p>	
10	<p>LOCAL PARTNERSHIP AGREEMENT</p> <p>A copy of the final, signed agreement was circulated with the paper for the meeting. This refresh supports good governance for the LPF and will be reviewed in annually in future. Wendy to add to the workplan.</p>	
11	<p>NATIONAL CARE SERVICE - UPDATE</p> <p>Nicky Connor gave a presentation on the National Care Service and these slides will be circulated to LPF members.</p> <p>The presentation was a factual update on the Bill with more information expected in the next 6 months following codesign work that is planned at a national level as this is developed further.</p> <p>More information will be shared with LPF members as it becomes available.</p>	WA
12	<p>ADULT INSPECTION REPORT AND ACTION PLAN</p> <p>Fiona McKay gave an update on the Adult Inspection Report which was received towards the end of 2022. An Improvement Plan was completed and sent to the Care Inspectorate and a meeting is being held later in the week to discuss how best to take forward the actions during the timescale for completion, which is 2 years. Dougie Dunlop will lead on this initially. Reports will come back to the LPF on a 6 monthly basis. Members noted the report and recognized the significant contribution from staff to plan and participate in the inspection.</p>	

NO	HEADING	ACTION
13	ITEMS FOR BRIEFING STAFF	
	It was agreed to provide information to staff on:-	
	Service Pressures	Mandatory Staff Training
	HSCP Leadership Programmes 2023	Staff Health & Wellbeing
	Strategic Plan	Adult Inspection Report and Action Plan
		HW
14	LPF ANNUAL REPORT 2022-2023	
	Simon Fevre advised that last year's report was well received and that he would be contacting LPF members to seek information similar to that requested last year. This would be discussed at the LPF Development Session on 31 May 2023 with a view to the final report going to FP&S Committee on 6 July 2023 and the IJB on 28 July 2023.	
	Earlier in the meeting Simon Fevre had provided a short update on the decision make an edited version of the LPF Annual Report at the same time as the full report is being produced this year.	
	Nicky Connor advised that the Annual Performance Report for the partnership would also be going to the July IJB meeting and it would be good to ensure a link between both reports.	
15	AOCB	
	Susan Young updated on the NHS Fife Payroll Team who would transfer to the South East Region Payroll Consortium on 1 February 2023. TUPE consultation has been ongoing. NSS will be lead employer.	
16	DATE OF NEXT MEETING	
	Wednesday 29 March 2023 – 9.00 am – 11.00 am	



Fife Health & Social Care Partnership

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UNCONFIRMED

MINUTE OF THE STRATEGIC PLANNING GROUP HELD VIRTUALLY ON WEDNESDAY 1ST MARCH AT 10.00 AM

Present:	<p>Cllr David Graham (Chair) Cllr Rosemary Liewald Fiona McKay, Head of Strategic Planning, Performance & Commissioning Helen Hellewell, Associate Medical Director Lesley Gauld, Team Manager, Strategic Planning Jacquie Stringer, Locality Planning Co-ordinator Morna Fleming, Carer Representative Tracy Harley, Service Manager, Participation & Engagement Ian Dall, Service User Representative Vicki Birrell, Team Manager, Strategic Planning William Penrice, Service Manager, Performance Management & Quality Assurance Rona Laskowski, Head of Complex & Critical Care Dr Rishma Maini, Consultant in Public Health Tracy Hogg, Finance Manager, Health & Social Care Partnership Claire Dobson, Director of Acute Services Lynne Garvey, Head of Community Care Services Lynn Barker, Associate Director of Nursing</p>
Apologies for Absence:	<p>Audrey Valente, Chief Finance Officer Cllr Dave Dempsey Paul Dundas, Independent Sector Representative Simon Fevre, Staff Representative, NHS Fife Paul Short, Service Manager, Housing Services Fay Richmond, Executive Officer to Chief Executive & Board Chair/NHS Fife Ben Hannan, Director of Pharmacy and Medicines Lisa Cooper, Head of Primary & Preventative Care Cllr Sam Steele Nicky Connor, Director of Health & Social Care Kenny Murphy, Third Sector Representative</p>
In Attendance:	<p>Gillian Muir, Management Support Officer (Minutes) Elizabeth Butters, Service Manager, Fife Alcohol & Drug Partnership Heather Bett, Interim Senior Manager, Children's Services Kay Samson, Health Improvement Programme Manager Avril Sweeney, Manager, Risk Compliance</p>

NO.	TITLE	ACTION
1.	<p>WELCOME AND INTRODUCTIONS David Graham welcomed everyone to the meeting and apologies were noted as above.</p>	

NO.	TITLE	ACTION
2.	<p>MINUTE OF LAST MEETING (22ND NOVEMBER 2022)</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> <p>Actions noted within the minute have been progressed and are complete.</p>	
3.	<p>UPDATE ON STRATEGIC PLAN 2022 TO 2026</p> <p>With the Strategic Plan now agreed, a set of directions are now required as per the IJB's requirements to our partners around how they will deliver the services in line with the Strategic Plan.</p> <p>Draft directions have been prepared and can be found on pages 7 and 8 of the papers. These have also been discussed with Dave Dempsey as chair of the Audit and Assurance Committee as to whether there should be two separate directions or whether the directions are together directing each of our partners. Initial thoughts are for one direction and Fiona McKay sought the views of the group.</p> <p>Rosemary Liewald commented that she believed the route described is exactly the route that should be taken.</p> <p>David Graham confirmed the groups agreement for one direction to be set directing each of our partners.</p> <p>Fiona McKay also advised that a Delivery Plan was also required for the first year of the Strategic Plan and provided a presentation giving an overview of the proposed document ahead of its submission to governance Committees and the IJB. The document will be sent to the Strategic Planning Group for their comments.</p> <p>Following the presentation, the group provided their thoughts and comments.</p>	
4.	<p>STRATEGY UPDATES</p> <p>Fiona McKay introduced the six strategies which had been brought to the meeting to provide an update on their progress. A flash report was also submitted for each.</p> <p><u>Alcohol and Drug Strategy</u></p> <p>Elizabeth Butters provided an overview of the flash report submitted.</p> <p>David Graham commented that he was pleased to see how targeted approaches in certain areas really do work and to see success coming from the measures put in place.</p> <p><u>Carers Strategy</u></p> <p>Fiona McKay provided an overview of the flash report submitted.</p> <p>David Graham queried the carers events held which had a low turnout, were there things that the service could look at to improve attendance?</p> <p>Fiona McKay advised although numbers were low, conversations were rich, and a lot of similar views were expressed. At the time of the events there had already been consultation with organisations funded by the Partnership and consultation on both the Strategic Plan and Home First Strategy which carers had all inputted to.</p>	

NO.	TITLE	ACTION
4	<p>STRATEGY UPDATES (continued)</p> <p><u>Carers Strategy</u> (continued)</p> <p>Morning Fleming suggested a single point of contact would be beneficial, one place where people can go to get information and noted work still required to be done to promote initiatives like The Wells.</p> <p>Morning Fleming also queried with regards to the risk and mitigations noted on the last pages of the flash report, in particular the last risk, 'the failure to commission support that is solely or primarily for the benefit of the carers. Morna commented in terms of the engagement of the Participation and Engagement Officers she would want to see them making real contact with carers, making connections with special interest groups and places such as the Alzheimer's café in Kirkcaldy.</p> <p>Fiona McKay advised that she had met with Morna and had had a discussion around the work that was going to be taken forward with further meetings being held in the near future to progress and develop ideas.</p> <p>Rosemary Liewald commented on the engagement with young carers and was interested to know how many young carers had come forward with their views.</p> <p>Fiona McKay advised that whilst there is a strategy for young carers, this is supported by the Education Service. NHS Children's Services are also linked in, and the views of young carers have been taken forward.</p> <p>Tracy Harley advised that the Education Service had written a full report on young cares in conjunction with Fife Carers Centre which Tracy would access and send on. Tracey Harley also noted that consultation had been low with a captive audience within schools.</p> <p>Ian Dall commented that the Partnership needs to utilise the Communications Team more to promote events and initiatives.</p> <p>Fiona McKay advised the intention would be to use some of the funding for campaigns to promote events and initiatives.</p> <p><u>Children's Services Plan</u></p> <p>Heather Bett provided an overview of the submitted flash report.</p> <p>Morna Fleming commented that it was admirable the work being undertaken in terms of healthy diet, weight and good sleep and wondered to what extent the Team were finding that these things were affected by the cost-of-living situation?</p> <p>Heather Bett advised that the Team were very closely linked to the work that is being done around poverty and child poverty with all health visitors, family nurses and midwife staff engaged in asking people about poverty and if they can help with regards to income maximisation. The Team are also mapping out work already ongoing with regards to healthy eating and diet looking at food banks, community kitchens and gardens and to what their next steps would be linking in with these agencies and how to promote them directly.</p> <p>Rosemary Liewald thanked Heather Bett for the detailed report and was pleased to hear everything spoken about.</p>	

NO.	TITLE	ACTION
4.	<p>STRATEGY UPDATES (continued)</p> <p><u>Commissioning Strategy</u></p> <p>Vicki Birrell provided an overview of the submitted flash report.</p> <p>Fiona McKay noted the considerable amount of work done on the Commissioning Strategy which will impact across all other strategies. As these evolve the Commissioning Strategy will be amended accordingly to ensure there is a commissioning model to suit. Work is also ongoing with our partners looking at how Partnership funds the third and independent sectors.</p> <p><u>Prevention and Early Intervention Strategy</u></p> <p>Kay Samson provided an overview of the submitted flash report.</p> <p>Ian Dall queried whether early intervention and prevention was all inclusive, were all social services included preventing people having the need to go into the acute services into the NHS?</p> <p>Kay Samson replied yes, noting that the scope of the strategy will be about all Health and Social Care Partnership services including the third sector and all commissioning services.</p> <p><u>Risk Management Strategy</u></p> <p>The policy and strategy were brought for discussion, comment and approval of the risk management policy and strategy before its submission to the Governance Committees and to the IJB.</p> <p>Avril Sweeney provided an overview.</p> <p>Morna Fleming commented how impressed she had been at the recent Development Session on the risk appetite and attitudes expressed by Officers.</p> <p>David Graham confirmed the groups approval of the report's recommendations and thanked everyone who had provided a strategy update allowing members to look at each of the individual strategies in detail.</p>	
5.	<p>MAINSTREAMING THE EQUALITY DUTY AND EQUALITY OUTCOMES PROGRESS REPORT</p> <p>As a public body the IJB has specific responsibilities under the Equality Act 2010. This includes having due regard to the policies and decision-making processes, eliminating unlawful discrimination, harassment and victimisation, advance in equality of opportunity between persons who share a protected characteristic and those who do not and fostering good relations between persons who share a protected characteristic and those who do not.</p> <p>The IJB is required to publish reports highlighting its progress made in these areas with the last report being published in 2018. Progress towards equality outcomes continues and the report provides some examples of that work.</p>	

NO.	TITLE	ACTION
5.	<p>MAINSTREAMING THE EQUALITY DUTY AND EQUALITY OUTCOMES PROGRESS REPORT (continued)</p> <p>The new Strategic Plan brings about a new set of equality outcomes and the Partnership with the support from the Equality and Human Rights Commission and the IJB Equality Peer Support Network will be working to implement these over the next three years.</p> <p>Morna Fleming noted her disappointment with regards to where carers had been referenced within Equality Outcome 4. Discussion took place as to whether this was the right area for carers to sit.</p> <p>Fiona McKay agreed to relook at the document and link carers across one of the other outcomes recognising the role of carers across services and not just in the one outcome as well as potentially embedding an additional paragraph at the beginning of the report raising Fife's awareness of the requirements. Amendments will be made to the report prior to submission to the Governance Committees and IJB.</p> <p>Lesley Gauld highlighted that a separate category for carers had been included into the new EQIA template which will be used going forward and noted that the report presented reflects backwards working from 2018. Therefore specific references to carers may not necessarily be included in the previous EQIA assessments, but will be going forward.</p>	
6.	<p>ANY OTHER BUSINESS</p> <p>No other business offered.</p>	
7.	<p>DATE AND TIME OF NEXT MEETING</p> <p>Friday 17th May 2023, 10.00 am via MS Teams.</p>	