

AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON FRIDAY 24 NOVEMBER 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

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7	INTEGRATED PERFORMANCE & QUALITY		
	7.1 Transformation – Care at Home Review	Lynne Garvey	106-128
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	8.1 Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation Update 2023	Fiona McKay	162-197
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10	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED		289-319
	Audit & Assurance Committee Confirmed Minute from 13 September 2023 Verbal Update from 8 November 2023	Dave Dempsey	
	Finance, Performance & Scrutiny Committee Confirmed Minute from 15 September 2023 Verbal Update from 10 November 2023	Alistair Grant	
	Quality & Communities Committee Confirmed Minute from 7 September 2023 Verbal Update from 2 November 2023	Sinead Braiden	
	Local Partnership Forum Unconfirmed Minute from 26 July 2023 Verbal Update from 21 November 2023	Nicky Connor / Eleanor Haggett / Wilma Brown	
	Strategic Planning Group Confirmed Minute from 5 September 2023 Verbal Update from 13 November 2023	Fiona McKay / Graeme Downie	
11	АОСВ	All	-
12	DATES OF NEXT MEETINGS	All	_
	IJB DEVELOPMENT SESSION – Friday 15 December 2023		
	INTEGRATION JOINT BOARD – Friday 2 February 2024		

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

Copies of papers are available in alternative formats on request from Vanessa Salmond, Chief Finance Officer, 6th Floor, Fife House – e:mail <u>Vanessa.Salmond@fife.gov.uk</u>



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) FRIDAY 29 SEPTEMBER 2023 AT 10.00 AM

Present Arlene Wood (AW) (Chair)

Graeme Downie (GD) (Vice-Chair)

Fife Council - David Alexander (DA), Dave Dempsey (DD), Rosemary Liewald

(RLie), Lynn Mowatt (LM), Sam Steele (SS)

NHS Fife Board Members (Non-Executive) - Alastair Grant (AG), Colin Grieve

(CG), John Kemp (JK)

Chris McKenna (CM), Medical Director, NHS Fife Janette Keenan (JK), Director of Nursing, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Debbie Fyfe (DF), Joint TU Secretary, Fife Council

Ian Dall (ID), Service User Representative

Kenny Murphy (KM), Third Sector Representative

Morna Fleming (MF), Carer Representative

Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative, NHS Fife

Professional

Nicky Connor (NC), Director of Health and Social Care/Chief Officer

Advisers

Audrey Valente (AV), Chief Finance Officer

Lynn Barker (LB), Associate Director of Nursing

Christine Moir (CMo), Chief Social Work Officer, Fife Council

Attending

Lisa Cooper (LC), Head of Primary & Preventative Care Services

Lynne Garvey (LG), Head of Community Care Services

Rona Laskowski (RLas), Head of Complex & Critical Care Services

Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning

Vanessa Salmond (VS), Head of Corporate Services Hazel Williamson (HW), Communications Adviser Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO TITLE ACTION

1 CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES

Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board meeting including Cllr Graeme Downie who was appointed Vice-Chair of the Board at the Fife Council meeting on 21 September 2023.

Arlene Wood advised that today is the final IJB meeting for both Wilma Brown, NHS Employee Director and Simon Fevre, NHS Staff Side representative. Wilma stands down as Employee Director with effect from 1 October and Simon retires from the NHS during October. On behalf of the Board Arlene Wood thanked both for their valuable contribution to the IJB over the years and wished them well in their future endeavours.

Congratulations were given to the Children and Young People's Community Nursing Service who recently won the prestigious Children's Nursing and Midwifery Award at this year's RCN Scotland Nurse of the Year Awards. The team were recognised for the incredible support and care they provide to families, whose children are diagnosed with complex and severe health conditions. The team also provide palliative support for patients who are unable to access the specialist services in an urban setting.

Apologies have been received from Margaret Kennedy, Sinead Braiden, Amanda Wong, Helen Hellewell, Jackie Drummond and Joy Tomlinson.

Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking and that, in an effort to keep to our 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 proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 28 JULY 2023

The Minute and Action Note were both approved as accurate records.

4 CHIEF OFFICER UPDATE

Arlene Wood handed over to Nicky Connor who advised that an IJB update had been circulated to members yesterday. Key highlights for the Board covered the following areas.

Fiona McKay was delighted to attend and present the awards at the Peer Support Network Celebration and Awards at Fife Voluntary Action on Wednesday 27 September 2023.

The NHS Fife Staff Award ceremony takes place this evening (Friday 29 September 2023) and Health and Social Care partnership staff are shortlisted in several categories.

There will be further co-production sessions later in the year regarding the National Care Service. At present none of these are taking place in Fife but enquiries are being made to support local voices to be heard. Vanessa will circulate information to IJB members.

Leadership continues to be a core priority as the Extended Leadership Team (ELT) meet regularly. Kenny Murphy, CEO at Fife Voluntary Action provided an overview on the voluntary sector at the ELT meeting in August.

The larger Integration Leadership Team (ILT) next meets in November. The group consists of almost 200 people and includes staff from the health and social care partnership as well as the third and independent sectors. This is part of our ongoing work to support wider connection across the system in support of Integration.

VS

4 CHIEF OFFICER UPDATE (CONT)

Nicky Connor and Fiona McKay recently took part in the Alcohol and Drug Partnership (ADP) stakeholder event at Rothes Halls. The ADP Strategy underpins our Strategic Plan and is a key focus for the partnership.

This year's winter vaccination campaign has started and IJB members are asked to champion and promote this wherever possible to encourage uptake.

Nicky Connor expressed her thanks to all staff and the people of Fife for their ongoing support and thanked Simon Fevre and Wilma Brown for their dedication and valuable contribution over their time with the IJB and the Local Partnership Forum.

5 STRATEGIC PLANNING & DELIVERY

5.1 Fife Health and Social Care Partnership (FHSCP) - Winter Planning 2023/24

This report had been discussed at the Quality & Communities Committee (Q&C) on 7 September 2023, the Finance, Performance & Scrutiny Committee (FP&S) on 15 September 2023 and the IJB Drop-In Session on 27 September 2023. Arlene Wood introduced Lynne Garvey who presented this report. Lynne covered the main highlights in the report including the increasing referrals to the Discharge Hub, day of discharge planning for patients, the Front Door Team which has been established and the increased number of discharges from hospital which have been achieved. The workforce continues to be agile and flexible to cope with increasing demand. Lynne confirmed that the plan is achievable within the current financial envelope.

Arlene Wood then introduced in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities Committee) and Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at their meeting.

Rosemary Liewald advised that Q&C were assured by the report. Alastair Grant, on behalf of FP&S congratulated all involved in this report and took assurance from the contents.

Discussion took place around data being reported using differing dates, Lynne Garvey explained that this was due to the different sources of information with some taken from nationally published documents produced by Public Health and others sourced from operational data used on a daily basis.

It was confirmed that additional winter funding previously provided by the Scottish Government is now included within the Partnership's financial envelope for the full year to allow for year-round planning.

Cllr. Downie asked for further reassurance regarding the position of GPs as the first point of contact for patients and it was important this was support. Chris McKenna provided information on the 53 GP practices in Fife including recruitment issues, delivery of the new GP contract and the

5 STRATEGIC PLANNING & DELIVERY (CONT)

5.1 Fife Health and Social Care Partnership (FHSCP) - Winter Planning 2023/24 (Cont)

work ongoing in conjunction with Acute and Social Care colleagues to best meet increasing demand.

Discussion took place around funding, covid 19 pressures and whole system working to ensure sustainability throughout the year.

The Board took assurance that actions are being taken to address the predicted forthcoming winter pressures and note last winter's performance despite significant pressures. The Board also noted that the paper was supported by the Finance, Performance & Scrutiny Committee perspective in terms of them being assured that the services can deliver improved performance and outcomes within the current financial envelope supporting best practice. The actions proposed to address winter this year have been supported by Quality & Committees Committee who agreed the actions support quality clinical care whether in a hospital or homely setting and noted that a lot of the actions to address winter sit under the Home First agenda which has been informed through engagement with staff, people and the wider public.

5.2 Performance Framework Update

This report had been discussed at the IJB Development Session on 25 August 2023 and the Finance, Performance & Scrutiny Committee on 15 September 2023. Arlene Wood introduced Fiona McKay who presented this report which had been shaped by feedback from the previous meetings it had been taken to. Heads of Service are working to identify their key areas alongside the Ministerial Strategic Group (MSG) Indicators and Health & Social Care Outcomes.

Arlene Wood then invited Alastair Grant as Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting. Alastair Grant advised the committee considered this was a significant refresh of the framework which would drive service improvement.

The report was well received and discussion took place around national returns, potential unmet need and work currently being undertaken by William Penrice on a Strategic Needs Assessment.

The Board approved the Performance Framework.

5.3 IJB/HSCP Resilience Assurance Annual Update

This report had been discussed at the Quality & Communities Committee on 7 September 2023 and the Finance, Performance & Scrutiny Committee on 15 September 2023. Arlene Wood introduced Lynne Garvey who presented this report which focused on the IJB's role as Category 1 Responders. A working group has been established focussing on training,

5 STRATEGIC PLANNING & DELIVERY (CONT)

5.3 IJB/HSCP Resilience Assurance Annual Update

multi-disciplinary exercises and workshops for business continuity plans. At the IJB Drop-In session earlier in the week, it was requested that clarity on IJB responsibilities are included within the report. Arlene Wood asked that Nicky Connor write to both Fife Council and NHS Fife to highlight the changes in the role of the IJB as Category 1 Responders and to share the framework.

NC

Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities Committee) and Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at their meeting. Both committees welcomed the report and had robust discussion on the content.

The Board discussed and were assured of the significant steps which have been undertaken by the Health and Social Care Partnership to ensure that the IJB can fulfil their duties as Category 1 responders.

The Board also approved the Resilience Framework presented and that a letter is provided to both Fife Council and NHS notifying them of this change in status for the Health and Social Care Partnership to Category 1 responders

6 LIVED EXPERIENCE & WELLBEING

6.1 Lived Experience

Arlene Wood handed over to Lynn Barker who introduced a video entitled **My Rehabilitation Journey** along with Lynne Garvey, who advised on the importance of stroke care as people can have a diverse range of needs following a stroke and the care provided needs to be adapted to meet these needs. Stroke patients account for some 7% of NHS beds in Fife and a person's rehabilitation journey is key to supporting good outcomes.

The video showcased Bruce and Fiona's journeys following their lived experience of having a stroke.

Bruce's recovery was helped by his love of music and staff encouraging him to practice playing a piano which is kept on the unit. He now plays regularly for staff and patients and showed off his skills in the video. Once he returns home Bruce is going to keep in touch with other patients to support each other.

Fiona arrived at the unit unable to stand or walk and following intensive work with staff she is aiming to leave the unit walking unaided by crutches or sticks, which was unthinkable in her early days.

Board members expressed their praised the inspiring work done by the unit and the fantastic work undertaken by all the staff involved.

Arlene Wood, on behalf of the IJB, thanks everyone involved in the video and staff who support rehabilitation on a daily basis.

7 INTEGRATED PERFORMANCE

7.1 Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2023

This report had been discussed at the Audit & Assurance Committee on 13 September 2023. Arlene Wood introduced Audrey Valente who presented this report which had been recommended for assurance by Audit & Assurance Committee. Audrey Valente expressed her thanks to the Finance team who had been involved in preparing the accounts and also the team from Azets, who recently took on the external audit role for the partnership.

Chris Brown from Azets outlined the content of the independent auditor's report which had also been considered at the Audit & Assurance Committee. The report summarised the financial statements.

Chris Brown thanked Audrey Valente and her team for the high-quality draft accounts and working papers and acknowledged the vast amount of work which goes into this process. There were no material adjustments or significant weaknesses in the accounts.

Arlene Wood then invited Dave Dempsey, Chair of Audit & Assurance Committee to comment on discussions at Committee. The Committee received the full accounts at their meeting and echoed the thanks to all involved in producing these.

Discussion took place around the situation in relation to financial stability across Scotland, which Chris Brown confirmed was similar to Fife. Morna Fleming provided feedback on formatting of the report which included difficulty in reading several tables due to colours used and duplication of information on savings relating to prescribing. Questions were asked about Care at Home and CAHMS waiting times and it was agreed to have a more in-depth discussion on performance at a future IJB Development Session.

Arlene Wood thanked Chris Brown for his input to the meeting.

The Board were assured that the Audited Annual Accounts and the External Audit Annual Audit Report have been reviewed, discussed, and endorsed by the Audit and Assurance Committee. The Board also noted and discussed the draft Annual Accounts and External Audit Annual Audit Report and approved the Audited Annual Accounts for signature.

7.2 Finance Update

This report had been discussed at the Finance, Performance & Scrutiny Committee on 15 September 2023. Arlene Wood introduced Audrey Valente who presented this report which shows a forecasted deficit of £4.893m as at 31 July 2023. Currently the key areas of overspend are Hospital & Long-Term Care, GP Prescribing, Family Health Services, Older People Residential and Daycare and Adult Placements. These overspends are offset by the underspends in Community Services, Adults Fife Wide and Adults Supported Living. There was also an update in

FM

7 INTEGRATED PERFORMANCE (CONT)

7.2 Finance Update (Cont)

relation to savings which were approved by the IJB in March 2023 and use of Reserves brought forward from March 2023. Reserves of £10m have been earmarked to cover delayed savings although to date only £8m of this has been utilised. Item 9.2 in Appendix 1 of the report gives details of the proposed Recovery Plan.

Arlene Wood then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at Committee. The committee welcomed the report, discussed it in detail and were content to remit it to the IJB.

Audrey Valente reminded IJB members that a report relating to transformation would be presented to the IJB at its meeting on 24 November 2023.

The Board were assured that there is robust financial monitoring in place, they approved the financial monitoring position as at July 2023 and approved the use of the reserves and proposed recovery actions as at July 2023.

7.3 Reimagining Third Sector Commissioning Update

This report had been discussed at the Finance, Performance & Scrutiny Committee on 15 September 2023. Arlene Wood introduced Fiona McKay who presented this report. The partnership supports 72 separate organisations and, now that there is dedicated support in place, most of these were spoken to when preparing this report. This aligns to the Strategic Plan and outcomes and has been discussed at the Strategic Planning Group on several occasions.

Arlene Wood then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at Committee. The committee had welcomed the report and commended the organisations which had been involved.

The report was well received and should reduce duplication in services provided.

The Board were assured of the current position and the work that will continue to develop the support to our third sector organisations. The Board also discussed the progress and gave feedback on the programme.

8 GOVERNANCE & OUTCOMES

8.1 Update on Membership of IJB

This report had been provided to advise Members of changes in the Voting and Stakeholder Membership of the Integration Joint Board. Arlene Wood introduced Vanessa Salmond who presented this report which details recent changes in members of the IJB. Since the report was finalised Fife

8 GOVERNANCE & OUTCOMES (CONT)

8.1 Update on Membership of IJB (Cont)

Council had confirmed that Mary Lockhart would take up the vacant position as voting member on the Board.

The Board noted the changes in membership as outlined in the report.

8.2 Records Management Annual Report 2023.

This report had been discussed at the Audit & Assurance Committee on 13 September 2023. Arlene Wood introduced Audrey Valente who presented this report which provides evidence to substantiate that progress towards completion of the agreed Records Management Action Plan is on track to be delivered by 2024.

Arlene Wood then invited Dave Dempsey, Chair of Audit & Assurance Committee to comment on discussions at Committee. Dave Dempsey advised the Committee felt this was a good report and thanked all those involved in its preparation.

The Board were assured that activities associated with the IJB Records Management Plan and associated Action Plan are being progressed.

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS

9.1 Local Partnership Forum (LPF) Annual Report 2022-2023

This report had been developed by the Local Partnership Forum and discussed by them at regular meetings and a recent LPF Development Session. Arlene Wood introduced Simon Fevre who presented this report on behalf of the LPF co-chairs. LPF meetings involve trade unions, staff representatives and Senior Leadership Team members and meets on a regular basis to discuss issues relating to staff and staff governance. The Annual Report highlights areas the LPF have been involved in and the significant staff contribution throughout the year. This is the first year that a Summary Report has been produced and this will be used to engage with staff and promote the work of the LPF.

Nicky Connor thanked Simon Fevre and Roy Lawrence and all those involved in producing this report. Nicky also thanked all members of the Local Partnership Forum for all that they do to support staff throughout the year.

Discussion took place around the inspirational nature of the report, the welcomed focus on staff health and wellbeing and praise for all partnership staff.

The Board reviewed and discussed the LPF Annual Report and Summary Report and approved it for publication.

10 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED

Audit & Assurance Committee

Dave Dempsey advised the committee had discussed the accounts and other reports which had come to today's IJB and had a view of the Internal Audit Plan. There was nothing to escalate from these meetings.

Finance, Performance & Scrutiny Committee

Alastair Grant advised that all reports discussed at this meeting had been on today's agenda and there was nothing further to escalate.

Quality & Communities Committee

Rosemary Liewald (for Sinead Braiden) advised the committee were looking forward to updates going forward on Methil Care Village. Also seeking further assurance on Community OT Waiting times.

Local Partnership Forum (LPF)

Simon Fevre advised that the meeting due to be held on 27 September 2023 had been cancelled due to industrial action. A development session had been held on 21 September 2023 where finance and transformation were covered in detail.

Strategic Planning Group (SPG)

Fiona McKay advised the SPG had received progress report on the Home 1st, Advocacy and Commissioning Strategies and flash reports on the remaining strategies in development.

11 AOCB

The meeting was closed by the Chair confirming dates of the next meetings.

12 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 27 OCTOBER 2023
INTEGRATION JOINT BOARD – FRIDAY 24 NOVEMBER 2023

ACTION NOTE - INTEGRATION JOINT BOARD - FRIDAY 29 SEPTEMBER 2023

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	Home 1 st Strategy / Carers Strategy / Primary Care Strategy - The Chair advised the Directions Policy is currently under review. At conclusion, members will be notified if a Direction is to be issued.	Vanessa Salmond	December 2023	Review is currently ongoing
2	Chief Officers Update – information on National Care Service sessions to be circulated to Board members	Vanessa Salmond	ASAP	Complete
3	IJB/HSCP Resilience Assurance Annual Update - Arlene Wood asked that Nicky Connor write to both Fife Council and NHS Fife to highlight the changes in the role of the IJB as Category 1 Responders.	Nicky Connor	24 November 2023	Complete
4	Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2023 - Questions were asked about Care at Home and CAHMS waiting times and it was agreed to have a more in-depth discussion on performance at a future IJB Development Session.	Fiona McKay	24 November 2023	On list of topics for future Development Session Complete

COMPLETED ACTIONS

Home 1 st Strategy - Graeme Downie had raised questions in the recent drop-in session around technology and digit inclusion. Lynne Garvey will pick these up with the appropriate officers and feed back to IJB members.	Lynne Garvey	29 September 2023	Work is progressing in relation to the Digital Strategy for the H&SC. A priority within that Strategy will be to address digital inclusion. The first draft of this Strategy will be available late November/ Early December -
Finance Update – a Recovery Plan paper is to be brought to the September IJB meeting.	Audrey Valente	29 September 2023	Included in Finance Update - Complete
Medium Term Financial Strategy – Progress Update - Business Cases to be brought to the November 2023 IJB meeting.	Audrey Valente	24 November 2023	In workplan for November IJB Meeting – Complete
Annual Performance Report 2022 to 2023 – Performance Framework to be brought to IJB Development Session in August	Fiona McKay	25 August 2023	Was on IJB Dev Sess Agenda for 25/08/23 - Complete



Meeting Title: Integration Joint Board

Meeting Date: 24 November 2023

Agenda Item

5.2

No:

Report Title: Workforce Year 1 Annual Report 2022-23 & Year 2 Workforce

Action Plan 2023-24

Responsible

Nicky Connor, Director of Health & Social Care

Officer:

Report Author: Roy Lawrence, Principal Lead OD & Culture

1 Purpose

This is being presented to the Integration Joint Board joint for:

- **Assurance** on the work undertaken to deliver our Year 1 Workforce Action Plan as defined in the Annual Report and summary of short-term actions defined within the Workforce Strategy & Plan 2022-25, with any on-going actions being carried forward into the year 2 plan.
- **Decision** to approve the Year 2 Action Plan and workforce priorities for the year ahead.

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

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

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

- Integration.
- Sustainable.
- Wellbeing.
- Local.
- Outcomes.

2 Route to the Meeting

In line with the governance agreed by the Integration Joint Board the Annual Report and the Year 2 Plan has been under ongoing discussion at the Workforce

Strategy Group regularly over 2023. They have been co-designed through extensive individual and group meetings involving the Strategy Group members and their delegated leads, who are all identified within the Year 2 Plan.

The Report and Plan have also been discussed and endorsed at:

- SLT Assurance 30 October 2023.
- Quality & Communities Committee 2 November 2023.
- Finance, Performance & Scrutiny Committee 10 November 2023.
- Local Partnership Forum updates over 2023 including the meeting on 21 November 2023.

3 Report Summary

3.1 Situation

The Year 1 Workforce Annual Report for 2022-23 and summary of progress on short-term actions and the Year 2 Workforce Action Plan for 2023-24 are presented to the Integration Joint Board to provide an overview of work delivered over the previous year and the work planned for the year ahead.

Workforce is recognised as both a priority and a Strategic Risk for the Integration Joint Board. The work described within the Annual Report and Year 2 Plan set out the range of mitigating actions undertaken so far, and planned for the year ahead, to reduce that risk.

The Integration Joint Board are asked to be assured by the focused work that has been undertaken across the Health and Social Care Partnership in conjunction with our partners in NHS Fife, Fife Council, Third and Independent Sector, staff side and trade unions to improve our ability to Plan for, Attract, Train, Employ and Nurture our existing workforce and prospective workforce of the future.

The Integration Joint Board are also asked to approve the Year 2 Workforce Plan, which is aligned to the Health and Social Care Partnership Workforce Strategy 2023-2025 and is cognisant of the internal audit recommendations relating to workforce.

3.2 Background

The Integration Joint Board and Committees, along with our Local Partnership Forum, approved the Three-Year Workforce Strategy 2022-25 and Year 1 Workforce Action Plan 2022-23 in November 2022. The Strategy was approved by the Board and Committees and received positive feedback from the Scottish Government, prior to its publication.

It was agreed that an Annual Report for the Year 1 Plan would be presented to the Integration Joint Board and Committees and Local Partnership Forum in November 2023, alongside the Year 2 Action Plan.

The Strategy & Plan are structured around the 'Five Pillars' within the National Workforce Strategy for Health & Social Care (Scottish Government) to Plan, Attract, Employ, Train, Nurture the workforce and was focused on both short and medium-term actions to enable delivery of this strategy over the next three years. The actions for 2022-23 were captured in our Year 1 Workforce Action Plan, which also described our success measures that were developed using feedback and conversations with Committee members prior to publishing.

The Workforce Strategy Group meets six-weekly to oversee the work to deliver the Strategy and includes representatives from all SLT portfolios, our NHS, Fife Council, 3rd and Independent Sector workforce leads, Trade Unions and staff side, HR Business Partners and Fife College alongside other key leads for specific pieces of work.

The Year 1 and Year 2 Plans were co-designed with all of these stakeholders and the Leads for each action within the Plans are identified. These Leads work with the OD & Culture Service to determine the operational priorities and the SMART actions that will improve our performance in the Year 2 Plan are identified. The progress on these actions is reported tri-annually into SLT and annually into all other governance forums.

Internal Audit 2023:

An Internal Audit on our Workforce Strategy has recently been undertaken and is a final draft. It was not complete discussion the Audit Committee and Local Partnership Forum in November 2023 and will be presented to the Audit and Assurance Committee and Local Partnership Forum in January 2024.

An update on progress was provided at the committee meeting in November 2023 where members agreed it was critical that the Integration Joint Board were sighted on the anticipated recommendations ahead of approving the Year 2 Action Plan. These are summarised in this SBAR with assurance that the audit report and recommendations will be discussed in full at the January committee.

The Internal Audit report recognised the considerable work that has been undertaken over the last year to deliver our Year 1 Action Plan. The Audit recommended that the Integration Joint Board take 'reasonable assurance' which means there is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited. The expected recommendations have been taken into account in the preparation of the plan for 2023/24.

A recommendation was made that the Integration Joint Board should receive a summary of work done to deliver the short-term actions within the Workforce Strategy, alongside our Year 1 Annual Report. That recommendation is met through Appendix 2 for this report and is now complete.

A further recommendation highlighted the need to ensure we can describe and analyse the establishment gap between the projected future workforce and current staffing. Work is underway to provide this, in collaboration with partners, with progress described within the Annual Report. This recommendation is explicitly set out in the Year 2 Action Plan and will report to the Integration Joint Board in 2024.

Auditors have explored the workforce risk within the IJB Risk Register. This will be progressed as a 'deep dive' for Audit & Assurance Committee in March 2024.

The Audit explored the frequency of reporting to the Integration Joint Board and moving forward the update on the Year 2 Action Plan will be presented to an IJB Committee at six months, alongside the ongoing update to SLT. This is recommended within this SBAR.

3.3 Assessment

The Year 1 Workforce Annual Report highlights our performance over 2022-23, by shining a light on some of the huge amount of excellent work being undertaken across the whole Partnership to improve our capacity and capability to Plan for, Attract, Train, Employ and Nurture our workforce. This work is being delivered by a range of Leads across all Portfolios and Partners, working collaboratively to innovate in response to the number of challenges we face in ensuring we have the workforce capacity required for the future of health and social care delivery in Fife.

The Report is a tribute to our workforce who continue to deliver high-quality services in the face of some of the biggest challenges we have addressed since the inception of the Partnership. We extend our sincere thanks to all staff working across all sectors in Fife Health and Social Care Partnership for the excellent work they do every day.

The Workforce Strategy Group have developed as an effective group through collaborating on delivery of our Year 1 Action Plan, developing shared system knowledge and building connections that have helped to shape an improved plan for 2023-24. The Year 2 Action Plan has a real alignment to the strategic and operational priorities for the Partnership over the year ahead, including our transformation areas highlighted within our Medium-Term Financial Strategy, because it was co-designed with the services themselves and those services are leading the delivery of those actions, alongside the OD & Culture Team. At the end of the Year 2 Action Plan over 50 contributors are highlighted, demonstrating the breadth of the integrated approach to design and delivery.

We thank everyone who has contributed to its development, as well as taking the Lead role for the range of actions within the Plan.

Appendix 1 provides a Report on the vast range of activity delivered across the whole Partnership during 2022-23, including personal stories from staff and students about their journey to work in health and social care.

Appendix 2 provides a summary of all Short-term actions within the Workforce Strategy & Plan 2022-25.

Appendix 3 sets out our Year 2 Workforce Action Plan for 2023-24, including leads for each action and our measures for success.

3.3.1 Quality / Customer Care

There is a clear link between focusing on improving our recruitment, retention, training and nurturing of our workforce and the quality of services they then deliver. This Report highlights the excellent work undertaken during 2022-23 to achieve this and the Year 2 Plan 2023-24 sets out our actions to continue to improve our support for the workforce.

The Quality and Communities Committee discussed and supported the report and plan.

3.3.2 Workforce

This report is focused on and dedicated to our workforce, who deliver fantastic services to the people of Fife, day in and day out. The Annual Report and Year 2 Plan highlight the Partnership's ongoing commitment to supporting our workforce through improving our

recruitment and retention, and through our collaborative design of interventions to develop, train and nurture individuals, teams and services.

There are many areas to celebrate and one example is developing our first Partnership Care Academy, which offered 75 qualifications to our workforce. This was created in partnership with Fife College, who agreed to ring fence around 850 learning credits for the Partnership, targeting the Scottish Funding Council monies to the development of the Partnership workforce.

The Local Partnership Forum undertake a critical role in supporting our workforce with regular meetings in place supported by trade unions and staff side colleagues alongside the Senior Leadership Team. This supports good staff governance and championing the voice of staff. May of the individual examples contained in the annual report have been discussed in depth at the Local Partnership Forum as well as the workforce strategy group.

3.3.3 Financial

A significant proportion of delegated budget within the Health and Social Care Partnership is dedicated to workforce. There are also resources within employer agencies to deliver the training, qualifications and ongoing practice development to support the workforce. There are no specific further financial requirements around the Year 2 Plan as any need will already have been identified in discussions for specific actions with services.

The Finance, Performance and Scrutiny Committee discussed and supported the report and plan.

3.3.4 Risk / Legal / Management

Workforce challenges are identified within the Integration Joint Board Strategic Risk Register: The Annual Report sets out the work done in 2022-23 to mitigate this risk set out in our Year 1 Workforce Action Plan. The Year 2 Plan seeks to provide mitigation and assurance related to this risk for the year ahead. In March 2024 we will undertake a workforce risk 'deep dive' with the Audit & Assurance Committee to analyse the impact of the work overseen by the Workforce Strategy Group.

Internal Audit has recently audited workforce and as a response to audit recommendations it is proposed that an update on delivery of the Year 2 Plan be presented at the Senior Leadership Team and the Finance, Performance & Scrutiny Committee at six-monthly intervals to provide ongoing assurance through an IJB Committee. The inclusion of a summary of short-term actions was also a recommendation from Internal Audit. The summary confirms that the majority of actions are complete with any actions to continue work that is already underway being included in the Year 2 Workforce Plan.

The Audit and Assurance Committee recommended referencing the audit recommendations in this report to the Integration Joint Board ahead of the Year 2 Plan being approved.

3.3.5 Equality and Diversity, including Health Inequalities

An EqIA was completed for the Workforce Strategy that the Report

and Year 2 Plan align to. Promoting equality and diversity is a priority for the Local Partnership Forum. Within the year 2 action plan there is commitment to work around Equality, Diversity and Inclusion. Assurance is given that this work has commenced and the progress of this will be included in both the Local Partnership Forum Annual Report and the next Workforce Strategy Annual Report.

3.3.6 Environmental / Climate Change

N/A

ClimateActionPlan2020 summary.pdf (fife.gov.uk)

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

The Annual Report and Year 2 Plan are both co-designed collaboratively with stakeholders across the whole Partnership, led by the Workforce Strategy Group. The Group have had the lead role in driving this work and the design has been a result of our regular meetings, alongside meeting with senior managers, attending management meetings, holding individual conversations from April – November 2023. Progress is discussed regularly at the Local Partnership Forum and we thank our trade union and staff side colleagues for their contribution and support of Fife Health and Social Care Partnership Workforce.

4.4 Recommendation

This is being presented to the Integration Joint Board joint for:

- Assurance on the work undertaken to deliver our Year 1 Workforce
 Action Plan as defined in the Annual Report and summary of short-term
 actions defined within the Workforce Strategy & Plan 2022-25 with any
 on-going actions being carried forward into the Year 2 Plan
- **Assurance** that the internal audit report provides reasonable assurance; work has already commenced to progress the recommendations as defined in this SBAR and that the full internal audit report will be discussion at the Audit and Assurance Committee in January 2024.
- Decision to approve the Year 2 Action Plan and workforce priorities for the year ahead.
- Decision Agree that a six-monthly interim update on the Year 2 Action Plan will be presented to the Finance, Performance & Scrutiny Committee in May 2024

5 List of Appendices

The following appendices are included with this report:

Appendix 1: Fife HSCP Workforce Annual Report 2022-23

Appendix 2: Fife HSCP Summary of Short-Term Actions 2022-23

Appendix 3: Fife HSCP Year 2 Workforce Action Plan 2023-24

6 Implications for Fife Council

The Report and Year 2 Plan are a result of co-design with Fife Council colleagues to support the workforce across Council services delegated within the Partnership.

7 Implications for NHS Fife

The Report and Year 2 Plan are a result of co-design with NHS Fife colleagues to support the workforce across NHS services delegated within the Partnership.

8 Implications for Third Sector

The Report and Year 2 Plan are a result of co-design with the Chief Executive of FVA and 3rd Sector colleagues to support the workforce across the Sector.

9 Implications for Independent Sector

The Report and Year 2 Plan are a result of co-design with the Independent Sector Lead and colleagues to support the workforce across the 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		

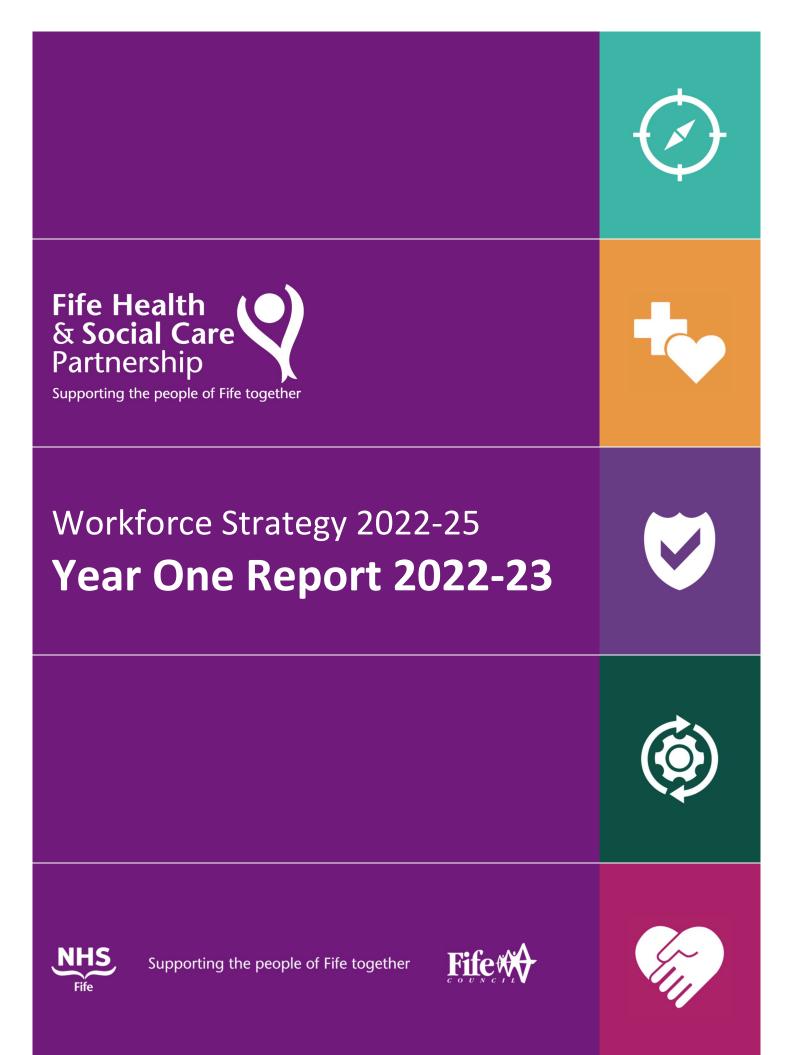
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Section 1 Introduction

Our Year One Annual Report 2022 - 23

Our Workforce Strategy & Plan 2022 - 2025 received excellent feedback from both our Integration Joint Board and the Scottish Government when it was presented in November 2022. The truly integrated approach to co-design through the membership of the Workforce Strategy Group ensured that the key priorities from across the whole Partnership were the focus of our actions set out in the Year 1 Plan for delivery.

The Strategy & Plan was also recognised for it's 'comprehensive' use of the Scottsh Government's 'Five Pillars' within the National Workforce Strategy for Health and Social Care in Scotland as the basis for both structure and content, ensuring that our priorities aligned with those nationally whilst being directed towards improving our ability to Plan for, Attract, Employ, Train, and Nurture our workforce in Fife.

This Year 1 Workforce Action Plan set out our ambitions for the people working in health and social care and for the people that we care for. Key to transformation of our services is developing a sustainable, skilled workforce with career choices. This includes a focus on nurturing our organisational culture in parallel with transformation in systems, processes and structures, and a commitment to integrated working and wellbeing support.

This Report provides an overview of the actions we addressed in the Action Plan, which demonstrated the collaborative commitment to achieving our aims for the workforce, utilising our 'Lead, Critical Contributor, Signed-up, Informed' (LCSI) leadership approach to describe responsibilities for delivery of each action.

We set ourselves the challenge of delivering on a range of short-term actions within our Workforce Strategy & Plan 2022 – 25 and this report captures key areas we undertook to improve during 2022-23 to achieve those strategic goals. We were able to deliver on much of what we set out to achieve in our comprehensive Workforce Action Plan in Year 1, and where we have not fully achieved our actions these have been picked up within the Year 2 Plan. This Report does not list every action taken through the year to achieve our aims but provides a range of examples linked to the short-term actions set out in our Workforce Strategy & Plan 2022-25.

The Report recognises the huge amount of work done across the whole system to continue to improve our ability to recruit and retain, train and develop as well as attend to the wellbeing of our workforce. The Partnership would also like to pay tribute to the incredible work of our staff across all organisations to underpin our vision to achieve Mission 25, through the delivery of our Strategic Plan 2023 – 2026, and we thank you for your **dedication**, **commitment**, **skills**, **knowledge** and **talent** in supporting the people of Fife each and every day.

Connecting to outcomes

2.1. National Outcomes

The design of the Workforce Strategy & Plan 2022 – 2025 was built around the need to deliver on the range of national and local outcomes set out in legislation, policy and strategies that have an impact on workforce strategy for Health & Social Care Partnerships.

The Public Bodies (Joint Working) (Scotland) Act 2014 and associated guidance underpins the organisational design and expectations of Integration Joint Boards in discharging their duties under the Act, including improving the quality of the service provided.

At its heart, integration is about ensuring those who use health and social care services get the right care and support whatever their needs, at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care. This Report addresses the actions taken to improve the support for our workforce to achieve this.

Within the Nine National Health and Wellbeing Outcomes (The Public Bodies (Joint Working) (Scotland) Act 2014) there are two outcomes that directly relate to our workforce and are central to our Strategy & Plan.

National Health & Wellbeing Outcomes

- 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

What people can expect

- I feel that the outcomes that matter to me are taken account of in my work
- I feel that I get the support and resources I need to do my job well
- I feel my views are taken into account in decisions

An excellent example of how we have ensured our work delivered on 'what people can expect - I feel my views are taken into account' in the National Wellbeing Outcomes is our delivery of an improvement plan for the iMatter survey, designed to listen to and learn from our workforce by increasing digital and engagement sessions to achieve a rise in the response rate and team action plan development.

An example related to the Outcome that 'I feel I get the support and resources I need to do my job well', the Partnership delivered 'Coach Approach' development sessions to support our managers and supervisors to lead well across the whole partnership, with the longer-term aim to build resilience and reduce absenteeism.

The Strategy & Plan was designed in alignment with the National Workforce Strategy for Health and Social Care in Scotland (2022), which set out the Government's vision. This vision will be achieved through our ability to improve how we Plan for, Attract, Employ, Train, and Nurture our workforce, and we set out Fife Health & Social Care Partnership's ambitions within our Workforce Strategy & Plan 2022 **- 2025**.

Our vision for the Health and Social Care Workforce

Sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do

An example of how we have supported the Scottish Government's aim to create this workforce of the future is our support for 75 staff to access funded qualifications in partnership with Fife College and our joint innovation, Fife Care Academy.

2.2 Local Outcomes

The Plan aligns to the priorities set out in the Integration Joint Board's Strategic Plan 2023 – 2026



The work within Year 1 ensured alignment with the IJB priorities within the Strategic Plan. This Report captures a range of examples of this work throughout the Five Pillars review, but some examples of this alignment include:

Local

- In partnership with the Prince's Trust, we delivered a locality-based programme to support young people to move into a career in health and social care. Cairn's Story is one of these which you can read in this Report.
- We developed a Care Academy with Fife College, delivering learning programmes for the HSCP across all the Fife community campuses, ensuring access to learning and opportunity is available throughout Fife.

Sustainable

- We are testing our processes to ensure readiness for the Health and Care (Staffing) (Scotland) Act 2019 coming into force in April 2024.
- We are invested in growing our medical workforce through the SCOTCOM innovation with St. Andrews University, which will be developed through 2024.

Integration

- We are building our Systems Leadership capability across the Partnership to develop our future leaders by providing structured leadership learning, coaching, and mentoring. There will be 3 new cohorts in 2024.
- We developed our Integration Leadership Team by running our first full event in May 2023 which attracted around 200 staff from all areas of the Partnership, with 18 stalls, interactive tabletop workshops and an inspirational guest speaker, Tommy Whitelaw who spoke passionately about 'Intelligent Kindness' and the enormous value of the work our staff do every day for the people of Fife. This work is a continuing action for 2023-24

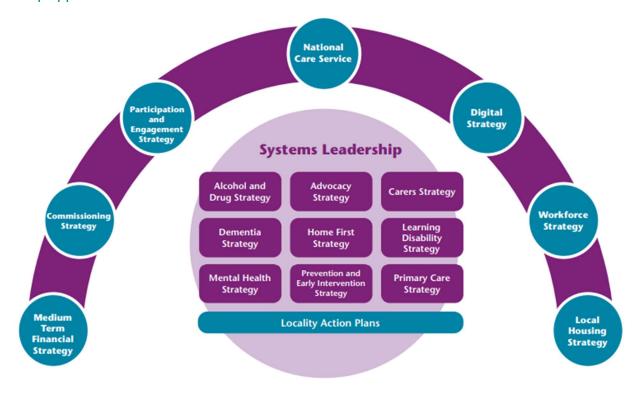
Wellbeing

- We delivered a 'Flexible Works' initiative to develop flexible approaches to improve retention for our front-line workforce.
- We established a Partnership Wellbeing Group and committed to develop a Partnership Wellbeing Framework linked to national guidance during 2024.

Outcomes

- Our Mission 25 social media recruitment campaign brought staff stories to life highlighting the variety of integrated support to deliver positive outcomes for the people of Fife.
- We promoted collaboration and engagement with our independent and third sector partners to draw on the strengths and ability of its members to innovate around the key issues including improved recruitment and care delivery models.

The Strategy and Plan is also closely linked to the range of local Partnership strategies that impact on the workforce and the delivery of health and social care to the people of Fife through a systems leadership approach:



The Leads for all these underpinning strategies are members of the Workforce Strategy Group and have worked with the Group to ensure that the workforce aspects of these are connected to the Year 2 Workforce Action Plan 2023-24. For example, Workforce Strategy Oversight Group is being established for Primary Care and Prevention Services, which will address the workforce requirements of the Primary Care Strategy and the Prevention & Early Intervention Strategy over 2023-24 and into the Medium-Term.

Other key strategies across Fife that have influenced the design of our Workforce Strategy & Plan include:

- NHS Fife's Workforce Plan 2022- 2025
- Fife Council's Our People Matter Strategy
- NHS Fife's Fife Population Heath & Wellbeing Strategy 2023-28
- The Plan for Fife 2017-27

A key example of this work for 2023-24 is the development of the partnership's approach to Anchor Institute work, in support of the NHS Fife's Population Health & Wellbeing Strategy 2023-28 and Fife Council's Plan for Fife through their Community Wealth Building agenda. The Partnership, although not an employer who holds Anchor Institute status, holds 'Anchor ambitions' and is establishing a Working Group to take forward our support this work over the year ahead. At the most recent Extended Leadership Team Development Session, the group highlighted existing Anchor work within the Partnership and began to develop improvement actions to support the Working Group.

The Year 2 Workforce Action Plan 2023-24 is a live document that is flexible, adaptive, and able to respond to change. An example of this is real-time collaborative work done by the group over 2022 – 2023 in response to developments related to the Health and Care (Staffing) (Scotland) Act 2019.

3. Risk & Governance

Our Workforce Risk has been classified as a 'high' risk within the Integration Joint Board Risk Register, as a result of the number of factors that impact on the Partnership's ability to maintain the workforce required to deliver our strategic priorities. This Report describes the wide range of mitigating actions that have been taken to alleviate this risk for the IJB. The Compliance Manager who leads our risk work for the Partnership is a member of the Workforce Strategy Group. It is crucial that we begin to understand more fully how the actions we are taking through our Strategy and Plans are impacting on the measurement of that risk and what data will determine this.

For that reason and to further support our ability to address this, an action we will undertake for 2023 - 24 is to work together to analyse a Workforce Risk 'deep dive', which will enable us to understand and respond to the current situation because of the actions undertaken during 2022 – 2023.

Governance for the Workforce Strategy and annual Action Plans is carried out at a number of levels to provide ongoing assurance around the quality of the work being undertaken:

- Workforce Strategy Group (WSG) meets six-weekly to plan, review and discuss ongoing actions to achieve the Action Plan
- Senior Leadership Team (SLT) tri-annual updates on the annual Action Plan are presented for review and assurance on progress. All SLT are members of the Workforce Strategy Group or have delegated representatives attend.
- Local Partnership Forum (LPF) annual Action Plan Report is presented for oversight and assurance. LPF Co-chairs are members of the WSG.
- Qualities & Communities Committee (Q&CC) annual Action Plan Report is presented for oversight and assurance. SLT Lead for Q&CC is a member of the WSG.
- Finance, Performance & Scrutiny Committee (FP&SC) annual Action Plan Report is presented for oversight and assurance. SLT Lead for FP&SC is a member of the WSG.
- Integration Joint Board (IJB) annual Action Plan Report is presented for oversight and assurance having scrutinised at Q&CC and FP&SC. Members of the IJB representing the 3rd and Independent Sectors are also members of the WSG.

The Principal Lead for OD & Culture who chairs the WSG also attends wider partner oversight groups to provide ongoing updates on progress:

- NHS Fife Strategic Workforce Planning Group
- NHS Staff Governance Group
- Fife Council Our People Matter meetings

Our Local Partnership Forum

There is real alignment between the work of the Local Partnership Forum and our Workforce Strategy. Our LPF co-chairs are members of the Workforce Strategy Group and are involved in the co-design of our annual Action Plan and the LPF is also part of our governance for workforce.

Over 2022-23, for example, the LPF supported the design of our iMatter Action Plan for 2023, which produced the best results in all three areas: Response Rate, Employee Engagement Index and Action Plan completion.

The LPF also supported the design of our two Systems Leadership Programmes for ELT and ILT managers and peers across the whole Partnership.

In the LPF's Annual Report 2021-22 an action was to support the work with Hull University to take forward the Stress Risk Assessment work that began in 2021, an update of which is contained in the Nurture section of this Report, as part of further support for developing a Wellbeing Framework which is underway for delivery in 2024.

The LPF's Annual Report for 2022-23 has recently been published and contains a range of actions for the year ahead that align with the Year 2 Workforce Action Plan, including support for:

- Partnership work to promote equality, diversity, and inclusion
- The co-design of our Integration Leadership Team development
- The work to comply with the safe staffing agenda



Section 2

Review of the year 1 workforce action plan

Context

The Year One Action Plan is a SMART Plan, structured around the Five Pillars that were established in the National Workforce Strategy for Health and Social Care in Scotland (2022) utilising a RAG status to provide an 'at a glance' view of progress on each action. Within the Plan, a Lead was identified for each action and the Lead has provided the ongoing progress updates to the WSG through completion of the Plan. This collaborative approach has engendered a group learning approach that has provided a level of consistency of inputs through conversations and joint working.

The Plan also sets out identifiable success measures, expected timescales for completion and provides some detail on work completed for each action, and is updated tri-annually to meet governance requirements. The high-level objectives are set out in our Strategic Plan:



Plan

We will develop pathways that set out career progression, succession planning and retention to support our workforce that is representative of the communities we serve and continue to develop integrated services in the hearts of our communities.



Attract

We will increase our workforce through a range of integrated actions to recruit talent through innovations in youth employment, apprenticeships, employability programmes, and marketing across the whole partnership.



Train

We will work with all partners to create an integrated approach to training across the Partnership including 'growing our own pathways' to provide the qualifications and training to develop our existing workforce.



Employ

We will continue to work in Partnership with employers across the statutory, third and independent sectors to meet the requirements of Fair Work and strenghthening multi-disciplinary models within health and social care.



Nurture

We will continue to listen to and learn from our workforce about what matters to them through the iMatter annual survey and working with our Local Partnership Forum to promote the mental health and wellbeing of our people through an improved culture and investing in our leadership.

This Report examines progress on actions set out in the Plan, set against the Five Pillars. Not all areas identified in the Year One Action Plan will be fully complete. Work that needs to be done to further progress these areas is set out in the Year 2 Workforce Action Plan. These actions are set alongside new workforce priorities identified by the Partnership's Operational, Professional and Business Enabling services in collaboration with NHS Fife and Fife Council HR partners, our 3rd and Independent Sectors, our Trade Unions and staff-side and Fife College, through our Workforce Strategy Group and a huge range of meetings and individual conversations with key stakeholders over the course of 2023.

This Report is set out around the Five Pillars of Plan, Attract, Employ, Train, Nurture which mirrors the structure of the Action Plan.

Plan



Context

For our Year One Action Plan, the initial conversations with partners focused on the need to improve our workforce planning data across all organisations to ensure the Partnership could generate whole system, real time data on which to plan for the future. Until now, the only time the Partnership has this data across all partners (and only at a high-level) is the SSSC Workforce Report, which is also generally 12 – 18 months behind. During 2022- 2023 there has been significant progress towards achieving this aim and below are some examples of the work that has been done.

Action from the Workforce Strategy & Plan 2022-25

Analyse and address the gap between the current provisions of workforce data, to ensure it meets the needs of the various Workforce Planning Groups, pressure points and priorities aligned to our Strategic Plan, Medium Term Financial Strategy, and our Strategic Needs Assessment.

Key actions / achievements during Year 1 in this area

- 1. The Partnership provided data collecting resource to the 3rd and Independent Sectors to improve the sectors' capacity to collect and collate workforce data. This work is crucial to our ability to achieve our strategic goal to generate workforce data across all organisations. This work is ongoing as the 3rd and Independent Sector Leads work with over 100 organisations to gather this data, but to date over 70 organisations have connected to this work.
- 2. The testing of the NHS PESTLE approach to gathering workforce data was introduced and the 3rd and independent sector are exploring methods to support this approach. This decision was made by the workforce planning leads as the national workforce planning tool has not yet been implemented by Scottish Government as anticipated in 2023.

Independent Sector Care Home Collaborative

Our independent providers have begun to create a Care Home Collaborative to support the huge range of employers that provide care homes for the people of Fife, mirroring the success of the Care at Home Collaborative that is now well established in Fife.

There were many ideas for future workstreams, new ways to work and cocreating for the future. The event saw many new faces attending with presentations on the formalities of a collaboration, Utility Aid, and Workforce Planning and Culture.

The collaborative is aimed at developing workshops using action research to improve recruitment and retention of the workforce, by drawing on the strengths and ability of its members to innovate around the key issues they face with the support of a Fife Care Home Collaborative. Members of the group formed a working group to develop improved data gathering methods and drive collaborative working over 2023/24.



Action from the Workforce Strategy & Plan 2022-25

Develop, with college partners, improved approaches that link delivery of courses with recruitment needs for Partnership organisations.

Key actions / achievements during Year 1 in this area:

1. To support staff recruitment and retention, the Fife HSCP Care Academy funded 25 staff to study the HNC Social Services qualification until September 2024. In addition to this, the Academy further provided funding for 50 places for a bespoke advanced certificate with SVQ 2 qualification for SSSC registered staff to complete in June 2024. These initiatives commenced in September 2023, with cohorts comprising of Fife Council, Independent and Third sector employees.



Care Academy Operational Group

2. The Flexibility Works pilot programme was concluded, and recommendations centred on improving recruitment adverts, ensuring regular discussions about working patterns and considering how staff can input to these. The programme will be widened to ensure there is greater flexibility for frontline staff where possible. The aim is to improve retention by developing greater awareness about existing flexible working options and wellbeing benefits relating to advanced notice for shifts, predictable shift patterns, easy shift swaps including flexible hours.

Action from the Workforce Strategy & Plan 2022-25

Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, related to Health & Care (Staffing) (Scotland) Act, Digital enhancements and opportunities, and national difficulties in recruitment certain professional groups / specialties.

Key actions / achievements over Year 1 in this area:

1. A working group was set up to prepare for the implementation of the Health and Care (Staffing) (Scotland) Act 2019. The group included service registered managers, professional, commissioning and risk compliance leads, alongside HR workforce development members. The group are conducting a self-assessment exercise, mirroring the NHS Fife approach, and will develop an Action Plan to ensure compliance with the Act by April 2024.

Our Year 2 Workforce Action Plan

Our Year Two Workforce Action Plan highlights further work to collate and analyse the data which is held across systems in NHS Fife, Fife Council, and collection of smaller datasets across a range of partners to continue to improve our whole system workforce planning capabilities.

To improve our ability to **Plan** for our workforce in Year Two we will:

- In line with recommendation 4 in IJB Workforce Audit report, conduct a review to determine the capacity to provide an analysis and description of the establishment gap between the future workforce need and current staffing in terms of overall numbers (WTE/FTE)
- Work with operational portfolios, professional leads, and relevant services to support them to implement the duties of the Health and Care (Staffing) (Scotland) Act 2019 by the deadline of April 2024.
- As part of our transformation agenda, continue to reduce supplementary staffing across the nursing workforce whilst maintaining a focus on providing high-quality, person-centred care across the Partnership.
- Work with operational services to support our workforce as we introduce a model of overnight care that seeks to maximise the independence, dignity and privacy of the people who use or community services.
- Deliver a full engagement calendar that seeks to recognise the need for a diverse and inclusive workforce, which creates the conditions that mean our existing and potential workforce of the future believe the Partnership is a great place to work.
- Work with Health Improvement Scotland to test a specific workforce planning tool for Hospital at Home services, which will focus on skill gaps and building capacity, with a view to full implementation.
- Support our Independent Sector to meet the system challenges of service delivery by supporting the Care Home Collaborative initiative

Attract



Context

One of the biggest challenges we face as a Health & Social Care partnership is the ability to recruit and retain our workforce. Attracting people of all ages to our join our workforce includes thinking and acting innovatively to ensure that we reach the right people in the right places. This includes demonstrating access to career opportunities which can draw in people with experience as well as younger people interested in a career in care to join our fantastic workforce of the future. Below are some of the examples of the large amount of work that's been done over 2022-23.

Action from the Workforce Strategy & Plan 2022-25:

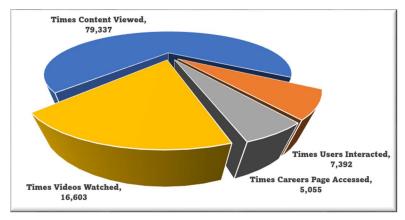
Continue to explore and provide opportunities to promote the Health & Social Care Partnership, including but not restricted to, participation in recruitment events, use of social media, training events.

Key actions / achievements over Year 1 in this area:

1. The Be a Winter Hero social media recruitment campaign ran for 25 days from December 2022 promoting short term seasonal opportunities to support the Partnership's capacity to meet the challenges of winter pressures. The analytics for this social media promotion saw the adverts reach 126,638 people although measuring the impact on conversion to filling vacancies was limited. An added benefit of running the programme has been that the design of the new website includes a 'data capture' facility to measure where people are accessing the vacancy pages. We will look to improve how we collate data on impact of this over the year ahead.



2. The Mission 25 staff story social media recruitment campaign gives a voice to our workforce to highlight the variety of roles across the Partnership. The campaign highlights vacancies across services, whilst recognising the amazing and creative work our staff deliver every day. The campaign uses social media platforms to display Mission 25 content and since the campaign began followers for HSCP social media platforms have grown by 17% ensuring career opportunities marketing reaches further and wider than before.



In 2023-24 we will enhance our data capabilities by attempting to track the conversion of interest into recruitment.

3. The Partnership's website has been redesigned to incorporate a 'single point of access' careers page where people interested in a career in the HSCP can view all the vacancies in Fife Council, NHS Fife and FVA. This work was in response to the challenges of a whole Partnership approach that were highlighted during the 'Be a Winter Hero' campaign. The careers page includes staff stories and job spotlights and has been adopted as the model for the refreshed Partnership website due to its ability to support improved data mapping of conversion activity that the current platforms don't provide.



4. Partnership marketing resources have been developed including recruitment banners, flyers and QR codes to the website to support our increased presence at career events across Fife. The inaugural Partnership career event took place in May 2023 involving over 25 Partnership employers. Further dates are planned for November 23 and February / July 24.

Action from the Workforce Strategy & Plan 2022-25

Build on the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife, mitigating shortage of applicants from the domestic labour market.

Key actions / achievements over Year 1 in this area:

- 1. Our international recruitment initiative generated the employment of 67 nurses and 5 radiographers in September 2023 as part of recurring funding. A further 8 nurses are due to begin between October 2023 and January 2024 when onboarding checks are completed. A cost analysis was conducted for the proposed international social care programme, which concluded that the cost for practitioner level staff at £7k to onboard for one year was not cost effective.
- 2. Bandrum Nursing Home employed 6 international recruits and 8 months on they are training to convert their overseas Nursing qualifications to become Nurses in Scotland. Each recruit brings a wealth of experience to the role and the impact on service delivery has added value.



Bandrum International Students

Action from the Workforce Strategy & Plan 2022-25:

Build on existing recruitment programmes to attract undergraduates, and those contemplating career changes to mitigate the shortage of applicants. Introduce the Princes Trust 'Get into Health and Social Care' 18 to 30 years programme to set up a presence in Fife and provide investment for youth and workforce planning that supports recruitment and career pathways.

Key actions / achievements over Year 1 in this area:

1. The first cohort of 6 young people completing the Prince's Trust 'Getting into Health and Social Care' programme for young people aged 16 – 30 was delivered in the Levenmouth locality. 5 of the group secured a post within Partnership inhouse and independent care homes and Care at Home services (83%). 7 of our second cohort of 8 young people from across Fife achieved employment in Care at Home in a combination of apprenticeship and permanent roles (88%). The Prince's Trust agreed to fund driving lessons for one person from NE Fife due to difficulty recruiting in this area. Another participant secured a place on the Nursing Degree.





The Prince's Trust Group 2023

- 2. We worked with schools to support 49 pupils to undertake a Foundation Apprenticeship (FA).
 - However, the progression rate for the pupils who were in their senior year with an interest in a career in health and social care was low with 20 (41%) leaving the course early. The remaining pupils failed to progress to employment after having undertaken the Partnership placement in Health and Social Care and despite having achieved the FA qualification. We have begun an employer evaluation exercise to inform discussion with the programme contract holders to understand these results and to implement a plan to improve these results.
- 3. Our Director and Head of Community Care Services both became Career Ready Mentors and supported a young person in school who has an interest in work within Health & Social Care.



Elise Porteous is one of our Career Ready placements being mentored by Lynne Garvey, Head of Community Care Services and is interested in becoming nurse. Elise met Jennifer, who is one of our nurses at Glenrothes Hospital, who spoke inspiringly to Elise about the positives of a career in nursing and shared her career story.

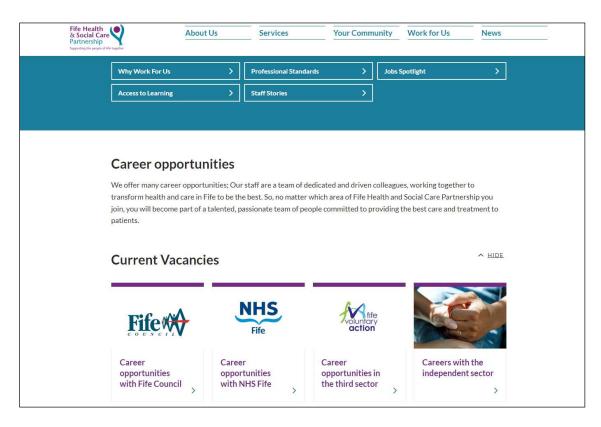
4. The development of apprenticeship programmes to support progression and attract young people to the workforce included NHS support 20 places for Band 2 and Band 3 staff to complete SVQ 2 and SVQ 3. A further 11 apprentices aged 16 -24 have been recruited to council partners and will study the SVQ 2. These initiatives support progression routes for young people in the Partnership.

Our Year 2 Workforce Action Plan

Our Year Two Workforce Action Plan continues our focus on growing the health and social care workforce and creating career opportunities and retention benefits for the current workforce. This will include furthering our recruitment activity related to the promotion of health and social care at career events and improving our social media work to promote career opportunities.

To improve our ability to **Attract** our future workforce in Year Two we will:

- Developing new succession models for all levels in adult social care that are aligned to our workforce projections to build future capacity.
- Implementing a revamped approach to Foundation Apprenticeship level career routes into social care, nursing, and medicine with key stakeholders across the Partnership.
- Developing a new 'Internship Model' youth programme that builds on the success of our Care Academy work by introducing mentorship and coach support and work experiences across different areas of the Partnership.
- Launching the refreshed HSCP website career page to improve our whole system approach to vacancy management as a single point of entry for all areas.
- Developing our approach to international recruitment for psychiatry to build workforce capacity and decrease use of locum workers.



The refreshed HSCP website career page due to launch soon.

Cairn's story

After Cairn left school, he attended college studying childcare and was an unpaid career for his grandad. Cairn found out about The Prince's Trust through an advert for the health and social care course on social media and decided to apply. Because he didn't have a working phone, he applied for a Princes Trust Development Award for a new smart phone which would allow him more opportunities and help him with his job searching and applications.

After Cairn was inducted with Prince's Trust and had a working phone, he was all set for the Health and Social Care course to start. Sadly, his grandfather passed away within weeks of the course starting and he was unsure if being on the course would be too much but wanted to do something to take his mind off everything going on at home. With support Cairn decided to attend the course.

Cairn rose to the challenge of getting back into a work-ready routine and pushed himself out of his comfort zone once again. During the four week Get into Health and Social Care course in partnership with Fife HSCP, Cairn learned a lot. The programme was split into learning workshops and work placement where he could put his learning into practice. Workshops included goal setting, values-based recruitment,







social care & homecare, and employability skills including application forms and interview skills. Whilst on work placement, he really enjoyed working with the service users. Cairn found that communication and teamwork were the highest priority working in home care and to be able to give service users the best experience, communication and teamwork were key.

At the end of course celebration, Cairn stood up and spoke about his favourite part of the course, which was meeting new people. In addition to this, he also spoke about how much the wellbeing workshops on the course had supported him to recognise the importance of looking after his physical and mental wellbeing which was a massive step for him. With his newfound confidence, Cairn was keen to apply for a Care Apprenticeship with the HSCP and was successful, commencing in post in September. Cairn's Care Apprenticeship involves him being at the Fife Care Academy college one day a week and out working in his local community supporting service users for the rest of the week.

In recognition of his journey, The Prince's Trust have nominated Cairn for a Prince's Trust Award for shortlisting for 2024.

Feedback in Cairn's nomination for the award

"I was really struck by how much he absorbed from the wellbeing session, particularly on men's mental health and self-recovery techniques. We say, you cannot teach people to be caring, you can instead give them the platform to shine. Cairn will shine in his new role for sure as he did in the Getting into Social Care programme from day one to his graduation". Dafydd McIntosh – Princes Trust nomination Champion

"Cairn is doing well, He always asked questions if he was not sure, taking an interest in each Service User, chatting to them, and making them feel at ease in his company. Cairn took the time to read Care Plans and engaged in the daily reports and keen to find out more. He is a pleasure to work with". Cairns' Workplace Mentor

Train



Context

Personal and professional development is crucial to our workforce as they grow and improve throughout their career. Continuous learning helps open new doors for people to grasp career opportunities as they arise, keep skills and knowledge up to date, and ensure that practice is delivered safely and legally. We work across the whole system with partners to provide a comprehensive programme of learning that meets personal, professional and system objectives to ensure our practice provides the best outcomes for the people of Fife. Some excellent examples of this work over the last year includes:

Action from the Workforce Strategy & Plan 2022-25

Building internal 'grow our own' pathways to sustain our capacity in specialist and hard to recruit areas.

Key actions / achievements over Year 1 in this area

1. The fast track 'grow your own' Social Worker programme to train Social Work Assistants (SWA) as Social Workers in 18 months instead of 5 years has started, with the first cohort due to qualify in 2025. A Diploma programme has begun in tandem to provide the pre-programme development needed for SWA's who are not yet eligible for the Degree programme. Both programmes support succession planning and recruitment towards our 'hard to fill' vacancies.



Social Work Student Group 2023

Action from the Workforce Strategy & Plan 2022-25

Deliver a Systems Leadership Programme for our existing Extended Leadership Team, involving the Third and Independent Sectors.

Key actions / achievements over Year 1 in this area

2. The Systems Leadership Programme targeted at our Extended Leadership Team and peers across the 3rd and Independent Sectors, Public Health, NHS Acute Services and Pharmacy has been delivered over 2023, completing in December. The Programme has created a protected learning space for our leaders to develop their personal, collective, and system-wide leadership as they work together on addressing 'wicked problems' they have identified as key to improving our organisational performance. We also have an



Our Systems Leadership Pioneers 2023

External Learning Partner working alongside during the programme to evaluate the programme and support the design of our Year Two Programme.

Action from the Workforce Strategy & Plan 2022-25

Work with all partners to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.

Key actions / achievements over Year 1 in this area

- 1. Fife Council HR developed training for the supervisor and manager workforce in social work and social care. The training uses coaching approaches to develop effective confident and effective people management with teams. By September 2023, the team had successfully delivered the Disciplinary Development Programme with 19 participants. The learning goals focussed on supporting line managers to gain confidence and competence in people management related activities at an early stage, reducing the risk of activity escalating and developing effective strategies to manage teams well.
- 2. The annual Training Programmes, developed in consultation with Fife Council HR and NHS Fife Health Promotion teams, were published on Fife Council's Intranet Learning Lounge page and NHS Staff link for staff to access and included various training themes including 'Improving the Cancer Journey' and the 'Impact of Trauma Informed Through the Lifespan' to support our Partnership's learning and development requirements.



Fife Council Learning Lounge



NHS Staff Link

Robbie's Story

Robbie, a full time HNC student at Fife College, is a earn while learning staff placement student at Abbotsford Care, Chambers Court in Cowdenbeath. He has seamlessly integrated into the Abbotsford community, showcasing remarkable enthusiasm and dedication.

The students like Robbie bring such positive energy and commitment to their role and this has been greatly appreciated by both residents and staff alike. It's heartwarming to see how effortlessly Robbie and the other students have settled into the close-knit community, fostering a warm and welcoming atmosphere that residents truly cherish.

Their presence has undoubtedly enriched our community, and we look forward to their continued contributions and the strong bonds they have formed with our residents.



Robbie on placement at Abbotsford Chambers Court, Cowdenbeath

Our Year 2 Workforce Action Plan

Our Year Two Workforce Action Plan continues to ensure our workforce have access to an excellent range of personal and professional learning and development to support career development alongside training relevant to service transformation initiatives.

To improve our ability to **Train** our workforce in Year Two we will:

- Introduce Level 2 and 3 Trauma Informed Practice training for the Partnership workforce strengthening our practice at all levels in this key area.
- Strengthening our workforce digital competence skills across a range of practice areas, including the implementation of paperless systems required within our Care at Home service.
- Establishing the SCOTCOM model within the Partnership in collaboration with NHS colleagues and widening connections with nursing and social work, to work with schools and St. Andrews University and Fife College to improve our pupil preparation for a career in health and social
- Further developing the potential of Advanced Practitioner roles across medicine, nursing and social work to improve our skill mix across professions.
- Introduce frailty training to improve the capabilities of the workforce and increases the discharge functions within the integrated hub, including 3rd Sector providers.
- Enhance system leadership approaches for our mental health clinical leaders through the introduction of leadership sessions.
- Grow our Mental Health Officer capacity in a way that supports career progression across Social Work.

Isobel's story

Mission 25 it's never too late to start a career in care.

Isobel is 56 years old and employed as an enablement Support Worker shared her learning story. "I started my SVQ because I was supported with funding by my employer. I am proud to share I completed my qualification during the Covid 19 pandemic and despite not having great technology skills or experience I received great support and encouragement. Completing this qualification in the workplace enabled me to ensure I had the right work / life balance which made work and study so easy for me".



Employ



Context

The Health and Social Care workforce is split across a mixed economy of providers in the public, private/independent and third sectors. The challenge to recruit and retain our workforce whilst ensuring stability of staff and continuity of care is critical to our future sustainability and more rewarding careers for our workforce. For people who access support, progression, and personal and professional development for workers across health and social care will result in better quality services. Some examples of this work during previous year include:

Action from the Workforce Strategy & Plan 2022-25

Monitoring our progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).

Key actions / achievements over Year 1 in this area

- 1. A review to measure the skill set and banding structure within Health Care Support Worker roles involving 236 staff has been conducted across Primary and Preventative Care, Community Care, Complex and Critical Care and the Care Home Hub. The outcome confirmed 164 will move to Band 3 and 70 will stay at band 2.
- 2. The Pharmacotherapy and vaccine transformation has progressed with the vaccination programme successfully transferring all Community Care and Treatment (CTAC) activity to Fife HSCP, through developing synergies between CTAC and Immunisation workforce. The transfer plan for pharmacotherapy has not recruited the



Our vaccination centre in Glenrothes

necessary workforce needed for transfer at this point. However, mitigation is in place using a skill mix approach for this workforce including creating improvements in systems and processes to maximise pharmacotherapy staffing.

Refugee Resettlement Employability Working Group

Collaboration and engagement with our third sector partners provide a vital contribution to building community links that help people thrive and contribute to the local economy. This includes creating opportunities to work in our health and care services.

The Refugee Resettlement Employability Working Group was created to bring together key partners in Fife who can work together to improve the employment pathway and outcomes for refugees coming to Fife. Members of the group work together to identify and progress actions, partnership



projects and funding applications to ensure we have the resource and support needed to help people access employment, regardless of their personal or situational background.

Action from the Workforce Strategy & Plan 2022-25

Create the new Social Work advanced practitioner career pathway and quality improvement service design.

Key actions / achievements over Year 1 in this area

1. Recruitment for the Advanced Practitioner posts in Social Work has been delivered with 12 staff from Community Care Services, and 13 from Mental Health and Learning Disability inducted into Trainee Assistant Practitioner posts and commencement on the Professional Development Award (PDA) at Fife College from April 2023.

Action from the Workforce Strategy & Plan 2022-25

Develop succession pathways that reflect the Integration imperative of the Partnership and take account of personal ambition and in line with Equality Impact Assessments.

Key actions / achievements over Year 1 in this area

1. The Fife College Industry Advisory Board reconvened with new membership that included the Partnership employers to better support learning programmes aligned to our workforce requirements, including the co-design and marketing for the Care Academy Model which provides bespoke access to funding and learning opportunities for our workforce.



2. The Care Academy introduced a new initiative in Fife to participate in a pilot project offering paid placements for their Full time HNC Health and Social Care Students. The project has supported 11 students to connect with several HSCP employers for academic session 2023/24 and look to increase the numbers for the future. The students secure part time employment with care providers and their practice in the workplace is accepted as the mandatory work practice component for their course. Students continue to attend Fife College to study on set days in the week and meet all expectations of their HNC programme. The 'earn while you learn' model provides added benefit to the employer by increasing the workforce and the student uses the work placement to gain experience and be paid as an employee. Employers keen to employ a full-time student can contact the Fife college placement service.

Our Year 2 Workforce Action Plan

Our Year Two Workforce Action Plan involves a renewed focus on developing career progression opportunities in a range of professional areas, including the creation of new roles. This work reflects our ambition to provide the best employment opportunities for our workforce and the long-term careers and our determination to provide the best outcomes for people who use our services.

To improve our ability to **Employ** our workforce in Year Two we will:

- Create a new Primary Care Workforce strategic oversight group which will focus on improving the sustainability of a range of services in Primary Care, including Dentistry, Community Pharmacy and Optometry. The group will also look to increase the number of accredited GP training practices.
- Recruit Activity Coordinators in Mental Health and Learning Disability services to increase service capacity and improve the patient experience aligned to the Mental Welfare Commission guidance.
- Launch a high-quality, Partnership specific Induction for all staff across all organisations to support and complement existing employer onboarding processes
- Improving our online recruitment platforms through development of the refreshed Partnership website, hosting a 'Colleague Hub' to connect the workforce and share information.

Nurture



Context

The term 'organisational culture' is widely used to describe the sense of 'how things are' for our staff as they work across services. There is clear evidence that workforce cultures that consider wellbeing and aim to create positive workplaces lead to better outcomes for staff. Kind and compassionate leadership that listens and values our people as our greatest strength is crucial to improving staff wellbeing and as a result, helps to deliver high quality care. Our Year 1 Plan set out supports to develop the capacity within our workforce to engage in the transformation and quality improvement priorities, whilst providing a range of nurturing interventions to support our workforce.

Our Joint Inspection by the Care Inspectorate and Health Improvement Scotland highlighted a strength of the Partnership as 'Leadership of people across the Partnership':

Leadership of people across the partnership

The partnership's senior leadership team and extended leadership team demonstrated a strong collaborative culture. Senior leaders were committed to a shared vision and values which was underpinned by a series of success statements that leaders had co-produced.

Some examples of this work during 2022-23 are included below.

Action from the Workforce Strategy & Plan 2022-25

Continue to promote and implement iMatter and Heartbeat surveys and Action Plans.

Key actions / achievements over Year 1 in this area

The iMatter Improvement Plan for 2023 included a range of innovative approaches to provide support for services:

- A newly designed manager resource pack
- Enhanced reading resources
- A digital content resource
- Roadshow engagement sessions
- Targeted support for services with previously low response rates

The targeted work supported our service to achieve a 10% rise in the response rate to 73% and a further rise of 32% for the Team Action Plan completion to 82%.

Action from the Workforce Strategy & Plan 2022-25

Ensure that our belief in a nurturing workplace culture is at the heart of strategic and policy decisionmaking forums.

Key actions / achievements over Year 1 in this area

1. The data relating to workforce attendance and wellbeing is compiled monthly and absence and attendance improvement panels supported 160 absence cases with advice, support, and coaching to support our workforce.



Action from the Workforce Strategy & Plan 2022-25

Promote mental health and wellbeing of the workforce through the work of the Partnership Wellbeing Strategy Group.

Key actions / achievements over Year 1 in this area

- 1. The Partnership Wellbeing Group was established and committed to develop a Partnership Wellbeing Framework guided by Section 1.1 of the National Institute for Clinical Excellence (NICE) guidelines - 'Strategic approaches to improving mental wellbeing in the workplace' - and connecting to the Scottish Government's national wellbeing group. A temporary OD & Culture Specialist is being recruited to lead the development of a Partnership Action Plan for wellbeing and will drive the implementation of the Plan over 2024/25.
- 2. Hull University Centre for Human Factors (CHF) reported on the work done conducting an Occupational Stress Risk Assessment (OSRA) with social work and social care staff to understand the root causes of stress in the workforce through a qualitative and quantitative research approach. A Partnership Steering Group was formed to oversee the creation and delivery of an Action Plan in response to this research which will be delivered over 2023/24.



Action from the Workforce Strategy & Plan 2022-25

Raise awareness of managers and supervisors to understand the importance of health, safety, and wellbeing of their team with a focus on prevention/early intervention.

Key actions / achievements over Year 1 in this area

- 1. 'Coach Approach' sessions were delivered to 64 staff from across the integrated workforce. The learning outcomes included knowledge development and communication skills and techniques to improve communication methods with the staff they support. Feedback of the sessions included "I thought this training was excellent and it was great to have an opportunity to learn about how to approach my work differently" and "It's game changing".
- 2. We continued to facilitate our Extended Leadership Team Development, with around 50 senior leaders across the Partnership (including our 3rd and Independent Sectors, Trade Unions and Staff Side, HR Partners) meeting every six weeks to collaborate on the biggest challenges the Partnership faces: co-designing our Strategic Plan 2023 – 2026, developing the transformation programme that underpins our



ELT June 2023

Medium-Term Financial Strategy and working on areas that underpin excellent systems focused practice, e.g. locality working, Anchor ambitions and Compassionate Leadership

Our Year Two Workforce Action Plan continues to demonstrate the Partnership's commitment to the health and wellbeing of our workforce by providing a range of supports and interventions. These have a focus on continuing to listen to, and acting on, what we hear from our workforce about what matters to them.

Our Year 2 Workforce Action Plan

To improve our ability to **Nurture** our workforce in Year Two we will:

- Deliver our Integration Leadership Team (ILT) Systems Leadership Programme to reach further into our Partnership to build leadership capacity. This Programme will run twice yearly, utilising the Insights Coaching Model, and will be offered to managers and supervisors across the whole Partnership, mirroring the 2023 ELT Programme.
- Further develop our ILT development more widely by running twice yearly events and ongoing connecting work. These will be designed by ILT working groups that have been established to co-design the events and the ongoing work.
- Introduce Lead Nurse development sessions to support staff to proactively develop their own wellbeing through an Appreciative approach that recognises their individual and collective strengths
- Implementing the 'Time to Learn' spaces for General Practitioners with the aim of improving wellbeing and staff absence rates and evaluating this innovation to develop a responsive Action Plan to the findings.



Our first ILT event in May 2023

- Develop a Partnership Wellbeing Framework Action Plan using the NICE Guidelines and national guidance to map existing provision and address any gaps in wellbeing offers and the ability to share across the whole Partnership.
- Continue to build on our iMatter successes by promoting widely during 2024 through a range of marketing and integrated wellbeing forums.

Summary of our year and the approach to 2023 -2024

Stakeholder Feedback

"This has been a genuine partnership strategy, developed jointly and with outcomes targeting the workforce across all sectors. The disparate nature of the third sector, the varying structures and sizes of organisations, the wide range of backgrounds and qualifications, and the incredible pressure on third sector organisations means that there's still much to gain and more work to be done to encourage greater uptake across the sector." Kenny Murphy, Chief Executive Fife Voluntary Action

"The opportunity we have within the Action Plan to address a local solution to Integrated workforce" planning is key to both resilience of the Sector and delivering upon the forecasted health and social care needs of the population of Fife." Paul Dundas, Scottish Care

"Mission 25 is a new partnership initiative which has rapidly evolved to showcase the many career opportunities which exist across our sites, focusing on patient experiences and outcomes, we hope that this will translate into future applications for these highly rewarding and multi-disciplinary posts". Karen Wright, Clinical Services Manager Specialist In-Patient, and Out-Reach

"The approach and collaboration during the past year has cemented the understanding of the requirements of both organisations as we implement our Workforce Plan and Strategy respectively for 2022-2025". Brian McKenna HR Manager, NHS Fife

"One aim of the Fife WFS Year 1 Action Plan was: Ensure a nurturing workplace culture is at the heart of strategic and policy decision-making forums: More generally for Psychology, we are very pleased to see the importance of a supportive and enabling organisational culture recognised and embedded in core strategic planning". Dr Andy Summers, Head of Fife Adult Mental Health Psychology

"The approach through which we have led or been critical contributors to the plan has been helpful when planning aspects of workforce development". Bernie Obeirne HR Workforce Development, Fife Council

"There has been significant joint work over the past 12 months in relation to the staff health and wellbeing agenda, in particular the evolution of the HSCP Wellbeing Strategy Group and the output from the NICE Mapping Exercise, which will shape the future approach". Rhona Waugh, Head of workforce planning and staff wellbeing, NHS Fife

"Fife HSCP Digital Strategy is currently under development and building a digitally competent workforce with a digital mindset is key as part of this strategy. One of the priorities moving forward will be to work with our workforce development colleagues to achieve this". Eileen Duncan, Digital Programme Manager

Summary and the year ahead

This report has provided a reflective overview of the Partnership's Year 1 Workforce Action Plan in alignment with the range of national and local drivers, strategies and organisational plans to improve the support to our collective workforce that deliver the services for the Integration Joint Board and Health & Social Care Partnership each and every day.

The work over the year has enabled an integrated group to work collaboratively to address the challenges we face in ensuring we have a sustainable, valued, well trained and resilient workforce for the future to deliver the services the people of Fife require, recognising the demographic and financial forecasts that will impact significantly on our ability to deliver these services.

This has strengthened the Group's knowledge and skills which will provide the foundations to address the vision set out in the Partnership's Medium-Term Financial Strategy. The transformation work ahead over the next three years will be dependent on our ability to support the workforce through significant change in a way that delivers better outcomes for the people of Fife.

We will do this, as demonstrated in the Year 2 Action Plan (Appendix 1: Year Two Workforce Action Plan 2023 – 2024) by working closely with operational services to understand the workforce challenges they face and providing solutions to those, as well as listening to our staff and providing the training and nurture they need to feel supported to provide our vast range of services.

The work described in this report could not have been achieved without the dedication and commitment of the huge range of stakeholders involved in the co-design and co-delivery of the highquality, high impact actions that are making a difference for the workforce across the whole of our Health & Social Care Partnership in Fife.

This report is dedicated to our incredible workforce, who support the people of Fife to achieve the health and care outcomes they want to achieve, each and every day. Our workforce demonstrates their values, skills and knowledge to improve people's lives in a way that only they can, and we thank you all for your commitment.



Plan



Progress: Action: Detail: Data gathering work continues to be Analyse and address the gap between developed to ensure compliance with Safe This work is the current provisions of workforce data, Staffing legislation and in line with to ensure it meets the needs of the underway recommendation 4 of the Workforce Audit various Workforce Planning Groups, and is Report: improve analysis and description pressure points and priorities aligned to contained of the establishment gap between the our Strategic Plan, Medium Term in the Year future workforce need and current 2 Plan Financial Strategy and our Strategic staffing. Refreshed actions included in the **Needs Assessment** Year 2 Plan. This work is Develop data gathering methods with Sector leads are engaged with their underway providers to develop data at a local level. the Third and Independent sectors to and is reflect the current position which Commissioned services are reviewing covered in supports workforce and locality planning capacity to store data centrally. Refreshed the Year 2 actions included in the Year 2 Plan. using real time data Plan The forum model has evolved to care at This work is home collaborative and care home Commit to support continued collaboratives. Local workforce data underway attendance on the Models of Care and is collection will be used to inform and Forum, to review staffing remodelling covered in influence the planning needs and and data harvesting to inform future the Year 2 mitigating cross sectoral recruitment workforce planning Plan consequences. Refreshed actions included in Year 2 Plan. Develop, with college partners, improved Care Academy Strategic & Operational approaches that link delivery of courses Complete Group established to reflect Partnership with recruitment needs for Partnership priorities. organisations This work is underway Design a revised induction programme Year 2 Plan to further develop the that supports a positive start, improved and is resource and promote in the new HSCP morale, and the retention of our covered in website. workforce the Year 2 Plan Action met: Plan where to invest in our welfare, increased iMatter uptake wellbeing, and health for best return on Complete • Hull University wellbeing work investment Phase 2 Action Plan agreed

		OD & Culture Specialist Wellbeing recruited to take forward a Wellbeing Action Plan for 2024-25	
Plan to reduce sickness absence levels particularly attributed to MSK and stress	Complete	Action met through increased training and support for managers to manage absence.	
Access funding routes to develop learning and development with awarding agencies and partners	Complete	Action met through implementation of Care Academy & 'Grow Your Own' pathways.	
Analyse resource implications and effect on overall service sustainability from those services that need to redesign from a 5 day to 7-day service (e.g., Allied Health Professions, Hospital at Home)	This work is underway and is covered in the Year 2 Plan	Action is ongoing and refreshed actions in Year 2 Plan.	
Develop 'Flexibility Works' to help consider flexible working options for front-line employees	Complete	Scheme in place.	
Develop career pathways and succession planning to support the future pipeline of our workforce and creates a culture of continuous improvement	Complete	 Action met: SW Degree Programme started Band 4 roles developed and recruited FC5 Care Practitioner roles developed 	
Continue to develop locality working and co-production with our communities	Complete	 Action met: 23/24 Locality Action Plans agreed Groups agreed Area Committees reporting schedule Short life working groups established 	
Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, related to Health & Care (Staffing) (Scotland) Act, Digital enhancements and opportunities, and national difficulties in recruitment certain professional groups / specialties	This work is underway and is covered in the Year 2	Safe Staffing Implementation Groups are compiling self-assessments and testing for the introduction of the Act in April 2024: Health group for parts 1 & 2 Social care group for parts 1 & 3	
Where appropriate, explore all options to ensure sustainability of those services at increased risk, including regional / national working, joint appointments etc	Complete	The short-term Year 1 actions complete, medium-term actions in the Year 2 Plan.	

Attract



Action:	Progress:	Detail:	
Continue to increase the number of employment programmes, such as Foundation, Modern and Graduate Apprenticeships and other initiatives, to strengthen our talent pipeline of candidates from the local community	Complete	 Action met: Audit completed to determine FA model effectiveness Increased presence at Career Events Paid placement via Care Academy Prince's Trust programmes in place 	
Engage with young people in our workforce to find and act on ways to attract and support other young people (aged 16 - 24) into training and employment opportunities with the Partnership	Complete	Action completed with social media, refreshed marketing, and closer links with school developing young workforce coordinators. In place and continuing.	
Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that supports integrated joint working	Complete	Action met: Improved web careers page Social media presence Marketing resources HSCP/ Care Academy integrated career events	
Prioritising recruitment against our current workforce priorities including children's services, mental health, social care, primary care, to support our recovery agenda	Complete	 Action met: Analysing workforce roles Developing new roles to meet gaps Spotlighting roles that are hard to recruit 	
Review the recruitment model for consultant level medical and dental posts, establishing options to identify permanent solutions to range of roles filled via supplementary staffing / locum arrangements	This work is underway and is covered in the Year 2 Plan	Continued into the Year 2 Plan.	
Build on the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife, mitigating shortage of applicants from the domestic labour market	Complete	Action is completed with Nursing recruitment progressing via supply routes.	

Increase active engagement in undergraduate placement provision	Complete	Sustaining student placements across SW, nursing and AHP Intro of paid placements for college social care students
Continue to explore and provide opportunities to promote the Health & Social Care Partnership, including but not restricted to, participation in recruitment events, use of social media, Training events	Complete	 Action met: Fife Council recruitment group in place to monitor activity Sustainable Nursing Group convened Volunteers' Strategy Group expanded Integration Leadership Team established
Build on existing recruitment programmes to attract undergraduates, and those contemplating career changes to mitigate the shortage of applicants. Introduce the Prince's Trust 'Get into Health and Social Care' 18 to 30 years programme to set up a presence in Fife and provide investment for youth and workforce planning that supports recruitment and career pathways	Complete	 Care Academy strategic / operational groups to deliver career events Introduce paid placements model. Improved adverts / roles profiles info Mission 25 social media campaigns
Targeted and creative recruitment campaigns in social care emphasising the wide range of roles across the sector, the skills, and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed and to incentivise career progression	Complete	Action met: • 'Be A Winter Hero' campaign • Mission 25 social media campaigns • Attendance at school careers • Support Career Ready • Staff stories on the web

Train



Train

Action:	Progress:	Detail:	
Continue to promote and grow new roles based on the outcomes of service sustainability reviews and support the establishment and implementation of career succession opportunities and implementation of alternative models of care (e.g. Nurse Led Models)	Complete	 Action met: Development of Band 4 role New FC5 Care Practitioner New Quality Improvement Officers Expansion of 'Grow Your Own' pathways in social work 	
Continue to engage in national initiatives for recruitment and training including those within a range of professions who have recognised shortages	Complete	 Action met: Nursing rapid recruitment events International recruitment programmes SSSC "more to care than caring" events 	
Deliver a Systems Leadership Programme for our existing Extended Leadership Team, involving the Third and Independent Sectors and partners from Acute, Pharmacy & Public Health	Complete	Action met: Cohort 1 concluded Evaluation underway Planning for Cohort 2 underway	
Work with all partners to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities	Complete	 Action met: Collaboration with NHS Youth Academy Care Academy with Fife College Newly Qualified Social Worker forums Foundation Apprenticeships placements Annual training delivery programmes on intranet / staff line Attendance at independent / third sector collaboration groups 	
Implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources	Complete	 Action met: Delivery of the workforce development and Healthcare promotion annual delivery programme. Monitoring of training activity for H&S reporting 	

Developing our digitally enabled workforce in line with new models of working and care delivery working with partners, including Housing	This work is underway and is covered in the Year 2 Plan	 Developments underway: Localised digital learning activity Development of the Digital strategy Refreshed actions in the Year 2 Plan. 	
Building internal 'Grow Our Own' pathways to sustain our capacity in specialist and hard to recruit areas	This work is underway and is covered in the Year 2 Plan	 Action met through: Development of Social Work pathway Introduction of Social Work subject expert Further actions in Year 2 Plan. 	
Deliver a Leadership Programme for our leaders beyond the Extended Leadership Team, involving the Third and Independent Sectors and partners from Acute, Pharmacy & Public Health	Complete	Cohort 1 underway and plans for 2024 in place.	
Develop a range of 'Innovation Hubs' to take forward key strategic areas for improvement across the Partnership	Complete	Hubs worked through ELT to take forward innovations.	
Develop learning specifically for managers and supervisors about health, safety / wellbeing to develop confidence when discussing stress prevention / management for our workforce linked to the HSE's 6 management standards	Complete	Action met:	
Continue to promote and grow new roles, such as: Non-Medical Consultants, Associate Specialists (AS's) and Physician Assistants (PA's), Advanced Practitioner (AP's), Band 4 HCSW	This work is underway and is covered in the Year 2 Plan	Progress made through a Physician's Associate update event that took place in April 2023. However, timescale for registration with GMC has been delayed. Refreshed actions in the Year 2 Plan.	
Develop, with college partners, learning opportunities that reflect the needs of the workforce, including wider use of digital access	Complete	 Action met: Digital Competency modules available via the Fife Care Academy Various digital teams accessing HEI to support professional learning 	

Provide learning for our workforce to develop skills that support higher acuity or complexity, within the community or home / homely setting through Hospital at Home, palliative care, and social care and supports Quality Assurance and Improvement	Complete	Training Programme complete and published on Fife Council's Intranet Learning Lounge page.
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Employ



Employ

Action:	Progress:	Detail:	
Monitoring our progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2)	Complete	Action met: Review of staffing across Primary and Preventative Care, Community Care, Complex and Critical Care and Care Home Hub completed Vaccination transferred	
Develop succession pathways that reflect the integration imperative of the Partnership and take account of personal ambition and in line with Equality Impact Assessments	This work is underway and is covered in the Year 2 Plan	Action met through development of Social Work pathway and introduction of Social Work subject expert roles. Further actions in Year 2 Plan.	
Build on the connections with Fife College Industry Advisory Board to configure approaches that better supports access to higher education including the introduction of variable start dates	Complete	Action completed with membership from Partnership leads in all sectors.	
Continue to review marketing approaches that reflect regulatory requirements when recruiting	Complete	A safeguarding audit was undertaken during 2023 that made recommendations that have been implemented including: Refreshed role profiles Consistent language Review of evaluated roles	
Work to improve the information we hold about employee's equality information	Complete	Action met through a review of the access to information capturing the protected characteristics.	
Create the new Social Work Advanced Practitioner career pathway and quality improvement service design	Complete	Action met: Posts created and recruited Enhanced learning programme mapped	

Employ Quality Improvement Officers and new Advanced Practitioners in key strategic areas	This work is underway and is covered in the Year 2 Plan	Advanced Practitioners recruited: QI Officers to be advertised by end 2023.
Review skill set and banding structure within Health Care Support Worker Roles	Complete	Review concluded and implemented.
Review measures to support retention of current senior clinical and non-clinical staff. Implementation of Once for Scotland Policies	This work is underway and is covered in the Year 2	We continue to monitor the national position but there have been no further updates on progress towards this. Actions to support the Carer Friendly Employment Practices are in place. Refreshed actions included in Year 2 Plan.
Implementation of GMS Contract (MOU2) including Community Care and treatment, Pharmacotherapy, and vaccine transformation	This work is underway and is covered in the Year 2 Plan	Pharmacotherapy and Community Care / Treatment not yet recruited so mitigation in place utilising a skill mix approach for this workforce. Refreshed actions included in Year 2 Plan.

Nurture



Nurture

Action:	Progress:	Detail:	
Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery	Complete	Action met through promotion of self-care / vaccination via Director's brief, management updates, weekly bulletins, and other internal communications.	
Implement career development conversations, enabling staff to access the most suitable development opportunity for them	Complete	Action met through delivery of: • Supervision and Talking Points • Coach Approach training	
Ensure that our belief in a nurturing workplace culture is at the heart of strategic and policy decision-making forums	Complete	 Compassionate Leadership & Trauma Informed Training delivered to SLT, ELT & Leadership Programmes Commissioning the Hull University Action Plan Wellbeing Strategic Group developing a Partnership Framework Employing an OD & Culture Specialist (Wellbeing) to lead work across the Partnership 	
Review and enhance provision of information capturing the protected characteristics of our workforce, ensuring information supports meaningful discussion at forums	Complete	Action met through reviewing the access to information capturing the protected characteristics.	
Raise awareness of managers and supervisors to understand the importance of health, safety, and wellbeing of their team with a focus on prevention/early intervention	Complete	Action met through training and support provided and continued monitoring of health & safety activity.	
Raise awareness of employees to the resources and supports available to them and how to access these	Complete	Action met: Information updated on learning lounge/ staff link Social media and website comms	

Support our workforce to request a referral to physiotherapy and / or counselling provider	Complete	Action met through Supervision procedure, the Return-to-Work process and absence monitoring / intervention.	
Communicate and implement our pledge relating to the Miscarriage Association's Pregnancy Loss to provide paid time off for employees (and their partners) who suffer a pregnancy loss at any stage of pregnancy	Complete	Action met through ensuring information available on intranet and social media.	
Implementation of the Career Conversation Lite program, enabling staff to establish the most suitable development opportunity for them	Complete	Action met through Supervision approach and ensuring that information was updated on Learning Lounge/Staff Link areas of website.	
Continue to promote and implement iMatter and Heartbeat surveys and Action Plans	Complete	Record iMatter uptake and Action Plan completion for the Partnership. Review of use of Heartbeat Surveys being undertaken.	
Promote mental health and wellbeing of the workforce through the work of the Partnership Wellbeing Strategy Group	This work is underway and is covered in the Year 2 Plan	Partnership Wellbeing Strategic Group in place. OD & Culture Specialist Wellbeing recruited. Initial work done to map existing resources across the Partnership. Wellbeing Framework to be developed in 2024 and Action Plan to address key areas to be developed.	
Support readiness for the implementation of the safe (health and care) Staffing (Scotland) Act 2019	This work is underway and is covered in the Year 2	Date for implementation now April 2024. Structure in place to ensure readiness for implementation: • Care implementation group established • Health implementation group established. Refreshed actions included in Year 2 Plan.	
Support the implementation of Excellence in Care	Complete	Action met through maintaining close links with the EIC programme - on track.	
Review the implications of Setting the Bar for Social Work and develop a Partnership response	This work is underway and is covered in the Year 2 Plan	 Work progressing to implement: Review of workloads ongoing Recruited the PSWO. Conclude data gathering activity. Refreshed actions included in Year 2 Plan. 	

Develop and implement Equality and Inclusion Initiatives including Equally Safe at Work since being confirmed on to 'Close the Gap's Equally Safe at Work' programme to work towards bronze accreditation over the next 18 months	Complete	Action met through achievement of bronze accreditation.	
In conjunction with the Once for Scotland work, contribute to and promote Carer Friendly Employment Practices	Complete	Actions to support the Carer Friendly Employment Practices are in place.	
Recognise that members of our workforce may be unpaid carers and provide support in line with the Carers Act and our partner organisations' flexible working conditions	Complete	 Action met: Increased awareness of flexible working options Valued-based conversation training for managers 	



Strengthening our workforce planning



We will strengthen our workforce planning by:

- Improving workforce planning capability within the Health and Social Care Partnership, ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan and considering our Strategic Needs Assessment.
- Ensuring all portfolios develop workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future demand and projected staffing changes.
- Developing pathways that set out career progression, succession planning and retention to support a workforce that is representative of the communities we serve and in line with Equality Impact Assessments.
- Enabling the whole system to align with our Workforce, Strategic and Financial Plans and creating a culture of continuous improvement.
- Continuing to develop Integrated Services in the hearts of our communities in line with the priorities for the Strategic Plan and the legislative requirement for locality planning.
- Ensuring that workforce planning supports the capacity and capabilities required through our transformation and redesign of services and models, in line with the agreed funding model.
- Continuing joint working and support for the development of the Local Partnership Forum in line with our Staff Partnership Agreement
- Reviewing all business continuity plans, considering the learning through COVID, to support service and workforce resilience.
- Working closely with regulatory bodies such as the Care Inspectorate regarding the workforce requirements in line with national standards.

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal Review sustainability of all services by running available Work Legislation, Digital Opportunities, the national standards scrut national difficulties in recruitment across certain professional	tinised by the Care Inspectorate and He		
Building on the Year One Plan, we will work with services to support them to complete the self-evaluation needed for compliance with the Health and Care (Staffing) (Scotland) Act 2019. We will promote the staffing tools aligned with regulatory requirements and use the information from the self-evaluation to inform workforce projections and understand capacity to meet workforce skill gaps. • Lead – Dafydd McIntosh • Critical Contributors – Service Leads, Jennifer Rezendes, FCHR • Signed up – SLT, ELT. • Informed – Workforce	The self-assessment gathered to ensure compliance with the Acts duties will inform the testing programme. Gaps found in the analysis will include actions to address and reported through the governance structures.	April 2024	
Hospital at Home Fife taking part in the HIS development and testing of the specific workforce planning tool. This will be fully implemented when the tool has been ratified. • Lead – Leesa Radcliffe • Critical Contributors – Jill Dow • Signed up – HIS (Healthcare Improvements Scotland) • Informed – Workforce	The tool will be rolled out to the Hospital at Home Teams and data used to review and improve planning, to address skills gaps in the workforce and build capacity to meet training and recruitment requirements. This work will report through the Workforce Strategy Group and update to SLT.	Following HIS timescales	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)	
Strategic / Operational Goal: Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability and financial pressures named by the Workforce and Workload Planning Tools exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased ability requirements; age demographics; and supports the capacity and capabilities required through our transformation and redesign of services and models.				
In line with recommendation 4 in Fife IJB Workforce Audit report, conduct a review to determine the capacity to provide an analysis and description of the establishment gap between the future workforce need and current staffing in terms of overall numbers (WTE/FTE). • Lead – Dafydd McIntosh • Critical Contributors – HOS, Brian McKenna • Signed up – SLT • Informed – IJB	The workforce information will be available and begin to be utilised to plan future recruitment priorities. An analysis and description of the establishment gap between the future workforce need and current staffing will be available to the Partnership.	November 2024		
Continue to support the Third and Independent sectors to develop local workforce data collection to inform and influence the planning needs for Health and Social Care both at an Organisational and Partnership level. • Lead – Dafydd McIntosh • Critical Contributors – NHS / Third Sector / Independent sector leads / Operational leads. • Signed up – SLT / WS Group • Informed – Workforce	The statutory partners workforce data will be enhanced with up-to-date data provided by the third and independent sectors. Workforce trends will be shared with sector leads to influence strategic planning to reverse or escalate trends.	March 2024		

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal:			
Evidence correlation with safe staffing levels and quality of ca	re through regular updates from the Ex	cellence in Care	and Workforce Leads.
Continue to develop actions around reducing nursing supplementary staffing including bank and agency nursing staff usage and check the impact on financial and quality of care through the remaining use of supplementary staffing and reconfiguration of the nursing workforce. • Lead – Olivia Robertson • Critical Contributors – Nurse leads • Signed up – SLT • Informed – Workforce	The sustainable workforce model is improved by increasing the number of permanent staffing. The cost of supplementary staffing for the Partnership is reduced to support our Medium-Term Financial Strategy.	April 2024	
Strategic / Operational Goal:			
Develop new workstyles to support more flexible and inclusive	e working across the Partnership.		
In line with the Medium-Term Financial Strategy, support Complex & Critical Care Services to address the workforce challenges of introducing a new model of overnight care that looks to maximise the independence, dignity and privacy of the people who use our community service.	The workforce will increase capacity to work in daytime numbers that can be measured and evaluated. We can evidence we are supporting the workforce to change working	Commence review from November 2023	
Work with operational services to understand and support the cultural challenges around changes in working practices. Facilitate workforce training to upskill staff to utilise digital care technology for night care provision, furthering capacity to deliver care in social hours and increase flexibility in work	practice through evaluation of OD support. The benefits relating to improvement of health and wellbeing is reported through service review plans and staff		

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
routines, ensuring best value in terms of resource and workforce. • Lead – Rona Laskowski • Critical Contributors – Service leads, FCHR • Signed up – SLT, Unions • Informed – Workforce	consultation / engagement exercises.		

Strategic / Operational Goal:

Continued engagement with the Care Home and Care at Home Collaborative Forum to ensure the independent sector have an equal voice in the safe delivery of care in this sector.

The Collaborative structures in Fife

against this action.

Continue to promote and explore a range of themes that are affecting workforce capacity, resilience, and sustainability.

The focus centres on mitigating unintended consequences of cross sectoral recruitment between organisations and between Sectors. Local workforce data collection will be used to inform and influence the planning needs for Health and Social Care within Independent Fife Care Homes and Care at Home, both at an Organisational and Partnership level.

Participation, Engagement and Collaboration will be promoted to optimise common interests of all employers and to generate solution focussed outcomes supported by the Fife HSCP and wider stakeholders.

- Lead Paul Dundas
- Critical Contributors Collaboration Members
- Signed up SLT, ELT
- Informed Workforce

will have annual workplans that set out key outcomes and this action will be measured against these.	
 (1) The Care at Home Collaborative Workplan – have this as target outcome 2 with key measurable factors identified for 2023-24 	
(2) The Fife Care Home Cooperative have become established. The Fife Care Home Collaborative is under construction. Key tactics and measures will be created to determine the success set	

July 2024

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal: Our Workforce Strategy and Plan 2022 – 2025 ensures there is continued Horizon Scanning to enable the partnership to meet future strategic opportunities and challenges			
Develop an Anchor Workplan for 2024-25 which will align with the Plan for Fife workforce priority themes and NHS Population Health & Wellbeing Strategy 2023-28 and Anchor Strategy. • Lead – Roy Lawrence / Fiona McKay • Critical Contributors – Service leads & Working Group • Signed up – ELT, ILT / SLT • Informed – Workforce	We demonstrate thinking in service and strategy design that identifies Anchor ambitions. We are a key partner to NHS Fife and can share our progress through NHS Progression Framework. We are a key partner to Fife Council in their achievement of Anchor objectives and evidence through involvement in the Plan for Fife evidence gathering where relevant.	November 2024	
Connect with national groups to issue information with partners in relation to the Scottish Social Services Council (SSSC) rollout of the Register for the Future and refreshed Continuous Professional Learning (CPL) requirements, including any implications for the regulated workforce by ensuring that updates are shared including social media / internal comms channels. • Lead – Dafydd McIntosh • Critical Contributors – Jennifer Rezendes • Signed up – SLT, ELT, ILT, Managers • Informed – Workforce	Ensure the implementation of the new registers is cascaded to the workforce. Ensure content embedded into recruitment and supervision processes. Provide data showing a reduction of registration breaches to workforce individual registration.	Ongoing throughout 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal:			
Prepare for the impact of staffing requirements in the 'Setting	the Bar' report from Social Work Scotla	and.	
Continue our Year One work to analysis and evaluate demand in the system, caseload and currency and other priorities that teams carry to align with caseload accountancy, including statutory functions, supervision effectiveness and workforce capacity / contingency modelling. • Lead – Jennifer Rezendes • Deputy Leads – Dafydd McIntosh • Critical Contributors – Service managers, operational leads. • Signed up – SLT, CSWO, ELT. • Informed – Workforce	Teams' caseloads are measured in line with the Acts' requirement. Workforce planning tools to determine capacity, caseload management tools will be introduced to support selfmanagement of allocations of work. We will evidence compliance with the requirements of 'Setting the Bar' and report through the Workforce Strategy Group and governance structures for assurance.	July 2024	
Strategic / Operational Goal			
Prepare system readiness for the implementation of the Safe ((health and care) Staffing (Scotland) Act	2019.	
For our NHS staff we will deliver the testing of the Section 3 of the Act using the service level template to develop the SPRA to supply information, including e-rostering that will inform workforce projections based on workforce growth and need, including trends and opportunities. • Lead – Brian McKenna / Rhona Waugh • Critical Contributors – Operational leads • Signed up – SLT, ELT • Informed – Workforce	Granular detail will be captured allowing enhanced understanding and analysis of the gaps and plans for mitigating risks where gaps in staffing levels affect service delivery. We will demonstrate our compliance with the requirements of the Act.	April 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
We will ensure the Health and Care (Staffing) (Scotland) Act 2019 is introduced to medical staff and the Act's rollout is communicated to inform the workforce, including monitoring testing requirement outcomes. • Lead – Helen Hellewell • Critical Contributors – Medical leads / Managers, Workforce planners. • Signed up – SLT • Informed –Workforce	Evaluate the impact on the ability to deliver the benefits for quality care including measurement of workforce resourcing and compliance with the Act. This will be reported through the Workforce Strategy Group and updates to the SLT.	Start Nov 2023	
Deliver the testing with the social care implementation group to self-assess compliance. The group will contribute to the Care Inspectorate Improve Well evaluation programme to test the preparedness for the implementation of the Health and Care (Staffing) (Scotland) Act 2019. • Lead – Jennifer Rezendes • Deputy lead – Dafydd McIntosh • Critical Contributors – Registered managers / commissioning leads, FCHR • Signed up – SLT / WS Group • Informed – Workforce	The self-assessment gathered to ensure compliance with the Acts duties will inform the testing programme. Gaps found in the analysis will include actions to address and reported through the governance structures.	March 2024	

Attracting people into careers in Health and Social Care



We will attract people into careers in Health and Social Care by:

- Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that support integrated joint working.
- Exploring the potential for increasing the international workforce supply routes into Health and Social Care through engagement with NHS Fife, Fife Council and the Third and Independent Sector.
- Prioritising recruitment against our current workforce priorities including children's services, mental health, social care, primary care, to support our recovery agenda.
- Putting in place infrastructure that will facilitate longer term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.
- Targeted and creative recruitment campaigns in Social Care emphasising the wide range of roles across the sector, the skills, and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed to incentivise career progression.
- Increasing the number youth apprenticeships and employability programmes and initiatives into health and social care.
- Development of the professional structure across Social Work, Medicine, and Nursing, including collectively accountability and assurance.

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal: Focused recruitment campaigns targeted at area children's services.	as of greatest workforce pre	ssures including	social care, mental health, and
Expand the HSCP recruitment forum approach to create a recruitment communication plan that reflects the Partnership's ambitions and improves the marketing information / strategic approach, using data collated from workforce projections to optimise effective recruitment windows and presence at career events. • Lead – Dafydd McIntosh • Deputy Leads – Karen Cassie • Critical Contributors – Employer Comms teams. Recruiting managers. • Signed up – SLT, HR in FC/ NHS • Informed – Managers / Workforce / DYW/ DWP	We will improve our ability to measure the impact of our innovative recruitment activities to find best value approaches. Provision of Management Information reports showing success of the recruitment sources to the Workforce Strategy Group and through updates to SLT.	April 2024	
Building on the Year 1 Plan, develop the international recruitment for psychiatry and development of portfolio opportunities for general practice to increase the retention of the GP workforce - decreasing the use of locum contingency model. • Lead – Helen Hellewell	The staffing analysis will show a reversal in the trends by showing: 1. An increase in GP retention for Fife 2. A decrease in the use of locums, which will improve patient experience.	August 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
 Critical Contributors – IR team, service leads Signed up – Practice managers. Informed – Workforce 			
Adopt a more strategic approach to our Mission 25 social media recruitment campaign by working with operational services to target staff stories where recruitment is most difficult, and high vacancy levels are prevalent. • Lead – Dafydd McIntosh • Deputy Leads – Clare Gibb • Critical Contributors – Teams, service leads • Signed up – Comms teams, SLT. • Informed – Workforce	Our 2024 Mission 25 calendar will be complete with key operational areas in collaboration with SLT. We will measure, evaluate, and report the impact using analytics tools to inform further recruitment activity.	July 2024	
Strategic / Operational Goal: As part of the Directorate and Portfolio level Workfincluding supervisor and practitioners' grades and a		n planning impli	cations for range of critical roles,
Develop a workforce Succession Planning model for all levels of roles aligned to workforce projections to build capacity for operational delivery. • Lead – Dawn Adamson • Deputy Leads – Jacquie Crooks • Critical Contributors – Dafydd McIntosh,	We will implement a consistent and effective succession planning model that supports workforce projection planning activity and report impact on retention in the workforce.	April 2024	

Service leads, FCHR

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
 Signed up – Service Manager, Lead Officers, Workforce Development Informed – Workforce 			
Develop a quality training experience that is supported by the Deanery for Consultant Psychiatrists to enhance recruitment and sustain retention levels. • Lead – Andy Summers (Head of Adult Health Psychology) • Critical Contributors – Rona Laskowski • Signed up – SLT, Service heads. • Informed – Workforce	We will have implemented a training programme and will report impact on retention in the workforce.	Rolling throughout 2024	
Develop a communication strategy to inform the regulated workforce about the new requirements for the regulated workforce – this will include the move to an 'Annual Declaration' from the existing register and ensuring CPL is highlighted in induction and supervision processes. • Lead – Jacqui Crooks • Critical Contributors – Jennifer Rezendes, Service leads, HR services. • Signed up – SLT, Comms teams. • Informed – Workforce	The workforce will have received communications and recruiting resources will be in place in time for the implementation of the changes. We will report on the impact of the changes annually through governance.	April 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal:			
Implement the professional assurance structure acrassurance.	oss health and social care sup	porting quality,	standards, and professional
Implement the recommendations of the Safeguarding Audit by refreshing all role profiles to ensure consistency of information and compliance with the incoming SSSC register changes and supply updated guidance for recruiting managers. • Lead – Nicola Harris • Deputy Leads – Stevie Murray • Critical Contributors – Service leads, Dafydd McIntosh, Jennifer Rezendes • Signed up – SLT, Heads of Service • Informed – Workforce	Measure the impact of the shortlisting activity with recruiting managers to review understanding and develop communication information for inclusion on staff portals. We will report on the impact of the changes through governance.	April 2024	
Strategic / Operational Goal:			
Develop approaches for youth apprenticeship and	employability.		
Implement a revamped approach to the Foundation Apprenticeship delivery model with schools to improve the progression rate into the HSC sector following the programme end. • Lead – Dafydd McIntosh	Evaluate the effectiveness of the work placement activity including the benefits and barriers to progression and sustainability regarding compliance to safe staffing requirements and	May 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
 Critical Contributors – Maciej Dokurno, Olivia Robertson, Jennifer Rezendes, Service leads, Employers. Signed up – DYW, SLT, ELT, ECS FA Oversight. Informed – FC Workforce Development 	formulate an action plan to support employers.		
Develop a new 'Internship Model' youth programme within the Care Academy. This will introduce an integrated programme that supports access to a timebound, rotational work experience across all partnership sectors with mentorship / coach support with the aim to increase recruitment and improve retention for the workforce. • Lead – Dafydd McIntosh • Deputy Leads – Jess McQueen • Critical Contributors – WYI, Jacquie Crooks, David Crooks, Leslie Martin, Lindsey Chisholm, Fife College., Sector Leads, FCHR • Signed up – Service Leads. • Informed – Workforce	The refreshed programme will collate data to measure the impact on: 1. Attainment 2. Progression levels 3. Participant experience of the Model	June 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal: Attract the right number of employees to deliver or	ur sarvicas to our communities	-	
Sustain a reduction in the use of framework and non-framework agency nurses, through recruitment to vacancies across Community Care Services, aligned to bed model including Monthly monitoring of requests and spend and include an agreed escalation process for in hours and out of hours period. • Lead – Karen Wright • Deputy Leads – CCS • Critical Contributors – Lead nurses, CCS, Head of Nursing, Head of Service. • Signed up – Managers • Informed – Workforce	The use of agency is measured and demonstrates consistent reductions. The escalation process is embedded. There is an increase in our workforce to meet the needs of the revised model of delivery.	March 2024	
Ensure the Care Academy Strategic / Operational groups workstreams are aligned to Partnership employers' recruitment strategies and continue to develop innovative ways to grow the workforce through HIE access and funding models. • Lead – Dafydd McIntosh • Critical Contributors –Service leads, Jacquie Crooks, Paul Dundas, Doreen Young, Jess McQueen, Jaquie Mellon, Lynn King,	The opportunities and programmes are evaluated and reported to measure the effectiveness and suitability for employers including the benefits of the mass recruitment events.	April 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Lindsey Chisholm, Natalie Anderson, Karen Cassie Signed up – SLT Informed – Workforce			

Supporting the training and development of our workforce



We will support the training and development of our workforce by:

- Working with partners in NHS Fife, Fife Council and the Third and Independent Sectors to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.
- Implementing "grow your own" pathways for posts that are either specialist or in hard to recruit areas to support the required pipeline of roles within the medium term.
- Implementation of a training passport which recognises core training across sectors.
- Progressively expanding the role of locality-based training programmes to support pathways into Health and Social Care services, which
 enable existing staff to work flexibly across their practitioner licenses to improve service outputs and increase the pace of role-redesign to
 facilitate longer-term service reform.
- Supporting the development of digitally enabled workforce in line with new models of working and care delivery, working with partners including Housing.
- Supporting new entrants to Health and Social Care through developing and delivering robust induction for all new starts into Health and Social Care with support for Newly Qualified Practitioners.
- Enabling implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources and a professional support tool.
- Supporting the development of a trauma-informed workforce via the National Trauma Training Programme.
- Developing skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care.
- Supporting Quality Assurance and Improvement across our services though skills development including care homes, care at home, adult resources, community care, preventative care, and complex care.

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal:			
Increase the Partnership's ability to support the new and skills.	wly qualified workforce with p	ost qualifying o	opportunities to enhance knowledge
Redesign / relaunch a model for the Newly Qualified Social Worker forum centred on the first year of practice, aligned with the SSSC National programme, including developing further resource to progress the SSSC supported year activity and sectorial Core Learning elements. • Lead – Jacquie Crooks • Deputy Leads – Lynn King • Critical Contributors – Jennifer Rezendes, Service Leads, Managers • Signed up – HR, SSSC • Informed – Workforce	Result of co-production with the NQSW workforce will determine the first year of practice content. Programme will be evaluated at end of delivery to ensure it has delivered on outcomes and inform next year design.	January 2024	
Strategic / Operational Goal:			
Establish Digital and Information for Paperlite solut	cions, in a way that supports a	future workfor	ce and upskills the current workforce.
Provide required development to maximise digital access for the dispersed workforce to meet the need to progress to paperless systems needed in Home Care Services is rolled out for monitoring and recording of emergency care visits and vehicle checks. • Lead – Karen Marwick • Deputy Leads – Gael Syme	The Home Care Services workforce is trained and equipped to deliver the paperless systems needed. The analysis and value of training for the workforce to deliver the Paperlite model is evaluated, and actions developed to	March 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
 Critical Contributors – Locality Lead Officers Signed up – Coordinators. Informed – Workforce 	address gaps for future staff learning.		
Strategic / Operational Goal: Expand locality-based training programmes that su	ipport pathways in health and	social care	
Develop more locally based training programmes that reflect specific professional development needs and negate the need for excess travel, allowing great access for the workforce and limiting impact on service delivery. • Lead – Jacquie Crooks • Deputy Leads – Lynn King • Critical Contributors – FC Workforce development, ODC, Ruth Lonie (NHS) • Signed up – HR, Service leads. • Informed – Workforce	Measure the impact and evaluate to establish the benefits to operational capacity and uptake of the training.	September 2024	
Grow the Healthcare Support Care Worker (HSCW) role to improve capacity to meet patient demand by upskilling the current workforce to increase the number of HSCW's, which will further enhance reablement outcomes for patients within the Medicine of the Elderly (MoE) non-person dependent model. • Lead – Michelle Williamson • Deputy Leads – Kim McPherson, Karen Gibb	The increase in the HSCW skill capability will further enhance the outcomes for patients supporting the demand on the Allied Health Professionals within the inpatient area by: 1. Providing a 24/7 model 2. Retention of the workforce	March 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)	
 Critical Contributors – Service Leads. Signed up – SLT, Heads of Nursing Informed – Workforce 	3. Increase career pathways for current and new staff.			
Develop an employee / student placement programme for fulltime HSC students needing to access work placement as part of their study by using part time vacancies to earn while they learn and increase opportunity to retain them at the end of their course. • Lead – Dafydd McIntosh • Deputy Leads – Jacqui Crooks • Critical Contributors – WYI, ODC, Service Leads. • Signed up – HR, • Informed – Workforce	Using part time vacancies for full time students will provide greater flexibility including: 1, Students will be part time employees so counted in workforce numbers to undertake the duties. 2, Reduce staff capacity to support supervised student if on unpaid placement. 3, Increase potential to retain the student when they finish the study.	August 2024		
Strategic / Operational Goal:				
Engage with Higher Education, Colleagues, SSSC, a qualified practitioners.	nd NES to support our approa	ich to recruitm	ent in Fife including supporting newly	
Further develop career pathways to Social Work roles to expand the social work workforce in line with succession planning and recruitment priorities, including reviewing and implementing	We can demonstrate how this model is supporting the workforce to attain Social Work roles.	April 2024		

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
the advanced entry degree programme into a model that adheres to SiSWE standard. • Lead – Dafydd McIntosh • Deputy – Lynn King • Critical Contributors – Jennifer Rezendes, SW service leads, Jacquie Crooks • Signed up – SLT, CSWO • Informed – Workforce	This will mean evaluating the impact of the programme in relation to succession planning, and how we plan long-term for workforce capacity to recruit to vacant posts.		
Develop the SCOTCOM undergraduate medical program with Education, delivered in partnership with NHS Fife and St Andrews University to bring medical education into communities and localities with the ambition to influence pupils' aspirations and provide a pathway to those who wish to consider careers in medicine and wider health care roles. • Lead – Helen Hellewell • Deputy Leads – Kim Steele • Critical Contributors - Service leads. Doreen Young, Jess McQueen, Theresa McNiff • Signed up – SLT • Informed – Workforce	We will have a pathway for schools that offer: 1. Improved understanding between schools, workforce, and medical education of the medicine pathway options. 2. Growth in number of people from our communities obtaining places on the St Andrews Reach and Gateway Programs. 3. An increase in the range of medical and health options available to schools.	August 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal: Continue to promote and grow Advanced Practitio pressures.	ner (AP) opportunities as appr	opriate in resp	onse to wider service sustainability
Review the skill mix and potential for further Advanced Practice roles within the Assessment and Rehabilitation Centre model to ensure equity of service delivery across Fife, improve capacity to treat patients in a homely setting and reduce the demand on GP Fellows. • Lead – Leesa Radcliffe • Deputy Leads – Nicole Whyte • Critical Contributors – Jill Dow, Lorna Mackenzie, Aylene Kelman, • Signed up – SLT • Informed – Workforce	We can demonstrate the service benefits of introducing the AP roles by: 1. Describing the benefits associated with the introduction of these new opportunities 2. Measuring the impact on workforce retention.	August 2024	
Develop a hybrid medical nursing model with Advanced Nurse Practitioners to fit the future of care delivery for Elderly and frailty delivery. • Lead – Michelle Williamson • Critical Contributors – DoN, Head of Service • Signed up – SLT • Informed – Workforce	We can demonstrate the service benefits of the introduction of the ANP/Medical hybrid model. Further development of ANP model including an introduction of annexe 21 posts which will increase the skills and competency of the hybrid model.	December 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
	A reduction in the reliance of the medical model care delivery which is currently being supported by agency and gateway doctors		
Strategic / Operational Goal:			
Support the establishment of career succession par	thways in health and social car	re.	
Identify suitable opportunities to expand the roles of the Health Care Support Worker and the Assistant Practitioners within the MOE wards, in advance of new model of care delivery developing the workforce fit for the future. • Lead – Michelle Williamson • Deputy Leads – Kim Macpherson • Critical Contributors – Karen Gibb, Lindsey Wallace • Signed up – SLT • Informed – workforce	We can develop opportunity to increase capacity of the HCSW and AP's workforce to support the new model of care. We can demonstrate: 1. An increase the skills ability of the HCSW and AP's workforce. 2. increased capacity to effectively resource a new model of delivery.	August 2024	
Increase capacity across the mental health wards, and across mental health community teams, by commissioning Third sector partners to provide a skill mix and multi-agency approach grow the workforce. • Lead – Lee Cowie	Posts will have been recruited, inducted, and working as part of a whole system approach in mental health. Evaluate the impact of new roles on existing system around gaps created by	June 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
 Critical Contributors – Clinical Service Managers, Deon Louden, Jacqueline McInnes, Andy Summers. Signed up – Senior Managers MH, SLT, FVA Informed – Workforce 	progression to new roles and introduce a response to those.		
Strategic / Operational Goal:			
Implement Training Passport across sectors.			
Continue to develop a structure for implementation of a passport and identify the working group membership to enable progress to be made and align protected time to the Safe Staffing Act 2019 requirements. • Lead – Doreen Young • Deputy Leads – Jacquie Crooks • Critical Contributors – Paul Dundas, Jacqui Mellon, • Signed up – Training leads • Informed – Workforce	A working group established, and analysis conducted of the training themes and topics for inclusion, including a communication strategy to inform employers of the passport content.	July 2024	
Strategic / Operational Goal:			
Drive the implementation of Trauma Informed Practhrough the National Trauma Training Programme.	tice and support the workforc	e to develop a	trauma informed practice approach
Establish the mandatory requirement for the workforce in Trauma Informed Practice (TIP) training and development of TIP training programme including Level 2 of the National Trauma Training Framework (NTTF) is made	The requirements are communicated, and attendance is measured with numerical value to ensure compliance for level	Commence Nov 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
mandatory for all HSCP employees and level 3 be mandatory for specific roles including Social Workers. • Lead – Stephen Smith • Deputy Leads – Bernie O'Beirne • Critical Contributors – Jennifer Rezendes, Service Leads, Trauma Steering group • Signed up – FC HR • Informed – Workforce	2 and level 3 is allocated to the agreed roles.		
Strategic / Operational Goal:			
Support for a digitally enabled workforce.			
To develop and implement a digital competency framework with a communication strategy for the HSC workforce that supports training and upskilling requirements aligned with the HSCP Digital Strategy. • Lead – Fi Williams • Deputy Leads – Duncan Stewart • Critical Contributors – Service leads, Digitals Skills team • Signed up – SLT, ELT • Informed – Workforce	A numerical analysis is undertaken to measure the benefits and reach of the framework to support a training needs analysis of the workforce.	August 2024	
To introduce a Digital Champions programme opportunity for the workforce and headed up by service Digital Leads across the HSC to support workforce development and skills improvement. The inclusion of a programme is aimed at	We will have the ability to provide numerical value for attendance and the impact on workforce retention	May 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
upskilling the workforce, and improving the retention as technology enhanced care evolves. • Lead – Fi Williams • Deputy Leads – Duncan Stewart • Critical Contributors – Service leads, Digital Skills team • Signed up – SLT, ELT • Informed – Workforce	benefits are benchmarked and monitored.		
Monitor the effectiveness of the Liquid Logic training and resource and consider progressing a sustainable training pathway for the workforce that incorporates a range of learning styles. • Lead – Fi Williams • Deputy Leads – Duncan Stewart • Critical Contributors – Service leads, Digital Skills team • Signed up – SLT, ELT • Informed – Workforce	We will have the ability to provide numerical value for attendance and the impact on workforce capacity to attend in person training and benefits of alternate ways to deliver sessions that improves the pace and scale of the training events.	May 2024	
Strategic / Operational Goal:			
Development and delivery of locality-based training	g programmes.		
Continue the delivery of the Coach Approach training using internal resourcing and ongoing support to line managers across the partnership support the development of a culture of stewardship, including the use evidence-based practise to inform conversations around decision making, and build on from the year One plan to	The evaluation of the programme will collate numerical attendance values and show the benefits of the training to inform the development of future groups.	May 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
undertake an evaluation of the effectiveness and sustainability of the delivery model. • Lead – Diane Roth • Critical Contributors – Service leads, managers • Signed up – SLT, • Informed – Workforce			
We will introduce frailty training that will increase knowledge and increase the discharge functions in the integrated hub to the workforce including Third Sector providers. • Lead – Lyndsey Dunn • Deputy Leads – George Cameron • Critical Contributors – Discharge Hub leads • Signed up – SLT. • Informed – Workforce	The effectiveness of the training will be measured to determine its effectiveness to improve resource management.	Jan 2024	
Develop opportunity to gain experience the number of Mental Health Officer posts through creative campaigns to improve interest and engagement that supports career progression opportunity. • Lead – Lynne King • Deputy Leads – Jacqui Crooks • Critical Contributors – Service managers, Jennifer Rezendes • Signed up – SLT, ELT • Informed – Workforce	The recruitment activity will look to increase the required MHO workforce in line with local requirements and supports career progression opportunity for Social Workers.	July 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Introduce Leadership sessions for enhanced mental health clinical leadership that focuses on developing the strategic role, role models behaviours and enhances understanding of systems leadership approaches.	Evaluate the effectiveness of the sessions, including provision of measurable data of the improvements to service delivery.	Rolling throughout 2024.	
 Lead – Jacqueline Drummond (interim Clinical Director) Deputy Leads – Critical Contributors – Signed up – SLT, Service heads. Informed – Workforce 			

Increasing our employment into Health and Social Care



We will increase our employment into Health and Social Care by:

- Monitoring progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).
- Developing and delivering Social Work advanced practice and quality improvement career pathways and strengthening the integrated multi-disciplinary models within health and social care.
- Developing career pathways that support skills mix, new roles and retention in practice areas across Health and Social Care including Mental Health Officers.
- Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal:			
Develop recruitment platforms including greater pr	resence across social media ar	nd HEI (higher o	education institutions) sources.
Complete the new 'Colleague Hub' on the refreshed HSCP website to share information across the integrated workforce using one source. • Lead – Dafydd McIntosh • Deputy Leads – Hazel Williamson / Clare Gibb • Critical Contributors – Karen Wright, Danielle Archibald. Service leads.	We will have a Partnership specific resource providing access for the integrated workforce not limited to employer internal portals. We will monitor the analytics to inform and modify any actions	April 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Signed up – SLT, ELTInformed – Workforce	required to increase the reach.		
Strategic / Operational Goal:			
Measure growth and recruitment in line with nation and Recovery - Vaccination transformation -Primary		ncluding Care a	at Home - Care Homes - Mental Health
Develop a Primary Care Workforce strategic oversight group, with specific focus on improving sustainability of Primary Care Dentistry, Community Pharmacy, Optometry services and an increase in GP accredited training practices and that workforce planning across Primary care including retention and attainment is aligned to the HSCP Workforce Strategic group. The group will explore to develop improved retention, and progression across all disciplines. • Lead – Lisa Cooper • Deputy Leads – Olivia Robertson • Critical Contributors – Chris Conroy, Kim Steele, HR, GP sublet, Hilary Houston, Emma O'Keith, Ashley Rennie, Louise Kingas, Stephen Halstead. • Signed up – SLT, ELT	Ability to provide clear qualitative data against various recruitment sources; provision of Management Information Reports showing success of the recruitment sources to Strategic Workforce Planning Groups.	July 2024	
Strategic / Operational Goal:			
Mental Health Recovery and Renewal			
Recruit and develop Activity Coordinators in Mental Health and Learning Disability services to	Provide articulation of service benefits associated	April 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
support increased workload capacity for qualified staff and to improve the patience experience through meaningful activity in line with Mental Welfare Commission guidance. • Lead – Tanya Lonergan • Critical Contributors – Service leads, NHS HR • Signed up – Heads of service • Informed – Workforce	with the introduction of new roles by detailing the greater impact for the qualified workforce and workload capacity.		
Strategic / Operational Goal: Provide a high-quality, Partnership specific, Induction	on resource for all staff that so	upports the ret	ention of our workforce.
Following on from the year One plan, launch a digital resource with Partnership employers and seek adoption and embedment in employer onboarding processes at the appointment stage and conduct an evaluation to its effectiveness. • Lead – Diane Roth • Critical Contributors – Employer HR leads, Comms leads • Signed up – SLT, ELT, Service leads, recruiting managers • Informed – Workforce	Review the analytics captured to monitor the effectiveness of the tool, including the numbers accessing the tool with staffing numbers (where appropriate).	February 2024	

Nurturing our workforce



We will nurture our workforce by:

- Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery.
- Supporting the capacity within our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.
- Listening and learning from staff about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.
- Developing Leadership Programmes across Health and Social Care.
- Nurturing our Leaders as part of the opportunities available to support leadership growth such as SOLACE (Society of Local Authority Chief Executives) Springboard, Project Lift Systems Leadership Programme and Scottish Social Services Council's Leading for the Future.
- Investing in our Culture and Leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and Organisational Development approaches.
- Championing and delivering the policies of NHS Fife and Fife Council to support a nurturing workplace culture.
- Developing an engagement programme across our workforce to inform a set of shared values which we all hold.
- Supporting readiness for the implementation of the Safety (Health and Care (Staffing) (Scotland)) Act 2019.
- Good governance in the implementation of Part 8 of the National Whistleblowing Standards.
- Continuing to promote the mental health and wellbeing of the Health and Social Care workforce, led through the introduction of a Partnership Wellbeing Strategy Group, which is working through an integrated wellbeing strategy approach to understand our workforce sectors.
- Recognising that staff may be unpaid carers and support staff in line with the Carers Act and our partner organisations' flexible working conditions.

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal: Support managers in managing the wellbeing of our induction, training and development and personal	9 ,	procedure and	guidance development, including
Review the Action Plan informed from the Hull Stress Survey and develop the membership of the Workforce Steering Group who will be tasked with carrying forward the recommendations. • Lead – Jennifer Rezendes • Critical Contributors – Group members, FCHR • Signed up – SLT • Informed – Workforce	We will have implemented actions for the research that will improve staff self-reports of wellbeing and will be reflected in reduced absence rates across our services.	September 2024	
Introduce quarterly Lead Nurse development sessions to make sense of their circumstances and help to recognise and use their personal and communal assets with a view to proactively develop their own wellbeing including conducting a review of the Open professional forum to measure its effectiveness. • Lead – Lynn Barker / Olivia Robertson • Signed up – SLT • Informed – Workforce	Demonstrate staff communication skills when engagement with families, patients, and carers that are focused on individual care needs. Ensuring that every worker is empowered by being involved in professional forum decision making.	July 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Strategic / Operational Goal: Support the capability of our workforce to engage challenges on current workforce and service pressu	•	lity improveme	ent priorities, whilst recognising the
Establish oversight group tasked with compiling workforce needs v training available, with the intention of reviewing provision and developing improvement proposal with the third sector. • Lead – Fiona McKay • Critical Contributors – Third Sector Partners and Training providers • Signed up – SLT, ELT • Informed – Workforce / employers.	The needs analysis will indicate how the Partnership can better support third sector Partners with training needs and provision and agree action plan for implementation.	September 2024	
Identify opportunities to expand the role of the Physician Associate within the Fife Rehab Service, in advance of non-medical prescribing being approved in 2024 or 2025. • Lead – Karen Wright • Deputy Leads – • Critical Contributors – Service leads. • Signed up – SLT. Heads of service • Informed – Workforce	Capture the data specific to the Physician Associate workforce to measure if sufficient to align with the new model. Evaluate the affected workforce to ensure the clinical skills required are sufficient in advance of the national timeline.	March 2024	
Review the analysis reports for the 'Flexibility Works' pilot conducted in Adult Support and Accommodation and consider the	The implementation plan is extended wider than the pilot group and findings collated and reported to	June 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
recommendations to develop a sustainable model and measure the impact on the workforce. • Lead – Dawn Adamson • Deputy Leads – Caroline Bruce • Critical Contributors – Lead officers, Leigh Donnelly • Signed up – SLT • Informed – Workforce	SLT via updates to show the benefits and numerical value of stress related absenteeism.		

Strategic / Operational Goal:

Support line managers to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work.

Develop the forum for monitoring the impact on staff wellbeing absence rates for General Practitioners to measure if time to learn has had impact and develop an action plan to mitigate the findings. • Lead – Helen Hellewell • Deputy Leads – Chris Conroy • Critical Contributors – Service leads. • Signed up – SLT • Informed – Workforce	Collate workforce data to measure the planned reduction in absence rates with increased time to learn capacity to capture if the action is improving learning time within contracted hours.	August 2024	
Introduce the Community Care Redesign Project Board quarterly newsletter from August 2023 to the workforce and promote the staff engagement sessions to support communication of progress of the transformational work. • Lead – Caroline Bruce	Monitor the effectiveness of the communication through publishing the analytical data and project minutes that relate to workforce at	August 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
 Deputy Leads – Jennifer Franklin Critical Contributors – Iain Rowbotham, Ron Mackay, PMO team. Signed up – SLT, ELT, ILT, Elaine Jordan Informed – Workforce 	the Transformational Programme Project Board. We will have retained workforce capacity and supported additional skills development.		
Strategic / Operational Goal:			
Support our workforce to take responsibility for the focus employees on their own health and wellbeing	3	and use trainin	g and development to engage and
Building on from the year One Plan, in line with the Hull University Wellbeing study / recommendations, issue information to the workforce via digital and social platforms promoting best practice and self-care initiatives on health and wellbeing to the workforce. • Lead – Rhona Waugh / Frances Baty • Deputy Leads – Sharon Docherty • Critical Contributors – Health promotion team, Elizabeth Crighton, Wellbeing group, Comms teams • Signed up – SLT, Managers / Leads • Informed – Workforce	Review using numerical values the effectiveness of the reach to the workforce through evaluations and digital analytics to measure the uptake including benchmarking data to capture a decrease in absenteeism and increase in workforce retention.	November 2024	
Continue and build on the digital campaign's promotions, including Hull University recommendations in line with the staff health and wellbeing communications plan and evaluate its effectiveness.	The workforce and population have accessed the information and the evaluation demonstrates that reach across the	November 2024	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
 Lead – Rhona Waugh / Frances Baty Deputy Leads – Sharon Docherty Critical Contributors – Health promotion team, Wellbeing group, Comms teams Signed up – SLT, Managers / Leads Informed – Workforce 	workforce has been effective.		
Strategic / Operational Goal:			
Developing an engagement programme across the	e partnership that informs a sh	ared set of val	ues.
Deliver the Systems Leadership Programmes incorporating Compassionate Leadership, outlined in the Year 1 Plan for Team Managers, First-Line Supervisors, and Peers to foster the values and desired outcomes of spiritual care education and embed this more widely in the respective organisation's culture. • Lead – Diane Roth • Deputy Leads – Louise Radcliffe • Critical Contributors – Service Leads, Comms, ILT • Signed up – SLT • Informed –Workforce	The programme is evaluated with members and results collated. This information will be shared with the group and will inform the development of future groups. The course will be rolled out from April 2024, after implementing the pilot feedback with cyclical evaluations collated and acted upon.	May 2024	
Deliver ongoing events and opportunities that supports and develops a networking channel for our integrated leaders including keeping in touch activity between events. • Lead – OD / Culture Specialists • Critical Contributors – ELT, SLT	The ILT programme attendance is monitored, and results collated to evaluate if members are engaged, and the reports shared to support	From November 2023	

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
Signed up – Employers.Informed –Workforce	members to influence and plan the programme agendas.		
Deliver engagement sessions and a consultation exercise to inform a sustainable Action Plan, which is reflective of the workforce views for the Equality Diversity and Inclusion interim workplan. • Lead – Louise Radcliffe • Deputy Leads – • Critical Contributors – Jennifer Rezendes, Service leads, Paul Dundas, Elric Honore, FCHR • Signed up – SLT, ELT • Informed – Workforce	The action plan will capture the workforce views and the data will be used in the EDI workplan.	September 2024	
Strategic / Operational Goal:			

Implement learning from our workforce about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.

To build on the Year 1 Plan by reflecting on the	To deliver an Action Plan	May 2024
staff engagement campaign and action plans	that aims to build and	
collated by analysing the data and comparing the	surpass the numerical total	
local picture nationally and use this to inform an	reached in this year one	
Action Plan that supports improving engagement	campaign and provide	
across the workforce with reduced in-person	detail on the impact of	
promotional activity.	reduced in person	
• Lead – Diane Roth	promotional activity.	
	staff engagement campaign and action plans collated by analysing the data and comparing the local picture nationally and use this to inform an Action Plan that supports improving engagement across the workforce with reduced in-person promotional activity.	staff engagement campaign and action plans collated by analysing the data and comparing the local picture nationally and use this to inform an Action Plan that supports improving engagement across the workforce with reduced in-person promotional activity. that aims to build and surpass the numerical total reached in this year one campaign and provide detail on the impact of reduced in person

What actions are required	How will we know if it's successful	Timescale	Leads updates and RAG (February and May)
 Critical Contributors – NHS iMatter Team, SLT Signed up – Service leads Informed – Workforce 			
Strategic / Operational Goal:			
Ensure a nurturing workplace culture is at the hear	t of strategic and policy decisi	on-making for	ums.
Develop the Partnership Wellbeing Group to implement an integrated Partnership approach to the mental health and wellbeing of the workforce. • Lead – Rhona Waugh / Dr Frances Baty • Deputy Leads – Elizabeth Crighton • Critical Contributors – Elaine Jordan, Jacquie Crooks • Signed up – SLT, Operational Leads, Team managers • Informed – Workforce	The group will provide qualitative data relating to the reach across the integrated workforce and to provide analysis and data relating to impact on the workforce.	August 2023	
Deliver a consultation process about the integrated Partnership Wellbeing Framework to ensure the workforce views are captured and any actions addressed prior to the framework launch. • Lead – Rhona Waugh / Dr Frances Baty • Deputy Leads – Sharon Docherty • Critical Contributors – Health Promotion Team, Wellbeing Group • Signed up – SLT, Operational Leads • Informed – Workforce	The framework will have considered the workforce views, with measurable information showing the outcomes from the evaluated consultation exercise and shared across partners.	November 2024	

The Co-design group and leads for the Year 2 Plan

Andy Summers	Head of Adult Health Psychology		
Audrey Valente	Chief Finance Officer		
Brian McKenna	HR Manager NHS		
Caroline Bruce	Service Manager Adult Services Resources		
Chris Moir	Head Children & Families & Criminal Justice / Chief Social Work Officer		
Dafydd McIntosh	Organisational Development & Culture Specialist		
Dawn Adamson	Service Improvement Officer		
Diane Roth	Organisational Development & Culture Specialist		
Doreen Young	Head of Practice and Professional Development, Nursing Support		
Dr Frances Baty	Consultant Clinical Psychologist Director, Fife Psychology Service		
Elaine Jordan	HR Business Partner Fife Council		
Extended Leadership Team (ELT)	All Direct Reports to SLT		
Fi Williams	Team Manager (Digital Skills & Learning), Fife Council		
Fiona McKay	Head of Strategic Planning, Performance and Commissioning		
Hazel Williamson	Internal Communications Advisor		
Heather Bett	Senior Manager, Childrens Services Projects		
Human Resources	HR Fife Council and HR NHS		
Jacqueline Drummond	Consultant forensic psychiatrist, Psychiatry		
Jacqui Crooks	Workforce Development Lead Officer HR		
Jacquie Stringer	Locality Planning Co-ordinator		
Jennifer Rezendes	Principal Social Work Officer		
Karen Cassie	HR Advisor Fife Council		
Karen Marwick	Home Care Service Manager		
Karen Wright	Clinical Services Manager - Specialist In-Patient and Out-Reach		
Kenny Murphy	Chief Executive Fife Voluntary Action		

Lee Cowie	Clinical Services Manager, Child/Adolescent Mental Health
Leesa Radcliffe	Clinical Services Manager
Leigh Donnelly	HR Advisor Fife Council
Linsey Gilmartin	Lead Officer Fife Council Workforce Youth Investment
Lisa Cooper	Head of Primary and Preventative Care
Louise Radcliffe	Organisation Development and Culture Specialist
Lyndsey Dunn	Community Flow/Delayed Discharge and Integrated Hub Manager
Lynn Barker	Associate Director of Nursing
Lynne Garvey	Head of Integrated Community Care Services
Lynn King	Workforce Development Lead Officer HR
Michelle Williamson	Clinical Service Manager
Nicola Harris	Fife Council HR Lead Officer
Olivia Robertson	Head of Nursing
Paul Dundas	Independent Sector Lead Scottish Care
Rachel Duff	HR Adviser Fife Council HR
Rhona Waugh	Head of Workforce Planning & Staff Wellbeing NHS
Rona Laskowski	Head of Complex and Critical Services
Roy Lawrence	Principal Lead for Organisational Development & Culture
Ruth Bennett	Health Promotion Manager
Senior Leadership Team (SLT)	All Direct Reports to the Director
Sharon Docherty	Consultant Clinical Psychologist
Stephen Smith	Project Manager (Trauma Informed Practice)
Tanya Lonergan	Head of Nursing
Trade Unions	Eleanor Haggett and Debbie Fyfe – Fife Council
Workforce Youth Investment Team	Fife Council HR



Meeting Title: Integration Joint Board

Meeting Date: 24 November 2023

Item No: 7.1

Report Title: Transformation: Care at Home Review

Responsible Officer: Lynne Garvey: Head of Service

1 Purpose

The report is to ensure members of the Integration Joint Board are well informed on one of the key areas of transformation: Care at Home Review and to note the scrutiny and rich discussions at IJB Committees.

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

The report aims to set a structure to improve outcomes for the people of Fife with specific reference to the following health and wellbeing outcomes:

- 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.
- 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.
- People who use health and social care services are safe from harm.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to the Integration Joint Board Strategic Priorities:

- Integration
- Wellbeing
- Sustainable

2 Route to the Meeting

The development of this transformation has been discussed at multiple meetings of the Integration Joint Board including:

- Development Sessions Throughout 2023
- Quality and Communities Committee 2 November 2023
- Finance, Performance and Scrutiny Committee 10 November 2023
- Local Partnership Forum Development Session 10 November 2023

- Combined Committee 15 November 2023
- Local Partnership Forum 21 November 2023

3 Report Summary

3.1 Situation

The Integration Joint Board is being asked to discuss the transformation of Care at Home Review and be assured that ongoing discussions are actively taking place to support a whole system consideration of this proposal. The Board are also asked support the strategic direction of this proposal and direct the Senior Leadership Team to continue to work with partners to operationalise the model.

3.2 Background

In March 2023 the Integration Joint Board approved the Strategic Plan for 2023–2026. This plan has the modernisation and transformation of health and care services at its core. The strategic plan is supported by 9 transformational strategies including the home first strategy approved in July 2023 which clearly outlines this area of transformation. Transformation is core to both the Medium-Term Financial Strategy and the Workforce Strategy all of which are approved by the Integration Joint Board.

In March it was agreed that a further report would be brought on the larger areas of transformation which includes the Care at Home Review.

This area of transformation was identified as it was noted that there was a large number of packages of care which required the support of two carers at each visit (double-up care). The benefits of this redesign to use technology and equipment to enhance a model of single- handed care which will also deliver best value, reduce footfall in people's homes and support the health and safety of the individual, carers and staff.

3.3 Assessment

This model recognises the important value of delivering care that is tailored to meet the needs of individuals in their own home. It also recognises the that current model of double-up care is challenged as currently in Fife there are a high number of service users who require double-up packages of care due to moving and handling considerations associated with specific prescribed equipment. This has considerable cost implications and creates logistical issues where two carers are required to travel and attend to the service user on each visit.

The proposed transformation will move to a single-handed care model in Fife (where assessed as appropriate for a person's care needs). To do this there will be a requirement to enhance the current NHS and Fife Council moving and handling training to include staff training for advanced or specialist equipment and ensure all changes for individuals are based on robust and comprehensive risk assessments. Support for this model will be required by investing in specialist equipment, technology and environmental adaptations.

Appendix 1 succinctly describes the current service, the case for change, current issues, future vision, how we will make that vision a reality, the impacts (based on EQIA and Workforce), key risks and how they are being mitigated and the next steps. This work has been discussed and scrutinised at the Integration Joint Board Committees and key feedback is detailed in the following sections of this SBAR.

3.4 Quality/ Customer Care

The Quality and Communities Committee explored this proposal in detail at the meeting in November 2023 with a specific focus on the impacts of this proposal on quality of care and people's experience.

The key areas the committee explored in relation to this were:

- Recognising the high demand for double-up packages of care within
 the community and in recent years there has been innovative advances
 in equipment, moving and handling techniques and person-centred
 assessment of individual moving and handling needs. These advances
 ensure the person receives the right amount of care and treatment
 whilst also reducing the number of people to undertake specific tasks
 creating additional capacity across the whole system and utilising staff
 resources and time.
- The committee explored the benefits including- that the model ensured better outcomes for people in terms of people being able to decide the way their care is delivered whilst also reducing the number of carers entering people's homes. There will be an increase in the continuity of carers visiting people and ability to develop therapeutic relationships. All of this will lead to improved level of satisfaction for both people receiving care and carers. The wider benefits that were discussed included; utilising resources more efficiently and effectively and being able to provide a more flexible service. This will ensure that we can facilitate more timely discharges from hospital and reduce hospital delays. The cost of delivering double-up packages of care with less travel time and meet ups for care staff was also welcomed by committee members.
- The project structure for the implementation of Home First has in place work to support locality needs assessment, engagement stakeholders in the plan for single handed care and working with partners to support the commissioning of care at home.
- The benefits explored in more depth around improving outcomes for people included; reducing the number of carers entering people's homes' therefore more continuity of carers and therapeutic relationships with families feeling involved and engaged.
- The enabling workstream of Home First will provide leadership and direction to ensure participation and engagement is built into the development of the re-imagined models of care.

There was unanimous support from the Quality and Communities Committee for the progress of this work and to recommend this to the Integration Joint Board. The Committee recommended having a succinct description of case to support any report being presented to the Integration Joint Board.

At the Combined Committee this SBAR describing the feedback from the Quality and Comminutes Committee was discussed and there was no additional quality of care considerations highlighted. The Combined Committee commended the attached appendix as providing a clear description of the transformation and recommended this be progressed to the Integration Joint Board.

3.5 Workforce

This transformation was discussed with the Local Partnership Forum in August and in November 2023.

- The value in modernising the service to support staff recruitment and retention and to promote staff wellbeing and health and safety was discussed and seen as a positive factor.
- The was rich discussion and it was reiterated how important it is to ensure staff side and trade unions are actively engaged. It was noted that all key partners are involved in this work including; : Fife Council, NHS Fife, Independent and Third Sector. Any changes for staff will be managed in line with organisational change policies and procedures to support strong staff governance and promote staff wellbeing. Staff are actively involved in all of the discussions and planning and there is trade union representation on many of the Home First Oversight Group which is both leading and overseeing the delivery of this work.
- The LPF members re-emphasised that the need for 2 carers to be scheduled involving travelling long distances was having negative impacts on staff wellbeing therefore this change in practice and any work to overcome this is welcomed.
- Trade Union Stewards will be invited onto groups that are involved in moving this workstream forward.

At the Development Session, Local Partnership Forum supported the next steps to progress this work and would value specific staff related communications which will be explored more fully through the workforce work stream of this project. There was also some representation from LPF at the Combined Committee who described the strong engagement and inclusive approach with workforce which is in place to support this transformation. The opportunity to expand this within the Independent Sector was discussed and is going to explored further between the Head of Service, Joint Trade Unions and Independent Sector Lead, which was agreed to be helpful in supporting our integrated approach to workforce.

3.6 Financial

Finance and performance were discussed at both the Finance, Performance and Scrutiny Committee and the Combined Committee. Discussion points included:

- Key performance indicators will monitor reduction in number of double-up packages of care including; reduction in associated staff travel costs, reduction in delayed discharges, financial savings, and a qualitative measure considering experience of people receiving care, carers and staff.
- Both Committee's discussed investment which will be required to purchase and maintain advanced equipment, technology and environment adaptations. Although some scenarios have been developed, further

modelling is required based on individual assessments of an individuals needs to quantify the level of investment required.

- The benefits that will by realised for individuals, families, and carers have been described throughout this paper. In addition, by delivering best value and remodeling our services it will generate a cumulative total recurring saving of £2m between 2023-2026 aligned to our Medium-Term Financial Strategy.
- The following table illustrates working financial projections:-

	2023/24	2024/25 20% Reduction	2025/26 40% Reduction
	£m	£m	£m
No. of Current Double-Up Care Packages	680		
Currernt Expenditure - 'second' carer providing double up - Internal & External Provision	8.860		
Potential reduction in second carer requirement - Staffing costs		-1.772	-3.544
Cost of equipment - delivery, storage, drivers, fuel, van lease		0.116	0.232
Investment - Cost of purchase of equipment		0.656	1.312
Overall Net Saving Delivered		-1.000	-2.000

- The projected financial savings to be realised from this project are currently based on estimates and will be further refined as modelling progresses. There are currently 680 double-up packages of care being delivered across Fife. If 20% of these care packages can be delivered by a single carer, supported by technology/advanced equipment in a safe manner by March 2025, approx. £1m of recurring financial savings will be realised. If this increased to 40% this could realise approx. £2m. These estimates are net savings after investment (equipment etc). The quantity of investment will vary depending on each individual's needs, however the equipment will be fully refurbished and recycled to enable full ultilisation over its life cycle.
- Members of both the Finance, Performance and Scrutiny and Combined Committees recognised that this supports our triple aim of improving experience of care, improving access to health care for the population and demonstrating best value of available resources.

Both the Finance Performance and Scrutiny Committee and Combined Committee supported the progression of this work. The Committee's welcomed

the focus of this change being on transforming care for people and the financial elements being a benefit, rather than the only driving force for this.

3.7 Risk/Legal/Management

All 3 Committees; Finance, Performance and Scrutiny, Quality and Communities and Combined Committee recognised the risks associated with not taking action as well as the risks associated with the delivery of a large-scale transformation programme.

- The risks related to not progressing with the transformation of Care packages are that we will not be able to meet our future vision described in appendix 1 this brings reputational risk associated with failure to deliver care in the community and poorer outcomes for people. It will also result in the need to continue to rely on an outdated model which is overly reliant on workforce rather than making best use of available modern technology and equipment. The footfall in people's homes was discussed in all committees and agreement reached that by not taking action this will not be reduced and moreover there will be an inability to modernise our services to support the capacity we need for the future and demonstrate best value of public resources.
- Assurance was provided to Committee that there is a risk register in place
 within the Home First Strategy Implementation Programme and that these
 risks will be monitored and if the risks were ever to escalate beyond being
 managed by the Board or Senior Leadership Team that they would be
 escalated to the Board.
- The Finance, Performance and Scrutiny Committee also explored the risks of finance and reputation and in doing so discussing the opportunity in both releasing resource to both reinvest in the future model and also demonstrate best value.
- The Combined Committee recognised a reputational risk to the Partnership of not fully engaging with individuals, carers, families and workforce throughout this change process. There was a number of helpful suggestions on ways to engage for the Project Team to consider gaining maximum impact e.g. a video of equipment in use to provide a visual to any individual who may be assessed as a potential to use new technology/equipment.
- The monitoring framework in place to monitor and manage the key performance indicators of the project and to report to committee on the ongoing implementation of this project over a three-year period would also enable regular oversight of delivery through the Finance, Performance and Scrutiny Committee.

3.8 Equality and Diversity, including Health Inequalities

At the Quality and Communities Committee and Combined Committee consideration was given to equality diversity and health inequalities.

There was a full discussion regarding Fife-wide delivery ensuring equality and equity of care. The positive impact on environment by reducing carbon emissions from vehicle travel was noted. Dignity of individuals will be

paramount, and their human rights will be at the forefront of this model, ensuring their independence and wellbeing are supported. Carer, requirement and potential impacts on their health and wellbeing, as well as their capacity to undertake their caring role, are considered in all planning and service changes with a commitment to continue to actively seek carer involvement. Involving families and carers in any decisions that will be taken will ensure people and their families will be supported to make informed decisions about their care.

The Committee explored health and safety recognising the risks of manual handling and the importance of safe use of equipment and technology. A robust training plan will be in place to support the safe use of equipment by staff, carers and the people receiving care.

The Combined Committee further explored health and safety and in particular the need for an inclusive manual handling training programme ensuing both internal and external staff are fully trained and ready to use all equipment. This will be advanced in partnership with our Independent Sector.

The Combined Committee also explored the importance of services being joined-up around the needs of individuals. Examples include; the strong connections between social care services and housing support. Many types of equipment will not require any housing adaptations however there are strong pathways in place to support the assessments of individuals to support their needs, preferences and choice.

Quality and Care assurance is critical and the Committee heard from both the Head of Service and Professional Leads how new ways of working complies with quality standards and that professional leads are supportive of developments with oversight of quality. Appendix 1 highlights the key impacts in relation to individuals receiving care; carers, inequalities and workforce.

3.9 Other Impact

Environment: Reducing carbon emissions from reducing travel requirements resulting from reduced travel to support double-up care.

3.10 Communication, Involvement, Engagement and Consultation

- This project has been discussed operationally with the Chief Executives and Directors of Finance throughout 2023 at the joint meetings, updates have been given through tripartite meetings also between the IJB, NHS Fife and Fife Council.
- Discussion with Council Leader and Health and Social Care Spokesperson.
- Discussion with NHS Fife Executive Directors.
- Discussion with Principal Social Work Officer.
- IJB Development Sessions in 2023.
- Development Sessions of Local Partnership Forum in August and November 2023.
- Quality and Communities Committee 2 November 2023.
- Finance, Performance and Scrutiny Committee 10 November 2023.
- Combined Committee 15 November 2023.

- Local Partnership Forum November 2023.
- Further participation, engagement and consultation with the population planned as the next stage in progressing this transformation.

4 Recommendation

The Integration Joint Board is asked to:

- Discuss the proposed Transformation of the Care at Home Review.
- Take assurance from the work done to develop the model and the scrutiny undertaken at the Quality and Communities Committee, Finance, Performance and Scrutiny Committee, Local Partnership Forum and Combined Committee.
- Agree the proposed model and support the Senior Leadership Team to operationalise the model with partners and provide an updates to the Finance, Performance and Scrutiny Committee through the reports on transformation and regular financial reporting.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 – Overview of Transformation: Care at Home Review

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& Social Care
Partnership

Supporting the people of Fife together

Transformation:

Care at Home



Introduction

Fife Integration Joint Board is committed to delivering the priorities and aims of Fife Health and Social Care Strategic Plan.

The actions we will take over the next three years will support the transformation of services aligned to these priorities.

Care at Home review is one of our areas of transformation.

We will focus on future care planning and supported self-management and personalised care which helps people to remain as independent as possible at home ensuring our services continues to be safe, personcentred and inclusive.

This transformation work will deliver value based health and care services making best use of our resources to be sustainable now and into the future.

Lynne Garvey, Fife Health and Social Care Partnership.



1. An Overview of Current Service

Care at Home provides personalised care and social support so people can continue to live healthier lives at home or to return home or to a homely setting after admission to hospital.

As well as improving the quality of life for the individual, it helps people retain their independence with the right level of care and support tailored to their needs.

The Care at Home service aims to provide timely provision of quality social care which is efficient and effective to support people at home.

The scope of the Care at Home Review is closely aligned to the Home First Strategy and will implement a new model for packages of care delivery in Fife.



2. Current Issues

Currently in Fife, there are a high number of people who require double-up packages of care due to moving and handling considerations associated with specific prescribed equipment.

A double-up package of care is where two carers undertake the delivery of the required care to the person in their own home on each visit. This has considerable staffing and cost implications and creates challenges with organising and planning care to enable two carers to travel and attend to each person's home at the same time. We need to explore new models of care which is less dependent on double-up packages to continue to develop care service whilst also ensuring people's safety when moving and handling.

One of the key challenges facing the Care at Home Service is the high demand for double-up packages of care within the community. This ongoing demand impacts on staffing and reduces the availability of care packages which can contribute to delays in hospital discharge and impacts on peoples care journey (often referred to as whole system flow). It is well known, that Fife along with the rest of Scotland is facing a growing, ageing population, which in turn will increase demand for the services we provide across the whole of the health and social care sector. Projections show the number of people over age 75 will increase by 31% by 2028 and 74% by 2043. We need to embrace different ways of working to support an increased number of people in their own homes and to meet more complex needs at home.

We need to continue to provide care at home for people despite increasing costs across the health and social care services and the wider economy. To achieve this we will expand the use of technology enabled care and equipment which will help to develop and modernise our service further.

Our workforce is our greatest asset. We need modernise our care at home service to reduce the duplication of work, to better plan our services and to support the recruitment and retention of staff.

The Service has already undertaken significant improvement work to enhance current service provision. For example, the planning for a person's discharge now starts at the point of initial admission with the aim of organising appropriate ongoing care ahead of their planned date of discharge. This is helping ensure people experience less delay in their care journey.

Overall, we need to build on this good work to ensure our service continues to be flexible and responsive to people's need to address the challenges we face and make best use of our resources.



3. Future Vision

Fife's current model for people that require a package of care supported with moving and handling equipment is dependent on double-up packages of care which reduces the availability of care packages, contributes to delays in hospital discharge and impacts on whole system flow.

With innovative advances in equipment, technology and moving and handling techniques, for example, overhead hoisting (which can be used to move and turn people in bed) and in-bed positioning systems, there is an opportunity to consider changing from double-up packages of care to a single-handed care model where appropriate.

Single-handed care is a person-centred assessment of an individual's moving and handling needs which is delivered by one person supported by technology or advanced equipment where required. This ensures that the person receives the right amount of care and treatment and that it's provided safely in the correct environment whilst reducing duplication and utilising staff resources and time better. This will help the service to be even more person-centred by reducing manual handling enabling us to provide more

proportionate care.

The new model for delivering care at home packages will also support our capacity across the whole system and this will help us further reduce delays in people's care journey.

This transformation project is about making the best use of our resource including the skills and experience of our workforce in Fife to support better outcomes for people and reduce the number of carers entering people's homes. This will increase the continuity of carers visiting people and improve therapeutic relationship increasing the level of satisfaction for both people receiving care and carers which in turn will better promote the opportunities for families and carers to be engaged in decisions around care provision.

The future vision will improve access to Care at Home packages by moving to a single-handed care model in Fife. Working closely with NHS Fife and Fife Council, Third and Independent Sector we will work together across organisations, to ensure people assessed as needing social care will receive consistent, equitable and quality care.

To support safe care delivery, we will modernise moving and handling training to include this new technology and advanced equipment. We will implement robust and comprehensive risk assessments and support the required environmental adaptations. All of this will support health and safety for staff, carers or cared-for people no matter how complex their needs, where in Fife they live or which provider delivers the service.



4. Making this Vision a Reality

In transforming the care at home double-up packages we will:

- Modernise care delivery for individuals with more complex or higher level care needs that require double-up care
- Provide a more flexible service which makes best value of our resources and gives us increased capacity to meet future demand
- Undertake individualised assessments of people's needs and engage with people currently receiving care, their families and carers on an individual basis regarding this new model
- Reduce the number of people receiving doubleup packages of care where it is safe and appropriate to do so by investing in new technology and equipment which increases choice and promotes independence and support for people, families and carers

- Enhance the person-centred assessment
 of individual moving and handling needs which
 will ensure the person receives the right care
 and treatment in accordance with
 assessed need
- Improve the quality of people's experience ensuring the person at the heart of all decisions with increased continuity of carer support
- Work with both Fife Council and Independent Sector services to design this model recognising the significant contribution of all care sector staff in delivering care at home to the people of Fife
- Implement a performance framework which will monitor reduction in number of doubleup packages of care, reduction in associated staff travel costs, reduction in delayed discharges, financial savings and monitor the experience of people receiving care, carers and staff.

By transforming care at home there will be a range of benefits to patients, families and carers including:

- Better outcomes for people
- Reduce the number of carers entering people's homes
- Increase in the continuity of carers visiting people supporting improved therapeutic relationships
- Improved level of satisfaction for both people receiving care and care giving staff
- Increase in opportunities for family to be engaged in decisions around care provision
- Release capacity and improve whole system flow
- Provide a more flexible service
- Facilitate more timely discharges from hospital and reduce hospital delays
- Reduce the cost of delivering double-up packages of care

- Safe, efficient services for the people who need care at home
- An enhanced, better-skilled and resilient workforce



5. Delivery of the Transformation - Impact

Consideration has been given to the Equality Impact Assessment and the impact this transformation will have on individuals, families and carers receiving care at home double-up packages of care.

Individuals and Families

- Individuals and their families will be involved in the assessments and to support personalised plans of care
- The use of equipment will reduce manual handling which is a protective factor for their health and wellbeing
- All reviews will be based on individual needs taking into account rights, preferences and protected characteristics
- This work will enable people to live well at home promoting their independence and wellbeing
- Dignity of patients will be paramount, and their human rights will be at the forefront of this model, ensuring their independence and wellbeing support the ability to promote recovery

Carers

- Patient, family and carers will be fully involvement to support a shared understanding to allow informed, mutually agreed decisions to be made
- Carers assessments will be core to this work to understand potential impacts on their health and wellbeing
- Any equipment that may be used by carers will require training to support health and safety
- The use of equipment will reduce manual handling for carers which is a protective factor for their health and wellbeing
- Ensure 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 service changes

Supporting Equality

- Ensure Fife residents have access to services no matter where they live
- The service will be delivered based on people's assessed needs therefore supporting inclusivity and equity of approach and the delivery of personalised care
- Reducing manual handling can bring benefits to individuals with specific health and care needs and it can often be less intrusive
- The use of technology may require adaptations in people's homes and these will assessed and discussed based on individual needs

Environmental

 Reducing carbon emissions from reducing travel requirements resulting from reduced double-up care

Workforce

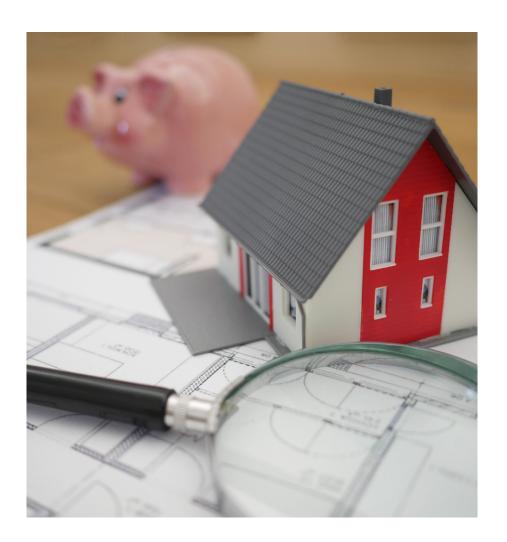
- The use of equipment will reduce manual handling for staff which is a protective factor for their health and wellbeing
- Staff and trade unions are actively engaged throughout the development and delivery of this project
- Throughout this project we will develop career pathways and enhance our integrated working
- All key partners including; Fife Council, NHS
 Fife, Independent and Third Sector are involved
- Any changes for staff will be managed in line with organisational change policies and procedures to support strong staff governance and promote staff wellbeing

6. Delivering this Transformation

This project proposes changes to the delivery of doubleup packages of care at home in Fife. The work outlined in this transformation proposal will be delivered over three years, commencing 2023.

Investment will be required to purchase and maintaining advance equipment, technology and environment adaptations and this will be assessed based on individuals needs.

The benefits that will by realised for individuals, families, and carers have been described throughout this paper. In addition, by delivering best value and remodelling our services it will generate a cumulative total saving of £2m. This supports our triple aim of improving experience of care, improving access to social care for the population and demonstrating best value of available resources.



7. Risks

With any proposal or transformational change there are associated risks, this project is no different. We have a clear process in place to both identify and appropriately address the risks which include both the risks of not modernising services and the risks specific to the project.

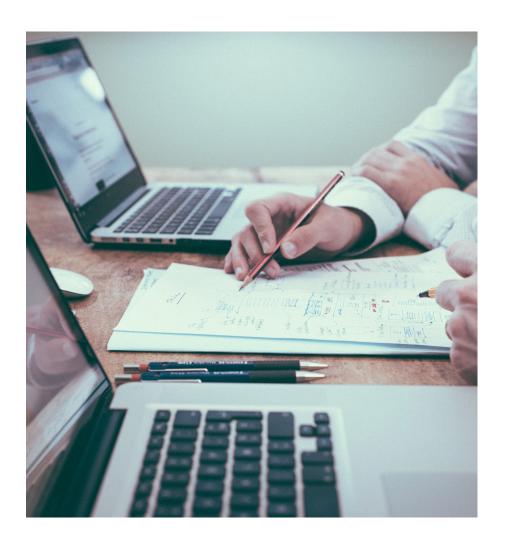
The risks related to not progressing with the transformation of Care packages are that we will:

- Not be able to meet our future vision described in section 3 this brings reputational risk associated with failure to deliver care in the community and poorer outcomes for people
- Continue to rely on an outdated model which is overly reliant on workforce rather than making best use of available modern technology and equipment
- Not reduce the footfall in people's homes
- Not modernise our services to support the capacity we need for the future
- Demonstrate best value of public resources

The other risks associated with the delivery of the project include:

- Sufficient capacity to lead this change project management support has been put in place
- Supporting people to understand the need for change - Consultation will be undertaken on an individual basis with people receiving care and their carers and families
- Ensure the provision of adequate care at home provision is sustained and that we realise a reduction in footfall within people's homes. This will be addressed through the monitoring of the performance framework to monitor data and experience
- Unable to capitalise on more efficient equipment and techniques which given the anticipated future demand would result in an increased risk of moving and handling injuries. Available equipment has been scoped, learning is being taken from other areas that have implemented this model and personal engagement with people will support an understanding of benefits of this approach

- Workforce risk specifically in recruitment and retention of key staff. This model is both less dependent on workforce which makes best use of available staff both now and in the future. Less manual handling and delivery of a modernised service is also positive for current and future workforce. Organisational change will be managed as described in the impact section.
- Financial benefits associated with this transformation project may not be made in full. This model is the right thing as we need to modernise our care at home service. Any benefits, including financial will be monitored and reported as this project continues.



8. Next Steps

We will continue to have ongoing discussion and collaboration with the people who currently receive double-up packages of care, their carers and families. We will also continue discussion with colleagues in Fife Council, Independent and Voluntary Sectors and NHS Fife as partners in the delivery of Health and care in people's homes.

There will be tests of change and differing models developed on a locality by locality basis, so change will happen throughout the duration of the project. Initial activities have been identified to commence this workstream, such as:

- Agree definition of Single Handed Care
- Asses the current packages of care provision
- Reduce the need for double-up packages of care
- Workforce impact analysis

Further activities and associated timescales will be identified as the work progresses to avoid unintended consequences.

This project may also work in tandem with other transformational projects within the Community Care Services portfolio and / or wider Partnership.





Meeting Title: Integration Joint Board

Meeting Date: 24 November 2023

Item No: 7.2

Report Title: Transformation: Reimagining the Third Sector

Responsible Officer: Fiona McKay: Head of Strategic Planning,

Performance and Commissioning

1 Purpose

The report is to ensure members of the Integration Joint Board are well informed on one of the key areas of transformation: Reimaging the Third Sector to support discussion and scrutiny of this proposal.

The report aims to set a structure to improve outcomes for the people of Fife with specific reference to the following three health and wellbeing outcomes:

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

This Report Aligns to the Integration Joint Board Strategic Priorities:

- Integration.
- Sustainable.
- Outcomes.

2 Route to the Meeting

The development of this transformation has been discussed at multiple meetings of the Integration Joint Board including:

- Development Sessions throughout 2023
- The phase 1 report has also been discussed at the strategic planning group and the IJB in September 2023.
- Quality and Communities Committee 2 November 2023
- Finance, Performance and Scrutiny Committee 10 November 2023
- Local Partnership Forum Development Session 10 November 2023
- Combined Committee 17 November 2023
- Local Partnership Forum November 2023

3 Report Summary

3.1 Situation

The Integration Joint Board is being asked to discuss the transformation of Reimagining the Third Sector: Phase 2 and be assured that ongoing discussions are actively taking place with the Third Sector.

The Integration Joint Board is also asked to support the strategic direction of this proposal and direct the Senior Leadership Team to continue to work with partners to operationalise this work.

3.2 Background

In March 2023 the Integration Joint Board approved the Strategic Plan for 2023-2026. This plan has the modernisation and transformation of health and care services at its core. The Strategic Plan is supported by other strategies that are highly relevant to this work including the Medium-Term Financial Strategy which outlines the commissioning approach to developing Third Sector; the Workforce Strategy and Plan highlights how we will continue to work in partnership with employers across the statutory, third and independent sectors. There is therefore synergy in this work from the IJB overall Strategic Plan to the supporting underpinning strategies.

As defined in the Strategic Plan, within Re-imagining the Third Sector we will develop an outcome focused approach to commissioning, incorporating gap analysis which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities and local needs.

A full report was taken to the Integration Joint Board in September 2023 outlining completion of phase 1 of this work aimed to demonstrate a deep understanding of the range of activities provided by our Third Sector, define service level outcomes, gain important insights and identify where meaningful adjustments can happen to enable more effective collaboration. The next phase of this work will look to prioritise and co-design tools and guidance to enable and evaluate positive changes following implementation of new processes.

This report builds on this work and describes the further work that is being explored in progressing the reimagining work and support from IJB is sought to enable preparatory work to continue ahead of 2024-2025.

3.3 Assessment

This model recognises the value of Third Sector and supporting implementation of our Strategic Plan, Commissioning Strategy and Medium-Term Financial Strategy:

- This programme is a follow on from the initial work carried out in conjunction with the Third Sector looking at a re-alignment of programmes to meet our changing needs since covid. Consideration of shared services eg back-office costs and office sharing to reduce overheads.
- We also wish to consider options for change can we maximise the use of our third sector providers to deliver on our behalf and to what extent do they have the capacity to do this. We will consider recommissioning of services between partners to maximise opportunities to reduce unnecessary costs.
- We need to consider our monitoring and evaluation framework to ensure best value and qualitative and qualitative data to evidence this via service level agreements and our Strategic Plan.

 Review reserves for organisations who have significant reserves that are over their organisations reserves policy as set down in their governance structures linked to OSCR (Office of the Scottish Charity Regulator).

Appendix 1 succinctly describes the current service, the case for change, current issues, future vision, how we will make that vision a reality, the impacts (based on EQIA and Workforce), key risks and how they are being mitigated and the next steps. This work has been discussed and scrutinised at the Integration Joint Board Committees and key feedback is detailed in the following sections of this SBAR.

3.4 Quality/ Customer Care

The Quality and Communities Committee explored this proposal in detail at the meeting on 2 November 2023 with a specific focus on the impacts of this proposal on Quality of Care and Peoples Experience.

The key areas the Committee explored in relation to this were:

- Improving our approach to commissioning third sector activities will help us to meet the growing needs of the Fife population within the constraints of our financial envelope.
- The Project promotes greater collaboration with third sector delivery partners, this will enhance the quality and standard of care that we can provide.
- The Project Steering Group is already established and reports directly to the Partnership's Senior Leadership Team.
- There will be a positive impact that people who receive services will be monitored and receive them in a timely manner to allow support in the community to be a focus on prevention.
- Improved outcome-focussed monitoring will ensure that service users receive the care that they need, when they need it. This reduces the potential risk of under-provision (or over-provision) of services and supports ongoing safety for individuals, and their carers.
- Each Service Level Agreement (SLA) will be aligned to the Partnership's strategic priorities, outcome focused, and sit within a robust monitoring process.
- Services can be tailored to meet the specific needs of individuals, their families and carers.
- This approach promotes the rights of individuals and ensures that people are treated with dignity and respect.

There was support from the Quality and Communities Committee for the progress of this work and to recommend this to the Integration Joint Board. The Committee also welcomed having succinct information presented which supported the key points to be highlighted supporting a rich discussion and that this is the approach that should be progressed to the Integration Joint Board.

The Combined Committee discussed this proposal on 17 November 2023 and supported the approach to review premises with the value not only being potential financial benefits but also to increasing relationships and supporting integration and interconnectivity between services, particularly at a locality level.

There was support from our Third Sector Lead around the benefits of alignment to the Health and Social Care Partnership objectives and to collaborate better

both across third sector agencies and also between public and the third sector to better support people's journeys.

A key benefit could also be the modernisation of how agencies connect with data and information sharing. Another related priority was being able to share information so that there can be connections into the Health and Social Care Partnership and On Your Doorstep websites. This means that no matter where people access our services we have consistent information which will be transformational.

3.5 Workforce

This transformation was discussed with the Local Partnership Forum through development sessions in August and November 2023. There will continue to be strong engagement with the Third Sector as this work progresses as evidenced in phase 1 or the work it is anticipated that:

- Improvements to the SLA and commissioning process will support the workforce in their roles, build capacity, knowledge and skills.
- Strengthening and streamlining processes around the completion of service level agreements and monitoring arrangements will have a positive impact on the following roles: HSCP Contract Link Officers with the potential of the project to improve working practices, streamline process, and reduce workload pressure. Locality Planning Groups/ Strategic Improvement Groups with Access to improved information to inform priorities and direct resources more appropriately; Third Sector Staff to feel more connected and linked into commissioning process; Social work staff/ Local Area Coordinators with improved information about services operating in their areas.
- Strong collaboration will continue to support this valued workforce who are also recognised within the Health and Social Care Workforce Plan and key to the delivery of Health and Social Care in Fife.

At the Combined Committee there was discussion regarding the recruitment challenges within the Third Sector including volunteers and the value in supporting even greater alignment through the Workforce Strategy. It was noted that by making some of the changes planned this would be transformative for staff and how services can be accessed.

3.6 Financial

Finance was discussed at the Finance, Performance and Scrutiny Committee and the Combined Committee. Discussion centered around:

- The key performance indicators including both financial and non-financial areas of performance. This will be overseen through the project board and will be included in future reports on this transformation to Committee.
- The current spend is £12m per year with the third sector the cost of a worker to phase 2 of this project was therefore considered a minimal additional cost.
- Encouraging and supporting organisations to share their resources, skills, and expertise (where appropriate) will potentially reduce costs for the organisations involved and for the Partnership.
- By delivering best value and progressing phase 2 of this work, the benefits defined in the Medium-Term Financial Strategy will be realised.

- Our Commissioning Strategy 2023 to 2026 includes a commitment to community wealth building, including progressive procurement which identifies opportunities to increase the supply chain of local enterprises and increases local spending to create jobs.
- This produces a multiplier effect which in turn creates additional jobs via increased demand for local goods and services. By working in partnership with local businesses and communities we can develop inclusive and resilient local economies, whilst simultaneously reducing deprivation and poverty.

The Committee recognised that this supports our triple aim of improving experience of care, improving access to health care for the population and demonstrating best value of available resources.

The Combined Committee explored the potential opportunities within backoffice costs and the great value that alignment can be achieved and there are example of hubs in place that may also help inform a future model. By piloting this we will be able to learn lessons and consider how this is best scaled up.

Both Committee's supported the progression of this work to the Integration Joint Board..

3.7 Risk/Legal/Management

All Committee's; Finance, Performance and Scrutiny, Quality and Communities and the Combined Committee, recognised the risks associated with not taking action as well as the risks associated with the delivery of a large-scale transformation programme.

- There is a risk associated with implementing a new Service Level agreement and Monitoring Process which will require active engagement, discussion and phased roll out to support a shared understanding, deliver well and keep people engaged in the change.
- A risk that will also need to be mitigated in this process is ensuring that the
 templates and framework help address barriers to collaborative working or
 partnership arrangements between providers (eg, IT systems, data
 sharing arrangements, governance, referral systems, forums, performance
 arrangements) otherwise it may impact on the ability to achieve key project
 objectives and new service delivery models.
- This project is cognisant of some of the national changes that may come from the Review of the National Care Service and what that may mean for future commissioning arrangements, this is mitigated by remaining focused on our Strategic Plan and seeking to deliver improved outcomes for the people of Fife in line with our Medium-Term Financial Strategy.
- There is a risk that Stakeholders may not fully engage, resist or feel concerned about the changes which in turn brings a risk to future partnership working if the project does not realise improvements. There was significant learning from a successful phase 1 approach to this project which will continue to inform the approach to phase 2.
- At the combined committee they explored risks to the person and discussed that at this time the focus is about being more efficient and effective in our processes and ways of working and continuing to deliver the frontline care services.

3.8 Equality and Diversity, including Health Inequalities

At the Quality and Communities Committee consideration was given to equality diversity and health inequalities. This project supports the Partnership's equality outcomes, particularly:

- Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.
- 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.
- New Service Level Agreements (SLAs) and monitoring arrangements will ensure that we are able to routinely monitor the profile of people accessing services, and their views on the quality and impact of services, enhancing our information on fair access to services. The organisation of services into seven briefs, supported by enhanced information, will enable us to better understand the ways in which we are supporting people under the Fairer Scotland duty.
- Many third sector services support people to know their rights, fully
 participate in decisions that affect them, and have choice and control over
 their lives such as citizens advice, advocacy and participation and
 engagement forums.
- It is recognised that the diversity of third sector services means they are supporting people with protected characteristics including practical support, mental health and wellbeing, supporting people with choice and control over life and reducing isolation.

The Combined Committee discussed this proposal and the only additional area identified was how frontline care for people in communities will continue. Assurance was provided that the focus on Phase 2 of this work is on streamlining and best value of processes which will support front line services.

3.9 Other Impact

None Identified.

3.10 Communication, Involvement, Engagement and Consultation

- Phase 1 of the Project included consultation and discussion with 72 different organisations who are funded to provide over 150 different services (service components).
- This project has been discussed operationally with the Chief Executives and Directors of Finance throughout 2023 at the joint meetings. Updates have been given through tripartite meetings also between the IJB, NHS Fife and Fife Council.
- Discussion with Council Leader and Health and Social Care Spokesperson
- Discussion with NHS Fife Executive Directors
- Regular Discussion with the Head of Strategic Planning, Performance and Commissioning and Third Sector Lead
- Development Sessions of IJB in 2023

- Development Sessions of Local Partnership Forum in August and November 2023
- Quality and Communities Committee 2 November 2023
- Finance, Performance and Resources Committee 10 November 2023
- Local Partnership Forum 10 November 2023
- Combined Committee November 2023
- Ongoing discussion with NHS Fife Executive Team Colleagues as key partners is planned between now and February Integration Joint Board.
- Further participation, engagement and consultation with the population planned as the next stage in progressing this transformation.

4 Recommendation

The Integration Joint Board is asked to:

- Discuss the proposed transformation to progress Reimagining the Third Sector:
 Phase 2
- Take assurance form the work done in Phase 1 which was presented to the Integration Joint Board in September 2023 and from the scrutiny undertaken at the Quality and Communities Committee, Finance, Performance and Scrutiny Committee, Local Partnership Forum and Combined Committee.
- Agree the proposed model and support the Senior Leadership Team to operationalise the model with partners and provide an updates to the Finance, Performance and Scrutiny Committee through the reports on transformation and regular financial reporting.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 – Overview of the Transformation: Reimagining the Third Sector

Report Contact

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& Social Care
Partnership

Supporting the people of Fife together

Transformation: Third Sector Phase 2



Introduction

Fife Integration Joint Board is committed to delivering the priorities and aims of Fife Health and Social Care Strategic Plan.

The actions we will take over the next three years will support the transformation of services aligned to these priorities.

Reimagining the Third Sector Phase 2 - is one of our areas of transformation.

This transformation work will deliver value based health and care services making best use of our resources to be sustainable now and into the future and placing value on significant contribution of the Third Sector in the delivery of Health and Social Care in Fife.

Fiona McKay, Fife Health and Social Care Partnership.



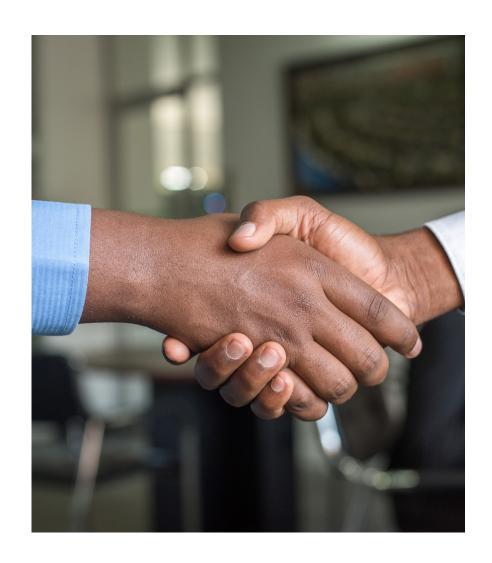
1. An Overview of Current Position

During 2022 to 2023, the Health and Social Care Partnership commissioned £11.3m grant funded services in Fife. This involved 72 separate organisations that together, deliver more than 124 different services.

Phase 1 of the Reimagining the Third Sector Project has already been successfully completed involving consultation and discussion with all of the different organisations who are funded to provide health and social care services across Fife.

Over 80% of providers who responded said that they consider this project to have the potential to bring about positive change. Comments received from them also signal an appetite for change, a consensus on the need for improved monitoring and links to strategic outcomes and for more and better collaboration to respond to potential challenges together.

All of the work carried out in the first phase of the project has informed Phase 2.



2. Current Issues

We want to further strengthen collaboration with our partners as we value the significant contribution of Third Sector services in supporting the delivery of Health and Social Care for the people of Fife.

There are a range of challenges facing the health and social care sector in Fife and in Scotland including the demand for health and social care services increasing because of a growing ageing population with projections showing the number of people over age 75 will increase by 31% by 2028 and 74% by 2043.

The services we commission, both now and in the future, need to be fully aligned to the priorities within the Fife Health and Social Care Strategic Plan to ensure that we have a shared common purpose across all care sectors and we are focused on the areas that will make greatest positive impact on people's health and care needs. The need to improve commissioning processes has also been highlighted in national policy including Independent Review of Adult Social Care.

We recognise the different needs of our population and that the services we deliver need to be linked to our locality needs assessments and delivered in the most efficient and effective way. This will enable even stronger engagement of the Third Sector into each of the 7 Localities in Fife to allow tailored services at a local level and enable better information sharing with partners on the range, quality and impact of services provided by the Third Sector.

There is a need to strengthen future Service Level Agreements (SLAs) to ensure they reflect the alignment to our priorities. This will focus on outcomes and enable more robust performance monitoring to better inform the planning and commissioning of services. In turn, this supports good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.

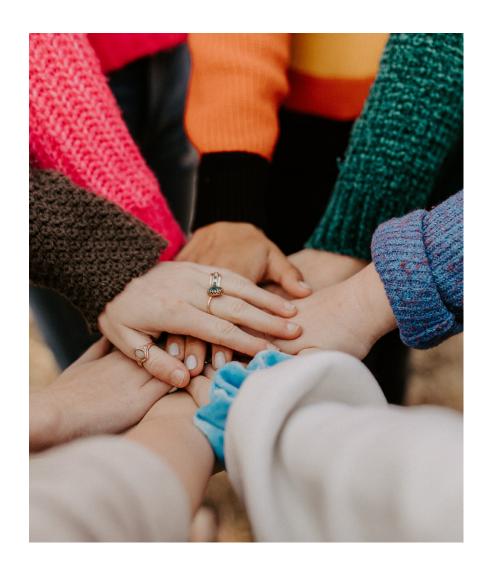
Overall, we need to build on the good work progressed in Phase 1 of this project to ensure that our service continues to be flexible and responsive to people's needs with a key focus on supporting prevention and early intervention to transform our delivery and make best value of our available resources.

3. Future Vision

The vision for this project is to review and refresh our approach to grant funded activities with the Third Sector supporting implementation of our Strategic Plan, Commissioning Strategy and Medium-Term Financial Strategy.

This programme is an extension of the initial work carried out in conjunction with the Third Sector looking at a realignment of programmes to meet our changing needs since covid. Through engaging with the Third Sector we will consider options for change and transformation to maximise the use of our Third Sector providers to deliver on our behalf and explore their capacity to do this.

In delivering this we will build on, and strengthen, our partnership with the Third Sector, creating improved processes which support the Third Sector to thrive, collaborate more, and to respond more flexibly and creatively to need, and to enable people to achieve better outcomes. We also want to maximise skills and expertise in the Third Sector exploring further opportunities for the delivery of services on our behalf.



4. Making this Vision a Reality

As well as reflecting local priorities we want to deliver best value for the people of Fife, investing every penny in the best way we can which involves looking at how we commission services to make the most of budgets.

The areas that will be explored include:

- · Refreshed approach to SLAs.
- Consideration of shared services and to look at things like administrative costs and identify opportunities to reduce overheads such as sharing office accommodation.
- Exploring the potential for re-commissioning of services between partners to maximise opportunities to reduce unnecessary costs or duplication.
- A robust monitoring and evaluation framework demonstrating best value and qualitative and qualitative data to evidence this via SLAs and our Strategic Plan.
- Review reserves for organisations who have significant reserves that are over their organisations reserves policy as set down in their governance structures linked to OSCR (Office of the Scottish

Charity Regulator) often referred to as a "Payment Holiday". This may mean that we reduce our regular payments for a period to ensure that any high reserves are utilised, this will be carried out in conjunction with Finance colleagues and collaboration with the Third Sector organisations.



The benefits from carrying out this review include:

- Services delivered are directly aligned to our strategic priorities with a strong focus on prevention and early intervention.
- Each SLA will be aligned to the Partnership's strategic priorities, outcome focused, and sit within a robust monitoring process.
- Services can be tailored to meet the specific needs of individuals, their families and carers.
- Our approach promotes the rights of individuals and ensures people are treated with dignity and respect.
- Improved information available to strategic and locality planning groups, on the range, quality and impact of services provided by the Third Sector.
- Ability to involve a range of people (including people with lived experience, unpaid carers, communities, providers, and professionals) in the development of our Third Sector services.



5. Delivering the Vision - Impact

Consideration has been given to the Equality Impact Assessment and the impact this transformation will have on individuals, families and carers as well as our wider equality duties.

Individuals/Families/Carers

- This project will increase collaboration with services that have experience and expertise supporting people, many of whom may have a protected characteristic.
- Many Third Sector services support people to know their rights, fully participate in decisions that affect them, and have choice and control over their lives such as citizens advice, advocacy and participation and engagement forums.
- By reviewing the services delivered we aim to enable wider choice for people including how selfdirected support can be utilised to meet their needs and enable improved outcomes for individuals, families and carers.
- Continue to deliver person-centred care on an individual basis and ensure carers are supported in their caring role aligned to the priorities within Fife

Health and Social Carers Strategy 2023-2026

 A locality based approach will support local access to services across Fife.

Supporting Equality

- Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.
- There is a wide diversity of Third Sector services in Fife supporting people with a range of needs including practical support, mental health and wellbeing, supporting people with choice and control over life and reducing isolation.

Third Sector Services

- Opportunity to enable increased collaboration with partner agencies, effective use of resources (through economies of scale and shared resources/ skills/expertise) and wider opportunities for continuous improvement.
- This project may result in a change for services as we work together to support services that are more fully aligned to our Strategic Plan and better reflect our priorities.
- We will aim to make better use of funding by improved collaboration with partners in the Third Sector.
- Further develop relationships at a local level with more joined-up service provision in the communities they serve.



6. Delivery of the Transformation

The project proposes changes to commissioning of the Third Sector and will take three years to complete commencing in 2023. Phase 1 supported the foundations, processes and structures to enable opportunities and efficiencies to be identified and implemented in 2024-2026.

Investment will be made through having a Planning Co-ordinator to support the capacity needed to deliver this project and enable continuity of approach and engagement with the Third Sector. Progressing the work outlined in this proposal and also exploring future opportunities for this sector will deliver best value and a cumulative saving across Health and Social Care Partnership of £1m by 2026.

This supports our triple aim of improving experience of care, improving access to social care for the population and demonstrating best value of available resources.



7. Risks

With any proposal or transformational change there are associated risks, this project is no different. We have a clear process in place to both identify and appropriately address the risks which include both the risks of not modernising and the risks specific to the project.

The risks related to not progressing with the transformation of Reimagining the Third Sector are that:

- Phase 1 of this project was well supported by the Third Sector therefore it is important to maintain the momentum and enthusiasm and ensure stakeholder confidence is not reduced.
- The benefits outlined in this proposal would not be realised resulting in a missed opportunity to support realignment of commissioned services and improve outcomes.
- Updating the SLA and associated processes, templates, and monitoring arrangements are critical to evidencing best value.

The other risks associated with the delivery of the project include:-

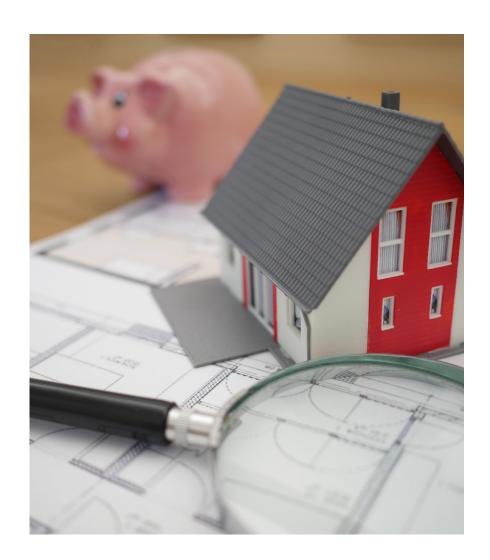
- Sufficient capacity to lead this change A planning co-ordinator will provide the capacity needed.
- Supporting people to understand the need for change – Phase 1 of this work enabled strong engagement in informing the initial scope and this will be further strengthened in Phase 2 with a commitment to both locality based approaches and ongoing participation and engagement.
- There is a risk that national or legislative elements (such as the Independent Review of Social Care/ National Care Service) introduce further changes/ requirements. Phase 2 will include external monitoring to manage this risk.
- The pace of change will be key to enable ongoing active engagement and this risk will be addressed through a phased roll out.
- Addressing challenges associated with technology, information and data sharing arrangements will be core for the planning and monitoring and outcomes framework to ensure effective collaborative working.

8. Next Steps

We will continue to have ongoing discussion and collaboration with Third Sector services and individuals receiving care.

As part of a phased roll out this will be progressed over 2024-2026. Further activities and associated timescales will be identified as the work progresses to avoid unintended consequences.

This project may also work in tandem with other transformation change programmes in the Health and Social Care Partnership to enable a joined-up approach to working with the Third Sector in Fife.





Meeting Title: Integration Joint Board

Meeting Date: 24 November 2023

Agenda Item No: 7.3

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:

Outcomes.

2 Route to the Meeting

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

- NHS Fife Finance Team.
- Fife Council Finance Team.
- Finance Governance Board.
- Finance, Performance and Scrutiny Committee, 10 November 2023.
- Local Partnership Forum, 21 November 2023.

3 Report Summary

3.1 Situation

The attached report details the financial position (provisional outturn) of the delegated and managed services based on 30 September 2023. The forecast for Fife Health & Social Care Partnership is currently a deficit £1.468m.

3.2 Background

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

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

3.3 Assessment

As at 30 September 2023 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £1.468m.

Currently the key areas of overspend are: -

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

These overspends are offset by the underspends in:-

- Community Services
- Older People Fife Wide / Hospital Discharge
- Adults Fife Wide
- Adults Supported Living

In July 2023 we reported Homecare Services with an overspend of £0.015m, this has increased to £1.642m due to an increase of Care at Home packages provided externally.

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 reserves of £10m have been approved for use if required to allow time for savings plans to be actioned.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 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** The Integration Joint Board are asked to be assured that there is robust financial monitoring in place.
- Decision The Integration Joint Board are asked to approve the financial monitoring position as at September 2023.
- Decision The Integration Joint Board are asked to approve use of the reserves and proposed recovery actions as at September 2023.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at September 2023

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)

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

Report Contact

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Finance Report
Projected Outturn as at 30 September
2023





FINANCIAL MONITORING

PROJECTED OUTTURN AS AT SEPTEMBER 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 three-year revenue budget for delegated and managed services was approved at the IJB meeting on the 31st March 2023. A budget of £646.573m was set for 2023-24. To balance the budget savings of £21m are required in year 1, rising to £35m in year 3.

Prior year savings which were unmet require to be met or substituted in the same way in 2023-24.

The revenue budget of £48.172m for acute set aside was also set for 2023-24

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 provisional outturn, which is an overspend of £1.468m is provided at Table 2 and a variance analysis provided.

3. Movement in Budget

The total budget for the delegated and managed services has increased by £28.069m since April (£20.547m April - July). The table below shows the reason for the budget movement from April to September.

Budget Per Directions	646.573
Movement	28.069
Of which:	
SG Additional Allocations	
PCIF	1.027
Vaccines Covid	5.489
FHS/PMS	16.000
Nursing support	0.725
Other	2.207
Pay Award	8.579
Major Trauma	0.633
MH Triage Nurses	0.816
Band 2-4	1.075
GP resilience	0.014
MDT	0.698
ADP	1.517
PMS	4.016
Medical Pay uplift	1.000

Budget at Sept	674.642
Transfer/Accounting Adjusts)	-7.435
Other (Budget	
Misc. Income	-9.849
Earmarked Reserves Drawn	1.557

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 2024.

5. Financial Performance Analysis of Projected Outturn as at 30 September 2023

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a provisional outturn overspend of £1.468m as below.

Fife Health & Social Care Partnership									
Projected Outturn as at Sept		2023/24							
	Budget April includes RT	Budget July incl RT	Budget Sept incl RT		Forecast Outturn July incl RT	Forecast Outturn Sept incl RT	Use of reserves	Variance as at July	Variance as at Sept
Objective Summary	£m	£m			100 100	100 00=	£m	£m	£m
Community Services	125.213	135.319	140.727		133.406	136.365	-1.600	-3.513	-5.962
Hospitals and Long Term Care	57.267	60.214	61.176		68.534	69.987	-1.400	6.920	7.411
GP Prescribing	76.548	75.742	75.742		81.242	81.742	-1.000	4.500	5.000
Family Health Services	94.282	110.796	111.169		110.637	111.310		-0.159	0.141
Children's Services	14.811	17.160	17.940		17.455	18.072		0.295	0.132
Older People Residential and Day Care	16.031	15.537	15.537		16.506	16.510		0.969	0.972
Older People Nursing and Residential	44.992	51.420	51.420		51.590	50.018		0.171	-1.402
Homecare Services	55.338	52.772	52.772		53.787	55.414	-1.000	0.015	1.642
Older People Fife Wide/ Hospital Discharge Adults Fife Wide	1.233 19.527	1.182 10.289	1.182 9.907		1.339 8.434	1.454 8.092		0.156 -1.855	0.272 -1.815
	19.521	10.209	9.901		0.434	0.092		-1.000	-1.013
Integrated Community Team	4.741	5.279	5.279		5.335	5.315		0.055	0.035
Social Care Other - to be allocated	0.673	-5.941	-5.725		-6.559	-7.105		-0.617	-1.380
Business Enabling/Professional	8.466	8.299	8.299		8.171	8.171		-0.128	-0.128
Adult Placements	74.408	74.878	74.899		79.235	79.068	-3.000	1.358	1.168
Adult Supported Living	30.181	30.147	30.291		27.017	26.077		-3.130	-4.214
Social Care Fieldwork Teams	22.861	22.319	22.319		22.175	21.914		-0.144	-0.405
Housing		1.707	1.707		1.707	1.707		0.000	0.000
Total Health & Social Care	646.573	667.120	674.642		680.013	684.110	-8.000	4.893	1.468

	Budget per Directions £m	Budge t July £m	Forecast Outturn July £m	Variance as at July £m	Savings funded by reserves £m	Varian ce after £8m saving s funded £m	Recovery Actions at July £m	Budget Sept £m	Forecast Outturn Sept £m	Varian ce as at Sept £m	Savings funded by reserves £m	Variance after £8m savings funded £m
Primary Care & Preventative	226.067	253.76 6	261.147	7.381	(1.200)	6.181		260.353	268.475	8.123	(1.200)	6.923
Complex & Critical Care	203.713	200.37	202.101	1.729	(4.100)	(2.371)		206.967	208.102	1.134	(4.100)	(2.966)
Community Care	178.200	188.04 5	192.746	4.701	(2.200)	2.501	4.345	189.541	192.488	2.947	(2.200)	0.747
Professional & Business Enabling	11.404	10.632	10.722	0.090	(0.500)	(0.410)	0.388	10.075	10.222	0.147	(0.500)	(0.353)
Other	27.189	14.305	13.296	(1.008)	0.000	(1.008)		7.706	4.823	(2.883)	0.000	(2.883)
Total HSCP	646.573	667.12 0	680.013	12.893	(8.000)	4.893	4.733	674.642	684.110	9.468	(8.000)	1.468

5.1 Primary & Preventative Care

Variance

The budget as at September is £260.353m. The forecast after funding from reserves is £267.276, giving an adverse variance of £6.923m

The main variance is due to the increased cost of prescribing, the budget was set on a cost per item of £10.05, and the current price is projected at £10.76. Other variances are due to the filling of posts in Health Visiting, CYPCNS (Children and Young People Community Nursing Service) and Child Protection posts which are required to ensure safe delivery of services.

The movement from the July position is an increased overspend in prescribing costs (£0.500m)

Savings

Included within the projected outturn position is funding from reserves to reflect the non-delivery in Year 1 of the following savings, as per appendix 2.

£0.200 - Share of Locum spend reduction – marked as red on RAG Status £1.000m – Medicines Efficiencies is marked as amber and is projected to require part funding from reserves

5.2 Integrated Complex & Critical

Variance

The budget as at September is £206.987m. The forecast after funding from reserves is £204.002m, giving a positive variance of £2.966m.

Within Integrated Complex & Critical there is an adverse variance of £1.134m before funding from reserves for delays in delivery of savings targets. The main cost pressures are medical locums in Mental Health Services and increased costs within Adult Placements, which, are in the main offset by underspends in Adult Supported Living.

The increase in underspend in Adult Supported Living is due to ongoing issues with recruitment resulting in vacancies for longer than previously expected.

Savings

Included within the projected outturn position is funding from reserves to reflect the non-delivery in Year 1 of the following savings, as per appendix 2.

£3.000m – Digital – marked as red on RAG Status £0.100m – Share of Locum spend reduction – marked as red on RAG Status

At July a further £1m of reserves were utilised £1.000m – Supplementary Staffing (Mental Health) – amber RAG Status

5.3 Integrated Community Care

Variance

The budget as at September is £189.541m. The forecast after funding from reserves is £190.288m, giving an adverse variance of £0.747m.

The main variances are due to an increase in commissioned Care at Home packages (£2m) to manage the increasing demand from both the hospital and also within the community.

The overspend is partly offset by vacant posts.

The movement is due to the increased projection in Care at Home packages, offset by the recovery actions taken, which were approved at IJB in July (£4m in this portfolio).

Savings

Included within the projected outturn position is funding from reserves to reflect the non-delivery in Year 1 of the following savings, as per appendix 2.

£1.000m - Bed based model - marked as red on RAG Status

£1.000m - Home First - marked as red on RAG Status

£0.200m - Share of Locum spend reduction - marked as red on RAG Status

5.4 Professional & Business Enabling

Variance

The budget as at September is £10.075m. The forecast after funding from reserves is £9.722m, giving an underspend position of £0.353m.

The main reason for the underspend is due to vacant posts.

Savings

Included within the projected outturn position is funding from reserves to reflect the non-delivery in Year 1 of the following savings, as per appendix 2.

£0.500 – Integrated Management Teams – RAG status amber

6. Savings

The funding gap of £20.936m was identified as part of the budget setting process. As a result, savings proposals totalling £21m for 2023-24 were approved by the IJB on 31st March 2023. Due to the timing of the savings being approved, 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. The IJB approved the earmarking of £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24.

As at September the projected use of the reserves is £8m. This will be monitored closely throughout 2023-24 with a view to reducing the commitment against reserves when opportunity to do so arises.

The financial tracker included at Appendix 3, provides an update on all savings and includes a RAG status.

Approved reserves which have been allocated from the uncommitted balances will be reviewed to ensure that they are being drawn down, and if no longer required will be returned to the pot.

7. Covid-19 and the Local Mobilisation Plan

Covid-19 specific funding ceased at the end of 2022-23 and all expenditure incurred, apart from vaccination costs, will become business as usual. Sustainability payments have now ended. However, there are still ongoing costs of surge wards, PPE costs, staff cover for those who have contracted Covid-19 and increased cleaning. It is essential that we continue to manage these costs to ensure the impact on the outturn position is minimised. Adherence to governance and strong financial management will be key.

8. Reserves

Reserves brought forward at March 2023 were £37.719m. See below,

Reserves Balances	Opening Balance April 2023	Drawn/ Committed at Sept	Balance
Earmarked Reserves	16.225	4.836	11.389
Reserves Available for use	21.494	14.275	7.219
Total Reserves at April 2023	37.719	19.111	18.608

Of the £37.719m total reserve, £16.225m relates to reserves earmarked for specific purposes. At September, further reserves were utilised reducing the balance of earmarked reserves held to £11.389m.

The reserves available for use balance at September is £7.219m, and reflects commitments of £14.275m that have been agreed and approved by the IJB. These. Will remain under review throughout the year and adjusted as necessary.

Within the £14.275m drawn/committed balance, the IJB approved the earmarking of £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24. Only £8m has been allocated as at September. Again, this will remain under review and if not required will be added back to the balance of £7.219m.

Details are shown in Appendix 2.

The balance remaining equates to 1% of the total budget and is below our policy minimum to hold 2% (£13m)

9. Risks and Mitigation

9.1 Savings

To deliver a balanced budget in 2023-24 savings of £21m are required. Business cases are being developed for some of these savings and reserves of £10m have

been earmarked, should they be required. Regular financial monitoring will mitigate the risk of savings not being delivered.

9.2 Forward Planning

As agreed at the July IJB, a recovery plan of £4.893m was proposed and agreed.

£3.733m Draw down /use of earmarked reserves for specific projects

The Earmarked reserves are noted in section 8 as being expected to be utilised in full in year. We have written to Scottish Government and requested permission to utilise these reserves in year.

£0.500m Carers Act - projected underspend due to late start in projects

It is unlikely that the full allocation of Carers funding will be spent in this financial year. The Carers Strategy was approved at the May Committee and therefore some projects are yet to commence resulting in a temporary in year underspend. It is prudent to project this underspend at September.

£0.500m Income from Financial Assessments

The Financial Assessments of service users of Care Homes are currently undertaken by a team within Fife Council. Discussions are ongoing with Fife Council about how this can be addressed but it is expected that any agreed actions will generate additional income of £0.500m.

These proposals required agreement from Scottish Government. Permission was granted and the proposals have been taken account of in the September position.

10. Key Actions / Next Steps

SLT are progressing the detailed work required on the business cases for the savings proposals required to close the budget gap in future years.

Further recovery actions are required to bring the budget back in line and these will be brought to the next meeting of this committee.

Continued close monitoring of projected financial outturn.

Audrey Valente Chief Finance Officer 10th November 2023

Reserves Balances	Opening Balance April 2023	Drawn/ Committed at Sept	Balance
Earmarked Reserves	16.225	4.836	11.389
Reserves Available for use	21.494	14.275	7.219
Total Reserves at April 2023	37.719	19.111	18.608

Earmarked Reserves	Opening Balance April 2023	Drawn at Sept	Balance
	£m	£m	£m
PCIF	0.952		0.952
GP Premises	0.785		0.785
Action 15/ Psychological Therapies/ Mental Health R&R	1.455		1.455
District Nurses	0.316	0.316	0.000
Alcohol and Drugs Partnership	1.619		1.619
School Nurse	0.146		0.146
Remobilisation of Dental Services	0.313		0.313
Care Homes	0.800	0.800	0.000
Buvidal	0.103		0.103
Child Healthy Weight	0.009		0.009
Acceleration of 22/23 MDT recruitment	0.300		0.300
Multi Disciplinary Teams	2.166	2.050	0.116
Community Living Change Plan	1.339		1.339
Afghan Refugees	0.047	0.047	0.000
Dental Ventilation	0.259	0.259	0.000
Interface Care	0.106		0.106
Interim beds	1.288	0.888	0.400
Telecare Fire Safety	0.069	0.069	0.000
Self Directed Support (SDS)	0.407	0.407	0.000
Workforce Wellbeing Funding	0.093		0.093
Near Me	0.112		0.112
Learning Disability Health Checks	0.069		0.069
Family Nurse Partnership	0.100		0.100
Development of Hospital at Home	0.279		0.279
Breast Feeding	0.020		0.020
Delayed Without Discharge	0.025		0.025
Long Covid	0.125		0.125
Unscheduled Care/ Navigation Flow Hub	2.923		2.923
Total Earmarked	16.225	4.836	11.389

Reserves available	Opening Balance April 2023	Commitments Agreed
	£m	£m
Reserves available/ brought forward plus underspend	21.494	
Commitments previously agreed:		3.217
Additional Staff to create capacity to progress transformation projects		0.594
Participation & Engagement Staff		0.146
Housing Adaptations backlog investment		0.644
Community Alarms - Analogue to Digital		1.235
Reviews of Adults Packages Adults Team Costs		0.316
Contact centre (staffing costs test of change)		0.150
Bed Flow coordinators 4FTE (temp 1 year)		0.102
Hospital at Home		0.010
Renewal of beds in hospitals		0.020
Commitments previously agreed - no longer required:		-0.491
Research Manager/ Strategic Planner - perm funding found		-0.140
Childrens Services - Staffing ANPS - alternative funding source found		-0.273
Upgrades to Wellesley Unit - balance left		-0.014
Reviews of Adults Packages OP Team Costs - not required		-0.064
Approval at March Budget Meeting:		10.000
Use of reserves to back up savings programme/ timing		10.000
Approved at July IJB Committee		1.549
Digital - update of website		0.080
Test of Change Levenmouth Locality		0.068
£30k per locality		0.210
Adults in Delay - Legal post		0.055
Pharmacy/Pain post		0.060
FELS driver Temp 6 months- increased equipment delivery		0.050
Housing		0.370
NHS IT equipment		0.015
FELS equipment		0.150
Gas Electric increases		0.491
Balance at Sept		7.219

APPENDIX 3

Tracked Approved Savings HSCP - Approved 2023-24	Savings Target £m	Forecast £m	(Under)/ Over Achieved £m	Rag Status
Digital Sensor Technology -transform overnight care	3.000	0.000	-3.000	Red
Bed Based Model	1.000	0.000	-1.000	Red
Home First Commissioning Transformation	1.000	0.000	-1.000	Red
Securing a sustainable Medical Workforce and reducing locum spend	0.500	0.000	-0.500	Red
Modernising Administration Services	0.500	0.500	0.000	Amber
Integrated Management Teams	0.500	0.000	-0.500	Amber
Medicines Efficiencies programme 2023-25	3.650	2.650	-1.000	Amber
Nurse Supplementary Staffing	2.000	1.000	-1.000	Amber
Transforming Centralised Scheduling	0.087	0.087	0.000	Green
Implementation of Payment Cards	1.000	1.000	0.000	Green
Community Service Redesign	1.000	1.000	0.000	Green
Day Service Redesign (older people)	0.500	0.500	0.000	Green
Use of Underspends	5.000	5.000	0.000	Green
Supported Living Rents Income Maximisation	1.000	1.000	0.000	Green
Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.400	0.400	0.000	Green
Maximising Core Budget (Alcohol and Drugs)	0.300	0.300	0.000	Green
TOTAL	21.437	13.437	-8.000	63%

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	Forecast £m	(Under)/ over £m
Green	9.287	9.287	0.000
Amber	6.650	4.150	(2.500)
Red	5.500	0.000	(5.500)
Total	21.437	13.437	(8.000)



Meeting Title: Integration Joint Board

Meeting Date: 24 November 2023

Agenda Item No: 8.1

Report Title: Ministerial Strategic Group (MSG) – Integration of

Health and Social Care: Self-Evaluation Update 2023

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

and Commissioning

1 Purpose

This Report is presented to the Integration Joint Board for:

- Assurance
- Decision

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

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- 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.
- 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.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

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.

- Discussions with relevant colleagues across the Partnership.
- Senior Leadership Team SLT Assurance, 4 October 2023.
- Finance, Performance and Scrutiny Committee 10 November 2023.

The Finance, Performance and Scrutiny Committee approved the recommendations as set out in the paper.

- 1. Noted the Partnership's progress towards the Ministerial Strategic Group (MSG) integration proposals.
- 2. Provided feedback on the Self-Evaluation Update (Appendix 1).
- 3. Recommend that the MSG Work Plan Update 2023 is progressed to the Integration Joint Board for final approval.

3.1 Situation

The Scottish Government's Ministerial Strategic Group published a review report in February 2019 which highlighted areas of good progress towards health and social care integration across Scotland. The review also identified some areas where the pace and effectiveness of integration needed to increase.

The MSG report includes a framework for a number of proposals designed to support and measure progress towards integration for health and social care partnerships across Scotland in these key areas:

- 1. Collaborative leadership and building relationships.
- 2. Integrated finances and financial planning.
- 3. Effective strategic planning for improvement.
- 4. Collective understanding of governance and accountability.
- 5. Information sharing in relation to frameworks and good practice.
- 6. Meaningful engagement of communities supported people and carers.

Every Health Board, Local Authority, and IJB is required to regularly self-evaluate progress towards the MSG proposals and implement any improvement actions required.

3.2 Background

This is the framework for the proposals identified in the MSG report.



The improvements identified relate to financial planning, governance, strategic planning and leadership capacity. The MSG self-assessment template includes four performance levels:

Exemplary
Established
Partly Established
Not Yet Established

The full MSG report which was published in February 2019 is available here: https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/.

3.3 Assessment

The report included in Appendix 1 includes a Self-Evaluation Update (dated October 2023) for Fife Health and Social Care Partnership/Fife Integration Joint Board. A detailed Work Plan is provided from page three onwards. An overall summary for each proposal is included in the summary rating table on page two. The key themes identified in the self-assessment are:

- Collaborative leadership and building relationships have improved significantly over the last three years and the Partnership' current performance is exemplary in most areas.
- Further work is required in financial planning. Whilst some areas are
 established, particularly risk share agreements and delegated budgets, it is
 acknowledged that there are ongoing challenges relating to delegated
 hospital budgets and set aside budget requirements. This reflects the current
 national position and is not unique to Fife.
- Strategic planning for improvement is exemplary, however further progress is required to improve capacity for strategic commissioning of delegated hospital services.

- Governance and accountability arrangements between partners is established in most areas, and accountability processes are exemplary.
 Further work is required to support the directions provided by the IJB to the Fife partner agencies.
- The Partnership's ability and willingness to share information is well established and exemplary in some areas.
- Meaningful and sustainable engagement, particularly with carers, people
 using services, and local communities is well established. Further work is
 required to fully embed effective approaches for community engagement.

Overall, the Partnership is making good progress with the integration proposals and is on track to deliver most of the agreed targets by 2024. There are two notable exceptions, (proposals 2.3 and 3.5). The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland.

The current position regarding the National Care Service is an extended timeline till January 2024 for Stage 1 of the Bill with completion of Stage 2 by summer 2024. This was discussed with the Chief Officer and Chief Executives in August 2023, and it was agreed there will be no further change to set aside arrangements in Fife until there is national clarity on any pending reform. For assurance however there continues to be strong team working and collaboration across NHS Fife, Fife Council and Fife Health and Social Care Partnership on pathways of care and joint working in relation to unscheduled care, capacity and flow.

3.3.1 Quality / Customer Care

Quality assurance will be managed through existing policies and procedures. No additional impact on customer care is anticipated

3.3.2 Workforce

The evidence provided in the MSG Work Plan is retrospective. Any outstanding improvement activities will be progressed through the Partnership's strategic delivery plans and transformation programmes. Any impact on workforce will be managed in accordance with the Partnership's Workforce Strategy.

3.3.3 Financial

No additional financial impact is anticipated. All financial activities will be managed in accordance with the Medium-Term Financial Strategy.

3.3.4 Risk / Legal / Management

Fife Health and Social Care Partnership/Fife Integration Joint Board is expected to complete the self-assessment and provide regular updates to the Scottish Government on current progress towards integration. Appendix 1 provides the information and evidence required by the Ministerial Strategic Group.

3.3.5 Equality and Diversity, including Health Inequalities

An EQIA has not been completed and is not necessary, because this report is for performance reporting purposes only. Equality responsibilities are considered during strategic planning, budgeting and commissioning, service planning and service delivery.

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 No formal consultations have been carried out. All of the information provided was collected through discussions with key stakeholders.

4 Recommendation

- The Integration Joint Board is asked to note the Partnership's progress towards the Ministerial Strategic Group (MSG) integration proposals as detailed in the Self-Evaluation Update (Appendix 1).
- The Integration Joint Board is asked to approve the report. Once finalised the Self-Evaluation Update can be provided to the Scottish Government/Ministerial Strategic Group for information and noting.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – MSG Work Plan Update 2023

6 Implications for Fife Council

No additional implications.

7 Implications for NHS Fife

No additional implications.

8 Implications for Third Sector

No additional implications.

9 Implications for Independent Sector

No additional implications.

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				

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Ministerial Strategic Group (MSG) – Integration of Health and Social Care

Self-Evaluation Update October 2023 for Fife Health and Social Care Partnership

This report provides an update for Fife Integration Joint Board on the Partnership's progress towards the Scottish Government Ministerial Strategic Group (MSG) proposals supporting health and social care integration:

- 1. Collaborative leadership and building relationships.
- 2. Integrated finances and financial planning.
- 3. Effective strategic planning for improvement.
- 4. Collective understanding of governance and accountability.
- 5. Information sharing in relation to frameworks and good practice.
- 6. Meaningful engagement of communities supported people and carers.

The MSG self-assessment template includes four performance levels.

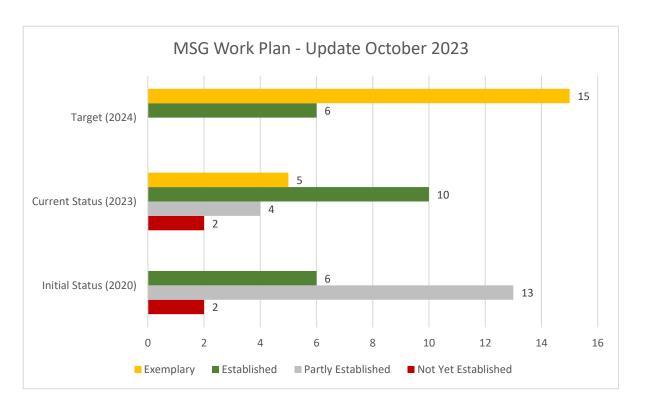
Exemplary
Established
Partly Established

Fife Health and Social Care Partnership completed an initial self-assessment in 2020 as shown in the bar chart.

This report provides an update for 2023 and includes performance targets for 2024.

An overall summary for each proposal is included in the summary rating table, followed by a detailed update for each area. Since 2020, performance in twelve areas has increased by at least one level, and work is ongoing in seven other areas. Two areas relating to delegated acute hospital budgets are 'Not Yet Established'. This position is not unique to Fife and remains a challenge across Scotland. It has been agreed nationally that there will be no further change to set aside arrangements in Fife until there is national clarity on any pending reform relating to the National Care Service.

The next self-assessment for Fife Health and Social Care Partnership will be completed in 2024.



Summary Dating Table October 2022

Identifying and implementing good practice will be systematically undertaken by all partnerships

Effective approaches for community engagement and participation must be put in place for integration and Action

We will support carers and representatives of people using services better to enable their full involvement in integration

Improved understanding of effective working relationships with carers, people using services and local communities is required

5.2

6.1 6.2

6.3

Meaningful and sustainable engagement

Collab	orative leadership and building relationships	Initial Status 2020	Current Status	Movement
1.1	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place	Established	Exemplary	↑
1.2	Relationships and collaborative working between partners must improve:			
	 Development sessions have been organised for the IJB on specific topics which showcase new initiatives and ways of working or deep dive into areas of interest 	Partly Established	Exemplary	个
	Seek learning from other systems around how they've cultivated a stronger sense of shared endeavour	Partly Established	Established	1
1.3	Relationships and partnership working with the third and independent sectors must improve	Partly Established	Exemplary	↑
Integra	ted finances and financial planning	Initial Status 2020	Current Status	Movement
2.1	Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration	Partly Established	Partly Established	-
2.2	Delegated budgets for IJBs must be agreed timeously	Partly Established	Established	↑
2.3	Delegated hospital budgets and set aside budget requirements must be fully implemented	Not Yet Established	Not Yet Established	-
2.5	Statutory partners must ensure appropriate support is provided to IJB S95 Officers	Established	Established	-
2.6	IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations:		-	
	Risk Share Agreement	Partly Established	Established	↑
	 Develop a proposition to consider whole system planning – beyond the delegated responsibilities of the IJB – to ensure effective investment in prevention and early intervention and the development of sustainable community service to achieve health and wellbeing outcomes for the people of Fife. Engage with community planning partnership to that end 	Partly Established	Partly Established	-
Effecti	ve strategic planning for improvement	Initial Status 2020	Current Status	Movement
3.1	Effective strategic planning for improvement	Partly Established	Exemplary	↑
3.4	Improved strategic planning and commissioning arrangements must be put in place	Established	Established	-
3.5	Improved capacity for strategic commissioning of delegated hospital services must be in place	Not Yet Established	Not Yet Established	-
Gover	nance and accountability arrangements	Initial Status 2020	Current Status	Movement
4.1	The understanding of accountabilities and responsibilities between statutory partners must improve	Partly Established	Established	1
4.2	Accountability processes across statutory partners will be streamlined	Partly Established	Exemplary	
4.3	IJB Chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis	Established	Established	-
4.4	Clear directions must be provided by IJB to Health Boards and Local Authorities	Partly Established	Partly Established	-
4.5	Effective, coherent, and joined up clinical and care governance arrangements must be in place	Partly Established	Established	↑
		T		
Ability	and willingness to share information	Initial Status 2020	Current Status	Movement

 \uparrow

Movement

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Partly Established

Initial Status 2020

Partly Established

Partly Established

Established

Established

Established

Established

Current Status

Partly Established

MSG Work Plan – October 2023

STATUS PROGRESS AS OF OCTOBER 2023

	INITIAL STATUS					
FEATURE SUPPORTING INTEGRATION	2020		stablished	Exemplary	DEFINITION	TARGET STATUS

Key Feature 1 - Collaborative Leadership and Building Relationships Shared and collaborative leadership must underpin and drive forward integration				
1.1 Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place	Established 2022 Established 2023 Exemplary	₩	Exemplary – Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement, and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.	Exemplary – Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement, and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
 Relationships and collaborative working between partners must improve Development sessions have been organised for the IJB on specific topics which showcase new initiatives and ways of working or deep dive into areas of interest 	Partly established 2022 Established 2023 Exemplary	V	Established – Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Exemplary – Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Seek learning from other systems around how they've cultivated a stronger sense of shared endeavour	Partly established 2023 Established	V	Established – Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Exemplary Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
1.3 Relationships and partnership working with the third and independent sectors must improve	Partly established 2023 Exemplary	V	Exemplary – Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focussed on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.	Exemplary – Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focussed on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.

Key Feature 2 – Integrated Finances and Financial Planning

Money must be used to maximum benefit across health and social care. To create a system of health and social care in Scotland in which the public pound is always 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. Focussing on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government's Medium-Term Framework for Health and Social Care

Medium-Term Framework for Health and Social Care				
2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration	Partly established	V	<u>Partly established</u> – Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Established – Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.
2.2 Delegated budgets for IJBs must be agreed timeously	Partly established 2023 Established	V	Partly established – Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Established – Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.
2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented	Not yet established	V	Partly Established – Working towards developing plans to allow all partners to fully implement delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Established Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.
2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers	Established	√	Established – IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	Exemplary – IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
 JJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations Risk Share Agreement 	Partly established 2023 Established	V	Established – Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Exemplary – Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses is identified to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainability community services.
 Develop a proposition to consider whole system planning – beyond the delegated responsibilities of the IJB – to ensure effective investment in prevention and early intervention and the development of sustainable community service to achieve health and wellbeing outcomes for the people of Fife. Engage with community planning partnership to that end 	Partly established	V	Partly established – Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Established – Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.

Key Feature 3 – Effective Strategic Planning for Improvement				
Maximising the benefit of health and social care services, and improving people's experience of care, de	pends on good plannin	ng across all the services that people a	ccess, in communities and hospitals, effective scrutiny, and appro	ppriate support for both activities
3.1 Effective strategic planning for improvement	Partly established 2023 Exemplary		empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.	Exemplary – The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
3.4 Improved strategic planning and commissioning arrangements must be put in place	Established	✓	Established – Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Exemplary – Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high-quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide sull support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place	Not yet established	V	Partly established – Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Established - Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.

5

Key Feature 4 – Governance and Accountability Arrangements Governance and accountability must be clear and commonly understood for integrated services				
4.1 The understanding of accountabilities and responsibilities between statutory partners must improve	Partly established 2023 Established		٧	Established – Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB. Exemplary – Clear understanding of accountability and responsibility arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
4.2 Accountability processes across statutory partners will be streamlined	Partly established 2023 Exemplary			V <u>Established</u> – Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting. Exemplary – Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
4.3 IJB Chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis	Established		٧	Established – The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners. Exemplary – The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities	Partly established	V		Partly established – Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack details. Established – Directions are issued at the end of a decision-making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.
4.5 Effective, coherent, and joined up clinical and care governance arrangements must be in place	Partly established 2023 Established		V	Established – The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance. Exemplary – The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.

Key Feature 5 – Ability & Willingness to share information Understanding where progress and problems are arising is key to implementing learning and delivering	ı better care in different	settings				
5.1 Annual reports will be benchmarked by Chief Officer to allow them to better understand local performance data	Established 2023 Exemplary			٧	Exemplary – Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.	Exemplary – Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships	Partly established 2023 Established		V		Established – The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked. Inspection findings are routinely used to identify and share good practice.	Exemplary Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice. Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice. All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.

Key Feature 6 – Meaningful & Sustainable Engagement Integration is all about people: improving the experience of care for people using services, and the experience	rience of people who pi	rovide care. Meaningful and sustained engageme	nt has a central role to play in ensuring that the plan	ning and delivery of services is centred on people
6.1 Effective approaches for community engagement and participation must be put in place for integration and Action	Partly established	V	<u>Established</u> – Engagement is always carried out when a service change, redesign or development is proposed.	Exemplary Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required	Partly established 2023 Established	V	Established – Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships	Exemplary Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships
6.3 We will support carers and representatives of people using services better to enable their full involvement in integration	Established	V	Established – Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Exemplary – Carers and representatives of people using service on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.

1.1- Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place

ACTION/STRATEGIC Continue to support the development of the IJB and its Committees

						2022				
						2023				
						Q1				
	Strategic	Delivery	Current	Target		Jan -	Q2	Q3	Q4	
Next Steps for the Partnership	Lead(s)	Lead(s)	Status	Status	Action Plan	Mar	Apr-June	Jul - Sept	Oct- Dec	<u>Timescale</u>
Further develop collaborative working practices	Chair of IJB Vice Chair of IJB		EXEMPLARY	EXEMPLARY	A voluntary sector review is underway with excellent					
with 3 rd and independent sectors in Fife. Promote	Director of Health				engagement with voluntary organisations, a board has been					
a culture of high engagement, trust and	and Social Care				established with input from Fife Voluntary Action to ensure					
involvement of all parties.					openness and accountability. The review has developed a					
Explore options to clarify roles and					significant programme of support voluntary sector and link					
responsibilities across the partnership with a view					with our localities.					
to improving collaborative working practices										
between partners.					2023 Update					
					The third sector initial phase has concluded with strong					
Develop shared learning practices across Fife to					collaboration from the third sector – the report has highlighted	_	_			
support how our partners deliver health and					a number of areas that will be continued with deep dives into					
social care integration better.					areas for further discussion and planning with the sector					
					(report available).					
					Washing with Coattish Core a callabarative has been					
					Working with Scottish Care a collaborative has been established with care at home providers to ensure closer					
					working relationships linked directly with people currently in					
					interim care home beds to ensure they return home as quickly					
					as possible. The learning from this will be shared across other					
					partnerships. The work of the care at home collaborative has					
					been highlighting across other Partnerships across Scotland					
					and supported by Scottish care and Government.					
Bespoke training with Governance Committees to					, , , , , , , , , , , , , , , , , , , ,					
improve and support understanding of associated					2023 Update					
responsibilities.					The care at home collaborative continues to develop with the					
					introduction of a new care at home contract there has been					
Building on the session with the audit and risk					significant interest from providers to work in Fife, this has seen	✓	✓			
committee sessions to take place between					our delays for a care at home service reduce dramatically					
Clinical & care and F & P Committee.					(weekly report to Government).					
					The Partnership continues to develop a governance training					
					across the IJB committees. Further work will be delivered after					
					council elections when it is anticipated new IJB members will					
					be identified. This has now commenced with several sessions					
					in place.					
					The committee structure has been re-aligned and new					
					committees in place aligned to integration scheme.					
					dominities in place anglica to integration sentine.					

				Update 2023 There is a comprehensive programme of support to board members including a risk appetite programme and agreed position statement, also a number of areas developed in conjunction with the new board members to support their understanding of their joint responsibilities has been delivered successfully.		
In understanding local need, prioritising issues, exploring potential options for change, specifying service models and delivering different ways.	Chair of IJB Vice Chair of IJB Director of Health and Social Care	EXEMPLARY	EXEMPLARY	Remobilisation plans will continue to consider the government's plan of remobilise, recover and redesign. This work will link into the Transformation programme. A transformation Board is now in place which will develop and explore the programme for change and the delivery of differing models of care identified in the strategic direction of the partnership including the strategic plan and the associated strategic plans within it. The review of the strategic plan and the strategic needs assessment has identified clear priorities which will be considered as part of the strategic plan and associated strategies these will be reported via different committees. Update 2023 The new strategic plan was agreed by the IJB along with an annual delivery plan which will ensure that the priorities set are monitored and reported to relevant committees. There is also a transformation plan and PMO reporting on priorities including savings proposals.		

1.1- Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place

ACTION/STRATEGIC Explore bringing key players from across system together to explore how to progress specific themes

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr- Jun	Q3 July - Sep	Q4 Oct - Dec	<u>Timescale</u>
The Director of H & SC will be a key member of the refreshed Transformation Board in partnership with NHS Fife, Fife Council and other key stakeholders.	Chair and Vice- Chair of IJB Chairs of Governance Committees and Director of H &SC		EXEMPLARY	EXEMPLARY	The Partnership has created a Transformation Board with the Chief Finance Officer as the lead – a programme and a PMO office has been established to take forward a significant transformation agenda.					
The Associate Medical Director is leading Primary Care Implementation with key stakeholders. Continue to develop locality work, ensuring the leaders, partners and members of the public within the 7 locality areas, meet the needs of					Update 2023 Significant work has been carried out by the PMO with reports to the IJB on progress.	1	✓			
locally defined communities, reporting to Local Area Committees.					The Head of Primary Care and Preventative Services has taken forward the primary care implementation and will develop a prevention and early intervention strategy to support the work with GPs and the localities.					
Regular meetings to be held between chair and Vice-chair of IJB, Governance Committee Chairs and Director of H&SC					Update 2023 A Primary Care Strategy alongside a delivery plan has been	1	1			
Joint sessions to be held between H&SC and NHS Fife Committee Chairs on priority transformation topics.					approved by the IJB the first in Scotland. There has been a change in the chair of the IJB as part of the terms of reference and work is underway to continue a programme of development sessions and encourage members					
					of the IJB to be part of programme redesign. Some members of the IJB have been involved in a subgroup to develop the refreshed participation and engagement strategy.					
					Update 2023 Work continues with progress on joint transformation plans across NHS Acute and Fife Council.	1	1			

1.2- Relationships and collaborative working between partners must improve

ACTION/STRATEGIC Development sessions have been organised for the IJB on specific topics which showcase new initiatives and ways of working or deep dive into areas of interest

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - Jun	Q3 July- Sep	Q4 Oct - Jan	Timescale
Development Sessions will continue.	Chair and Vice- Chair of IJB and		EXEMPLARY	EXEMPLARY	Development Sessions continue virtual every alternate month					
	Director of H&SC				on topics of specific interest to IJB members.					
Future joint sessions to be arranged between										
H&SC and NHS Fife Committees.					Update 2023					
					A number of development sessions have now taken place in					
Further individually tailored Development					person with a full programme developed.					
Sessions for the three Governance Committees										
will be arranged.					Development Sessions have been held for the Audit & Risk,					
					Clinical & Care Governance & Finance and Performance					
Guidance will be developed around governance					Committees.					
of IJB and its Committees.										
					There has also been a joint session with NHS Fife Clinical					
Work to be undertaken to pair newly appointed					Governance Committee & the Clinical & Care Governance					
IJB members with an experienced member.					Committee. The Chief Officer will continue to support the					
					redesign of committee structures within both IJB and NHS Fife					
Build on networking and shared learning from										
other IJB's and contribute to co-production of a					New members of NHS Fife have been appointed and					
framework for Community Health and Social Care					supported via the Chair – further work will be carried out in					
Integrated Services.					respect of potential new members after Council elections.					
Continue to develop and build joint working with					The Partnership continues to build on networking and are					
Acute services to support improved outcomes.					members of a number of shared learning groups.					
					9 0. c spor					
					Meetings held with the Chief Operating Officer and team with					
					Partnership senior staff on a regular basis, work to support					
					joint performance reporting is underway					

1.2- Relationships and collaborative working between partners must improve

ACTION/STRATEGIC Seek learning from other systems around how they've cultivated a stronger sense of shared endeavour

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr- Jun	Q3 July- Sep	Q4 Oct - Dec	<u>Timescale</u>
Actively seek opportunities to visit other	Chair and Vice- Chair of IJB and		PARTLY ESTABLISHED	ESTABLISHED	Due to covid this has not been developed although there has		-			
partnerships to share knowledge and experience	Director of H & SC		LSTABLISHED		been significant learning and sharing of experience via Chief					
to support our ongoing commitment to					Officers groups.					
demonstrate the characteristics of ongoing care.										
					Update 2023					
Support the identification, adaptation, and					SLT has linked in with a significant number of different					
application of good practice by other					Partnerships to discuss our system for allocation of services –					
partnerships as they plan, design, deliver and					Pinpoint.	•				
commission services.					The Care at Home Services has worked collaboratively with					
					Edinburgh H&SC in respect of assessment planning.					
Fife are linking with Ayr and Highland as part of					Work is underway to develop strong links with D&G and visit is					
the local care programme for Scotland to support					planned to the Care Village in Methil.	•				
the development of pathfinder sites to share local										
learning.					Future work around the introduction of the National Care					
					Service will see the IJB consider good practice and links with					
Actively take part in networking communities.					other partners who are co-terminus to consider.					
Build on connections and link with IJB Strategic					The health and social care partnership are a member of the					
Commissioning and Improvement Network across					NDTI Community Led Support programme and working with					
Scotland.					them we will redesign our pathways into services. The					
					Participation and Engagement team and Locality Planning					
					team link into national networks.					
					The Head of Strategic Planning, Performance and					
					Commissioning is a member of the Network and links in with					
					other areas to highlight work that would benefit Fife.					

Key Feature 1 – Collaborative Leadership and Building Relationships

1.3 – Relationships and partnership working with the third and independent sectors must improve

ACTION/STRATEGIC Engage with the 3rd Sector and Independent Sector about how partnership working could be improved

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr- Jun	Q3 July- Sept	Q4 Oct - Dec	<u>Timescale</u>
Working within localities, the Partnership plan to ensure that engagement with third and independent sector is strengthened at a local level, which will ensure that partnership working is supporting a stronger preventative agenda.	Head of Strategic Planning, Performance & Commissioning/ Head of Preventative		EXEMPLARY	EXEMPLARY	A review of voluntary sector programme is underway with full engagement with third sector this will help to redesign and develop the preventative agenda. An early intervention and Prevention strategy has been developed in conjunction with partners to identify the locality working programme.					
Continue to develop partnership Locality Marketplaces – engaging with the sectors to encourage awareness of provision for people requiring support and their carers.					Update 2023 The first phase of the programme has concluded with recommendations for further work to develop clear outcomes and monitor via the performance framework.	1	1			
					Significant investment in carers funding has allowed a programme of engagement and targeted support for carers with the introduction of a "community chest fund" to support local initiatives and ideas brought forward by carers.					
					Update 2023 The community chest has been developed with over 30 applications for grant funding – this has been a significant achievement from all involved. The Carers Strategy has been signed off by the IJB and the delivery plan is now being taken forward to further develop the support to carers.		√	√		

Key Feature 1 – Collaborative Leadership and Building Relationships

1.3 – Relationships and partnership working with the third and independent sectors must improve

ACTION/STRATEGIC As part of budget for 2019/20 a review of commissioning of the voluntary sector against the priorities in our refreshed Strategic Plan to be undertaken

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - Jun	Q3 July - Sept	Q4 Oct - Dec	<u>Timescale</u>
Work is underway to review the voluntary sector service delivery and funding. This will be undertaken in partnership with the sector and will be supported by the clear priorities highlighted within priority one of the Strategic Plan which highlights the need to work locally with input from local organisations. Develop support to the private sector delivering care in localities.	Head of Strategic Planning, Performance & Commissioning/ Chief Finance Officer/ Director of Health and Social Care		EXEMPLARY	EXEMPLARY	As detailed above voluntary sector review underway. Completion by December 2022. Update 2023 This work has been developed with an initial plan now a further work plan is reviewing areas identified, working alongside organisations and Fife Voluntary Sector. There has been significant development in a collaborative commissioning programme with the private sector linked to	✓				
					care at home and how best to support and develop collaboration between inhouse provision and external provision this has been supported by Scottish Care in partnership with the Partnership. Update 2023 The collaborative care at home programme has developed with a new contract in place and additional providers added to support people at home. The development of the work has been supported by Scottish Care; work is now underway to develop a care home collaborative to ensure the voice of care home providers informs our work going forward.	✓				

2.1 – Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration

ACTION/STRATEGIC Greater understanding of the impact on partners of financial decisions by the IJB required. Additional financial report to IJB Finance & Performance Committee and IJB itself about those impacts

Next Steps for the Partnership Continuation of regular meetings with funding partners.	Strategic Lead(s) Chief Finance Officer	Delivery Lead(s)	Current Status PARTLY ESTABLISHED	Target Status ESTABLISHED	Action Plan Continue to meet on a regular basis with partners established programme in place.	Q1 Jan-Mar	Q2 Apr-Jun	Q3 July- Sept	Q4 Oct-Dec	Timescale
Shared understanding between partners of impact of decisions. Open and transparent discussions to understand where tension exists, and steps identified to alleviate concerns. Process developed which ensures a					Regular meetings (6 weekly) to continue with CEO/DOF. CFO to work with communication officer to develop the Health and Social Care briefing which will produced on a bi-monthly basis. In line with the refresh of the strategic plan a medium-term					
communication strategy to allow information dissemination throughout all partner organisations in relation to the medium-term financial position.					financial strategy will be in place to match the timescales. This will be discussed with DOF and CFO. Update 2023 Medium-term financial strategy refreshed on an annual basis	1				
Development of medium- term financial plan to close gap. Regular meetings between DOF and CFO to discuss progress against medium term financial plan.					taking cognisance of any external factors and influences. As part of the review of the integration scheme the risk share was updated and approved by partners. Update 2023					
Further discussions/ consideration of risk share agreement to reach consensus on way forward between all funding partners.					Work to be progressed in relation to Directions to ensure the impact of financial decisions by the IJB are clearly articulated to both partners. Regular updates to directions will be made available with the financial projected outturn position presented to the IJB at regular intervals throughout the financial year.	√				

2.2 – Delegated budgets for IJBs must be agreed timeously

ACTION/STRATEGIC Development of medium-term financial plan to achieve balance

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr- Jul	Q3 Aug -Sep	Q4 Oct - Dev	<u>Timescale</u>
Further workshops to be organised with representation from all partners. Analysis of data from initial workshop to be used	Chief Executives and Directors of Finance for Fife Council and NHS Fife, Chief		ESTABLISHED	ESTABLISHED	A medium-term strategy is currently being reviewed to ensure it is in line with the strategic plan and will be part of the work going forward to engage with partners and consider the					
as the baseline moving forward.	Finance Officer, Director of H &SC				strategic needs assessment. Update 2023 Continual refresh of MTFS which recognises external factors	1				
Developed into a short- and medium-term financial plan approved by IJB.					such as demographic growth, cost of living and funding increase/decreases from both partners and SG.	•				
					A one-year budget presented to the IJB to ensure continuity with a medium-term strategy developed.					
					Update 2023 A one-year budget approved by the IJB aligned to the Medium-	1				
					Term Financial Strategy.					

2.3 – Delegated hospital budgets and set aside budget requirements must be fully implemented

ACTION/STRATEGIC Establish working group to consider how to progress. That group needs to develop a proposition about how IJB Strategic oversight of the functions the subject of the setaside budget would work and what would be involved. That would take priority initially over discussion of the money and budgets.

Next Steps for the Partnership The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland." The current position regarding the national care service is an extended timeline till Jan 2024 for stage 1 of the Bill with completion of stage 2 by summer 2024. This was discussed with the Chief Officer and Chief Executives in August 2023 and agreed there will be no further change to set	Strategic Lead(s) Chief Executives and Director of Finance for Fife Council and NHS Fife, Chief Finance Officer, Director of H &SC	Delivery Lead(s)	Current Status NOT YET ESTABLISHED	Target Status PARTLY ESTABLISHED	Action Plan Due to Covid the development of set aside budget has not commenced – this will be taken forward as a priority in 2022. The CFO plays an active part in the CFO network and has developed strong relationships with other integrated authorities. Update 2023 See next steps column.	Q1 Jan- Mar	Q2 Apr- Jun	Q3 July- Sep	Q4 Oct-Dec	Timescale
agreed there will be no further change to set aside arrangements in Fife till there is this national clarity on any pending reform. For assurance however there continues to be strong team working and collaboration across NHS Fife, Fife Council and Fife Health and Social Care Partnership on pathways of care and joint working in relation to unscheduled care, capacity and flow.										

Key Feature 2 – Integrated Finances and Financial Planning

2.5 – Statutory partners must ensure appropriate support is provided to IJB S95 Officers

ACTION/STRATEGIC Continue to support the Section 95 officer and relationship with DoFs and their teams in partner bodies

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - July	Q3 Aug - Sept	Q4 Oct - Dec	Timescale
Regular meetings with Directors of Finance in NHS Fife and Fife Council. Commence discussion regarding future operating model for Finance.	Directors of Finance for Fife Council and NHS Fife and Chief Finance Officer		ESTABLISHED	ESTABLISHED	6 weekly meetings scheduled for DOF. Additional Finance support has been identified to support the finance model and ensure that an effective resource is available to monitor future spend.					
					Update 2023 Discussions ongoing re operational responsibility for financial information with good progress being made.	1				

2.6- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations

ACTION/STRATEGIC Risk Share Agreement

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 April - July	Q3 Aug- Sept	Q4 Oct - Dec	<u>Timescale</u>
Risk Share agreement will be a key agenda item for the CEO/DOF/CFO meetings. This will inform decisions that are made to support a whole system approach, a common understanding of the reason for variances, and to support a collective responsibility as to how to tackle these.	Chief Executives of Fife Council & NHS Fife		PARTLY ESTABLISHED	ESTABLISHED	Review of integration scheme is complete and with Government minister for sign off as part of this the risk share agreement has been reviewed and approved by Fife Council and NHS Fife. Update 2023 Working within the parameters of the integration scheme the risk share will be implemented as required, whilst recognising other important policies and guidelines, such as reserves policies, to ensure effective financial governance within the IJB. Update 2023 Work to be progressed in relation to Directions to ensure the impact of financial decisions by the IJB are clearly articulated to both partners. Regular updates to directions will be made available within the financial projected outturn position presented to the IJB at regular intervals throughout the financial year.					

2.6- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations

ACTION/STRATEGIC Develop a proposition to consider whole system planning – beyond the delegated responsibilities of the IJB – to ensure effective investment in prevention and early intervention and the development of sustainable community services to achieve health & wellbeing outcomes for the people of Fife. Engage with community planning partnership to that end.

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan - Mar	Q2 April - Jun	Q3 July - Sept	Q4 Oct - Dec	<u>Timescale</u>
Strategic Plan to support delivery of whole system planning to enable and further strengthen sustainable engagement. Ensure that there is representation and input from community planning partners and public health in the H&SCP. There is joint H&SCP and Public Health contribution to Community Planning.	Head of Strategic Planning, Performance & Commissioning, Director of Public Health and Director of Health and Social Care		PARTLY ESTABLISHED	ESTABLISHED	Transformation Board in place reporting into Senior leadership team on a regular basis. The transformation board has a clear programme and reporting structure to support and enable whole system planning. Update 2023 Strategic Planning Group in place reporting into Senior Leadership Team on a regular basis. Members of SLT are represented on the community planning partnerships and public health input which will shape the strategic priorities. The strategic plan will ensure the medium-term plan is critical to the future planning. Update 2023 Fife's Locality Core Groups were remobilised in May 2022. To ensure the quality of localities' they must function with the direct involvement and leadership of the Partnership's Senior Leadership Team, health and social care professionals, housing sector, representatives of the third and independent sector, and community planning partners. The groups met in May, September and a wider stakeholder event took place in November 2022.					

Key Feature 3 – Effective Strategic Planning for Improvement

3.1 – Effective strategic planning for improvement

ACTION/STRATEGIC Consider how the senior team around the Chief Officer is resourced and supported

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - Jun	July - Sept	Q4 Oct - Dec	<u>Timescal</u>
To review requirements, define the need and address any critical gaps.	Director of H&SC		EXEMPLARY	EXEMPLARY	The health and social care partnership have carried out a review of the structure of the organisation and redesigned the portfolios to ensure that any critical gaps have been identified. The structure has now been in place for 7 months and will be reviewed at the end of the first year of implementation to ensure that the resource is supporting the service delivery. Update 2023 Work is underway to consider the next stage of the review of the structure with a dedicate plan for a test of change in Levenmouth area considering a locality-based model and a staffing structure to accommodate this.	√		√		
					The evidence from this will consider a "blue print" for the future of the planning.					

Key Feature 3 – Effective Strategic Planning for Improvement

3.4- Improved strategic planning and commissioning arrangements must be put in place

ACTION/STRATEGIC Analyse the effectiveness of strategic planning and commissioning arrangements

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - Jun	Q3 Jul- Sept	Q4 Oct - Dec	<u>Timescale</u>
The H&SC Strategic Plan is being submitted for approval to the IJB in September 2019. Continue to engage with providers, both private	Head of Strategic Planning, Performance and Commissioning and Director of H&SC		ESTABLISHED	EXEMPLARY	A review of the current strategic plan and a refresh of the plan is underway – the plan will be implemented in 2022 to 2025 a full engagement programme will be designed to ensure buy in from staff, service providers and the local community to					
and third Sector. The delivery of the strategic plan will be					ensure people have input. Update 2023					
monitored and reviewed through the strategic planning group.					The updated Strategic Plan for 2023 – 2026 is now in place approved by the IJB – there is also an Annual Delivery Plan in place alongside a programme of work to develop and monitor the progress. An easy read version of the Strategic Plan is also available.	√				
					The strategic planning group was paused due to covid but resumed in June 2022 and meets regularly chaired by a member of the IJB.					

	Update 2023 The Strategic Planning Group has resumed with the chair a member of the IJB — workplan is in place and significant work has been undertaken to give updates using flash reports on progress of strategies etc.	√			
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Key Feature 3 – Effective Strategic Planning for Improvement

3.5- Improved capacity for strategic commissioning of delegated hospital services must be in place

ACTION/STRATEGIC Build capacity & capability for strategic commissioning of delegated hospital services a key priory of the working group which will be established

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - Jun	Q3 July- Sep	Q4 Oct- Dec	<u>Timescale</u>
The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland. The current position regarding the national care service is an extended timeline till Jan 2024 for stage 1 of the Bill with completion of stage 2 by summer 2024. This was discussed with the Chief Officer and Chief Executives in August 2023 and agreed there will be no further change to set aside arrangements in Fife till there is this national clarity on any pending reform. For assurance however there continues to be strong team working and collaboration across NHS Fife, Fife Council and Fife Health and Social Care Partnership on pathways of care and joint working in relation to unscheduled care, capacity and flow.	Chief Executives and Directors of Finance for Fife Council and NHS Fife, Chief Finance Officer, Director of H&SC		NOT YET ESTABLISHED	PARTLY ESTABLISHED	Establish terms of reference -CO HSCP/COO Establish working group-CO HSCP/COO Development of delivery plan with key milestones. Clarification of activities that are in scope. Engage with other IA via Director of Delivery for Health and Social care Integration. NHS Fife to provide information on set aside budgets- size of budget and how calculated. Trends in spend and budget allocation. Clear understanding of where delegated responsibility lies and how the partnership influences spend. Work is underway with Directors of Finance to further discuss options. Update 2023 See next steps column.					2024

4.1 – The understanding of accountabilities and responsibilities between statutory partners must improve

ACTION/STRATEGIC To strengthen the understanding of accountabilities and responsibilities between statutory partners

'	Strategic	Delivery	Current	Target		Q1	Q2	Q3	Q4	
Next Steps for the Partnership	Lead(s)	Lead(s)	Status	Target Status	Action Plan	Jan-Mar	Apr -Jun	1 1	Oct - Dec	<u>Timescale</u>
Ongoing engagement with the Director of Delivery for Health and Social Care Integration at Scottish Government. Meetings will continue to develop a shared understanding of the accountabilities and responsibilities of NHS Fife, Fife Council and the Health and Social Care Partnership. This will offer opportunities for delegated functions and to support the interface between all parties. Development session with Finance and Performance Committee to refine the performance framework. Continual review of information available to officers, committees and the IJB.	Chair and Vice Chair IJB, Chief Executives of Fife Council and NHS Fife and Director of H&SC	Lead(s)	ESTABLISHED	ESTABLISHED	The Chief Officer contributes via a number of committees within the Scottish Government and has been involved in the CO group throughout the pandemic. The Chief Officer continues to work with partners and to support the delegated functions reporting to both CEOs on the progress within the partnership, this has been significant due to covid which say emergency measure being implemented and a command structure in place. Update 2023 Quarterly tripartite meetings including the Director of HSCP and both CEOs are scheduled where progress of the Partnership is a significant standing agenda item. The Performance framework is in place across the Partnership and will continue to be reviewed to ensure it is fit for purpose and meets the requirements of the new management structure. Update 2023 Performance and the performance framework have both been topic covered at both committee and IJB Development Sessions. Update 2023 A newly appointed Head of Corporate Services has initiated a rolling programme of 'Deep Dives' to deliver a comprehensive and efficient administration Service to the IJB following a gap analysis and review of current processes.	Jan-Mar	Apr -Jun	Jul- Sept	Oct - Dec	Timescale

4.2 – Accountability processes across statutory partners will be streamlined

ACTION/STRATEGIC Improve clarity of the Integration Scheme in Fife in 2202

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan - Mar	Q2 Apr - Jun	Q3 July - Sept	Q4 Oct - Dec	<u>Timescale</u>
Explore governance structures in other H & SCPs and work towards streamlining reporting across the IJB, NHS Fife and Fife Council. Initiate discussions with Chief Executives of Fife Council and NHS Fife and Chair of IJB regarding how to further strengthen and improve collaboration	Chief Executives of Fief Council and NHS Fife, Director of H&SC		EXEMPLARY	EXEMPLARY	A review of the Integration scheme has been signed off by NHS Fife and Fife Council this is now with the Scottish Minister for final sign off. This will see a restructure of the governance committees to ensure a better alignment and clarity of roles and responsibilities. Update 2023 A new governance meeting structure has been implemented with all Terms of Reference agreed. A review of the involvement of the chair of the IJB with partners will be considered as part of the review of the committee structure. Update 2023 A new meeting structure has been established with incorporates meetings with Chair and Vice Chair of IJB meeting both CEO.					

4.3 – IJB Chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis

ACTION/STRATEGIC Continue Board Development Sessions

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr- Jun	Q3 July- Sep	Q4 Oct - Dec	<u>Timescale</u>
Topics for scheduled development sessions for the remainder of 2022	Chair and Vice- Chair of IJB and Director of H&SC		ESTABLISHED	EXEMPLARY	Board Development Sessions are held every alternate month on a variety of topics which are suggested by IJB Members or topical issues.	1				
Regular meetings with Chair, Vice Chair, Director										
H & SC and Head of Corporate Services					Director, Head of Corporate Services, Chair and Vice-Chair meet regularly to set Agenda for future meetings or discuss	1				
Strengthen connections and reporting between IJB and Committees					running of meetings.					
					Forward work planner for IJB and governance committees					
See Sections 1.1. and 1.2 for further actions regarding development.					being pulled onto single spreadsheet to track progress.					
					Bimonthly meetings arranged with Chair, Vice Chair, and Chairs of 3 governance committees.	1				

Key Feature 4 – Governance and Accountability Arrangements

4.4 – Clear directions must be provided by IJB to Health Boards and Local Authorities

ACTION/STRATEGIC Learn from other systems about use of directions and take account of national guidance

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan -Mar	<u>Timescale</u>
Contact other H&SCPs to better understand how they use Directions.	Director of H&SC and Chief Finance Officer		PARTLY ESTABLISHED	ESTABLISHED	As part of the Integration scheme review and the restructure a greater use of direction will be determined as we move out of the command structure due to covid.					
Strengthen how Directions are used in Fife in line with national guidance.					Update 2023 A review of the Direction policy including a schematic on its			1		
Provide greater clarity in reports to the IJB and its committees on how decisions are fulfilling Directions.					use is in development. Ensure that the financial and performance committee is restructured to include scrutiny which will ensure that directions are fulfilled and actioned on accordingly.					
					Update 2023 An annual report on Direction is reported to Audit and Assurance Committee as per our annual Governance reporting cycle.			1		

4.5 – Effective, coherent and joined up clinical and care governance arrangements must be in place

ACTION/STRATEGIC Bring members of the IJB C&CG Committee and the NHS Fife CG Committee together regularly on areas of common interest

Next Stens for the Partnership	Strategic	Delivery	Current	Target	Action Plan	Q1	Q2	Q3	Q4 Oct - Dec	Timescale
Continue to hold joint development sessions and engagement with chairs from both committees. Contact other IJBs to see how their Clinical Governance arrangements work. Agree an appropriate clinical and care governance system that is efficient and appropriately balanced and focused on both social work and NHS services. Refresh the Clinical and Care Governance Strategy which will inform and strengthen the clinical and care governance arrangements across Fife. Build on the guidance, direction and policy as a foundation for transformational change and offer a clear line of accountability and responsibility for delivery, drawing on the work undertaken to develop clinical and care governance arrangements to strengthen assurance.	Chairs of Clinical and Care Governance and NHS Fife's Clinical Governance Committees and Director of H&SC	Lead(s)	Status ESTABLISHED	EXEMPLARY	The chairs of the relevant committees regroup after each IJB to discuss relevant matters and take forward any development requirements into a development session. The Partnership has developed a Quality Matters programme which is a governance board within the partnership, this board will ensure effective clinical and care governance with a dedicated terms of reference and workplan. Weekly meetings are in place to review and govern clinical areas, work is underway to ensure social work is included in this programme. Monthly meetings to bring together areas of improvement and reporting on inspections will be submitted for discussion. Work is required to identify areas of this work to be incorporated in an integrated performance and quality assurance report to give assurance to the IJB. Any transformational programme will be discussed at this group to ensure full co-production and accountability for any change is approved by the clinical and care governance routes. Update 2023 A short life working group has been convened to refresh the overall Clinical Governance Framework and associated reporting structures and processes.	Jan- Mar	Apr - Jun	July- Sep	Oct - Dec	Timescale

Key Feature 5 – Ability & Willingness to share information

5.1 – Annual reports will be benchmarked by Chief Officer to allow them to better understand local performance data

ACTION/STRATEGIC Be part of National discussions and learn from other systems about how we more systematically learn from best practice elsewhere

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr – Jun	Q3 July- Sept	Q4 Oct – Dec	<u>Timescale</u>
To continue to work in partnership with Chief Officers as part of a shared learning network.	Director of H&SC		EXEMPLARY	EXEMPLARY	Chief Officer is a full member and on dedicated sub groups considering the National Care Service					
To review and develop a comprehensive performance framework across the Partnership, building on the portfolio arrangements in place to better understand our local performance data.					Continue to review and develop a programme of performance linked to both clinical and social work, ensuring that key performance data is available for Heads of Service across the partnership.					
Engage with the Scottish Commissioning and Improvement Network to work in partnership towards agreed national annual reporting which is consistent and accessible. Facilitate extensive engagement and participation to maximise ownership, public understanding and contribution to the 2022 annual report.					Update 2023 A refreshed performance framework has been developed and will be implemented over the coming year as a key part of our improvement drive. This will consolidate many of the improvements to our performance system which have already been put in place while setting out how we will build on this to further support improvement. The framework will enable the Partnership to make better and more efficient use of our significant data assets to underpin service improvement. It will	√		✓		
					also more clearly link strategies to actions and the required impact, regularly reporting on progress. Annual Performance Reports are published on the					
					Partnership's website. An Easy Read Version, and a Summary Version (in Microsoft Sway) are also available for 2022 to 2023.					
					Continue to attend the SCIN partnership to ensure fully sighted on national reporting and engage with other partnerships on their programmes to maximise potential within Fife and learn from other partnerships through information sharing meetings.					
					A participation and engagement team are now in place and will support work identified within the strategic plan and transformation strategy.					
					Update 2023 Recruitment for the full Participation & Engagement Team has been completed and a service operating model, structure, and framework (reflecting the National Standards for Participation and Engagement) has been developed.			1		

	Work is ongoing with key partners and local communities to support Locality Planning Groups identify, prioritise and implement agreed priorities.					
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Key Feature 5 – Ability & Willingness to share information

5.2- Identifying and implementing good practice will be systematically undertaken by all partnerships

ACTION/STRATEGIC Learn from other systems and national bodies about how we more systematically learn from best practice elsewhere

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr- Jun	Q3 July-Sep	Q4 Oct-Dec	Timescal
Systematically identify areas of good practice as part of the development of locality working.	Director of H&SC		ESTABLISHED	ESTABLISHED	The locality planning group have been virtual throughout the pandemic, but refreshed data has been made available to update the plans. A programme is being developed to review the locality working linked to the refresh of the strategic plan.					
Further develop the Fife website to share best practice identified across the Partnership localities and indeed nationally.					The website requires to be updated and a plan is in place to consider best practice across the country so that people have easy access to service detail.					
Create networking space for all partners to identify, share and spread good practice.					Partnership continues to work with national bodies to highlight areas of good practice and learn from other areas to ensure we become a top performing partnership by 2025.					
Further systematic collaboration opportunities sought in partnership with national bodies to learn, adapt and implement good practice locally where appropriate.					Update 2023 Fife's Locality Core Groups were remobilised in May 2022. To ensure the quality of localities' they must function with the direct involvement and leadership of the Partnership's Senior Leadership Team, health and social care professionals, housing sector, representatives of the third and independent sector, and community planning partners. The groups met in May, September and a wider stakeholder event took place in November 2022. The groups agreed the priorities and actions for 2023 to 2024 and a number of Short Life Working Groups have been established to support tests of change across the different localities. These include:	•		✓		
					 Mental Health Triage Car KY Cafes Project Community Chest Fund What Matters to You Living Well with Long Term Conditions Ageing Well 					

Key Feature 6 – Meaningful & Sustainable Engagement

- 6.1 Effective approaches for community engagement and participation must be put in place for integration and Action
- 6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required

ACTION/STRATEGIC Complete and implement review of Participation & Engagement Network (PEN) Working with NHS Fife Director of Nursing recognise statutory role in community/patient engagement

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr-Jun	Q3 July-Sept	Q4 Oct-Dec	Timescale
Future meetings to be scheduled to support strong collaboration between Fife H&SCP and NHS Fife. Agree the scope of focus for PEN within H&SCP, PEN Participation and Engagement Officer's priorities accordingly. New Chair sought from PEN membership who will be a member of the IJB. Develop induction which considers the training and support arrangements which new PEN chair requires. Develop joint working between PEN and 7 Locality groups within Fife.	Director of H&SC, Director of Nursing and Head of Strategic Planning, Performance and Commissioning		PARTLY ESTABLISHED	ESTABLISHED	The Partnership continues with strong collaboration with NHS Fife. Planning with People - In March 2021 the Scottish Government and COSLA published Planning with People. This document provides guidance which applies to all care services. It supports organisations to deliver their existing statutory duties for engagement and public involvement, with a direction that it should be followed not only by health and social care providers but also by local, regional and national planners, Special Boards and all independent contractors and suppliers such as care homes, pharmacies and general practices. The Partnership have refreshed the participation and engagement strategy in line with the above guidance supported by members of the IJB this will ensure that the IJB have their own dedicated strategy but will continue to link in with both NHS Fife and Fife Council. Update 2023 The Participation and Engagement Team have developed an engagement partnership with staff and service users from People First (Scotland). This ensures that the Partnership's strategies and transformation programmes are underpinned by the needs of the individuals who access health and social care services. The chair of the participation and engagement programme will be redefined, and locality groups will support the design of the new structure and the appointment of a new chair. The PEN will continue to be supported by NHS Fife Board the Partnership will launch a Community Forum which will be the vehicle to engage with people across Fife. A full programme of support is in place for engagement with carers groups set up across the seven localities who will feed into the planning. The community forum will seek					

participation and views from local people using services or	
have an interest in particular areas of the partnership.	
Update 2023	
The Carers Strategy 2023 to 2026 was approved by Fife	
Integration Joint Board in July 2023. The Strategy and	
supporting Delivery Plan were developed in consultation with	_
unpaid carers across Fife, voluntary sector partners, and	
colleagues across the Health and Social Care Partnership.	
Ongoing delivery of the Strategy will be monitored through the	
Annual Carers Survey, quarterly performance reporting, active	
contract management for all commissioned partners, and	
internal quality checks.	

Key Feature 6 – Meaningful & Sustainable Engagement

6.3 – We will support carers and representatives of people using services better to enable their full involvement in integration

ACTION/STRATEGIC | Continue work to support network of carers and service users' representatives on locality groups

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr-Jun	Q3 July-Sep	Q4 Oct - Dec	Timescale
Build support for Carer representatives and embed this in the localities. Clear linkage to be developed with the network of Wells across Fife.	Director of H&SC, Head of Strategic Planning, Performance and Commissioning		ESTABLISHED	EXEMPLARY	The Partnership has established 7 carers groups in localities further work is required to establish the support via Fife Carers Centre and Fife Voluntary Action.					
Seek to improve the process of distribution of Board papers, ensuring time built in for review.					A programme to support transition from the current chair of the carers group and rep on the IJB to a new member is underway with a clear plan for support and transition.					
Build on the work carried out by Carers strategy lead with a presentation at an IJB future development session.					Information and significant investment have been approved via the IJB and further presentations are planned via a development session,					
Continue to involve carers representatives within transformational programmes to ensure the carers voice is taken into consideration.					Work is required to identify carers reps alongside community members to be a voice on transformation programmes.					
					Update 2023 The Carers Strategy 2023 to 2026 includes an investment approach for commissioning new services; this will increase the resources available to support unpaid carers. Work is underway to raise awareness among carers, partner agencies, and other professionals of the increased support that is available.			✓		



Meeting Title: Integration Joint Board

Meeting Date: 24 November 2023

Agenda Item No: 8.2

Report Title: Membership of Integration Joint Board

Responsible Officer: Nicky Connor, Director Fife Health & Social Care

Partnership

Report Author: Vanessa Salmond, Head of Corporate Services

1 Purpose

This Report is presented to the Board for:

Noting.

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

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

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

Managing resources effectively while delivering quality outcomes.

2 Report Summary

2.1 Situation

This report is provided to advise Members of changes in the Voting and Stakeholder Membership of the Integration Joint Board.

2.2 Background

The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 sets out the legislation for Membership of Integration Joint Boards and that there should be an equitable number of Voting Members for each of the constituent authorities around the Integration Joint Board.

It is agreed that any changes in IJB membership will be conveyed to members via a formal report to the Integration Joint Board.

2.3 Assessment

The Following changes of membership have been confirmed:

- Mary Lockhart has been appointed by Fife Council as a voting member of the Integration Joint Board.
- Lynne Parsons has been appointed by NHS Fife as a voting member of the Integration Joint Board.
- Wilma Brown has been appointed as interim co-chair for Fife Health and Social Care Partnership Local Partnership Forum and will therefore join the Integration Joint Board as the Staff Side Stakeholder representative (non-voting).

2.3.1 Quality / Customer Care

There are no quality/customer care implications to this report.

2.3.2 Workforce

This ensures that the Integration Joint Board has staff side stakeholder representative filled.

2.3.3 Financial

There are no financial impacts associated with this report.

3.3.4 Risk / Legal / Management

This confirmation of membership ensures that the Integration Joint Board continues to have full representation in line with the Integration Scheme.

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Environmental / Climate Change

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

2.3.7 Other Impact

No other impacts anticipated from this report.

2.3.8 Communication, Involvement, Engagement and Consultation

The change in membership has been shared with the Chief Officer and Chair of the Integration Joint Board.

3 Recommendation

• IJB members are asked to **note** the changes in membership and welcome new members to the Integration Joint Board.

4 List of Appendices

There are no appendices to this report.

5 Implications for Fife Council

This ensures Fife Council has full voting membership on the Integration Joint Board

6 Implications for NHS Fife

This ensures NHS Fife has full voting membership on the Integration Joint Board

7 Implications for Third Sector

No implications for the Third Sector.

8 Implications for Independent Sector

No implications for the Independent Sector.

9 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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Meeting Title: Integration Joint Board

Meeting Date: 24 November 2023

Agenda Item No: 9.1

Report Title: Annual Review of Best Value 2022-2023

Responsible Officer: Nicky Connor, Chief Officer/Director of Health and Social

Care

Report Author: Fiona McKay, Head of Strategic Planning, Performance

and Commissioning

1 Purpose

This Report is presented to:

The Integration Joint Board is asked to approve the Partnership's Annual Review of Best Value for 2022–2023 (Appendix 1).

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.
- 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.
- 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.
- 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
- Sustainable
- Wellbeing
- Outcomes
- Integration

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.

- Discussions with relevant colleagues across the Partnership.
- Senior Leadership Team SLT Assurance, 30 October 2023.
- Audit and Assurance Committee 8 November 2023.

The Committee approved the recommendations set out in the paper.

- 1. Noted the evidence provided to demonstrate progress with Best Value.
- 2. Suggested that next year's assessment could include performance indicators (for example Red/Amber/Green status and/or a maturity model approach).
- 3. Recommended that the Annual Review of Best Value 2022-2023 is progressed to the Integration Joint Board for final approval.

3 Report Summary

3.1 Situation

The Local Government (Scotland) Act 2003 places a duty on Local Government bodies to secure Best Value. As a section 106 body under the 2003 Act, Integration Joint Boards have the same statutory duty to secure Best Value.

3.2 Background

In January 2019, a report was presented to the Finance and Performance Committee setting out a Best Value Framework. The Best Value Framework outlines the key areas where the IJB would seek to demonstrate delivery of best value for the delegated functions. An annual assessment of how the IJB has demonstrated best value will be undertaken and reported to the Committee and to the Board.

In February 2020 a Best Value position statement for 2019-2020 was taken to Finance and Performance and Audit and Risk Committees. This set out the key areas within the Framework, the evidence in place to support Best Value and the actions we are working on continue to make improvements. Due to pressures caused by the coronavirus pandemic no statement was made in 2020-2021.

The Best Value Annual Review 2021-2022 was considered and approved by the Integration Joint Board in July 2022.

3.3 Assessment

The IJB's Best Value Framework sets out the following key areas to demonstrate compliance with the principles of Best Value:

- Management of Resources (eg financial assurance and monitoring of IJB budget resources, medium term financial planning, workforce planning).
- Effective Leadership and Strategic Direction (eg commitment to delivering integration among board and committee members, the Strategic Planning Group, and senior managers, through the Partnership's Strategic Plan 2023-2026).
- **Performance Management** (eg regular reporting and scrutiny of IJB performance, achievement against health and social care outcomes and progressing integration).
- Joint Working with Partners (eg demonstration of effective approach to joint working with partners to progress integration through Care at Home Collaborative, the Reimagining the Third Sector Project, and development of the Methil Care Village.
- Service Review/Continuous Improvement (eg regular reviews of service activity and scope for integration through projects such as the Home First Programme, Primary Care Improvement Plan, and the Programme Management Office).
- **Governance and Accountability** (eg demonstration through public performance information such as the Scheme of Delegation, the Financial Regulations, and the Directions Policy).
- Engagement with Community (eg regular engagement and consultation with stakeholders through Locality Planning Groups and the Carers Forum).

A review has been undertaken to look at progress that has been made in each area of the Best Value Framework in 2022-2023 highlighting where we have evidence to demonstrate compliance and where we are working to continuously improve and reach exemplary standards. The report includes references from the Ministerial Strategic Group Work Plan (October 2023), management of Strategic Risk Actions, and Audit Recommendations.

These are supported by the recent positive external audit report relating to the annual accounts which was considered by the Integration Joint Board on 29th September 2023.

The Annual Review of Best Value 2022-2023 is included as Appendix 1.

3.3.1 Quality / Customer Care

The Best Value Framework will assist in delivering health and wellbeing outcomes. No additional impact on customer care is anticipated

3.3.2 Workforce

The evidence provided in the Annual Review of Best Value is retrospective. Any outstanding improvement activities will be progressed through the Partnership's strategic delivery plans and transformation programmes. Any impact on workforce will be managed in accordance with the Partnership's Workforce Strategy.

3.3.3 Financial

Best Value in the use of resources is a key objective for the IJB. The Best Value Framework seeks to demonstrate compliance and provide assurance for the Board. All financial activities will be managed in accordance with the Medium-Term Financial Strategy.

3.3.4 Risk / Legal / Management

The Best Value Framework provides a formal process for the IJB to demonstrate compliance with its statutory duty of Best Value

3.3.5 Equality and Diversity, including Health Inequalities

An Equality Impact Assessment (EQIA) has not been completed and is not necessary as there are no EQIA implications arising directly from this report. Equality responsibilities are considered during strategic planning, budgeting and the development of transformation programmes, service planning, and service delivery.

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 No formal consultations have been carried out. All of the information provided was collected through discussions with key stakeholders.

4 Recommendation

The Integration Joint Board is asked to approve the Partnership's Annual Review of Best Value for 2022–2023.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 – Annual Review of Best Value 2022-2023

6 Implications for Fife Council

No implications for Fife Council.

7 Implications for NHS Fife

No implications for NHS Fife.

8 Implications for Third Sector

No implications for the Third Sector.

9 Implications for Independent Sector

No implications for Independent Sector

10 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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Progress with Best Value – Annual Review 2022 - 2023

	WHERE ARE WE NOW?	WHAT ARE WE ACTIVELY WORKING ON/NEXT S	TEPS?				
	What do we have in place now that we can evidence	Includes details from: Ministerial Strategic Group Work Plan, mar	agement of Strategic	Risk Actions, and Audit F	Recommendations.		
BEST VALUE FRAMEWORK KEY AREAS	CURRENT EVIDENCE	WORK ACTIVITY	DUE DATE	SLT LEAD	MSG Reference	Strategic Risk Reference	Audit Recommendation
Management of Resources							
	refreshed on an annual basis taking cognisance of any external factors and influences such as cost of living, and funding increase/decrease from both Fife partners and Scottish Government. The Medium Term Financial Strategy 2023 - 2026 was finalised and approved by the Integration		March 2024	Chief Finance Officer	2.1, 2.2, 2.3, 2.5	Finance - Risk 3	2021/22 - EA 01, EA 02, EA 03, EA b/f 6, EA b/f 7, IA 01
		Work is underway to consider the next stage of the review of the structure with a dedicated plan for a test of change in Levenmouth area considering a locality-based model and a staffing structure to accommodate this. The evidence from this will consider a "blue print" for the future of the planning. Year 2 Plan in development. Extra capacity provided to collate and analyse real time workforce data for the third and independent sector. This will help to gain a broader and more accurate picture across the HSCP workforce. Arrangements are in place with the independent and third sector to collate relevant data. Mission 25 recruitment campaign underway to March 2024.	March 2024	Principal Lead for Organisational Development and Culture	3.1, 3.5	Workforce - Risk 7	2021/22 - IA 02

Effective Leadership and Strategic Direction

Commitment to delivering integration among Board members and senior managers through IJB Strategic Plan.	The Partnership's Strategic Planning Group (SPG) was re-established in July 2022. The SPG reports into the Senior Leadership Team (SLT) on a regular basis. A Work Plan is in place and significant work has been undertaken to give updates using flash reports on progress of strategies etc.	performance of the strategies and associated	Ongoing	Head of Strategic Planning, Performance and Commissioning	2.6	Strategic Planning - Risk 9	SP IA 14
	with an annual Delivery Plan which will ensure that the priorities set are monitored and reported	performance of the strategies and associated Delivery Plans.	Ongoing	Head of Strategic Planning, Performance and Commissioning	1.1, 3.4	Strategic Planning - Risk 9	SP IA 14
	There is also a Transformation Plan and PMO (Programme Management Office) reporting on priorities including savings proposals.						
	The Annual Performance Report 2021 - 2022 was approved by the IJB on 30th September 2022.	N/A	N/A	Head of Strategic Planning, Performance and Commissioning	3.4	Demographic/Chang ing Landscape Impacts - Risk 19	
	The Annual Performance Report 2022 - 2023 was approved by the IJB on 28th July 2023. A summary version (Sway) and an easy read version are also available online.	2023 to 2024.	July 2024	Head of Strategic Planning, Performance and Commissioning	3.4	Demographic/Chang ing Landscape Impacts - Risk 19	
	governance training and support for board members including development of a formal risk appetite statement and ongoing work in relation to the application of risk appetite across the work of the Integration Joint Board. Additionally, a number of sessions developed in conjunction with new board members to support their understanding of their joint responsibilities have been delivered successfully.	Annual Governance Statement including: Review of Directions Policy. Development of new HSCP website.	March 2024	Chief Finance Officer	1.1, 1.2	Governance - Risk 24	2021/22 - IA 03, IA 04 2022/23 - IA 02, IA 03

	Review of HSCP structure is progressing.	Work is underway to consider the next stage of the review of the structure with a dedicated plan for a test of change in Levenmouth area considering a locality-based model and a staffing structure to accommodate this. The evidence from this will consider a "blue print" for the future of the planning.	Ongoing	SLT	3.1	Governance - Risk 24	
	1		ļ	,			,
Regular reporting and scrutiny of IJB performance, achievement against Health and Social Care outcomes and progressing integration.	Meetings held with the NHS Chief Operating Officer and Team with Partnership senior staff on a regular basis, work to support joint performance reporting is underway. Quarterly tripartite meetings including the Director of HSCP and both Chief Executive Officer's are scheduled where progress of the Partnership is a significant standing agenda item.	Discussion/meetings progressed as/when required.	Ongoing	SLT	4.1		
	Senior Leadership Team performance reporting in construction. Performance and the performance framework have been topics covered at both committee and IJB Development Sessions.	A refreshed performance framework will be introduced over the coming year as a key part of our improvement drive. This will consolidate many of the improvements to our performance system which have already been put in place while setting out how we will build on this to further support improvement. The framework will focus on making better and more efficient use of our significant data assets to underpin service improvement. We will also more clearly link strategies to actions and the required impact, regularly reporting on progress.	March 2024	SLT	4.1		2021/22 - EA b/f 13, EA b/f 2
	Future work around the introduction of the National Care Service will see the IJB consider good practice and links with other partners who are co-terminus to consider.	The current position regarding the national care service is an extended timeline till Jan 2024 for stage 1 of the Bill with completion of stage 2 by summer 2024.	Summer 2024	Head of Strategic Planning, Performance and Commissioning	3.5		

	has initiated a rolling programme of 'Deep Dives'	Implementation of a comprehensive and efficient administration service for the Integration Joint Board.	Ongoing	Head of Corporate Services	4.1		
	The Health and Social Care Partnership are a member of the NDTI Community Led Support programme and working with them we will redesign our pathways into services.	Discussion/meetings progressed as/when required.	Ongoing	Head of Strategic Planning, Performance and Commissioning			
			•	•			
Joint Working with Partners			1				
Demonstration of effective approach to joint working with partners to progress integration through Fife Health and Social Care Delivery Plan.	Remobilisation plans will continue to consider the government's plan of remobilise, recover and redesign This work will link into the Transformation programme. The Transformation Board will develop and explore the programme for change and the delivery of differing models of care identified in the strategic direction of the Partnership including the Strategic Plan and the associated strategic plans within it.		Ongoing	Chief Finance Officer	1.1	Transformation/Cha nge - Risk 20	
	The new Strategic Plan has been agreed by the IJB along with an annual Delivery Plan which will ensure that the priorities set are monitored and reported to relevant committees. There is also a Transformation Plan and PMO (Programme Management Office) reporting on priorities including savings proposals.						

The Reimagining the Third Sector Project was launched in October 2021, and represented a clear commitment from the Partnership to strengthening our approach to commissioning and monitoring third sector services. The Project engaged with 72 different organisations who deliver 124 different services across Fife. Activities during 2022 - 2023 include: • Developing and mapping the range of services provided by our third sector through grant funding, and an understanding of how they operated throughout the pandemic. • Gaining insights and identifying where meaningful changes can happen through a range of consultation methods. • Changes to the Service Level Agreement template ensuring a clear focus on delivering outcomes, driving up quality, and enabling key service activities to be clearly recorded. • Development of a dashboard to enhance information about grant funded providers. • Linking investment to activities and outcomes to enable collaborative conversations about how these outcomes can best be met with the resources we have.	An update on the Reimagining the Third Sector Project will be provided to the IJB in November 2023.	July 2024	Head of Strategic Planning, Performance and Commissioning	1.1, 1.3		
The Care at Home Collaborative continues to develop with the introduction of a new care at home contract. There has been significant interest from providers to work in Fife, this has seen our delays for a care at home service reduce dramatically (weekly report to Government). The development of the work has been supported by Scottish Care.	Work is now underway to develop a Care Home Collaborative to ensure the voice of care home providers informs our work going forward.	October 2023	Head of Strategic Planning, Performance and Commissioning	1.1, 1.3	Contractual/Market Capacity - Risk 21	
The Partnerhip's Senior Leadership Team has linked in with a significant amount of different Partnerships to discuss our digital system for allocation of services (Pinpoint). The Care at Home Services has worked collaboratively with Edinburgh Health and Social Care Partnership in respect of assessment planning.	Work is underway to develop strong links with Dumfries and Galloway HSCP and visit is planned to the Care Village in Methil.	March 2024	Head of Strategic Planning, Performance and Commissioning	1.2		

		A Delivery Plan is being developed by the Commissioning Strategy Working Group.	March 2024	Head of Strategic Planning, Performance and Commissioning	3.4	Strategic Planning - Risk 9
	nrogramme of work which will be developed over	This work has been developed with an initial plan now a further work plan is reviewing areas identified, working alongside organisations and Fife Voluntary Sector.		Head of Primary and Preventative Care Services	1.3	
	Vaccine Programme).	A session is planned for October 2023 to develop the first annual Delivery Plan for the Primary Care Strategy.	December 2024	Head of Primary and Preventative Care Services	1.1	Primary Care Services - Risk 26
Comice Device /Continued						•
Service Review/Continuous Ir Regular reviews of service activity and scope for integration through projects such as Frailty Programme and Mental Health redesign.	The Advocacy Strategy 2023 - 2026 was approved by the IJB on 26th May 2023. A summary version (Sway) and an easy read version are also available online.	A 6-month extension to the current advocacy	July 2024	Head of Strategic Planning, Performance and Commissioning	3.4	
	has been a significant achievement from all involved.	Ongoing delivery of the Carers Strategy will be monitored through the Annual Carers Survey, quarterly performance reporting, active contract management for all commissioned partners, and internal quality checks.	March 2024	Head of Strategic Planning, Performance and Commissioning	1.3, 6.2	

The Carers Strategy 2023 to 2026 was approved by Fife Integration Joint Board in July 2023. The Strategy and supporting Delivery Plan were developed in consultation with unpaid carers across Fife, voluntary sector partners, and colleagues across the Health and Social Care

Partnership.

The Home First Strategy 2023 - 2026 was	The position in relation to delegated acute hospital	Summer 2024	Head of	3.5		
approved by the IJB on 28th July 2023.	budgets is not unique to Fife and remains a	Julillier 2024		3.3		
1	,		Community Care Services			
The Home First Progamme is underway.	challenge across Scotland.		Services			
An easy read version of the strategy has been	The current position regarding the national care					
developed.	service is an extended timeline till Jan 2024 for stage					
	1 of the Bill with completion of stage 2 by summer					
	2024.					
	This was discussed with the Chief Officer and Chief					
	Executives in August 2023 and agreed there will be					
	no further change to set aside arrangements in Fife					
	till there is this national clarity on any pending					
	reform.					
	For assurance however there continues to be strong	1				
	team working and collaboration across NHS Fife, Fife					
	Council and Fife Health and Social Care Partnership					
	on pathways of care and joint working in relation to					
	unscheduled care, capacity and flow.					
Defresh of the Martel Health Courter have	World has should as the development of China	Marsk 2024	Hood of Court	2445		
Refresh of the Mental Health Strategy has started	•	March 2024	Head of Complex	3.4, 4.5		
- due to be completed by March 2024.	refreshed Mental Health Strategy.		and Critical Care			
			Services			
A new Digital Strategy is being developed - due to	Work has started on the development of the Digital	December 2023	Chief Finance	3.4	Information	
be completed in November 2023.	Strategy.		Officer		Governance and	
'					Digital	
					Transformation -	
					Risk 1	
Programme Management Office - significant work		Ongoing	Chief Finance		Transformation/Cha	
has been carried out by the PMO with regular			Officer		nge - Risk 20	
reports to the IJB on progress.					1.85	
				1.1		
The Primary Care Strategy was approved by the	A session is planned for October 2023 to develop	December 2024	Head of Primary		Primary Care	
IJB on 28th July 2023.	the first annual Delivery Plan for the Primary Care		and Preventative		Services - Risk 26	
,	Strategy.		Care Services			
				1.1		2022/23 - IA 04
Joint transformation plans.	Work continues with progress on joint	Ongoing	Chief Finance			
	transformation plans across NHS Acute and Fife		Officer			
	Council.			1.1		
	N/A	N/A	Head of Strategic			
			Planning,			
The Day Care Review for Older People's Services			Performance and			
has been completed.			Commissioning			
inas been completed.						

The Immunisation Strategic Framework 2021 to	The Community Immunisation Service Governance	Ongoing	Head of Primary		
2024 was ratified by Fife HSCP and NHS Fife,	Board provides ongoing assurance regarding service		and Preventative		
launching the modern Community Immunisation	delivery and achievement of the aims of the		Care Services		
Service (CIS) which has successfully integrated the	immunisation strategic framework.				
previous Flu Vaccine Covid Vaccine (FVCV)					
Programme together with the Children's					
Immunisation Service, incorporating the					
intentions to remove vaccination activity from					
the remit of general practice.					
Following a hybrid delivery model for the over					
80s age group with general practices in season					
2021/22, the adult influenza programme has now					
become a fully transitioned service. Both Shingles					
and Pneumococcal vaccination programmes are					
now also fully delivered by the Community					
Immunisation Service.					
The Total Mobile System has been ungraded to	N/A	N/A	Head of		
The Total Mobile System has been upgraded to CareLink.			Community Care		
Carellin.			Services		

Governance and Accountability

Demonstration through public performance information such as Annual Accounts, Governance Statement and Annual Performance Report.

ıllı t							
- 1	Review of Governance Framework. Including Scheme of Delegation and Financial Regulations.	Working within the parameters of the integration scheme the risk share will be implemented as required, whilst recognising other important policies and guidelines ,such as reserves policies, to ensure effective financial governance within the IJB.		Chief Finance Officer	2.6	Governance - Risk 24	2021/22 - IA 06
-	Develop clear use of Directions and scrutiny to ensure these are fulfilled and actioned accordingly.	Work to be progressed in relation to Directions to ensure the impact of financial decisions by the IJB are clearly articulated to both partners. Regular updates to directions will be made available with the financial projected outturn position presented to the IJB at regular intervals throughout the financial year. A review of the Direction policy including a schematic on its use is in development.		Chief Finance Officer	2.1, 2.6, 4.4	Governance - Risk 24	2021/22 - IA 05
i	A new governance meeting structure has been mplemented with all Terms of Reference agreed. A new meeting structure has been established with incorporates meetings with Chair and Vice Chair of IJB meeting both CEO.	N/A	l '	Director of Health and Social Care	4.2	Governance - Risk 24	

	Working Group has been convened to refresh the overall Clinical Governance Framework and associated reporting structures and processes.			e Director of Nursing			
Engagement with Communit	У						
Regular engagement and consultation with stakeholders through Locality Planning Groups and Strategic Plan consultation.	The Participation and Engagement Team have developed an engagement partnership with staff and service users from People First (Scotland). This ensures that the Partnership's strategies and transformation programmes are underpinned by the needs of the individuals who access health	The Carers Forum wil be developed as outlined in the P&E Strategy Action Plan; it is currently in its Foundation Stage (Stage 1). This links to the Carers Strategy Action Plan and will reinforce our approach to carer involvement at the local and organisation wide levels to ensure they have a voice which is recognised, well regarded, and used in decision making. Planning will begin for the Public Engagement Forum which will link with the Integration Joint Board.	March 2024	Head of Strategic Planning, Performance and Commissioning	6.2	Participation and Engagement - Risk 15	
	1	The Wider Stakeholder Groups will meet in November 2023 to discuss and identify priorities for 2023/2024.	March 2024	Head of Strategic Planning, Performance and Commissioning	2.6, 5.2		

Work is underway to refresh the Clinical and Care

Governance (Quality and Communities) Framework.

March 2024

Deputy Medical

Director/Associat

4.5

Clinicial and Care

Governance - Risk 11

Refresh of Clinical and Care Governance (Quality

and Communities) Framework - A Short Life



Meeting Title: Integration Joint Board

Meeting Date: 24 November 2023

Agenda Item No: 9.2

Report Title: Public Sector Climate Change Duties 2023

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Avril Sweeney, Manager, Risk Compliance

1 Purpose

This Report is presented to the Board for:

- Discussion
- Decision

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

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

2 Route to the Meeting

This report has been considered by the following groups.

SLT Assurance – 30 October 2023

Finance, Performance and Scrutiny Committee – 10 November 2023, where the Committee:

- 1. Agreed the priorities as highlighted in the report.
- 2. Agreed the report be recommended for submission to the IJB for sign off and inclusion in the annual Scottish Government report.

3 Report Summary

3.1 Situation

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

3.2 Background

The Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as "major players" to submit a climate change report to the Scottish Government by 30 November each year. IJB's were first included in the annual reporting exercise in 2016/17. This will be the seventh report for Fife IJB and will cover the period 2022/23.

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

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

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

3.3 Assessment

The submission to Scottish Government is not meant to be viewed as an assessment process with a pass or fail, it is an opportunity to review climate change action within the IJB and promote continuous improvement. The Scottish Government has advised that where information is not held, it is acceptable to explain the situation and any action planned to develop that area, if applicable. The key focus for the IJB's submission is within the section on climate change governance, management, and strategy. The IJB is to set out its top priorities for improvement for the year ahead. Last year the IJB outlined the following areas for consideration.

- In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 - 2030 ·
- Continue to support and promote awareness raising of climate change issues for staff working in the Health and Social Care Partnership (HSCP)
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Continue to monitor actions within the Strategic Plan that promote cobenefits with climate change strategies and maintain a focus on positive

contributions to climate within the revision of the Strategic Plan 2022-2025 ·

 Review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies.

It is recommended that we retain and build on these priorities for progression during the current year.

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

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

The review of the Plan 4 Fife earlier this year highlighted that "Carbon emissions in both Fife and Scotland have seen a long-term decrease, particularly in the years since 2012/13. The Fife figure has reduced from 7.2 to 4.2 over this period, with the Scottish figure seeing a similar reduction, from 6.7 to 4.1".

The following actions relating to climate change within the Plan4Fife have been progressed.

- Climate Action Plan sets out actions around reducing carbon emissions, greater resilience to climate change, increased community capacity to tackle climate change, and community wealth building.
- Work is ongoing to take advantage of climate funding opportunities at both a Fife and Scottish level.
- Development of a comprehensive public sector asset register is ongoing, with the intent of helping to develop a place-based approach to climate action.
- Climate Place project developed to assess, develop and deliver local climate opportunities in Kirkcaldy area, using public sector assets and supported through the shared prosperity fund.
- Support for the development of a Community Solar Co-Operative in place with feasibility studies across 11 sites in Fife
- A test of change project in West Fife Villages has supported community Food redistribution hubs.
- The Sustainable Procurement policy has been reviewed and a programme established to develop pilot projects and training.
- Improvements have been made in Climate Literacy, with Fife Council and Fife College becoming Bronze Carbon Literate Organisations and Planning Services Gold.
- With rising energy costs, work is progressing to support services, households, and businesses to manage their energy bills.

Work is also ongoing with NHS Fife, and other partners, to develop an Anchors Strategic Plan. The Health Foundation worked in partnership with the Centre for Local Economic Strategies (CLES) and The Democracy Collaborative to understand how NHS organisations act as anchor institutions in their local communities and can positively influence the social, economic and environmental conditions in an area to support healthy and prosperous people and communities. First developed in the United States, the term anchor institutions refers to large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities.

It is recommended that the IJB/HSCP continue to support the aims and actions from the Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 – 2030 and also continue to work closely with partners on the development of the Anchors Strategic Plan. A link to the Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 – 2030 is shown at para 3.3.6

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

The recently opened Methil Care Village is an example of sustainable investment delivered in partnership. The buildings are all constructed to a very high standard and are energy efficient, recognising the climate emergency and the need to reduce energy costs for residents.

The Senior Leadership team has agreed that the Head of Primary and Preventative Care services will take the lead for Climate Change for the partnership to champion and support progression of climate change activities across the HSCP and with partners.

It is recommended that the IJB continues to support awareness raising for staff, making use of accessible training, and learning opportunities offered by partner bodies and others.

It is also recommended that the IJB continues to work with partners to identify opportunities to work more efficiently and sustainably.

In the Strategic Plan 2019-2022 the IJB outlined its commitment to addressing Climate change with the inclusion of the following statement.

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

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

The refreshed HSCP Strategic Plan 2023 to 2026 identifies climate change as an external driver within its strategic framework and therefore a focus on positive contributions to climate change is maintained in all supporting strategies of the plan.

Two examples of this are our medicines efficiencies programme, which seeks to reduce waste, and our digital strategy which supports reduced travel, both ensuring that services are delivered in a sustainable way and support the commitment to address climate change.

It is recommended that we continue to monitor actions and outcomes aligned to the delivery of the Strategic Plan, including those within the supporting strategies, that promote co-benefits with climate change strategies.

In 2021/22 the SBAR template was amended to highlight the Climate Change Report and allow staff to set out any climate change impacts in relation to reports coming to Committees/IJB. A review of the environmental impacts highlighted within SBAR's submitted to Committees during 2023 is attached at Appendix 1. Reviews in previous years did not find any significant impacts so this review demonstrates there is a raised level of awareness in this area.

Environment and sustainability impacts are also considered as part of the equality impact assessment process within business cases for Transformation Projects to help support awareness raising and impacts on communities.

It is recommended that in the year ahead we continue to review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies.

3.3.1 Quality / Customer Care

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

3.3.2 Workforce

There are no direct workforce impacts arising from this report.

3.3.3 Financial

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

3.3.4 Risk / Legal / Management

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

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

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

The annual reporting of climate change action is to support the reduction of environmental impacts and support climate change adaptation initiatives.

ClimateActionPlan2020 summary.pdf (fife.gov.uk)

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

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

4 Recommendation

Members are asked to consider and agree the priorities for climate change governance, management and strategy for the year ahead as set out in the assessment section of this report as summarised below. These will then be included in the annual report to Scottish Government.

- In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 – 2030 and continue to work closely with partners on the development of the Anchors Strategic Plan.
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP, making use of accessible training, and learning opportunities offered by partner bodies and others.
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Monitor actions and outcomes aligned to the delivery of the Strategic Plan 2023-2026, including those within the supporting strategies, that promote cobenefits with climate change strategies.
- Continue to review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 – Review of SBAR's – Climate Change 2023

6 Implications for Fife Council

Not applicable.

7 Implications for NHS Fife

Not applicable.

8 Implications for Third Sector

Not applicable.

9 Implications for Independent Sector

Not applicable.

10 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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Review of SBAR's - Environmental/Climate Change 2023

A review of SBAR's submitted to Committees during 2023 was conducted and the following information is extracts from para 3.3.6 Environmental/Climate Change of these Reports.

Home First Strategy

By implementing a Home First model, the footfall into people's house will reduce therefore reducing the carbon footprint in Fife. The introduction of a shared platform to triage and allocate visits will allow for a more paper light system across all community care.

Carers Strategy

The lack of reasonable public transport options in the more rural areas of Fife may result in a minor increase in the use of personal vehicles to help carers access the support identified within their personal outcomes. We are encouraging all commissioned partners to consider their services in light of the needs of carers who may living in more remote parts of Fife and for whom using public transport may impact negatively on their caring situation and access to the support they need. Where possible and appropriate we will encourage vehicle sharing and the use of public transport.

Control of Entry - Pharmaceutical List

There are no perceived environmental impacts. It can be suggested that increased access to pharmacies could reduce environment impact if less requirement to travel.

High Risk Pain Medicines Patient Safety Programme - End of Your One Update

Pain medicines are among the most widely used medications. As a result, the environment is becoming increasingly contaminated with analgesic residues created by the manufacture, consumption, and disposal of these medicines. As a result of the programme, improved prescribing initiation and monitoring of these medicines should lead to reduced volume of prescribing, an increase in appropriate destruction pathways and reduction of overall waste.

<u>Developments in the Delivery of Autism Assessment Services for Children and Young People</u>

More focused clinics, online delivery and education-based assessments reduce travel time and costs and accordingly, environmental impact.

Child Protection Annual Report 2022/2023

The report is produced electronically and shared via electronic mediums.

Tobacco Control: Prevention, Protection, Smoking Cessation

The impact of smoking and the environment is twofold in that it causes environmental pollution by releasing toxic air pollutants into the atmosphere and the plastic in millions of cigarette butts are causing significant damage to the environment and wildlife.

Morse Community Project

Reduction in the use of paper through implementation of electronic records will contribute positively to the climate emergency and commitment to net zero.

Reimagining Third Sector Commissioning Update

The review of the Grant Application Form, SLA template, and Annual Monitoring forms provided an opportunity to ensure that there was an explicit expectation that all grant funded organisations should have an appropriate environmental policy linked to the Fife Sustainable Energy and Climate Action Plan. Following the document review and subsequent agreement from the Voluntary Sector Task Group, the Terms and Conditions on the Grant Application have been revised to include this requirement and the other relevant documents have been reworded and streamlined to clarify this. Emphasising the importance of this commitment in the grant application process may have a positive impact on the delivery of the Fife Climate Change Action Plan. No additional environmental impacts are identified.

<u> Urgent Care Services – Accommodation Update</u>

There is a positive impact to the environment with the reduction in conveyance transport and more effective use of resources and space to deliver safe, effective, person-centred care.

Fife Specialist Palliative Care Services - Enhanced 7-day Community Model

There are no issues relating to environment or climate change. The service will explore leasing fully electric cars to reduce the carbon footprint in Fife. The introduction of MORSE within the service has significantly reduced the need for the retention of paper records.

Complex Delays

There are, at minimum, 2 Ward areas being used to provide care arrangements for 2 patients. The energy costs for these areas will be substantial and disproportionate. Providing contemporary, community-based services for or patients will enable us to decommission two ward areas that are no longer environmentally fit for purpose, and therefore directly contribute towards our environmental targets and responsibilities.

Commissioning Strategy

The Commissioning Strategy details one of its priority aims as maximising opportunities for collaborative commissioning with our partners with the aim of improving services, outcomes, processes and efficiency. Development of more collaborative commissioning approaches with our partners may lead to an added benefit of minimising unnecessary travel for providers and reduction in environmental impacts in line with Fife Council's Climate Change agenda.



Meeting Title: Integration Joint Board

Meeting Date: 24 November 2023

Agenda Item No: 9.3

Report Title: Armed Forces Covenant Duty – Update Report

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

and Commissioning

1 Purpose

This Report is presented to the Integration Joint Board for:

- Assurance the Integration Joint Board is asked to note the content of the Update Report and Work Plan and be assured that the Health and Social Care Partnership is meeting its statutory requirements under the Armed Forces Covenant Duty.
- Decision the IJB is also asked to recommend that the national Forces
 Connect App is used to host a local directory of the services and support that
 are available for the Armed Forces Community in Fife. Fife Health and Social
 Care Partnership will add relevant content to the Forces Connect App (along
 with Fife Council and NHS Fife).

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.
- 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.
- 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.
- 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.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

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.

- Armed Forces Covenant Duty Short Life Working Group.
- Senior Leadership Team 30 October 2023.
- Quality and Communities Committee 2 November 2023.

The Committee agreed that the report should be progressed to the Integration Joint Board and requested a copy of the AFC presentation and Sway: https://sway.office.com/tV7Mgm37odrljWUJ?ref=Link

• Strategic Planning Group – 13 November 2023.

The SPG discussed current service provision across Fife for the Armed Forces Community, including work between Fife Council Housing Services and Veterans First Point to reduce homelessness. The SPG agreed that the report should progress to the Integration Joint Board to provide assurance that the Partnership is meeting its statutory duties under the Armed Forces Covenant Duty.

3 Report Summary

3.1 Situation

The UK Armed Forces Covenant has been in place since 2011. The aim of the Covenant is to ensure that the Armed Forces Community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most.

Initially organisations could pledge to support the Armed Forces Covenant, a voluntary commitment made by both Fife Council and NHS Fife.

The Armed Forces Act 2021 came into force on 22nd November 2022. The new Act builds on existing legislation (the Armed Forces Act 2006) and reinforces the Armed Forces Covenant by placing legal requirements on some organisations, including:

- Fife Council specifically education and housing services.
- Fife Health and Social Care Partnership/Fife Integration Joint Board.
- NHS Fife.

The new Act introduces the Armed Forces Covenant Duty. This makes it a statutory duty for these bodies (whether or not they have already signed the Armed Forces Covenant pledge) to consider the principles of the Armed Forces Covenant and any supporting guidance, when planning, funding and delivering specific functions in healthcare, education and housing. This includes having due regard to:

- the unique obligations of, and sacrifices made by, the armed forces;
- the principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the armed forces; and,
- the principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

3.2 Background

The Scottish Government provides ongoing support for the Armed Forces Community through a number of national initiatives, further details are available here: www.gov.scot/publications/support-veterans-armed-forces-community-2022/pages/4/.

The Armed Forces Community includes individuals who are:

- currently serving in the armed forces either regular or reserve.
- veterans who served in the armed forces either regular or reserve
- members of the Merchant Navy who served on a commercial vessel in support of legally defined UK military operations.
- dependants for example, the partner or child of someone who's currently serving in the armed forces, a veteran, or a member of the Merchant Navy.

Fife partner agencies have an established support network in place, including Fife Council's Armed Forces and Veterans Community Champion, NHS Fife Armed Forces and Veterans Champion, Fife Community Covenant Partnership, the Armed Services Advice Project. and Veterans 1st Point (V1P).

A Short Life Working Group (AFC SLWG), chaired by Fiona McKay, Head of Strategic Planning, Performance and Commissioning, has been set up to ensure that the requirements of the new Armed Forces Covenant Duty are fully embedded across the policies and practices of the Fife partner agencies, including Fife Council, Fife Health and Social Care Partnership/Fife Integration Joint Board, and NHS Fife.

The AFC SLWG includes colleagues from:

- Fife Council Education and Children's Services
- Fife Council Housing Services
- Fife Health and Social Care Partnership
- NHS Fife Psychology Service

The remit of the SLWG includes reviewing the current measures and services already in place, identifying any actions required to support compliance with the new Armed Forces Covenant Duty, overseeing an

appropriate programme of work to promote compliance, and monitoring progress against the Duty across the Fife partner agencies.

The first meeting of the Armed Forces Covenant Short Life Working Group was held on 27 February 2023 and attended by colleagues from Fife Health and Social Care Partnership, Veterans First Point, partner agencies, including Fife Council and NHS Fife, and Fife Council's Armed Forces and Veterans Community Champion. Further meetings have taken place in September and November 2023.

3.3 Assessment

Moving forward, some of the key challenges for the Fife partner agencies include:

- Consistent identification of individuals covered by the Duty. A national programme is underway to deploy consistent codes in digital systems, and an accreditation scheme for GPs will provide training and encourage colleagues to identify veterans and military personnel in medical records and social work systems during key contacts.
- 2. Transfer of paperwork between agencies, for example transfers of military records to GPs, and the process of linking military leaving certificates and housing applications. Issues were also identified with data sharing of clinical records between GPs and secondary care.
- 3. Additional army regiments are moving to Leuchars in 2023 to create a super garrison. This will impact local service provision.

Building on the strong support network that is already in place for the Armed Forces Community, the Fife SLWG have developed a multi-agency Work Plan (see Appendix 1).

3.3.1 Quality / Customer Care

The work of the AFC SLWG will increase compliance with the Armed Forces Covenant Duty across Fife, promoting awareness of potential challenges or issues relating to service provision, and improving outcomes for members of the Armed Forces Community.

3.3.2 Workforce

Any impact on the Partnership's workforce will be managed through the Partnership's 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 work of the AFC SLWG will increase compliance across the Fife partner agencies with the Armed Forces Act 2021 and the Armed Forces Covenant Duty.

3.3.5 Equality and Diversity, including Health Inequalities

An equality impact assessment has not been completed because this update does not involve a change to an existing strategy, policy, or practice that could have a negative impact on people who share a protected characteristic.

Increased compliance with the Armed Forces Covenant Duty is expected to have a positive impact for individuals in the Armed Forces Community.

3.3.6 Environmental / Climate Change

Environmental impacts are considered during strategic planning, budgeting and commissioning, 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

The Armed Forces Covenant Short Life Working Group includes colleagues from Fife Health and Social Care Partnership, Fife Council, NHS Fife, Veterans 1st Point, and the Fife Council's Armed Forces and Veterans Community Champion.

Meeting dates include:

- AFC Short Life Working Group, 27 February 2023.
- AFC Sub-Group, 16 March 2023.
- AFC Short Life Working Group, 11 September 2023.
- AFC Short Life Working Group, 2 November 2023.

4 Recommendation

Discussion - the Board is asked to:

- Note the contents of this report and related Work Plan.
- Discuss the implications of the Armed Forces Covenant Duty for the Health and Social Care Partnership.
- Recommend that the national Forces Connect App is used to host a local directory of the services and support that are available for the Armed Forces Community in Fife.

5 List of Appendices

Appendix 1: Armed Forces Community SLWG Work Plan 2023 - 2024

6 Implications for Fife Council

Fife Council has legal obligations under the Armed Forces Covenant Duty and is represented on the AFC Short Life Working Group.

7 Implications for NHS Fife

NHS Fife has legal obligations under the Armed Forces Covenant Duty and is represented on the AFC Short Life Working Group.

8 Implications for Third Sector

Future activities will be developed in conjunction with the third sector as and when required.

9 Implications for Independent Sector

Future activities will be developed in conjunction with the independent sector as and when required.

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

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

Report Contact

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					Work Plan 2023 - 2024				
ef No.	Action/Activity	Lead	Partner Agency(s)	Key Area(s)	Expected Outcome/Benefit	Measure	Progress	Timescale	Notes
023.001	Review membership of AFC Short Life Working Group and update if/where required.	Fiona McKay	Fife Council Fife HSCP NHS Fife	Education Employment Housing Mental Health Welfare	Ensures all relevant partners are included in the work to promote compliance with the Armed Forces Covenant Duty across Fife.	SLWG includes representatives from all relevant partners, including the third sector.	Work started	December 2023	
23.002	Establish a veterans lived experience group for the Fife Armed Forces Community to feed into the work of the Short Life Working Group.	Sharon Doherty	NHS Fife	Education Employment Housing Mental Health Welfare	Provides essential insight and ensures that planned improvement activities meet local needs.	Group established and providing input to the Short Life Working Group.	Completed	March 2023	
23.003	Create a short briefing/Sway that provides guidance for services/employees on the legal requirements of the Armed Forces Covenant Duty and provides links to relevant support materials for staff.	Fiona McKay	Fife HSCP	Education Employment Housing Mental Health Welfare	An increase in the number of employees who are aware of the Armed Forces Covenant Duty and understand how this relates to their service/work activities.	Link to Sway: https://sway.office.com/tV7Mgm37odrljWUJ?ref=Link Number of employees who have accessed the Sway.		November 2023	
23.004	Develop a communications plan to raise awareness among employees, and service providers, of the requirements of the Armed Forces Covenant Duty.		NHS Fife	Education Employment Housing Mental Health Welfare	Improved awareness of the Armed Forces Covenant Duty and compliance requirements across Fife partner agencies.	All partner websites and social media solutions have been refreshed and include up-to-date information on the Armed Forces Covenant Duty. Once the register of Fife services has been collated on the Forces Connect App, activities will be planned to promote key messages, including how to access the App, and alternative options such as a non-digital version.	Not started yet.	June 2024	

Ref No.	Action/Activity	Lead	Partner Agency(s)	Key Area(s)	Expected Outcome/Benefit	Measure	Progress	Timescale	Notes
2023.005	Develop and deploy a workforce survey to assess employee understanding of, and compliance with, the Armed Forces Covenant Duty.	Gaynor Graham	Fife Council Fife HSCP NHS Fife	Employment	Covenant Duty and understand how this	Number of responses to the workforce survey that indicate good awareness of the AFC Duty and understand how this relates to their work role.	Not started yet.	January 2024	
2023.006	Update relevant templates and processes to include specific references to the needs of the Armed Forces Community.	Fiona McKay	Fife HSCP	Housing Mental Health Welfare	For the Health and Social Care Partnership this includes the SBAR and Equality Impact Assessment (EQIA) templates, and the optional equalities monitoring form used in consultations and surveys.	Templates updated.	Completed	November 2023	
2023.007	Scope and collate a central list/register of current service provision which can be accessed by individuals seeking support, and as a mechanism to evidence that the partners are meeting the requirement of the Armed Forces Covenant Duty.		Fife Council Fife HSCP NHS Fife	Education Employment Housing Mental Health Welfare	1 '''	Number of Fife services listed in the Forces Connect App.	Work started	December 2024	
2023.008	Complete a gap analysis of current service provision, identify any requirements under the Armed Forces Covenant Duty which are not currently covered, and develop services/solutions that will address those potential gaps.		Fife Council Fife HSCP NHS Fife	Education Employment Housing Mental Health Welfare	Improved service provision for the identified needs of the Armed Forces Community. Increased compliance of Fife partner agencies with the Armed Forces Covenant Duty.	Increased range of Fife services available and listed in the Forces Connect App.	Not started yet.	December 2024	
2023.009	Create a short briefing/Sway that provides guidance for members of the Armed Forces Community and signposts the local directory held on the Forces Connect App.		Fife Council Fife HSCP NHS Fife	Education Housing Mental Health Welfare	An increase in the number of people in the Armed Forces Community who are aware of the support available across Fife.	Number of people who have accessed the Sway.	Not started yet.	June 2024	
2023.010	Raise awareness of the needs of carers of serving and ex-service families (including young carers) in the commissioning of carer's support services.	Fiona McKay	Fife Council Fife HSCP NHS Fife	Education Employment Housing Mental Health Welfare	Forces Community who are also unpaid carers are not disadvantaged because they care for a member, or former	Number of carers within the Armed Forces Community who respond to the annual carer experience survey state that relevant and sufficient support opportunities are available to them.	Not started yet.	December 2024	

Ref No.	Action/Activity	Lead	Partner Agency(s)	Key Area(s)	Expected Outcome/Benefit	Measure	Progress	Timescale	Notes
2023.011	Progress identification of individuals within the Armed Forces Community.	Mairi McKinley	NHS Fife	Mental Health Welfare	covered by the Armed Forces Community (including deploying consistent codes in digital systems/records) ensures that appropriate support can be identified/signposted where required.	Fife already has some identification processes in place for hospital discharge/transfer, and the Defence Medical Welfare Officers based at Victoria Hospital, Kirkaldy and Queen Margaret Hospital, Dunfermline have direct access to TrakCare. The national programme to improve identification of veterans and individuals in the Armed Forces Community will have three pilot sites in Fife.		December 2024	



Meeting Title: Integration Joint Board

Meeting Date: 24 November 2023

Agenda Item No: 9.4

Report Title: Pharmaceutical Care Services Report 2022-2023

Responsible Officer: Ben Hannan, Director of Pharmacy and Medicines

Report Author: Aileen Boags Lead Pharmacist Public Health and

Community Pharmacy Services

1 Purpose

This Report is presented to the Board for:

Assurance.

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- 5 Health and social care services contribute to reducing health inequalities.
- 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 as community pharmacies are within our local communities
- Sustainable community pharmacy makes significant contribution to the health can system in Fife.
- Wellbeing Community Pharmacies support prevention and early intervention

2 Route to the Meeting

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

- Pharmacy and Medicines Senior Leadership Team, 30 August 2023
- Senior Leadership team October 2023

- Quality & Communities Committee 2 November 2023
- NHS Fife Public Health & Wellbeing Committee 6 November 2023

3 Report Summary

3.1 Situation

The Pharmaceutical Care Services Report (PCSR) for 2022/23 is presented to the Integration Joint Board assurance that following robust assessment as outlined in the report it is recommended that there is no unmet need within NHS Fife currently.

3.2 Background

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them.

This is also reported to the Integration Joint Board for assurance regarding the Delegated Functions in line with the Integration Scheme.

A public engagement period of 4 weeks is provided giving consultees an opportunity to comment on the draft PCSR. The NHS Fife public involvement policy comprises of the draft PCSR being circulated through the NHS Fife Participation and Engagement Team. This circulation comprises the Participation and Engagement Directory, Peoples' Panel and Equality Groups. It is also circulated to Health and Social Care Partnership locality groups including Managed Clinical Networks, on which are patient representatives.

Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

3.3 Assessment

The 2022/23 PCS Report provides updates around both core services and additional services delivered through community pharmacies in NHS Fife. Significant advances in provision of services within community pharmacy have been made and the network of contractors has risen to the challenge of delivering these during a time of unprecedented demand.

The report assesses any unmet need and gaps in provision of the core services of the Community Pharmacy Contract. The 2022/23 report recommends that there is no unmet need within NHS Fife currently.

Feedback obtained from the consultation process has been positive and in the main has focussed on how the document is shared with the public once approved by NHS Fife Board.

3.3.1 Quality / Customer Care

The report describes the wide variety of services provided within community pharmacies, all of which have a positive impact on quality of patient care.

This report was considered and supported by the Quality and Communities Committee in November 2023.

3.3.2 Workforce

The report describes the current workforce capabilities within community pharmacy including independent prescriber capabilities.

3.3.3 Financial

There is no direct financial impact related to this report

3.3.4 Risk / Legal / Management

This report serves a statutory function and does not consider risk in the context of community pharmacy services.

3.3.5 Equality and Diversity, including Health Inequalities

The report draws information from National Records Scotland and the Director of Public Health report 21/22 in describing the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health.

3.3.6 Environmental / Climate Change

The report describes and assesses locality, position and distance of Community Pharmacies from patient's homes in the context of 20-minute neighbourhoods, with 88.5% of the Fife population living within 1 mile of their nearest pharmacy, however the full impact on climate emergency and sustainability is not addressed within this report. It is anticipated that in future years that analysis will be included in further reports.

3.3.7 Other Impact

As a descriptor of pharmaceutical needs within NHS Fife, this report is a data source that Pharmacy Practice Committees are directed to use in assessing need when considering application to the Pharmaceutical list. The content of the report could impact on future applications for new community pharmacy openings.

3.3.8 Communication, Involvement, Engagement and Consultation

The report has undergone four to six weeks of public consultation through the following forums:

- Community Pharmacy Fife
- Public Participation and Engagement via Patient Experience Team
- HSCP locality groups

Three responses were received and feedback from these forums have been incorporated into the final report.

4 Recommendation

- The Integration Joint Board are asked to be assured that the Pharmaceutical Care Services Report (PCSR) for 2022/23 provides a comprehensive overview of core and additional services provided by community pharmacies in Fife; a robust locality assessment and an overall recommendation that there is no unmet need within NHS Fife currently.
- The Integration Joint Board are also asked to **note** that this report will be published once approved by NHS Fife Board.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 – NHS Fife Pharmaceutical Care Service Report 2022/23

6 Implications for Fife Council

N/A

7 Implications for NHS Fife

The publication of the report will fulfil NHS Fife statutory obligation in providing this information according to the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

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

Dire	ection To:	
1	No Direction Required	X

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Pharmacy and Medicines Directorate

Pharmaceutical Care Services in NHS Fife

November 2023

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EXECUTIVE SUMMARY

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. This 2023 update is published according to these regulations in accordance with the Scottish Government circular PCA (P) 7 (2011).

Pharmaceutical Care Services (PCS) 2022/23 in NHS Fife

This report gives a brief overview of the population of NHS Fife and then provides a detailed description of the current pharmaceutical services that exist within NHS Fife. Data from a range of sources are utilised to establish any unmet need for each of the core Community Pharmacy Contract services, additional services currently provided in NHS Fife are also examined. The extent to which that need is met is examined through assessment of any existing gaps in the provision of both the core pharmaceutical services within the Community Pharmacy contract and the additional services as agreed in NHS Fife.

There are 86 contracted community pharmacies in Fife. These are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife and it is important to continue to support development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population.

A public engagement period of 4 weeks was provided giving consultees an opportunity to comment on the draft PCS report 2022/23. The NHS Fife public involvement policy comprises of the draft PCS report being circulated through the Participation and Engagement Team and HSCP locality groups. Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

Lead Author

Aileen Boags

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INTRODUCTION

The primary function of the Pharmaceutical Care Services (PCS) report is to describe any unmet need for pharmaceutical services within the Health Board population and outline recommendations by the Health Board as to how these needs should be met. A secondary function of the report is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services. As a descriptor of needs within Boards this report is a data source that Pharmacy Practices Committees are directed to use in assessing need when considering applications to the Pharmaceutical List.

1. Introduction to NHS Fife Health Board Area

The purpose of this section of the report is to describe the NHS Board area in terms of the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health. This will outline the context within which pharmaceutical services are delivered.

1.1. Geographies to be Considered

NHS Fife contains seven Localities within its Health and Social Care Partnership. The latest data on the population of these areas is indicated in Table 1.

Table 1 Population of
NHS Fife and its
Localities

Locality	Population		
Fife	374,730		
Levenmouth	37,888		
Glenrothes	49,824		
NE Fife	74,685		
Cowdenbeath	41,767		
Dunfermline	59,584		
Kirkcaldy	60,472		
SW Fife	50,510		

Source:<u>Know Fife Community</u>
<u>Profiles | KnowFife</u>

1.2. NHS Fife Population Descriptions

The latest population estimate figures show that Fife grew in 2021 and had the third highest population out of all 32 council areas in Scotland. At June 2021, an estimated 374,730 persons lived in Fife, 600 more people than in 2020, resulting in an annual growth rate of 0.2%. This compares to a national population growth rate of 0.3%.

1.2.1. Fife Population: Age Distributions

Children aged 0-15 years make up 17% of the population with 63,680 children living in Fife. The majority of the population in Fife (62%)is aged 16-64years, whilst 12% of the population is aged 65-74 and 9% aged 75 and over.

1.2.2. Sub-Fife Population: Fife Localities

Seven localities have been created in Fife for the organisation and delivery of services within the Health and Social Care Partnership (HSCP). Figure 1 shows the distribution of population of Fife across the seven locality areas. North East Fife locality has the highest proportion of the Fife population at 20% and Levenmouth locality the lowest at 10%.

Figure 1: Locality populations



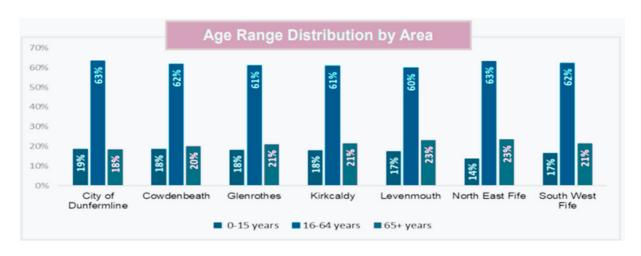
Variations in population age structure can be seen across the seven localities (Figure 2).

Figure 2: Population breakdown by age

Breakdown by Key Age Groups					
	Number of People	% of Population			
0-15 years	63,680	17%			
16-64 years	231,635	62%			
65+ years	79,415	21%			

Figure 3 shows that two of Fife's seven localities have higher proportions of their population aged 65 and over compared to Fife; Levenmouth (23%) and North East Fife with 23%. In contrast, Dunfermline's older population is significantly less than Fife at 18% and its proportion of children is the highest of all seven localities at 19%.

Figure 3: Age structure of Fife



Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid-2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.

1.2.3. Births

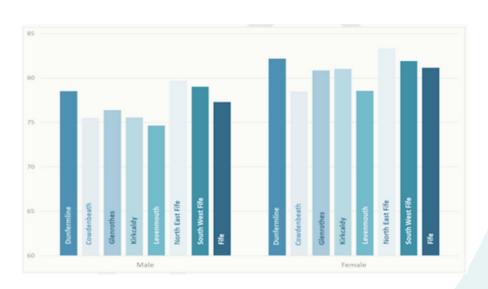
In 2022 there was a 5.3% decrease in the number of babies born in Fife compared to 2021, with 2,990 babies born. Fife was one of 21 council areas in Scotland to see an decrease in birth rates between 2021 and 2022. 8 council areas saw an increase while 3 saw no change. Of the 2,990 babies born in Fife over half (60%) were born to mothers aged 25-34 years, 3% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2002 the number of births to mothers aged 19 and under has decreased by 71% whilst births to mothers aged over 40 have increased by 40%.

1.2.4. Life Expectancy

Life expectancy at birth in Fife was 76.8 years for males and 81.0 years for females in 2019-2021. This was a small fall in life expectancy for both males and females since the last estimates of 77.2 and 81.4 respectively between 2018 and 2020, however is higher than national life expectancy of 76.5 years in males and 80.8 years in females. Over the period between 2001-2003 and 2019-2021, life expectancy for both males and females in Fife has risen (3.1% and 2.0% respectively). This compares to a national increase in life expectancy over the same period of 4.1% in males and 2.4% in females.

There is variation in male and female life expectancy within Fife, which is illustrated by the 2016-20 figures for the seven HSCP localities/Area Committees in Figure 4. Both male and female life expectancy were higher than the Fife average in Dunfermline, North East Fife and South West Fife areas and lower than average in the other four areas.

Figure 4:
Male and Female
Life Expectancy;
HSCP Locality/Area
Committee 2016-20



Source: PHS However, the full extent of inequality in life expectancy across Fife is most apparent when you look at the differences between most and least deprived areas. In 2016-20life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females. Even wider inequalities were seen across Scotland with life expectancy in the 10% most deprived areas 13.5 years lower among males and 10.5 years lower among females than in the 10% least deprived areas in 2018-20. These differences in national life expectancy have widened since 2013-15.

1.2.5. Ethnic Group

At the 2011 Census the population of Fife was predominantly of white ethnicity (97.6%), with 1.6% Asian ethnicity and 0.8% of people being from minority ethnic groups. We know that there is diversity within the population of Fife (in terms of ethnic group, gender identity and sexual orientation) and findings from the recently held 2022 Census will provide us with a greater insight into this diversity to better understand the future needs of our communities and reduce inequalities in population health between groups.

1.2.6. Deaths

1.2.6.1. All Causes

There were 4,560 deaths in Fife in 2022, a decrease of 0.3% on 2021. Rates of all-cause mortality in Fife in 2020 were below the Scottish average, 1118 per 100,000 population compared to 1212. 36% of these or 1,529 deaths were in the under 75s, which equates to a mortality rate of 421.8 per 100,000 population. In line with deaths at all ages, mortality rates in the under 75s increased from 2019 but remain below the Scottish average of 457 per 100,000 population. There are significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than in the least deprived areas, and the current rate is currently sitting at 2.9 times higher.

Even greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Rates of death in this age group have risen for Fife as a whole since 2013-15, with rates rising from 98.2 per 100,000 population in 2013-15 to 115 in 2020, slightly below the Scottish average of 116 per 100,000 population. During this time rates in the least deprived areas decreased whilst rates in the most deprived areas increased, widening the absolute gap between them. In 2013-15 rates in the most deprived areas were 3.9 times greater than rates in the least deprived areas which rose to 6.7 times greater in 2018-20

1.2.6.2. Causes of Death

Cancer was the leading cause of death among Fife residents in 2020 accounting for 1,112 deaths, 26% of the total number of deaths. Lung cancer was the most common form of cancer death accounting for 23% of all cancer deaths and 6% of all deaths.

As in previous years heart disease was the second most common cause of death among males in Fife accounting for 14%, while in females the second most common cause of death was Dementia and Alzheimer's disease causing 14% of all female deaths. The impact of the coronavirus pandemic is still being assessed, however, there were 310 deaths recorded where confirmed or suspected COVID-19was mentioned on the death certificate in 2020.

1.2.6.3. Burden of Disease

Burden of Disease studies assess the years of health lost due to disease and injury, through living in ill-health and from early death, thus preventing populations from living longer lives in better health, These studies can help us understand the disease and injury that causes the biggest health loss in our population, and how these may be experienced differently and change over time. Figures from the 2019 Scottish Burden of Disease study showed that in Fife (and Scotland) the leading groups of causes of health loss were cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders. These five disease/injury groups accounted for almost two thirds of total burden of health loss across the whole Fife population. Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischaemic heart disease, lung cancer and Alzheimer's disease and other dementias were the top three individual causes of early death.

Figure 3: Top Ten Causes of Burden in Fife from Ill-Health and Early Death; 2019

	III Health		Early Death
1	Low back and neck pain	1	Ischaemic heart disease
2	Depression	2	Lung Cancer
3	Headache disorders	3	Alzheimer's disease
4	Anxiety disorders	4	Cerebrovascular disease
5	Osteoarthritis	5	Other cancers
6	Diabetes mellitus	6	Drug use disorders
7	Cerebrovascular disease	7	Chronic obstructive pulmonary disease
8	Other musculoskeletal disorders	8	Colorectal cancer
9	Alcohol use disorders	9	Self-harm and interpersonal violence
10	Age-related and other hearing loss	10	Low respiratory infections

As our population ages, the contribution to the overall total burden of health loss from ill-health and early death changes. For Fife as a whole64% of the burden is due to early death and 36% to ill health in the population, however, in younger age groups contribution from early death is much lower, 28% in the age group of 15-24 years, and increases with age to 84% in the those aged 85 and over.

CURRENT PHARMACEUTICAL SERVICES IN NHS FIFE

2.0. Description of Current Pharmaceutical Services in NHS Fife

2.1. Community Pharmacy Services - General Overview

The following section provides a list of the NHS services provided by the 86 community pharmacies in NHS Fife at August 2023.

2.1.1. Number of Community Pharmacies across NHS Fife and by Locality

In August 2023, NHS Fife had 86 community pharmacies located across the seven Fife Localities. Table 2 below lists the number of community pharmacies in each Locality plus selected neighbouring Health Boards. There is no standard as to the number of population that should be served by a pharmacy, however population per Community Pharmacy in Fife is similar to other boards, and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services

Table 2: Community Pharmacies in NHS Fife (August 2023)

Locality	Population	Community Pharmacies	Population per Community Pharmacy
Fife	374,730	86	4,357
Levenmouth	37,888	10	3.788
Glenrothes	49,824	10	4,982
NE Fife	74,685	18	4,149
Cowdenbeath	41,767	12	3,481
Dunfermline	59,584	13	4,583
Kirkcaldy	60,472	13	4,652
SW Fife	50,510	10	5,051
Other HBs			
Forth Valley	305,710	76	4,022
Lothian	917,310	182	5,040
Tayside	415,030	92	4,511
Scotland	5,479,900	1,255	4,366

2.1.2. Resources - Premises/Facilities

NHS Circular: PCA(P)(2007)28 Pharmaceutical Services Remuneration Arrangements For 2007-2008: Contract Preparation Payments Premises Guidance and Assessment Tool provides guidance on the premises requirements under the community pharmacy contract. It provides a tool for pharmacies to assess their ability to meet the requirements and produce an action plan for any rectification work that is required to meet those requirements. This guidance aids the planning of any future pharmacy premises or potential relocations.

2.2.2. Resources - Community Pharmacy Workforce

To operate legally each community pharmacy must have at least one pharmacist and all pharmacists must have a minimum qualification of a degree in pharmacy and be registered with the General Pharmaceutical Council. Community pharmacy is supported by a trained and knowledgeable workforce. The workforce ranges from those who provide healthcare and medicines advice from their role as healthcare counter staff and those who work directly in the dispensary. The support staff work in direct contact with the public and are suitably trained to provide advice on numerous health related matters. The pharmacist provides an expert source of knowledge to the support staff, although many staff have developed specialised areas of competence in which they work. As part of community pharmacy development to ensure continued ability to deliver NHS services, work continues to support development of support staff.

Pharmacists have the ability to be independent prescribers. These independent prescribers have in the past been involved in the provision of clinics within Fife, covering numerous specialty areas such as hypertension, stroke, warfarin, vascular, substance misuse, respiratory and pain. Implementation of the national Pharmacy First Plus service has shifted focus to delivering prescribing for common clinical conditions.

Table 3: Community Pharmacist numbers training or trained with prescribing rights (August 2023)

Prescribing Status	No. of Pharmacists
Active/Community Pharmacy Independent Prescribers	32
Independent Prescribers training in progress	16
Qualified Independent Prescribers inactive	2

2.2. Community Pharmacy Services - Accessibility of Pharmaceutical Services

2.2.1. Travel times to community pharmacies

Previous national research has indicated that 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes. This data also showed that 47% of respondents travelled by car and 42% walked. The majority (83%) started and ended their journey at home with only 8% travelling from their place of work. Another UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy.

The distance the population live from a pharmacy has been calculated for Fife. The information shows similar results to the research findings above. The distance from the pharmacy and the percentage of the population living within this distance are shown in the Table 4.

Table 4: Percentages of the Fife population living within various distances of their nearest pharmacy

Distance population live from their nearest pharmacy	Percentage of population living within the distance
Quarter of a mile of pharmacy	28.4%
Half a mile of pharmacy	65.8%
Within one mile of pharmacy	88.5%
Within 2 miles of pharmacy	96.6%
Within 4 miles of pharmacy	99.8%
Within 6 miles of pharmacy	100%

^{1.} Distances are "as the crow flies" straight line distances, not travel time

^{2.} Distances are calculated from the grid reference of Fife pharmacies via the postcode and the mean value of the grid references for postcode within a data zone

The information above shows that 88.5% of the Fife population lives within 1 mile of their nearest pharmacy. It cannot be assumed that the population will necessarily use the nearest pharmacy but location has been shown to be critical in the access to pharmaceutical services. It should be noted that NHS Fife is the third most densely populated of all Scottish Health Boards.

Survey results as part of the Office of Fair Trade review of the control of entry regulation and retail pharmacy services in the UK demonstrated that 89% of people found the location of their pharmacy easy to get to from home. Convenience of the pharmacy location is related to the distance required to travel to the pharmacy by the population that they serve.

2.2.2. Hours of Service

Pharmacies in Fife provide opening hours that must cover 9.00 am to 5.30 pmon 5 days of the week in which they can be closed for 1 hour during the middle of the day and offer one day per week of an 9 am to 1 pm opening (NHS Fife General Pharmaceutical Services: Hours of Service Scheme). In summary this shows that each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

Several pharmacies have extended hours to 6pm and many offer a service on Saturday and some on Sundays. See Table 5 for a summary of the hours of service of community pharmacies in Fife.

Table 5: Summary of the hours of service of the 86 community pharmacies in Fife (August 2023)



NHS Fife provision of pharmaceutical services on a Sunday is similar to other NHS Board areas.

It should be noted that all 6 community pharmacies which open on a Sunday are located in the same areas/towns as the Unscheduled Care Services Fife Centres, where prescriptions on a Sunday will be generated from.

2.3. Community Pharmacy Services - Core Services

2.3.1. Acute Medication Service (AMS)

AMS is the provision of pharmaceutical care services for acute episodes of care and electronically supports the dispensing of acute prescriptions and any associated counselling and advice. AMS is provided by all 86 community pharmacies in Fife.

In terms of absolute activity relating to prescribing, 7,254,100 prescription items were dispensed in NHS Fife in 2021/22 See table 6 for the volume of prescription items dispensed in Fife over the last 5 financial years.

Table 6: Volumeof prescription itemsdispensed in Fife over periodApril 2017 to March 2022

Financial Year	No. of prescription items dispensed
2021-22	7,254,100
2020-21	6,917,140
2019-20	7,142,940
2018-19	6,914,950
2017-18	6,969,064

2.3.2 Medicines: Care and Review

Medicines: Care and Review (MCR) is a revised model of the Chronic Medication Service (CMS) which commenced in April 2009, with NHS Fife being the early adopter board. Medicines: Care and Review (MCR) allows patients with long-term conditions to register with the community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, the GP and the pharmacist. One element of MCR allows the GP to generate a patient's prescription for a 24, 48 or 56 week period. In this period the patient is only required to visit the pharmacy to pick up their medication. This process sends electronic messages between the pharmacy system and GP practice system to update the GP record with the dispensing information. The pharmacist is required to complete a medication review and care plan with the patient within 16 weeks of patient registration.

All Health Boards are now working towards the aim of having all of their GP practices and Community Pharmacies providing the serial prescribing element of the service. One of the key changes to the revisedservice is that GP practiceswill now be allowed to identify patients suitable for serial prescriptions without the need for an initial registration for the service by a community pharmacy. This Community Pharmacy registration will now follow the GP intervention.

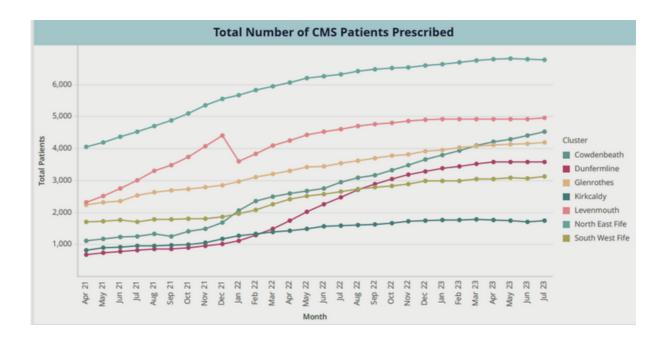
NHS Fife currently has 51 GP practices (93%) generating serial prescriptions with 82 (95%) pharmacies involved in processing them. We continue to work with practices and pharmacies to encourage uptake, with an emphasis on supporting keen practices to increase the numbers of their patients receiving serial prescriptions.

Table 7 shows the number of patients registered for MCR in Fife compared to neighbouring health borads and Figure 4 shows the number of patients receiving a serial prescription by prescribing locality.

Table 7: Number of MCR registered patients as at end March 2023 in Fife and selected neighbouring Health Boards

Health Board Area	No. of CMS registered patients	No. of CMS registered patients per 1,000 of population
Fife	65,600	175
Tayside	78,488	188
Forth Valley	48,111	157
Lothian	111,182	121
Scotland	910,840	166

Figure 4: Patients receiving a serial prescription by locality Apr 21-Jul 23



2.3.3 Pharmacy First

In July 2020 the Pharmacy First service was implemented to replace the previous Minor Ailment Scheme. This service is delivered by all 86 community pharmacies in Fife and is available free of charge to eligible patients who require advice and/or treatment for minor ailments. When a patient accesses this service they receive a consultation which will result in one of three outcomes- supply of an appropriate medicine if indicated, advice only or referral to their GP or other healthcare professional. An average of 21,580 patients receive a Pharmacy First consultation monthly with an average of 17,627 medication items supplied. Five national Patient Group Directions (PGDs) have been introduced to provide treatment for Urinary Tract Infections, Impetigo, Shingles and Skin Infections allowing patients who would normally require a GP consultation for treatment to attend their pharmacy instead.

Figure 5 shows the number of items per week between April 22 and March 23 dispensed throughout Fife via the Pharmacy First service. Figure 6 shows the number of patients per week receiving a Pharmacy First consultation for the same period.

Figure 5: NHS Fife PharmacyFirst items dispensed Apr 22- Mar 23

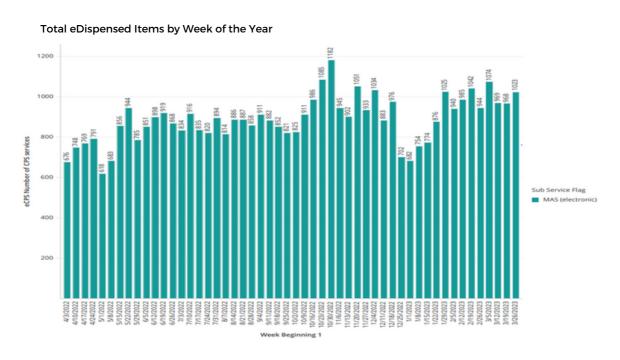
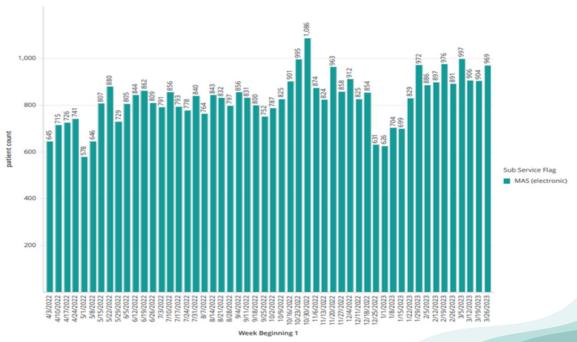


Figure 6: NHS Fife Pharmacy First patient consultations Apr 22-Mar 23



2.3.4. Public Health Service

The Public Health Service (PHS) comprises of the following services:

The provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public

Making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material

Participating in health promotion campaigns, each campaign being on display and visible within a pharmacy for at least six weeks, agreed nationally by Scottish Ministers and a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by the Scottish Ministers for use by PHS providers if they wish

Where agreed between a PHS provider and the Health Board, participation in locally agreed health promotion campaigns in the intervals between the national campaigns as described in the above paragraph.

There are three patient service elements of the public health service

2.3.4.1. Stop Smoking Services

The service consists of the provision of a stop smoking service comprising support and advice together with the supply of nicotine replacement therapy (NRT) or varenicline via a Patient Group Direction over a period of up to 12 weeks, in order to help smokers successfully stop smoking. The Community Pharmacy Stop Smoking Service is delivered by all 86 community pharmacies in Fife.

The community pharmacy service contributes significantly to the yearly NHS Fife smoking cessation Local Delivery Plan(LDP) Target. For financial year 22/23, 77% of all quit attempts made in Fife came from the community pharmacy stop smoking service (with 23% via non-pharmacy services). The LDP standard target of successful 12 week quits in the most deprived areas, i.e. 40% most deprived data zones, was 473. Fife did not achieve the LDP target in 22/23 however there were 301 successful 12 week quits in this population in 22/23,67% of these quits were via the Community Pharmacy service.

2.3.4.2. Emergency Hormonal Contraception

The introduction of a national PHS service for emergency hormonal contraception (EHC) in August 2008 has ensured equitable access to the population of Fife. Community pharmacies continue to issue over 80% of the total EHC prescribed/supplied in NHS Fife. This service comprises of the provision of advice on sexual health matters and the supply of EHC (as levonorgestrel or ulipristal) to women aged 13 years and above, where appropriate. This service is delivered by all 86 community pharmacies in Fife. On average, 362 prescriptions are generated for EHC by community pharmacists each month.

2.3.4.3. Bridging Contraception

A new addition to the PHS in November 2021, Community Pharmacists can provide a patient with "bridging contraception", a short-term supply of desogestrel to give them time to access their GP or sexual health services for a long term contraception arrangements. This service aims to increase access to contraception and reduce the incidence of unplanned pregnancy. 540 consultations took place for this Service between April 2022 and March 2023.

2.3.4.4. Supply of Prophylactic Paracetamol following MenB Vaccine

This Community Pharmacy Public Health Service was introduced in October 2015 and allows the supply of prophylactic paracetamol via PGD to babies receiving the MenB vaccine at 2 months and 4 months. The preferred model across NHS Fife for supply of prophylactic paracetamol is solely via the community pharmacy service.

2.4. Community Pharmacy Services - National Services

Whilst core services must be delivered by all community pharmacies on the pharmaceutical list, the National suite of services is optional. That said, for many of these services, the vast majority of pharmacies in Fife offer them.

2.4.1. Gluten Free Food Service

The National Community Pharmacy Gluten Free Food Service was introduced in October 2015. This enables patients with a diagnosis of coeliac disease and/or dermatitis herpetiformis to obtain gluten free foods directly from a local pharmacy without the need to request a prescription from the GP Practice. NHS Fife has developed a Gluten Free Food Formulary and a patient leaflet is available.. Patients are given an agreed allocation of Gluten Free units and are able to choose which staple foods they require from the Fife Gluten Free Formulary.

Pharmacists are required to register patients, complete a PharmacyCare Record (PCR), and carry out an initial healthcheck with each patient and thereafter an annual health check with patients using this service. All 86 NHS Fife community pharmacies have signed up to this service. Alternatively patients can choose to remain with their GP practice to request their prescription for gluten free foods.

2.4.2. Unscheduled Care

Unscheduled care can be described as:

"NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day."

In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP advice from NHS 24
- referral to the Out of Hours service via NHS 24

More recently service developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances to allow pharmacists to provide an emergency supply of medication free of charge if necessary. Community Pharmacies can also use a Direct Referral process to local Out of Hours services where the pharmacist feels that the patient has an urgent medical need that cannot be adequately treated within the pharmacy.

2.4.3. Stoma Service

From 1 July 2011 suppliers of stoma appliances must be entered on the NHS Scotland list of approved suppliers. Stoma service providers are expected to comply with the agreed standards for service provision. All NHS Fife community pharmacies have currently registered to provide this service. In addition other appliance suppliers also provide this service giving NHS Fife adequate coverage for this service.

2.4.4. Pharmacy First Plus

From September 2020, the NHS Pharmacy First Plus service was introduced by the Scottish Government, aiming to maximise the pharmacist's expertise in medicines by providing the opportunity for Pharmacist Independent prescribers to manage acute common clinical conditions within Community Pharmacy. The pharmacist must be available to provide the service for a minimum of 25 hrs per week for a minimum of 45 weeks of a rolling year. In Fife there are currently 20 pharmacies providing this service, an average of 456 patients were treated per month from January 2021 to January 2022. NHS Fife is supporting the expansion of the number of qualified Pharmacist Independent Prescribers which in turn will support the expansion of the Pharmacy First Plus service.

2.5. Community Pharmacy Services - Additional Services

There are several additional services agreed within NHS Fife. These are locally negotiated contracts and as such not all pharmacies participate in these services. It is the responsibility of the NHS Board to ensure that these additional services meet the needs of the population. This does not mean however that the population requires these services equally across geographical areas or that it is necessary to provide them from every community pharmacy. These services might not be provided entirely by pharmacy alone and so provision must be looked at in the context of wider healthcare services.

Table 16: Summary of the Numbers of Community Pharmacies providing Additional Services (at April 2023)

Additional Services	Total
Dispensing/supervision of Opioid substitution therapy	86
Injecting equipment provision	25
Take home Naloxone	36
Advice to Care Homes	53
Community Pharmacy Palliative Care Network	22
Just in Case programme	22

2.5.1 Substance Use

Opioid Substitution Therapy (OST) with methadone or buprenorphine is a well-established treatment for opioid dependent patients. OST reduces harm to the individual and society by reducing the injecting of drugs which in turn helps to reduce the spread of potentially fatal blood borne viruses such as Hepatitis B, C and HIV. It can also help to stabilise and decriminalise the lives of drug users and integrate them back into society.

2.5.1.1. Opioid Substitution Therapy(OST)

Supervised self-administration of OST has become a key component of any OST programme. Supervision is undertaken at the request of the prescriber and is a clinical decision based on the patient's stability, home circumstances and progress through treatment. Supervision ensures that adequate blood and tissue levels of methadone are maintained and helps to prevent diversion onto the illicit market. The use of community pharmacies for dispensing methadone allows patients to be treated in their own communities. Community pharmacists are the best placed healthcare professionals to carry out the supervision of OST. A valuable supportive relationship can develop between the community pharmacist and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the pharmacist to provide health promotion advice.

Currently all pharmacies in Fife dispense and supervise OST when requested by the prescriber. The majority of pharmacies are able to provide supervision either in a consultation room or an area screened off from general view.

2.5.1.2. Injecting Equipment Provision

Injecting equipment is provided with the aim of reducing the transmission of blood borne viruses spread by the sharing of injecting equipment; to protect the public from discarded equipment; to make contact with people who inject drugs who are not in contact with drug treatment services; and to improve access to health and harm reduction advice.

Additional funding secured from Fife Alcohol Drug Partnership (ADP) has enabled an extension to the network, from 19 to 25 pharmacies. Participating pharmacies are identified in appendix 1. Injection equipment is provided in pre-packed packs standardised throughout Scotland via national procurement.

Injecting equipment providers are asked to encourage clients to use a new set of works for every injection. Eight different packs are available, including two suitable for steroid users. Data is collected at each transaction and forwarded to Information Services Division for input to the annual report.

2.5.1.3. Take-Home Naloxone (THN)

This service allows community pharmacists and their support staff to provide the necessary training in overdose recognition, basic life support, use and supply of naloxone to persons at risk and family members. Additional funding provided by the ADP in 2020 has allowed this service to expand from 8 to 36 pharmacies across Fife, further uptake of the service continues to be encouraged.

2.5.2. Pharmaceutical Advice to Care Homes

Community pharmacies provide a service to Care Homes to provide advice on safe keeping and correct administration of drugs and medicines to residential and nursing homes. The service specification for this service is due for review in 2023/24.

2.5.3. Palliative Care Network

The aim of this service is to provide a network of community pharmacists throughout Fife, who are able to meet the pharmaceutical care needs of palliative care patients. The key services provided are:

- Dispensing of specialist palliative care medicines
- Providing advice and information on the use of these medicines to patients/carers and healthcare professionals
- Liaising with the patients' usual community pharmacist and primary healthcare team to ensure continuity of supply of the specialist medicine(s).

Additional funding secured from Scottish Government over the last few years has enabled an extension to the network, from 15 to 22 pharmacies, participating pharmacies are identified in appendix 1.

2.5.4. Just in Case Programme

A 'Just in Case - JIC' programme is delivered from community pharmacies. Such a programme has been advocated by the Scottish Government through 'Living and Dying Well - a national action plan for palliative and end of life care in Scotland'. The NHS Fife Action Plan contains as part of action 6: 'To identify if there are areas or circumstances within NHS Fife where the use of 'Just in Case' boxes would improve the accessibility of medicines likely to prevent hospital admissions'. JIC relies on appropriate anticipatory prescribing which forms part of wider anticipatory care planning processes.

The programme was developed with the NHS Fife Palliative Care Guidelines Group and the Network of Palliative Care Community Pharmacy Development Group. The programme uses the already established Fife Network of Palliative Care Community Pharmacies to work closely with the patient's Primary Care team to monitor the supply of boxes and the medicines contained therein.

Avoidable hospital admissions and GP out of hours calls are being prevented. Where a JIC box is issued and subsequently used, 99% of patients were found to be able to remain in their preferred place of care i.e. home. Feedback from both health professionals and patients and their families are that having the JIC at home is greatly reassuring. This successful scheme has now been extended to make it available to all patients at the end of life e.g. heart failure and chronic obstructive pulmonary disease.

2.5.5. Prescribed Sharps Disposal Service

All 86 community pharmacies take part in a prescribed sharps disposal service. Patients take their full (sealed) sharps bin to their local pharmacy and exchange it for a new one. The main driver for the service is to reduce the risk to patients, staff and the public of sharps disposed of in domestic waste, articulated by Fife Council, Healthcare Environment Inspectorate (HEI) and NHS Fife Health Board.

The service provides patients with a safe and convenient route for the disposal of sharps.

By providing a convenient route for disposal this reduces the amount of sharps stored in patients' homes, thus reducing the risk of accidental needle-stick injuries and reduces the environmental damage caused by inappropriate disposal methods for sharps.

2.5.6. Hepatitis C Treatment

In line with national frameworks to allow patients to access medication in local healthcare settings, the NHS Fife Specialist Hepatitis C service based at Whyteman's Brae and Queen Margaret Hospitals works with community pharmacies across NHS Fife to support the community supply of antiviral medication for treatment of Hepatitis C. All 86 pharmacies participate in this service. Between April 22 and March 23 there were 40 patients received treatment for Hepatitis C via community pharmacy.

2.5.7. Chlamydia Treatment

NHS Fife introduced a new local service in March 2021 that is delivered from Community Pharmacies. Patients can now be treated for Chlamydia using a Patient Group Direction for doxycycline when the patient/sexual contact presents a voucher that they have received from the 'Sexual Health Fife' team.60pharmacies participate in this service. Between April 22 and March 23, 235 people received treatment for chlamydia via community pharmacy.

2.5.8. Free Condoms Fife Scheme

Community Pharmacies participate in the "Free Condoms Fife" Scheme, where supplies of condoms are made freely available to the public to pick up from a discrete area within the pharmacy.

2.5.9. Vaccination Services

Community pharmacies across Fife took part in three successful NHS influenza vaccination service campaigns in the 2020/21,2021/22 and 2022/23 flu seasons delivering over 34,000 vaccinations over the three years of activity. Offering this service via community pharmacies allows agreed eligible groups to access flu vaccinations in a setting closer to home.

As part of the Vaccination Transformation Programme, 21 Community Pharmacies commenced provision of NHS travel vaccination on behalf of Fife Health and Social Care Partnership in April 2022, participating pharmacies are identified in appendix 1. Between April 2022 and March 2023, 2,752 citizens received a travel vaccination consultation in a community pharmacy and 3,801 vaccines were administered, and average of 1.4 vaccines per citizen. It should be noted that alongside administration of NHS available travel vaccines, participating community pharmacies are also asked to provide any private vaccines required. The geographical provision of this service will be reviewed in 2023 with the potential of adding up to 6 new community pharmacies should the need be identified,

ANALYSIS OF PHARMACEUTICAL NEEDS IN NHS FIFE

3. Analysis of Pharmaceutical Needs within NHS Fife

Information on both the health of the population of Fife and the services currently provided by community pharmacies has been detailed in the previous sections of the report. This has allowed adequate information to be considered to contemplate what the implications of this are for the future of the community pharmacy service within NHS Fife.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife. These services are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

3.1. Number of Community Pharmacies

There are 86 contracted community pharmacies in NHS Fife. These are well distributed across the region & appear to meet the access needs of the vast majority of the population. Since 2009, there have been eight new community pharmacy contracts awarded in NHS Fife; one in each of the seven Localities ahead of the most recent opening in the Dunfermline Locality.

3.2. Hours of Service

There would appear to be no under provision in terms of opening hours for NHS Fife with adequate out of hours opening mirroring the current Unscheduled Care Service Fife geography.

3.3. Pharmacy Workforce

There has been an increase in pharmacists who are either independent prescribers or working towards this qualification. The introduction of Pharmacy First Plus allows Community Pharmacist to utilise their prescribing qualifications order to provide pharmaceutical care and contribute to the transformation of urgent care agenda.

The COVID-19 pandemic has impacted on the pharmacy workforce and there are reports from some contractors of increasing difficulty in securing permanent pharmacists, together with a scarcity of available locum pharmacist cover, this is affecting Health Boards across NHS Scotland including NHS Fife.

3.4. Community Pharmacy Services - Core Services

3.4.1. Acute Medication Service

Prescription numbers remain stable within NHS Fife and with no significant increase in demand there is therefore no increase in need for any further Community Pharmacy provision.

3.4.2. Medicines: Care and Review

Work continues on increasing engagement in this service, there is currently no unmet need.

3.4.3. Pharmacy First

As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service there is no unmet need in the provision of consultation and treatment for common clinical conditions from a community pharmacy. However, unmet need will arise in urgent care provision should the current pharmacy weekend and extended opening hours in a local area reduce.

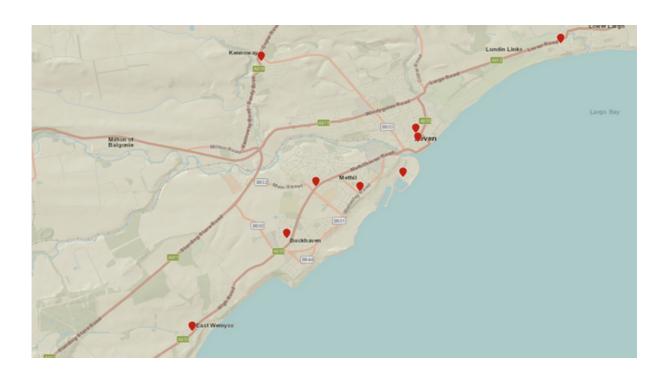
3.4.4. Public Health Services

Public Health Services provided as part of the core Community Pharmacy contract continue to be supported within Fife, and this element of the contract has made a significant contribution to harm reduction and women's health. There is no current unmet need, however the Scottish Government's Women's Health plan may introduce further expectations of pharmaceutical service provision that may impact this position in the future.

3.5. Community Pharmacy Services - National and Additional Services

The Additional Services developed under the Community Pharmacy Contract have made a fundamental contribution to the health of the population. Several community pharmacy services are negotiated at a local level and there is potential to review each of those on an ongoing basis, to ensure that the services delivered still meet the needs of the local population.

APPENDIX 1A



There are 10 Pharmacies in the Levenmouth Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	MERLIN CRESCENT, BUCKHAVEN, KY8 1HJ			
	UNIT 2, 21 MAIN ROAD,			✓
WEMYSS PHARMACY	EAST WEMYSS, KY1 4RE			
LLOYDS PHARMACY LTD				
NOW KENNOWAY PHARMACY	19 BISHOPS COURT, KENNOWAY, KY8 5LA	✓		
	47 HIGH STREET,			✓
BOOTS THE CHEMIST	LEVEN, KY8 4NE	✓		
LEVEN PHARMACY	12-14 COMMERCIAL ROAD, LEVEN, KY8 4LD			
	30 COMMERCIAL ROAD,		✓	✓
OMNICARE PHARMACY LTD	LEVEN, KY8 4LD			
	2 EMSDORF STREET,			
LUNDIN LINKS PHARMACY	LUNDIN LINKS, KY8 6AB			
	AJAX WAY,			
BOOTS THE CHEMIST	METHIL, KY8 3RS	✓		
OMNICARE PHARMACY LTD	345 METHILHAVEN ROAD, METHIL, KY8 3HR	1	√	✓
	303 WELLESLEY ROAD,			
WELL PHARMACY	METHIL, KY8 3BS			

There are six GP Practices in the Levenmouth Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
21257	SCOONIE MEDICAL PRACTICE	162,749	19.99%
21524	AIRLIE MEDICAL PRACTICE	147,831	18.16%
21505	METHILHAVEN SURGERY	132,447	16.27%
20108	MUIREDGE SURGERY	125,900	15.47%
21276	DRS PAGE, MCDONALD & STEVENSON	72,188	8.87%
20856	KENNOWAY MEDICAL GROUP	71,294	8.76%
	TOTAL	712,409	87.51%
	Other Prescribers	101,661	12.49%

There was a total of 814,070 items dispensed between all ten pharmacies, with:

- 31,621 unique patients
- 83.07% of patients having 2 or more forms
- 362 patients being recorded as Care Home patients

87.51% of GP10 prescriptions dispensed by the pharmacies, originated from GP Practices within the same locality.

Prescriptions

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	28,341	730,289	89.71%
NURSES - PRESCRIPTION FORMS	3782	29,736	3.65%
MINOR AILMENTS SCHEME	10,302	24,259	2.98%
URGENT SUPPLY OF MEDICINES	6600	17,999	2.21%
HOSPITAL ADDICT FORM	406	4951	0.61%
DENTIST PRESCRIPTION FORM	596	2779	0.34%
HOSPITAL FORM	564	2670	0.33%
PHARMACISTS PRESCRIPTION FORM	190	801	0.10%
STOCK ORDER FORM	0	465	0.06%
FOREIGN FORM - ENGLISH/WELSH	0	119	0.01%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	1	0.00%
FOREIGN FORM - WELSH GP	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	17,224	214,109	26.30%
CARDIOVASCULAR SYSTEM	11,269	172,722	21.22%
GASTRO-INTESTINAL SYSTEM	12,211	80,562	9.90%
ENDOCRINE SYSTEM	7572	70,488	8.66%
RESPIRATORY SYSTEM	9321	65,330	8.03%

Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5483	13,093	72.74%
Public Health Service	621	3898	21.66%
Urinary Tract Infection	480	546	3.03%
Health Board Local Service	147	250	1.39%
Skin Infection	96	101	0.56%
Impetigo	87	89	0.49%
Shingles	19	22	0.12%

A total of 6600 unique patients received 17,999 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)



There are 10 Pharmacies in the Glenrothes Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DOOTS THE CHEMIST	COS LANE, GLENROTHES, KY7 4AQ		✓	
BOOTS THE CHEMIST	14 LYON SQUARE, GLENROTHES, KY7	,	✓	
CADHAM PHARMACY	8 CADHAM CENTRE, GLENROTHES, KY7 6RU	•	✓	✓
DEARS PHARMACY & TRAVEL CLINIC	3 GLAMIS CENTRE, GLENROTHES, KY7 4RH	✓		✓
LLOYDS PHARMACY	UNIT 6, MINTO PLACE, GLENROTHES, KY6 1PD			
SUPERDRUG PHARMACY	10 FALKLAND GATE, KINGDOM CENTRE, GLENROTHES, KY7 5NS			
KINGLASSIE PHARMACY	50 MAIN STREET, KINGLASSIE, KY5 0XA			
LLOYDS PHARMACY	LESLIE MEDICAL PRACTICE, LESLIE, KY6 3LQ			
DEARS PHARMACY & TRAVEL CLINIC	53 HIGH STREET, MARKINCH, KY7 6DQ			~
W DAVIDSON & SONS	76 MAIN STREET, THORNTON KY1 4AG,			

There are seven GP Practices in the Glenrothes Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20659	COS LANE SURGERY	167,492	15.95%
20611	NORTH GLEN MEDICAL PRACTICE	159,936	15.23%
20663	ROTHES MEDICAL PRACTICE	152,904	14.56%
20606	THE LOMOND PRACTICE	141,482	13.47%
20630	THE GLENWOOD PRACTICE	115,228	10.97%
21153	LESLIE MEDICAL PRACTICE	106,779	10.17%
	Top 6 Practices	843,821	80.35%
	Other Prescribers	206,298	19.65%

There was a total of 1,050,119 items dispensed between all 10 pharmacies, with:

- 43,319 unique patients
- 80.48% of patients having 2 or more forms
- 317 patients being recorded as Care Home patients

80.35% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	38,167	940,975	89.61%
NURSES - PRESCRIPTION FORMS	4701	48,829	4.65%
MINOR AILMENTS SCHEME	12,217	27,562	2.62%
URGENT SUPPLY OF MEDICINES	6863	17,127	1.63%
DENTIST PRESCRIPTION FORM	691	5322	0.51%
HOSPITAL FORM	733	3567	0.34%
PHARMACISTS PRESCRIPTION FORM	925	3223	0.31%
HOSPITAL ADDICT FORM	285	2862	0.27%
STOCK ORDER FORM	0	599	0.06%
FOREIGN FORM - ENGLISH/WELSH	0	46	0.00%
IRISH FORM	0	3	0.00%
FOREIGN FORM - WELSH GP	0	2	0.00%
HOSPITAL NURSE FORM	0	2	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	21,797	258,475	24.61%
CARDIOVASCULAR SYSTEM	15,020	227,485	21.66%
GASTRO-INTESTINAL SYSTEM	16,157	104,759	9.98%
ENDOCRINE SYSTEM	9931	96,763	9.21%
RESPIRATORY SYSTEM	12,389	82,990	7.90%

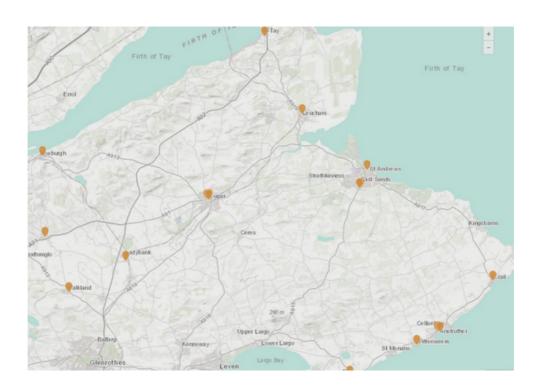
Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5280	10,908	63.69%
Public Health Service	712	4367	25.50%
Urinary Tract Infection	694	813	4.75%
Health Board Local Service	244	764	4.46%
Skin Infection	146	157	0.92%
Impetigo	72	79	0.46%
Shingles	24	27	0.16%
COVID	7	12	0.07%

A total of 6863 unique patients received 17,127 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)



There are 18 Pharmacies in the NE Fife Locality

		Injection	Palliative	Travel
Pharmacy Name	Address	Equipment	Care	Vaccines
EAST NEUK PHARMACY	23 RODGER STREET, ANSTRUTHER, KY10 3DU		✓	✓
T & K BROWN LTD	31/32 SHORE STREET, ANSTRUTHER, KY10 3AQ	✓		
ROWLAND PHARMACY	42 HIGH STREET, AUCHTERMUCHTY, KY14 7AP		✓	
CRAIL PHARMACY LTD	18-20 HIGH STREET, CRAIL, KY10 3TE			
BOOTS THE CHEMIST	2-6 ST CATHERINE STREET, CUPAR, KY15 4BT			
LLOYDS PHARMACY	1 CROSSGATE, CUPAR, KY155HA			
ROWLAND PHARMACY	45-47 BONNYGATE, CUPAR, KY154BY	✓	✓	
W DAVIDSON & SONS	42 HIGH STREET, ELIE, KY9 1DB			~
LOMOND PHARMACY	LIQUORSTANE BUILDINGS, FALKLAND, KY15 7FH			
W DAVIDSON & SONS	30 COMMERCIAL ROAD, LADYBANK, KY15 7JS			
LEUCHARS PHARMACY	THE POST OFFICE, 14 MAIN STREET, LEUCHARS, KY160HN			✓
W DAVIDSON & SONS	40 HIGH STREET, NEWBURGH, KY146AQ		1	
ROWLAND PHARMACY	TAYVIEW MEDICAL PRACTICE, 16 VICTORIA TERRACE, NEWPORT ON TAY, DD6 8DJ		✓	
PITTENWEEM PHARMACY	7 MARKET PLACE, PITTENWEEM, KY10 2PH			
BOOTS THE CHEMIST	113-119 MARKET STREET, ST ANDREWS, KY16 9PE	✓		
LLOYDS PHARMACY	ST ANDREWS COMMUNITY HOSPITAL, LARGO ROAD, ST ANDREWS, KY16 8AR			✓
WM MORRISON	45 LARGO ROAD, ST ANDREWS, KY168PJ		√	
ROWLAND PHARMACY	32 CASTLE STREET, TAYPORT, DD6 9AF			

There are 11 GP Practices in the NE Fife Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
21830	PIPELAND MEDICAL PRACTICE	152,948	11.77%
21609	TAYVIEW MEDICAL PRACTICE	145,019	11.16%
20409	EDEN VILLA PRACTICE	124,630	9.59%
20413	BANK STREET MEDICAL GROUP	115,480	8.89%
20004	ANSTRUTHER MEDICAL PRACTICE	113,577	8.74%
20057	AUCHTERMUCHTY PRACTICE	101,494	7.81%
	Top 6 Practices	753,148	57.98%
	Other Prescribers	545,775	42.02%

There was a total of 1,298,923 items dispensed between all 20 pharmacies, with:

- 61,087 unique patients
- 79.75% of patients having 2 or more forms
- 734 patients being recorded as Care Home patients

57.98% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	55,282	1,193,283	91.87%
MINOR AILMENTS SCHEME	15,018	33,458	2.58%
NURSES - PRESCRIPTION FORMS	3855	31,620	2.43%
URGENT SUPPLY OF MEDICINES	10,375	25,257	1.94%
DENTIST PRESCRIPTION FORM	1135	5365	0.41%
HOSPITAL FORM	909	4438	0.34%
HOSPITAL ADDICT FORM	212	2411	0.19%
PHARMACISTS PRESCRIPTION FORM	794	1842	0.14%
STOCK ORDER FORM	0	952	0.07%
FOREIGN FORM - ENGLISH/WELSH	0	246	0.02%
FOREIGN FORM - WELSH GP	0	28	0.00%
IRISH FORM	0	12	0.00%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	7	0.00%
FOREIGN FORM - WELSH HOSPITAL	0	2	0.00%
HOSPITAL NURSE FORM	0	1	0.00%
HOSPITAL PHARMACISTS FORM	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	20,971	307,590	23.68%
CENTRAL NERVOUS SYSTEM	27,666	287,210	22.11%
ENDOCRINE SYSTEM	14,623	132,169	10.18%
GASTRO-INTESTINAL SYSTEM	21,059	129,177	9.94%
RESPIRATORY SYSTEM	15,580	88,407	6.81%

Core Services

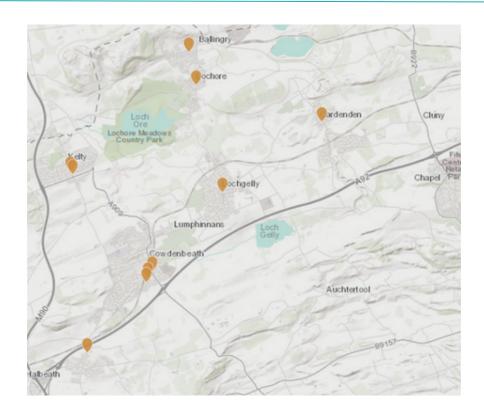
Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	8180	15757	62.39%
Public Health Service	969	7419	29.37%
Urinary Tract Infection	908	1054	4.17%
Health Board Local Service	310	565	2.24%
Skin Infection	241	258	1.02%
Impetigo	130	140	0.55%
Shingles	48	55	0.22%
COVID	4	8	0.03%
Healthy Start Vitamins	1	1	0.00%

A total of 10,375 unique patients received 25,257 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1D



There are 12 Pharmacies in the Cowdenbeath Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	4/5 BENARTY SQUARE, BALLINGRY, KY5 8NR	✓		✓
B JOHNSTON	191 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	187 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	345 HIGH STREET, COWDENBEATH, KY4 9QW	~		
GORDONS CHEMIST	20 BROAD STREET, COWDENBEATH, KY4 8HY	✓		
WM MORRISON SUPERMARKETS	UNITS 1/2 RAITH CENTRE, COWDENBEATH, KY4 8PB		~	
WELL PHARMACY	92 MAIN STREET, CROSSGATES, KY4 8DF			
DEARS PHARMACY & TRAVEL CLINIC	60 MAIN STREET, KELTY, KY4 0AE	~		✓
WELL PHARMACY	39 MAIN STREET, KELTY, KY4 0AA			
DEARS PHARMACY & TRAVEL CLINIC	60 LOCHLEVEN ROAD, LOCHORE, KY5 8DA			✓
DEARS PHARMACY & TRAVEL CLINIC	67 BANK STREET, LOCHGELLY, KY5 9QQ	✓	~	*
WELL PHARMACY	66 BANK STREET, LOCHGELLY, KY5 9QN	✓		

There are eight GP Practices in the Cowdenbeath Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20305	COWDENBEATH SURGERY	218,331	20.98%
20803	KELTY MEDICAL PRACTICE	145,460	13.98%
21384	MEADOWS PRACTICE	126,821	12.19%
21421	BENARTY MEDICAL PRACTICE	120,937	11.62%
21469	LOCHGELLY MEDICAL PRACTICE	72,438	6.96%
20358	CROSSGATES MEDICAL PRACTICE	62,580	6.01%
	Top 6 practices	746,567	71.75%
	Other Prescribers	293,951	28.25%

There was a total of 1,040,518 items dispensed between all 12 pharmacies, with:

- 38,508 unique patients
- 81.55% of patients having 2 or more forms
- 325 patients being recorded as Care Home patients

71.75% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	33,758	933,689	89.73%
NURSES - PRESCRIPTION FORMS	3797	40,698	3.91%
MINOR AILMENTS SCHEME	14,256	37,099	3.57%
URGENT SUPPLY OF MEDICINES	5871	14,706	1.41%
DENTIST PRESCRIPTION FORM	986	4597	0.44%
HOSPITAL ADDICT FORM	317	4286	0.41%
HOSPITAL FORM	794	3747	0.36%
PHARMACISTS PRESCRIPTION FORM	362	1040	0.10%
STOCK ORDER FORM	0	597	0.06%
FOREIGN FORM - WELSH GP	0	36	0.00%
FOREIGN FORM - ENGLISH/WELSH	0	23	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	20981	20981	25.61%
CARDIOVASCULAR SYSTEM	13042	13042	22.44%
GASTRO-INTESTINAL SYSTEM	14343	14343	9.77%
ENDOCRINE SYSTEM	8779	8779	8.77%
RESPIRATORY SYSTEM	12053	12053	8.00%

Core Services

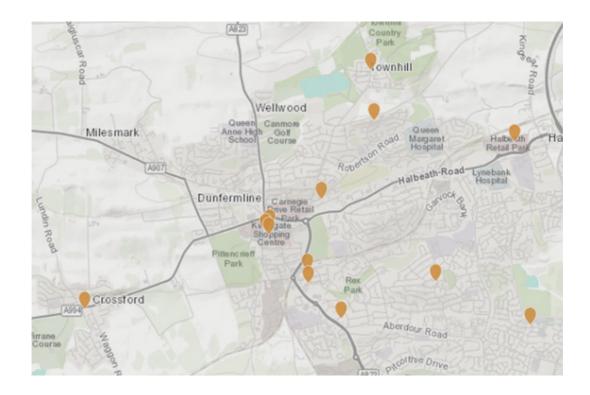
Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4356	4356	56.02%
Public Health Service	786	786	34.68%
Urinary Tract Infection	634	634	4.77%
Health Board Local Service	137	137	2.77%
Skin Infection	119	119	0.85%
Impetigo	99	99	0.74%
Shingles	17	17	0.12%
COVID	2	2	0.02%
Healthy Start Vitamins	3	3	0.02%

A total of 5871 unique patients received 14,706 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1E



There are 13 Pharmacies in the Dunfermline Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
CROSSFORD				✓
PHARMACY	61 MAIN STREET, CROSSFORD, KY12 8NN			
ASDA PHARMACY	HALBEATH RETAIL PARK, DUNFERMLINE, KY11 4LP		/	
BOOTS THE CHEMIST	UNIT 2, KINGSGATE CENTRE, DUNFERMLINE, KY12 7QU			
DEARS PHARMACY & TRAVEL CLINIC	85 HIGH STREET, DUNFERMLINE, KY12 7DR	1	/	1
LINDSAY & GILMOUR	6 ALDERSTON DRIVE, DUNFERMLINE, KY12 0XU	1		
LLOYDS PHARMACY	43 BELLYEOMAN ROAD, DUNFERMLINE, KY12 0AE			
LLOYDS PHARMACY	UNIT 6 BLOCK 1, TURNSTONE ROAD, DUNFERMLINE, KY11 8JZ			
WELL PHARMACY	3 ABBEYVIEW, DUNFERMLINE, KY11 4HA			
WELL PHARMACY	7 DOUGLAS STREET, DUNFERMLINE, KY12 7EB			
WELL PHARMACY	ELLIOT STREET, DUNFERMLINE, KY11 4TF	✓		
WELL PHARMACY	1 ST ANDREWS STREET, DUNFERMLINE, KY11 4QG			
WILLOW PHARMACY	85 WOODMILL STREET, DUNFERMLINE, KY114JN			1
CARE PHARMACY	87 MAIN STREET, TOWNHILL, KY12 0EN			✓

There are eight GP Practices in the Dunfermline Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20466	NEW PARK MEDICAL PRACTICE	168,479	14.13%
20490	BELLYEOMAN SURGERY	158,458	13.29%
20451	NETHERTOWN SURGERY	156,768	13.14%
20485	MILLHILL SURGERY	138,795	11.64%
21755	PRIMROSE LANE MEDICAL CENTRE	137,269	11.51%
20471	HOSPITAL HILL SURGERY	114,955	9.64%
	Top 6 Practices	874,724	73.34%
	Other Prescribers	317,959	26.66%

There was a total of 1,192,683 items dispensed between all 14 pharmacies, with:

- 61,709 unique patients
- 74.02% of patients having 2 or more forms
- 350 patients being recorded as Care Home patients

73.34% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	53,840	1,070,745	89.78%
NURSES - PRESCRIPTION FORMS	6491	54,401	4.56%
MINOR AILMENTS SCHEME	13,426	27,335	2.29%
URGENT SUPPLY OF MEDICINES	7021	17,745	1.49%
DENTIST PRESCRIPTION FORM	1574	7804	0.65%
HOSPITAL FORM	1525	7541	0.63%
HOSPITAL ADDICT FORM	360	5020	0.42%
PHARMACISTS PRESCRIPTION FORM	320	1027	0.09%
STOCK ORDER FORM	0	981	0.08%
FOREIGN FORM - ENGLISH/WELSH	0	69	0.01%
IRISH FORM	0	7	0.00%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	5	0.00%
FOREIGN FORM - WELSH GP	0	2	0.00%
FOREIGN FORM - ENGLISH NURSE OR HOSPITAL	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	26,725	278,886	23.38%
CARDIOVASCULAR SYSTEM	18,331	258,206	21.65%
ENDOCRINE SYSTEM	13,021	117,106	9.82%
GASTRO-INTESTINAL SYSTEM	20,062	113,979	9.56%
RESPIRATORY SYSTEM	14,924	85,323	7.15%

Core Services

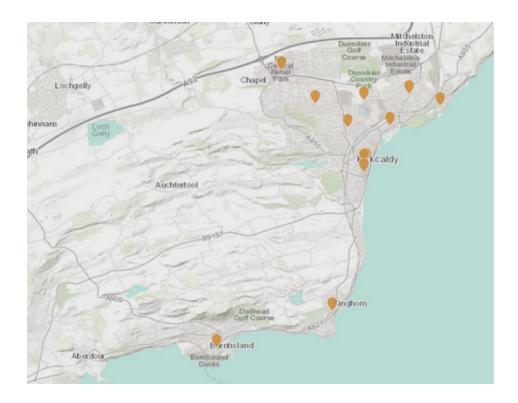
Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4683	8133	45.83%
Public Health Service	1051	6615	37.28%
Health Board Local Service	250	1484	8.36%
Urinary Tract Infection	915	1064	6.00%
Skin Infection	231	246	1.39%
Impetigo	128	133	0.75%
Shingles	39	42	0.24%
COVID	18	28	0.16%

A total of 7021 unique patients received 17,745 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1F



There are 13 Pharmacies in the Kirkcaldy Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
-	229-231 HIGH STREET, BURNTISLAND, KY3	,	✓	
LLOYDS PHARMACY	9AQ	✓		
	UNIT 21, HIGH STREET,		✓	
DYSART PHARMACY	DYSART, KY1 2UG			
	63 HIGH STREET,			
LLOYDS PHARMACY	KINGHORN, KY3 9UW			
	CARBERY ROAD,		✓	
ASDA PHARMACY	KIRKCALDY, KY1 3NG			
	116-120 HIGH STREET, KIRKCALDY, KY1			
BOOTS THE CHEMIST	1NQ	✓		
	UNIT 11, FIFE RETAIL PARK, KIRKCALDY,		✓	
BOOTS THE CHEMIST	KY2 6QL	✓		
	222 DUNEARN DRIVE, KIRKCALDY, KY2			
LLOYDS PHARMACY	6LE			
	HEALTH CENTRE, WHYTEMAN'S BRAE,		✓	
LLOYDS PHARMACY	KIRKCALDY, KY1 2NA			
	18 HIGH STREET.			
LLOYDS PHARMACY	KIRKCALDY, KY1 1LU			
	133/135 HIGH STREET, KIRKCALDY, KY1			
LLOYDS PHARMACY	1LR			
	28 MID STREET,			
LLOYDS PHARMACY	KIRKCALDY, KY1 2PN			
	2 VICEROY STREET.			
LLOYDS PHARMACY LTD	KIRKCALDY, KY2 5HT	✓		
	233 ST CLAIR STREET, KIRKCALDY, KY1			✓
ST CLAIR PHARMACY	2BY	✓		

There are 10 GP Practices in the Kirkcaldy Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20998	PATH HOUSE MEDICAL PRACTICE	225,155	16.81%
20979	BENNOCHY MEDICAL CENTRE	149,647	11.17%
20964	DRS MCKENNA, MURPHY & MCCALLUM	120,503	9.00%
20950	NICOL STREET SURGERY	119,699	8.94%
20983	ST BRYCEDALE SURGERY	117,529	8.77%
21007	DRS DIXON, DUGGAN, EGERTON, MACKERNAN, MCCRICKARD & WALKER	114,461	8.55%
	Top 6 Practices	846,994	63.24%
-	Other Prescribers	492,437	36.76%

There was a total of 1,339.431 items dispensed between all 14 pharmacies, with:

- 55,970 unique patients
- 77.62% of patients having 2 or more forms
- 1772 patients being recorded as Care Home patients

63.24% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	50,130	1,233,716	92.11%
NURSES - PRESCRIPTION FORMS	5914	44,416	3.32%
MINOR AILMENTS SCHEME	10,552	22,465	1.68%
URGENT SUPPLY OF MEDICINES	7145	18,601	1.39%
HOSPITAL FORM	1473	6694	0.50%
HOSPITAL ADDICT FORM	571	6427	0.48%
DENTIST PRESCRIPTION FORM	758	4976	0.37%
PHARMACISTS PRESCRIPTION FORM	307	991	0.07%
STOCK ORDER FORM	0	988	0.07%
FOREIGN FORM - ENGLISH/WELSH	0	156	0.01%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	27,566	338,185	25.25%
CARDIOVASCULAR SYSTEM	19,501	298,001	22.25%
GASTRO-INTESTINAL SYSTEM	20,390	135,370	10.11%
ENDOCRINE SYSTEM	13,177	123,407	9.21%
RESPIRATORY SYSTEM	14,221	93,528	6.98%

Core Services

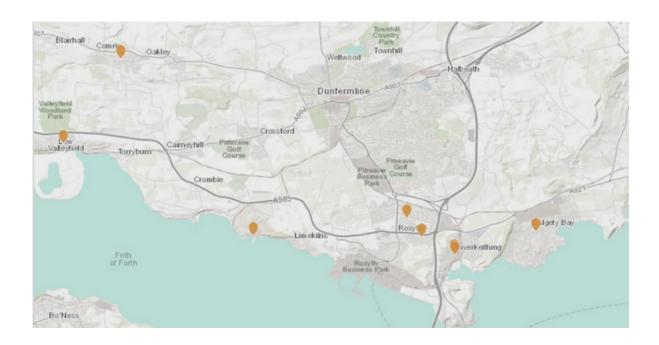
Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5462	12,242	65.81%
Public Health Service	798	4836	26.00%
Urinary Tract Infection	756	879	4.73%
Health Board Local Service	153	422	2.27%
Impetigo	92	106	0.57%
Skin Infection	72	80	0.43%
Shingles	21	29	0.16%
COVID	3	6	0.03%
Healthy Start Vitamins	1	1	0.01%

A total of 7145 unique patients received 18,601 items on Urgent Supply / Public Health Prescription/Pharmacy first PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1G



There are 10 Pharmacies in the SW Fife Locality

		Injection	Palliative	Travel
Pharmacy Name	Address	Equipment	Care	Vaccines
	30 HIGH STREET,			✓
OMNICARE PHARMACY	ABERDOUR, KY3 OSW			
	CHARLESTOWN MEDICAL PRACTICE, 1A			
CHARLESTOWN PHARMACY LTD	MAIN ROAD, CHARLESTOWN, KY11 3ED			
	12 BAY CENTRE, REGENTS WAY, DALGETY			
ROWLAND PHARMACY	BAY, KY11 9YD			
	CHAPEL STREET,			
HIGH VALLEYFIELD PHARMACY	HIGH VALLEYFIELD, KY12 8SJ			
	8 HIGH STREET,			
LINDSAY & GILMOUR	INVERKEITHING, KY11 1NN	✓		
LINDSAY & GILMOUR	51 HIGH STREET, INVERKEITHING, KY11 1NL			
	31 HIGH STREET,			
WELL PHARMACY	KINCARDINE, FK10 4RJ			
DEARS PHARMACY & TRAVEL	14 WARDLAW WAY,		*	✓
CLINIC	OAKLEY, KY12 9QH	✓		
	6 QUEENS BUILDINGS, QUEENSFERRY ROAD,		*	
ROWLAND PHARMACY	ROSYTH, KY11 2RA			
WELL PHARMACY	2 CROSSROADS PLACE, ROSYTH, KY11 2LS			

There are four GP Practices in the SW Fife Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20752	INVERKEITHING MEDICAL GROUP	246,354	32.20%
21613	OAKLEY MEDICAL PRACTICE	140,839	18.41%
20729	VALLEYFIELD MEDICAL PRACTICE	75,676	9.89%
21308	CHARLESTOWN SURGERY	66,839	8.74%
	Top 4 Practices	529,708	69.24%
	Other Prescribers	235,277	30.76%

There was a total of 764,985 items dispensed between all eight pharmacies, with:

- 34,040 unique patients
- 81.52% of patients having 2 or more forms
- 632 patients being recorded as Care Home patients

69.24% of GP10 prescriptions, dispensed by the pharmacies, originated from the 4 GP Practices within the same locality.

Prescriptions

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	30,694	699,777	91.48%
MINOR AILMENTS SCHEME	10,582	24,472	3.20%
NURSES - PRESCRIPTION FORMS	2992	21,351	2.79%
URGENT SUPPLY OF MEDICINES	4580	12,484	1.63%
DENTIST PRESCRIPTION FORM	550	2985	0.39%
HOSPITAL FORM	495	2236	0.29%
HOSPITAL ADDICT FORM	80	905	0.12%
PHARMACISTS PRESCRIPTION FORM	158	437	0.06%
STOCK ORDER FORM	0	264	0.03%
FOREIGN FORM - ENGLISH/WELSH	0	48	0.01%
FOREIGN FORM - WELSH GP	0	26	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	11,659	180,677	23.62%
CENTRAL NERVOUS SYSTEM	16,173	165,233	21.60%
GASTRO-INTESTINAL SYSTEM	12,238	75,836	9.91%
ENDOCRINE SYSTEM	7867	73,865	9.66%
RESPIRATORY SYSTEM	9287	55,772	7.29%

Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	3601	7227	57.89%
Public Health Service	510	4402	35.26%
Urinary Tract Infection	392	430	3.44%
Health Board Local Service	64	235	1.88%
Skin Infection	114	118	0.95%
Impetigo	52	56	0.45%
Shingles	16	16	0.13%

A total of 4580 unique patients received 12,484 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First).

REFERENCES

NHS Fife Director of Public Health Report 2020 and 2021

Public Health Scotland Community Pharmacy Contractor Open Data 2022

Know Fife

NRS Mid-2020 Population Estimates

NRS Sub-national Population Projections 2018

NHS Fife General Pharmaceutical Services: Hours of Service Scheme



Pharmacy and Medicines Directorate

Published September 2023

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CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 13 SEPTEMBER 2023 AT 10.00 AM (TEAMS MEETING)

Present: Dave Dempsey (Chair), Fife Council

John Kemp, (Vice Chair) NHS Non-Executive Board Member

Sinead Braiden, NHS Non-Executive Board Member

Sam Steele, Fife Council

Attending: Nicky Connor, Director of Fife Health & Social Care Partnership (Fife

H&SCP)

Audrey Valente, Chief Finance Officer (Fife H&SCP)

Vanessa Salmond, Head of Corporate Services (Fife H&SCP)

Chris Brown, External Auditor Amy Hughs, External Auditor

Barry Hudson, Regional Audit Manager, FTF Audit & Management

Services

Shona Slayford, Principal Auditor (NHS Fife)

Avril Sweeney, Risk Compliance Manager (Fife H&SCP) Tracey Hogg, Partnership Finance Manager (Fife H&SCP) Gillian McNab, Management Support Officer (Note taker)

Apologies: Jocelyn Lyall, Chief Internal Auditor, FTF Audit & Management Services

(Fife H&SCP)

		ACTION
1.	WELCOME AND APOLOGIES	
	Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
	DD asked why teams was asking all attendees to wait in the lobby instead of directly joining the meeting. VS to look into this and report back.	VS
	DECLARATION OF INTEREST	
	No declarations of interest were noted.	
2	MINUTES OF PREVIOUS MEETING 10 MAY 2023	
	SB still noted in minute as vice chair. GMcN to amend.	
	Minutes approved.	GMcN
3	ACTION LOG	
	22.03.23 Item 4 has been discussed.	

	AV noted the timescale for Terms of Reference and advised committee that this will be brought to the next meeting in November.	AV
4	ANNUAL ACCOUNTS AND FINANCIAL STATEMENT	
	AV gave a summary of the SBAR which gives a brief synopsis of the year end position 2022/23 along with 2 appendices (Annual Accounts and the External Auditors Report). AV thanked the external auditors for a very good report.	
	CB confirmed that this was a successful audit due to a high-quality set of draft accounts, a good set working papers and thanked the team for all their great work on the accounts. CB reminded committee that the audit report covers 2 main areas under the Audit Scotland code of audit practice, Financial Statements Audit & Wider Scope of External Audit in the Public Sector.	
	AH reiterated CB message and thanked the team for all their work on the accounts. AH outlined the key aspects of the Fife IJB Annual Audited Accounts (appx. 1) and are pleased to announce that their auditors opinion is unqualified and there is no matters they are required to report by exception. AH advised that they managed to close down all bar one of the prior year management recommendations.	
	SB added she was really impressed with the scope and high standard of work within the annual accounts and audit report.	
	DD noted that on page 20 there are dark blue boxes with black text which is not easy to read and suggested that the text be changed to white if using dark colors in future.	
	CB added that it is easy to take these for granted. England Councils are in a terrible state i.e. Birmingham Council is going bankrupt. CB also noted that we don't always see audit committees that provide adequate scrutiny.	
	AV expressed her thanks to TH, Maria Ailing and both Partner Finance teams for all their hard work. NC also extended her thanks to the team and also to CB's team. NC asked what CB feels we should be proud off and what we need to do to sharpen our saw as part of continuous improvement. CB responded teamwork shines through, and partnership is a real strength. In terms of improving, transformative change is required. AH agrees and added monitoring the progress of this throughout the term of their appointment.	
	JK noted that we should be very pleased with the audit opinion. JK also noted on page 58-59, AV is split over health board and FC to be re-charged from both. AV confirmed that this is what happens under resource transfer. TH advised that the whole team should be split and that she would look into this.	тн
	DD noted his thanks and appreciation to everybody involved in the annual audit.	
5	PROGRESS REPORT ON 2021/22 & 2022/23 INTERNAL AUDIT PLAN	
	SS briefed the committee on the progress on the non-discretionary elements of the 23/24 Audit Plan and outstanding reviews from prior years. The one	

remaining report from 21/22 is currently in draft and discussions are taking place with key stakeholders. The remaining two reviews from 22/23 are in progress and will be finalized for the November 23 meeting. The market & capacity review was delayed due to requesting more time to obtain more information which has now been received and the workforce review was delayed due to staff absence. Work has progressed on the non-discretionary elements of the 23/24 audit plan.

Discussions were held around the report. DD asked on appx. 2, page 134, is there anything in particular we should be paying attention to. AV suggests that this is taken further and made more transparent drawing attention to the areas this committee should be focusing on and what could potentially have an impact on the IJB. AV & BH to meet to discuss this. It was also agreed that the two outstanding reports would be shared with committee members as soon as they are available. BH personally assures these will be completed before the November meeting.

AV/BH

Committee is asked to note and consider the content of the appendices. All agreed this had been done.

6 DRAFT ANNUAL INTERNAL AUDIT PLAN 2023/24

SS presented the draft Fife IJB internal Annual Internal Audit plan 23/24 and the audit charter for consideration and approval. One change in the plan for this year, which has been done slightly differently, is the introduction of an Internal Control Evaluation (ICE) which is a holistic overview of governance within the Fife IJB and aims to provide early warning of any issue that might affect the governance statement. The ICE will provide assurance on the adequacy and effectiveness of overall systems of internal control which will allow management to take remedial actions before the year end. The ICE covers corporate governance, care governance, financial, staff governance and information governance. Appendix 2 is the audit charter and following a substantive review in 2020 there has not been any relevant changes therefore there are no major updates to be noted.

Discussions took place on the report, and it was agreed that this is a very light internal audit program but happy to run with this plan as it is until the end of March and there will be another plan for the next financial year 24/25. BH, SS & AV to meet with JL to discuss this and report back to committee.

7 RISK MANAGEMENT UPDATE REPORT (UPDATE ON PROGRESS)

AV advised this report is for assurance and discussion. Following approval of the revised risk management policy and strategy in March a delivery plan for implementation was put in place and it was agreed that an annual report would be brought to A&AC next March/April. It was also agreed to bring a progress update report at this time of year as well. A working group was formed to support the delivery plan actions and monitor progress. Work is ongoing on several of the actions including the risk reporting framework and the development of performance measures in terms of the risk management process that this committee looks at rather than performance measures specific to individual risks. Two actions are complete and also the risk appetite statement was approved in July 2023. Work is continuing on developing ways to ensure and to evidence the use of risk appetite in decision making. The Delivery Plan is shown as appendix 1 and the

progress to date is highlighted in the column headed evidence of improvement. There are a number of actions that will need to be extended from the original target dates. The report will provide some assurance of the work carried out to date and committee is asked to consider the progress report, whether further information is required or whether there are any improvements that can be made. Discussions were held and it was noted para 3.3, page 153 which describes the 3/6 months interaction, it would be useful to have this in calendar form AS/VS which shows what's happening. AS to work with VS on this. It was also noted the delivery plan on page 156 is very challenging to read and may need formatting for future. The annual report will be brought back to A&AC in March/April. 8 IJB STRATEGIC RISK REGISTER This report is for discussion and sets out the IJB Strategic Risks. The risk register was last presented to A&AC on the 28th June. The risks have been most recently reviewed by the risk owners in August 2023. The participation and engagement risk has reduced to the target level and it is recommended that this risk is now closed but all other risks have remained the same scoring but there have been additional actions added to some. Appendix 1 shows the risks presented in the condensed format as requested in order of residual risk score. This is the score that takes into account the management actions that are currently in place. The condensed report is showing the risk, the three risk scores and the relevant governance committee who take responsibility for the individual risk. We currently have four high scoring risks. These are show in summary on the SBAR and the profile for the IJB as at September. June 2023 and January 2023 is also shown on the SBAR. Interested to get the views of the committee on this and whether this is something we can develop into a performance measure or trend for the other report that was discussed earlier. Work is continuing on the development of the risk register in line with the strategic plan and also still looking at comments that were received earlier this year from members at the development sessions on risk and will continually evolve. Discussion took place and it was agreed that a calendar to show what deep dives had been done to assure committee that these deep dives have happened and anything raised by the governance committee has been taken into account. AS to look into this. DD asked who can decide to close a AS risk. AS advised that this is going to be looked at SLT. NC confirmed that the relevant committee responsible needs to be part of the decision making. The actions are monitored by the committee who own the risk. AV & AS to look at finding a way to present the actions and are they being delivered AV/AS within the timescales set and report back when the paper is next presented to committee. DD & JK feel a conversation with CB on this may be useful at a future date. The report will next be presented at January committee. 9 **RECORDS MANAGEMENT ANNUAL REPORT 2023** AS presented the Records Management reports and advised the report is presented for assurance and highlights the duty the IJB has under the

	Public Records Management Scotland Act 2011 to prepare and implement a records management plan setting out the proper arrangements of the management of its records. The plan must be agreed with the keeper of the national records keeper and must be regularly reviewed. The plan was developed in 2019 and covering up to 2021. This was extended last year to 2024 due to covid. The report sets out the 14 elements of the records management plan and the assessment criteria that is used by the National Records of Scotland.	
	AV highlighted an error at assessment section 3.3 which refers to FP&S and should refer to A&AC.	
	AS noted that appx. 2 was not included with the report but is public record and will post as a link in the TEAMS chat.	
	DD mention that appx. 2 was missing but has read it and feels it is very positively good commentary on what we are doing.	
10	REVISED APPROACH TO SELF-ASSESSMENTS 2023/24	
	VS provided a quick synopsis and advised that the last cycle of the IJB Board and Committee Self-Assessment was conducted in 2021 and was for voting members only. This paper outlines a revised approach and seeks approval from the Audit and Assurance Committee for the Board and Committee Self-Assessment process to commence imminently as discussed at the recent IJB Development Session. Page 183 outlines the proposed timeline which proposes a 5 week deadline for submission. Feedback received feels this is too long. This report is presented to the board for discussion.	
	Discussions were held on the timeline for completed returns and it was agreed to reduce the timeline from 5 weeks to 3 weeks.	VS
11	ITEMS FOR HIGHLIGHT TO IJB	
	Item 4 Annual Audit Report	
	Emphasis on transformation discussed and highlight the great teamwork from all involved.	
12	AOCB	
	None	
13	DATE OF NEXT MEETING	
	Wednesday 8 th November 2023 at 10:00 a.m. via TEAMS	



MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 15TH SEPTEMBER 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]

Colin Grieve NHS Non-Executive Board Member John Kemp, NHS Non-Executive Board Member

Cllr Dave Dempsey

Cllr David Alexander - left meeting at 10.45 am

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

Lisa Cooper, Head of Primary and Preventative Care Services

Vanessa Salmond, Head of Corporate Services

In attendance:

William Penrice, Service Manager, Performance Management &

Quality Assurance

Avril Sweeney, Manager, Risk Compliance

Tracy Hogg, Finance Manager HSCP

Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence:

Ben Hannan, Director of Pharmacy and Medicines

Margo McGurk, Director of Finance

Helen Hellewell, Associate Medical Director Lynn Barker, Associate Director of Nursing

No.	Item	ACTION
1.	WELCOME AND APOLOGIES	
	Alastair Grant welcomed everyone to the meeting.	
	Apologies were noted as above and all were reminded of meeting protocols.	
	Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.	
	Members were advised that a recording pen would be in use during the meeting to assist with minute taking.	

2.	DECLARATIONS OF INTEREST
∠.	No declarations of interest were noted.
<u> </u>	
3.	MINUTE OF PREVIOUS MEETING – 6 TH JULY 2023 The minutes of the last meeting were agreed as an accurate record of discussion.
4.	MATTERS ARISING / ACTION LOG
	The action log was reviewed. All actions noted have been actioned and are complete.
5.	FINANCE
5.1	Finance Update
	The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the financial position (provisional outturn) of the delegated and managed services as at 31st July 2023. Noting that the forecast for the Partnership is currently a deficit of £4.893m, a slight movement from May's position of £4.751m.
	Committee also noted included within the projected outturn position an update in relation to savings which were approved by the IJB in March 2023 and the use of Reserves brought forward from March 2023.
	Audrey Valente highlighted that The Integration Scheme requires a recovery plan to be produced to balance the budget total should there be a projected overspend and directed members to paragraph 9.2 of the report (Forward Planning) which provides details of the proposed actions the Partnership plans to take.
	Committee noted that £3.7m of the actions noted were in relation to earmarked reserves. This requires Scottish Government approval as the Partnership will be requesting they are given some flexibility to repurpose funds to alleviate pressure in the wider system. Although approval is awaited there does appear to be support for this course of action.
	It was also noted that the unachieved savings have increased from the position reported in May and a further £1m has been utilised from the £10m reserves.
	The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included a query regarding the timescale for hearing back from the Scottish Government and if there was a date we have to hear back from Scottish Government for our own accounting purposes?

Decision

The Committee

- 1. Took assurance that there is robust financial monitoring in place.
- 2. Agreed onward submission to the IJB for approval of the financial monitoring position as at July 2023.
- 3. Agreed onward submission to the IJB for approval of the use of reserves and proposed recovery actions as at July 2023.

5.2 DEEP DIVE REVIEW REPORT FOR IJB RISK 26 PRIMARY CARE SERVICES

The Committee considered a report from Lisa Cooper, Head of Primary and Preventative Care Services and presented by Nicky Connor, Director of Health & Social Care.

This is the first time a deeper dive on one of the areas of risk has been brought to this Committee. The report presented seeks to demonstrate how the risk is being managed and sets out the relevant assurances, performance measures, benefits, and linked risks to reassure members that mitigations will have an impact on the elements of the risk that the Partnership can influence and control. Those areas which the Partnership cannot control are being actively monitored.

Committee noted that a key mitigation for the risk is the Primary Care Strategy which has recently been approved for implementation by the IJB and a 3-year plan will underpin delivery. As the plan is deployed impact will be closely monitored and reported via the Strategic Planning Group and all relevant groups and committees that are noted on the deep dive as having responsibility for this area of work.

The Performance and Assurance Framework, once agreed, will provide additional assurances of control measures and also information on performance and benefits being sought from both a qualitative and quantitative perspective.

The discussion was opened up to Committee members who provided their comments and feedback on the report.

Items raised included GMS Contract, primary care being more than just one area, co-dependent risks and how does the strategic risk lead into operational risk and what assurance we can give the IJB that we do have operational risks in place and are feeding up.

Decision

The Committee

1. Discussed the deep dive review and provided comments and

suggestions for improvement.

2. Were satisfied with the level of assurance provided.

5.3 OVERSPEND ON ADULT PACKAGES

The Committee considered a report from Audrey Valente. Chief

The Committee considered a report from Audrey Valente, Chief Finance Officer.

This report was requested by the Committee during the term of the previous Chair. In previous financial years this budget has been overspent and as a result the Committee were keen to understand and scrutinise where there are areas of cost pressures and overspend. This is the first of these reports and focusses on adults.

The report presents the outturn position for 2022-23 and also reports the current projected outturn position for 2023-24. Committee were asked to note that significant information is reported on each of the lines of spend either by locality, by cost or by number and types of packages.

The projected outturn position for 2023-24 is an overspend of £4.3m. Committee were asked to note the reasons for this as detailed in the report.

Committee also noted that the service has put in various actions to manage this complex budget and this will be kept under continual review. Regular updates will be provided to Committee on the difference these actions are making.

The discussion was opened up to Committee members who provided their feedback and observations.

Items raised included Fife's approach to direct payments pre-payment cards and clawback of funds.

Decision

The Committee

1. Took assurance that the overspend is being analysed and actions are in place to mitigate the overspend.

5.4 INTERNAL AUDIT REPORT

Report submitted to Committee for noting following request from Tony Gaskin, former Chief Internal Auditor, that the report be shared with all IJB Governance Committees.

Audrey Valente highlighted the report was the Annual Internal Audit Report and drew Committee's attention to paragraph 15 on page 64

of the papers noting the very positive comments made by Internal Audit and asked Committee to note the five actions the Partnership has been asked to take forward and the management responses provided to these. Decision The Committee 1. Noted the contents of the report. 6. PERFORMANCE 6.1 PERFORMANCE FRAMEWORK The Committee considered a report from Fiona McKay, Head of Strategic Performance, Planning and Commissioning. The report is a follow up from the IJB Development Session held on 25th August 2023. The framework as presented in the report builds on the current performance framework to address the challenges of delivering the Strategic Plan (2023-26). Monitoring performance and the delivery of activity designed to improve performance is critical if the vision of the Strategic Plan is to be achieved. Committee noted that this was a significant refresh of the previous framework and reflects the need to efficiently and effectively drive service improvement. The discussion was opened up to Committee members. As a Development Session had recently been held no further comments or questions were raised. Decision The Committee 1. Discussed report and approved the framework should proceed to the Integration Joint Board. FIFE HEALTH & SOCIAL CARE PARTNERSHIP - WINTER 6.2 **PLANNING 2023/24** The Committee considered a report by Lynne Garvey, Head of Community Care Services. The report is brought to Committee to update on the actions agreed last winter and the Partnerships associated performance and describes the further work that is being undertaken to prepare for winter 2023-24. Committee noted that 2022-23 was one of the most highly pressured years ever experienced across the Partnership with demand on

services significant. Despite this, team performance exceeded that of any other year.

Committee also noted that there has been significant investment by the Scottish Government in recent years, some of which has been recurring, which has allowed the Partnership to sustainably respond to the current delay situation and plan effectively for the Winter but has also allowed the Partnership to move forward with their strategic objective of delivering care in a home or homely setting.

The discussion was opened up to Committee members who provided their comments and feedback on the report and praised the work undertaken to reduce the delayed discharge figures in Fife.

Items raised for discussion included queries in relation to the graphs contained within the report and a query in regard to the demand for services throughout the year and not just winter.

Decision

The Committee

- 1. Discussed and noted the performance last winter.
- Took assurance that the services can deliver improved performance and outcomes within the financial envelope supporting best practice.
- 3. Took assurance of the further actions that will be taken to address winter pressures this year.
- Took assurance that winter planning is being reviewed from a quality perspective through the Quality and Assurance Committee.

6.3 REIMAGINING THIRD SECTOR COMMISSIONING UPDATE

The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance & Commissioning.

The report details the work undertaken through The Reimagining Third Sector Commissiong project which looks at the approach to commissioning grant funded services.

Fiona McKay provided Committee with an overview of the project, the work undertaken / progress to date and the planned next steps for the project over 2023-24 to ensure the objectives and requirements as noted in the Strategic Plan are met.

The discussion was opened up to Committee members who provided their comments and feedback on the report. Members commented that they were pleased to see that 67 out of the 72 third sector



CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE THURSDAY 07 SEPTEMBER 2023, 1000hrs - MS TEAMS

Present: Sinead Braiden, NHS Board Member (Chair) (SB)

Councillor Rosemary Liewald

Councillor Lynn Mowatt Councillor Sam Steele

Ian Dall, Service User Rep, Chair of the PEN (ID) Morna Fleming, Carer's Representative (MF) Colin Grieve, Non-Executive Board Member (CG) Kenny Murphy, Third Sector Representative (KM)

Attending: Dr Helen Hellewell, Deputy Medical Director (HH)

Nicky Connor, Director of Health & Social Care (NC)

Amanda Wong, Director of Allied Health Professionals (AW)

Lynn Barker, Director of Nursing (LB)

Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)

Lynne Garvey, Head of Community Care Services (LG)

Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)

Rona Laskowski, Head of Complex and Critical Care Services (RL)

Jennifer Rezendes, Principal Social Work Officer (JR)

Simon Fevre, Staff Side Representative (SF) Avril Sweeney, Manager, Risk Compliance (AS) Leesa Radcliffe, Clinical Services Manager (LR)

In Attendance: Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

Apologies for

Councillor Margaret Kennedy

Absence:

Cllr Graeme Downie

Ben Hannan, Director of Pharmacy and Medicines

Roy Lawrence, Principal Lead for Organisational Development & Culture Christine Moir, Head of Education and Children's Services (Children and

Families/CJSW and CSWO)

Paul Dundas, Independent Sector Lead (PD)

No	Item	Action
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS	
	The Chair welcomed everyone to the HSCP Quality & Communities Committee. SB extended a warm welcome to new Member, Colin Grieve, Non-Executive NHS Board Member. SB thanked HSCP staff	

	who continue to work above and beyond in what continues to be an extremely challenging working environment.	
2	ACTIVE OR EMERGING ISSUES	
	Helen Hellewell advised 'Active and Emerging Issues' has been newly introduced to the Committee's Agenda. This item will be verbal and will bring forward any relevant issues which are important for the Committee to know, for which there has not been time to prepare Papers. HH wanted to make the Committee aware of the re-phasing of the Covid 19 and Flu Vaccination Programme. She explained this is due to the new strain of Covid 19 and the Government has instructed all Boards to protect those most vulnerable, in the first instance. This involves bringing forward vaccinations for Care Home residents, those over 75 and those with weak immune systems. Care Home delivery has been brought forward to 18 September and over 75 yo's / weak immune systems to the beginning of October. HH spoke of extensive, on-going comms which are being actioned. She explained a slight hold up with the self-booking on-line system, which will continue to be monitored. A paper will be brought to a future meeting for further assurance. No questions were raised.	H Hellewell
3	DECLARATION OF MEMBERS' INTEREST	
	No declarations of interest were received.	
4	APOLOGIES FOR ABSENCE	
	Apologies were noted as above.	
5	MINUTES OF PREVIOUS MEETINGS HELD ON 30 JUNE 2023	
	The previous minutes from the Q&CC meeting on 30 June 2023 were reviewed and no alterations or corrections were requested.	
	The minutes were taken as an accurate record of the meeting.	
6	ACTION LOG	
	The Action Log from the meeting held on 30 June 2023 was approved as accurate and updates noted.	
7	GOVERNANCE	
7.1	Quality Matters Assurance	
	The report was brought for assurance by HH on behalf of Lynn Barker. HH gave an overview of the current clinical and care governance arrangements, systems and processes which are in place across the Partnership and outlined the matters discussed at Fife HSCP QMAG. HH advised, increased emphasis will be placed on social work and social care aspects at future meetings and a draft of the Clinical & Care Governance Framework will be brought to the next Q&CC meeting. HH added, the QMAG meetings currently fall out of sync with the Q&CC meetings, however, in the new year, these shall be aligned to bring more recent reports. Questions were invited.	L Barker / H Hellewell

MF queried mental health incidents and asked for an explanation for the upward trend of occurrences. HH told of continuous monitoring which takes place and explained the complexities of the trends. CG advised, additional information is collected and is looked at in different ways, ensuring all necessary mitigations are in place and deeper dives carried out where appropriate.

Cllr Liewald thanked HH for the paper and queried the statement "we now have monthly unit manager quality assurance meetings for HSCP care homes, chaired by the Care Home Manager and Care Home Lead Nurse". NC advised this refers to the National Direction to have a care home assurance group in place, which includes all the care homes in Fife, not only managed care homes. LG gave further detail around these meetings.

7.2 | Community OT Service Waiting Times

LG introduced the report which was brought to Committee for discussion and to emphasise the increased demand in the service and where resource is to be focused. LG introduced Leesa Radcliffe, Clinical Services Manager who was available to answer any questions at the end of the presentation. LG described the ongoing work within the COT service and outlined mitigations in place and how waiting times are managed. The Committee were asked to consider proposals to make further changes to the way the COT Service operates with LG giving detail. She finished by stating it was acknowledged the waiting times are sub-optimal and recognised the impact this is having on service users. The paper was brought to committee to ask for recognition the Service does regard the waiting times as unacceptable and are working to ensure these are reduced.

KM felt there was insufficient trend data to show the scale of the challenge. He acknowledged there was a lot in the report which was good common sense, however, would welcome a later paper to give assurance around quality of care. He also queried some of the waiting time data relating to those 'at greater risk' and 'moderate risk'.

LG advised the trend data was omitted by herself, she will circulate. She explained some figures include people awaiting housing. LR advised, on occasion, major adaptions are required to be made by housing services. Whilst the person is awaiting the work's completion, the individual remains on the waiting list, thus increasing waiting times.

MF asked what support is given for people in urgent need of assistance, should targets be missed? LG stated, all 'critical' needs will be met, those deemed 'moderate' will be regularly monitored and other supports put in place, ie Third Sector Organisations, District Nurses and other Partners and Services ensuring the individual is safe.

MF queried the length of time until the Carer's Strategy Funded OT post is filled. LR advised, the post is actively being recruited to currently.

SF felt it would be useful to see which other Services need to be involved, ie Housing. He also queried why there was no mention of increasing staffing, the complexities of which were discussed and raised in the recent staff questionnaire. LG advised lack of funding was the main reason and spoke of the imminent development session which will be looking at addressing some of the problems which came through the questionnaire. The re-hab model in the community is hoping to reach out to many more people, currently being addressed, although not directly by employing Community OT Council staff.

ID was not supportive of the paper and felt it did not give assurance. He told of people who have not contacted the service, as they felt there was no help there, instead bought their own equipment/home improvements. He felt the situation is going to become worse and queried why implications for Fife Council/NHS had been marked 'not applicable'. He advised urgent attention is required.

LG felt radical steps are being taken and are outlined in the report. She suggested PMO support may be helpful to rapidly improve the situation with a plan. She advised Fife are one of three Partnerships in Scotland who are assessing and considering 'moderate risk and below'. She felt the Service is very committed to progress improvement. She will take ID's suggestion to put a rapid PMO approach into further improvements.

Cllr Liewald had concerns around what HSCP trying to do and the connection with other services. She felt once assessment is carried out, services are not connecting, there are time delays and suitability of equipment is a concern, she felt this should be investigated. It may be a restructuring is required and Cllr Liewald voiced her serious concerns. LG noted the concerns and stated, for the moderate cohort, the service is now working with The Wells, which may release capacity to address 'most urgent'. LR spoke of meetings and engagement with Housing, Contractors and Community Occupational Therapy.

Cllr Mowatt gave a positive lived experience story, indicating the system is working in some cases.

SB asked if a PMO approach can be taken and NC agreed, there will be a meeting with the Team. She thanked LG and LR who reflected openness and transparency and welcomed frank feedback. Further consideration will be given and an update will come back to Committee.

N Connor, L Garvey, L Radcliffe

7.3 Deep Dive Review for IJB Risk 26 Primary Care Services

LC brought the report for Discussion and Assurance. She introduced Avril Sweeney who was present to assist with questions. LC stated, the Deep Dive Review for the Primary Care Services is number 26 on the IJB Risk Register and seeks to demonstrate how the risk is being managed and sets out relevant assurances.

LC explained the Appendices of the report. Appendix 1 details the work which has taken place to truly understand the Risk and Appendix 2 outlines the questions which support the process, giving focus as the Deep Dive is taken. She drew attention to the description of the risk and the external and internal factors which impact the risk level. She also outlined the SMART controls in place with timescales and details of mitigating actions. By implementation of the Primary Care Strategy, it is hoped the risk factor will in time move from 16 to 8. LC spoke of the level of assurance which is felt to be 'reasonable' around the mitigating actions and control measures in place. She drew attention to external factors which are expected to evolve and change whilst moving to implementation of the Strategy. Questions were invited. There was considerable discussion around the Risk, concerns included funding and staffing. LC fully acknowledged the concerns, however, through innovative thinking, upskilling of the present workforce, along with the local ambition to deliver the PC Strategy and Workforce Strategy, she felt change is already happening. KM was keen to see evidence. NC thanked KM for his comments and explained the reason and process for a deeper dive, which will come through the Audit & Assurance Committee. She stated feedback will go back and she invited KM to email Avril Sweeney with any suggestions of how this balance can be reached, stressing feedback is welcomed and continuous improvement is aimed for. Cllr Liewald felt comms to general public making it clear exactly the services which are provided is vital. LC agreed with Cllr Liewald's comments and advised correct comms is one of the key elements of the Strategy, as well as National comms. NC asked for feedback – she queried if the concept of bringing a deeper dive of any risks which sit with Q&CC was a helpful exercise, SB stated it was very helpful. **MWC Overview** This report is deferred to 02 November meeting. **Mental Health Estates Initial Agreement** This report is deferred to 02 November meeting. LIVED EXPERIENCE – will come forward to 02 November 2023 meeting. STRATEGIC PLANNING & DELIVERY IJB/HSCP Resilience Assurance Annual Report This report was brought to Committee by LG for Assurance and Discussion. LG stated, the Civil Contingencies Act was amended in March 2021 to include the IJB as Category 1 Responders under the Act.

7.4

7.5

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9.1

LG gave an outline of the Assurance Framework and the work which has taken place. She stated the framework provides assurance the Partnership effectively prepares for, responds to and recovers from, civil emergencies which impact on Fife's Communities and the delivery of Health and Social Care Services. LG expanded on several points from the report. Feedback was welcomed.

NC thanked LG, AS and all of the team who have worked to enable the creation of the framework which recognises and values the responsibilities held by NHS, FC and also the IJB. She spoke of the massive piece of work which has taken place to reach this stage.

KM felt the Framework to be comprehensive and spoke of the importance of protecting the most vulnerable of Fife residents. He questioned the cyber resilience of the IT Systems within NHS Fife and FC and asked if it is a priority to protect data and systems which enable services within communities to continue, should there be an attack. LG advised she had attended a presentation on this topic. AS explained, cyber-attacks are a high risk which are actively monitored for and spoke of preventative systems which are in place. She advised, there is a priority list of systems to be protected, of which health and social care are high. Care at Home being particularly vulnerable with a technology team to establish workarounds, should an attack occur.

Cllr Liewald spoke of an incident which occurred in her Ward in 2020 where many homes were flooded. She felt if HSCP had been part of the First Response team, they would have been able to help a great deal more than what was done at the time. Therefore, she was very supportive and welcomed the Resilience Framework.

MF questioned the recording of incidents and when FC and NHS Fife will be using the same IT systems. NC completely agreed and advocates for joined up IT systems at a national level, filtering down. She will continue to champion for shared IT systems.

CG commended the very detailed report. Embedding this into the organisation will be the next stage to implement and ensure everyone understand it.

Cllr Steele was particularly pleased to see the incident debrief and lessons learned which can often be missed. LG agreed this was an important part of the report.

9.2 Winter Planning 2023/2024 (incorporating Winter Reflections 2022/23)

This report is brought to Committee by LG for Discussion and Assurance. She advised, the report gives an update on actions agreed last winter and describes work being undertaken to prepare for winter 2023/24.

LG highlighted pressures, which have not subsided since 2020. As far back as data shows, 2022/23 having been the most pressurised winter

to date. Demand for services was significant and she commended the teams on continuing to flex and be agile to meet demands. LG explained the new actions which have been introduced to help meet demand, including Predicted Day of Discharge and Front Door Teams. Performance data was outlined and graphs explained, with Fife seeing an all-time high in weekly discharge figures. Comparisons with national averages was given. LG stated, Scottish Government have developed ten recovery drivers which have been incorporated into Fife's Annual Deliver Plan for 2023/24, two of which are covered in the report – more care to be delivered in the community and improved access to urgent and unscheduled care. LG described the additional actions being taken in preparing for winter 2023/24, including reducing admissions due to long term conditions and telecare service redesign for social care. LG spoke of quality of care being at the forefront of all decisions made, working with planned day of discharge which is done with the patient, carer/family, 'what matters to you' is the fundamental question asked at the patients' admission. Funding and workforce were also outlined. MF commented she was pleased to see learning from recent years. She asked LG if she was confident care packages will be available on the planned date of discharge, LG explained, weekly meetings are held reviewing every patient in hospital with a delay code, to ensure care packages are in place. Needs are usually met, with only ~ 5 or under. where care packages cannot be arranged for various reasons. ID queried if there remains a problem in NEF to secure care packages and care home placements. LG advised, there is a good improvement in care packages and care homes. SB was impressed with the work which has been taking place and congratulated everyone involved. She would be interested to know more about the assessment and rehab centre model, which will be brought to Committee by Lisa Cooper at a future meeting. NC suggested team members from the Community Care Services be invited to the next IJB Development Session to discuss some of the **V** Salmond innovative models which are being taken forward. 10 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS 10.1 **Duty of Candour 2021/22 FC and NHS** The reports were introduced to Committee by AS, for FC and HH for NHS. They were brought for Assurance. As part of the Duty of Candour provision in the Health (Scotland) Act 2016, details of when and how duty of candour has been applied are recorded. HH advised the reports demonstrate obligations are being fulfilled with the Partners correctly through their system. Annually, the Health Board publishes a Duty of Candour report. HH explained Incidents are identified through the Adverse Event Process where there is a need to be transparent with a patient and their carer/ family if care has not gone so well. HH highlighted the various themes which come through the reports, mainly falling into 3 themes – tissue viability, theatre & surgery

incidents and then a smaller number of smaller incidents. All learning from Duty of Candour reports is shared with services. Patients and carers/family receiving an apology in a timely manner is improving and will continue to be worked on.

AS advised of a similar situation for FC, for SW and SC services of which HSCP is a part, also including children's services, housing services, criminal justice services also. The report highlighted a number of instances where Duty of Candour has been identified and the learning obtained from it.

No questions were asked.

10.2 | Fife Alcohol and Drug Partnership Annual Report 2022-23

SB advised the report has been to IJB and is brought to Q&CC for completeness. FMcK introduced Lynda Reid-Fowler, Policy Coordinator, Fife Alcohol & Drug Partnership to help answer any questions. FMcK advised the report comes in two parts, firstly the Annual Report 2022/23 and secondly the Government Return, for across the whole of Scotland - a Return which HSCP are required to complete. FMcK told of work the Partnership have been involved with for the MAT Standards (medication assisted treatment) introduced by SG in 2021. She advised, within the MAT Standards, there are many requirements which must be met and told of a recent event at Rothes Halls around designing the Strategy for 2023-26. The event was well attended with lived experience service-users who have come through the programme. Feedback received indicated it had been both emotional and uplifting. FMcK was heartened to hear funding being invested is making a real difference. The number of deaths through alcohol has dropped, although is still high throughout Scotland. She stated the focus will increase on alcohol, alongside drug issues, throughout 23-26. FMcK spoke of rapid re-housing projects which are currently awaiting funding. The ADP Strategy will come through committees once complete. Questions were invited.

Cllr Liewald commented she was heartened by the work taking place across the alcohol and drug partnership. She felt, the programmes have given her a great deal of insight into the excellent work which is taking place. She acknowledged much needed work relating to alcohol abuse, is taking place. She mentioned Art Therapy and a connection with DAPL.

ID was encouraged to see the success of peer support and peer programmes and was fully supportive of greater emphasis being placed on alcohol abuse. Legislation around alcohol pricing and its complexities were discussed.

10.3 | Security Data Breach Incident

This report is brought to Committee for assurance by HH on behalf of Lynn Barker. HH conveyed thanks to the Chair for accepting a late paper. HH gave a summary of a data breach incident at a Community Hospital recently, whereby a member of the public impersonated a member of Bank Staff. Before being discovered, the individual had

	Thursday 02 November 2023 – 1400-1700hrs (Please note change of start time from 1000hrs)		
17	DATE	OF NEXT MEETING	
16	AOCB		
	Community OT Service Waiting Times - SB asked if a PMO approach can be taken and NC will have a meeting with the Team. An update will come back to Committee.		
15	ITEM	S FOR ESCALATION	
14	ITEM	S FOR NOTING	
	13.5	Fife Drugs and Therapeutics Committee Unconfirmed Minute from 21.06.23	
	13.4	Equality & Human Rights Strategy Group No minute available.	
	13.3	Clinical Governance Oversight Group Unconfirmed Minute from 20.06.23	
	13.2	Strategic Planning Group Unconfirmed Minute from 11.07.23	
	13.1	Quality Matters Assurance Group Confirmed Minute from 16.06.23	
13	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES		
12	OTHE	ER .	
11	LOCA	ALITIES	
	error a	eried the CCTV being switched off. NC advised, this was human and there has been a review across the organisation to ensure is learning from the incident.	
	The incident was reported to the Information Commissioner and it is likely a reprimand will be issued to NHS Fife, which will be published on the ICO website. NHS Fife will be required to evidence steps taken to ensure there is no re-occurrence of the breach.		
	steps	ved a sheet which detailed patients on the ward. HH outlined the taken to investigate and to ensure there will be no re-occurrence, ling significant policies put into place.	



UNCONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 26 JULY 2023 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)

Eleanor Haggett, Staff Side Representative Debbie Fyfe, Joint Trades Union Secretary Audrey Valente, Chief Finance Officer, H&SC

Billy Nixon, Health & Safety, NHS Fife

Diane Roth, OD & Culture Specialist, Fife Council (Item 5) Dr Chuchin Lim, Consultant Obstetrics & Gynaecology Elaine Jordan, HR Business Partner, Fife Council

Elizabeth Crighton, Project Manager – Wellbeing & Absence Fiona McKay, Head of Strategic Planning, Performance &

Commissioning

Hazel Williamson, Communications Officer, H&SC

Heather Bett (for Lisa Cooper)

Jackie Millen, Learning & Development Officer, NHS Fife (Items 4 & 5)

Jennifer Bell, Chartered Society of Physiotherapy Karen Laird, HR, NHS Fife (for Susan Young)

Kenny McCallum, UNISON

Lisa Cooper, Head of Primary & Preventative Care Services

Lynn Barker, Director of Nursing

Lynne Garvey, Head of Community Care Services Lynne Parsons, Society of Chiropodists and Podiatrists

Morag Stenhouse, H&S Adviser, Fife Council

Rona Laskowski, Head of Complex & Critical Care Services

Roy Lawrence, Principal Lead Organisation Development and Culture

Susan Robertson, UNITE

Yvonne Batehup, UNISON Welfare Representative

Vicki Bennett, British Dietetic Association Representative

Wendy McConville, UNISON Fife Health Branch Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Helen Hellewell, Deputy Medical Director, H&SC

Nicky Connor, Director of Health & Social Care

Sharon Adamson, RCN

Susan Young, HR Team Leader, NHS Fife

NO HEADING ACTION

1 APOLOGIES

As above.

Morag Stenhouse advised that Kenny Grieve has retired from Fife Council. LPF members recorded their thanks to Kenny for his contribution to the forum over the years and wished him well in his retirement.

2 PREVIOUS MINUTES / ACTION LOG FROM 23 MAY 2023

The Minute and Action Log from the meeting held on 23 May 2023 were both approved as accurate records of the meeting.

Debbie Fyfe advised that carers within Fife Council have had time off rostered to allow them to undertake mandatory training either at home or an office setting and this opportunity was welcomed.

3 JOINT CHAIRS UPDATE

Debbie Fyfe asked for a meeting with Fiona McKay out with the LPF to discuss potential issues relating to the introduction of Liquidlogic.

FM/DF

4 TURAS FOR MANAGERS

Jackie Millen, NHS Fife gave a brief demonstration on TURAS which is the centralised training system used by NHS Fife and available to Fife Council and 3rd sector staff. This system is constantly being developed and updated and suggestions for other areas to include should be forwarded to Jackie.

The demonstration focused on the Manager Zone and gave an overview of the system and how easy it was to navigate through it.

Simon Fevre thanked Jackie for her demonstration and asked what statistics were available from the system, eg did it give an idea of user numbers and where users are from. Jackie advised that monthly reports are produced on the core skills training and she will enquire to see if information is available on user origins. If this information is available Jackie will feed it back to Simon for sharing with the LPF.

JM/SF

5 IMATTER UPDATE

Diane Roth gave an update on the joint collaborative approach which was taken with the iMatter survey this year which was supported by a joint communications strategy and a leaflet for staff who do not have regular access to computers. The videos done by Nicky Connor and Dafydd McIntosh were well received at the various team meetings and roadshows.

The Partnership had a total response rate of 73%, up 10% on last year which exceeded expectations. 177 teams had a 100% response rate, up from 119 teams last year. The number of teams who had less than a 25% response rate dropped from 40 in 2022 to 12 in 2023 and only 8 requests were made for paper copies of the survey, down from 83 last year. Some area with lower response rates in 2022 were specifically targeted and their response rates all increase significantly.

Jackie Millen advised that "Team Fife" had a 66% response rate, which was 7% higher than the overall NHS response rate. Overall 257 teams had a 100% response rate, which included the 177 partnership teams.

5 iMATTER UPDATE (CONT)

The survey is now in the Action Plan phase and managers are encouraged to complete their initial Action Plan and to ensure this is updated and locked in during the coming months. Communications will be done in November 2023 and February / April 2023 as a reminder.

This year's survey had two additional questions on raising concerns. Of 7,712 responders 7,578 chose to answer these and the feedback from them will be in Directorate Reports in August 2023.

Simon thanked Diane and Jackie for their commitment to the iMatter survey and the high engagement this had resulted in.

6 BANK/AGENCY STAFF

Lynn Barker gave a Presentation on Sustainable Nursing Workforce which outlined the national and local Workforce Strategies, the relevant Health & Wellbeing Outcomes and the use of off-framework agency staff.

In February 2023 Scottish Government issued a Directive, effective from 1 June 2023, to greatly reduce the use of off framework nursing staff.

Lynn Barker chairs a Sustainable Workforce Group and significant work has taken place to reduce the use of these staff and this will be reviewed and monitored going forward.

Simon thanked Lynn for the presentation and the impressive amount of work undertaken in a short time period.

Lynne Parsons asked if the workforce tools used for nursing staff were going to be introduced for other staff group eg AHP's. Lynn confirmed that this was being investigated in other inpatient areas and it might be useful to ask Amanda Wong, Associate Director, AHP's to provide an update to a future LPF meeting.

Debbie Fyfe asked for an update on bank and agency spend across the partnership. Elaine Jordan advised that an update had recently been taken to an SLT meeting and Audrey Valente will take this on board and bring up date to the next LPF meeting.

7 LPF DEVELOPMENT SESSION – DATE/CONTENT

The proposed date for the rescheduled LPF Development Session is **Thursday 21 September 2023 (PM).** Times and venue to be confirmed but a diary hold would be sent. LPF members are asked to email their ideas for content to the co-chairs.

8 HEALTH & WELLBEING

Attendance Information

Elaine Jordan had provided the May update with the LPF papers but was able to give a brief update on the June figures which show absence sitting at 11.8& (was 12.3% in May). Short term absence has reduced to 2.6% whilst long

ΑV

ALL

8 HEALTH & WELLBEING (CONT)

Attendance Information (Cont)

term is still sitting at 9.2%. Elaine gave some detail on the absence rates by portfolio and service and advised the most common reasons for absence. Attendance panels continue to be held and the Attendance Support Unit is being recruited to. Debbie Fyfe asked if it was possible to get more detailed information on the main reasons for absence and Elaine will bring this to the next LPF meeting.

Karen Laird provided information from an NHS perspective and June figures have gone down to 6.74% from 7.27% in May. Both long and short term absences increased in May, with short term decreasing in June. There are 28 areas in the partnership where absence rates are over 10%. A pilot is being undertaking to do multi-factor reviews in absence hot spots.

Staff Health & Wellbeing

Susan Young had provided a written update on behalf of the NHS which was circulated with the meeting papers. Karen Laird advised that refresher training is being offered for managers to assist with Review and Improvement Panels.

Elizabeth Crichton provided an update on the support being provided to employees either before they go off or from the first day of absence. Employees appreciate the support they are being given. Full day Mentally Healthy Workplace training has started. Work with the University of Hull is ongoing and Elizabeth offered to circulated a SWAY document to LPF members to update on this.

Employee Relations Update

Elaine Jordan and Karen Laird both gave a brief update around ongoing grievance and disciplinary cases and the work which is being undertaken to have these resolved. Early resolution is always sought in all cases. Debbie Fyfe sought assurance around employee suspension, alternatives to this and the timelines for resolution. Discussion took place around suspension and the use of a checklist which has been development to assist managers,

9 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)

Mandatory Training Update

Rona Laskowski had provided updated information on this which was circulated with the papers for the meeting. Progress is being made towards a compliance rate of 90% by the end of year.

At present this information is presented on a portfolio basis but towards the end of the year it should be able to be presented showing trends throughout the partnership.

EC

9 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP (CONT)

H&S Updates – NHS and Fife Council

Morag Stenhouse had provided a written report which was circulated with the papers for the meeting. Morag gave a brief update on RIDDOR and Violence and Aggression incidents in June. The H&S Framework has now been approved and signed off.

Billy Nixon advised he would provide a written H&S update to be circulated to LPF members and updated on staff moves within his team.

BN

10 FINANCE UPDATE / BUDGET

Audrey Valente gave a brief update on the financial position which is showing a projected outturn at the end of May 2023 of £4.7m overspend against a £662m budget. Detail on over/ underspends and Reserves is contained in the report. A Recovery Plan paper will be brought to the next LPF meeting.

ΑV

11 SERVICE PRESSURES & WORKFORCE UPDATE

System Pressures

This item was not discussed due to the volume of items on the agenda.

Update on Industrial Action

This item was not discussed due to the volume of items on the agenda.

Supporting Work/Life Balance

This item was not discussed due to the volume of items on the agenda.

12 ANNUAL PERFORMANCE REPORT 2022-2023

Fiona McKay advised this report has been through the governance committees and is going to the IJB for approval on 28 July 2023. Staff stories have helped to ensure the report is relevant. Simon Fevre felt this was an impressive report which highlights a lot of the good work being done in the partnership. The LPF agreed the report should be taken to the IJB for approval.

13 HOME FIRST STRATEGY

Lynne Garvey advised this Strategy has been through the governance committees and is going to the IJB for approval on 28 July 2023. Comments and feedback from committees has been included in the final version. This is a significant piece of work which has involved staff throughout it's development. The LPF were happy to approve this to go to the IJB.

14 FIFE PRIMARY CARE STRATEGY

Lisa Cooper presented this report which is the first to be completed in Scotland. The Strategy has been through the governance committees and is on the agenda for the IJB meeting on Friday 28 July 2023, which it is to be approved. Lisa outlined this ambitious strategy which will support primary care services going forward, aligns to the Strategic Plan and Workforce Strategy, will assist in the recovery of primary care services and reduce inequalities in Fife.

Discussion took place around Fife being the first partnership in Scotland to produce such a strategy, issues relating to dental and GP services and the provision of regular updates to the LPF. The LPF supported the Primary Care Strategy being taken to the IJB for approval.

15 NATIONAL CARE SERVICE – FEEDBACK FROM NATIONAL SESSIONS

This item was not discussed due to the volume of items on the agenda.

16 FIFE HSCP WHISTLEBLOWING STANDARDS

Roy Lawrence advised via the chat function that this report is going to IJB on Friday 28 July 2023 and it has been through LPF previously. There are very few changes to previous paper. Roy wanted to endorse the proposed reporting quarterly to LPF.

17 LPF ANNUAL REPORT 2022-2023

This item was not discussed in detail due to the volume of items on the agenda.

Simon Fevre advised the report would be circulated to LPF members for comment and the final report would be brought to the September LPF and IJB meetings.

SF/ALL

18 ITEMS FOR BRIEFING STAFF

This item was not discussed due to the volume of items on the agenda.

19 AOCB

Discussion to take place around more realistic agendas for future LPF meetings to ensure all items can be covered within the meeting.

20 DATE OF NEXT MEETING

Thursday 21 September 2023 – LPD Development Session – PM (tbc) Wednesday 27 September 2023 – LPF Meeting - 9.00 am – 11.00 am



MINUTE OF THE STRATEGIC PLANNING GROUP HELD VIRTUALLY ON TUESDAY 5^{TH} SEPTEMBER AT 10.00 AM

Present:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning (Chair) Cllr Dave Dempsey Cllr Sam Steele Cllr Rosemary Liewald Lesley Gauld, Team Manager, Strategic Planning Jacquie Stringer, Service Manager, Locality/Community Led Support Morna Fleming, Carer Representative William Penrice, Service Manager, Performance Management & Quality Assurance Lynne Garvey, Head of Community Care Services Kenny Murphy, Third Sector Representative Lisa Cooper, Head of Primary & Preventative Care Fay Richmond, Executive Officer to Chief Executive & Board Rona Laskowski, Head of Complex & Critical Care lan Dall, Service User Representative
Apologies for Absence:	Nicky Connor, Director of Health & Social Care Simon Fevre, Staff Representative, NHS Fife Ben Hannan, Director of Pharmacy and Medicines Vicki Birrell, Team Manager, Strategic Planning Dr Rishma Maini, Consultant in Public Health Claire Dobson, Director of Acute Services Lynn Barker, Associate Director of Nursing Catherine Jeffrey Chudleigh, Consultant in Public Health Tracy Harley, Service Manager, Participation & Engagement Audrey Valente, Chief Finance Officer Jennifer Rezendes, Professional Social Work Officer Helen Hellewell, Associate Medical Director Paul Dundas, Independent Sector Representative
In Attendance:	Nicola Broad, Team Manager, Strategic Planning Heather Bett, Senior Manager - Community Children Services Elizabeth Butters, Service Manager, Alcohol & Drugs Partnership Paul Short, Service Manager, Housing Services Kay Samson, Health Improvement Programme Manager Gillian Muir, Management Support Officer (Minutes)

NO.	TITLE	ACTION
1.	WELCOME AND INTRODUCTIONS	
	Fiona McKay welcomed everyone to the meeting and apologies were noted as above.	

NO.	TITLE	ACTION
2.	MINUTE OF LAST MEETING – 11 TH JULY AND ACTION LOG	
	The minutes of the last meeting were agreed as an accurate record of discussion.	
	Action Log reviewed. Noted actions are complete but some work still required to be progressed through the other Governance Committees as appropriate.	
	Dave Dempsey queried the action taken with regards to the distribution of Board meeting papers and Fiona McKay provided confirmation of actions taken.	
3.	STRATEGY FLASH REPORTS	
3.1	MH Strategy	
	Nicola Broad provided an overview of the flash report submitted and progress of work undertaken to date, noting this was the second update to be provided to the Strategic Planning Group.	
	Noted the new National Mental Health and Wellbeing Strategy has now been published which sets out the vision for Scotland.	
	The Mental Health Strategy Implementation Group have met to start to look at shaping a draft vision, mission, values and priorities in line with the newly published national strategy which will form the basis of upcoming engagement activities to inform the development of the strategy.	
	Noted the Participation and Engagement Plan was tabled for discussion at the Mental Health Strategy Implementation Group on 31 st August for approval but was deferred at the meeting to allow the group to shape the priorities for engagement in line with the national strategy.	
3.2	Children's Services Plan	
	Heather Bett provided an overview of the flash report submitted and progress of work undertaken to date, noting this was the second update to be provided to the Strategic Planning Group.	
	Noted the focus since the last update has been on the four priority areas – Closing the gap, The Promise, Promoting Wellbeing and United Nations Convention on the Rights of the Child.	
	A seven minute briefing was also contained within the papers for noting.	
	Members provided a number of comments on the appendices contained within the report and raised a number of questions of which Heather Bett will pick up and provide the further detail requested.	НВ
	A request was also made to report authors to refrain from using abbreviations within reports to allow readers to understand better the context of the reports being presented.	
	Agreed to further look at the use of the seven minute briefing format as a means for updating Boards and Committees in a more brief and succinct way.	

NO.	TITLE	ACTION
3.	STRATEGY FLASH REPORTS (continued)	
3.3	Local Housing Strategy	
	Paul Short provided an overview of the flash report submitted and progress of work undertaken to date, noting this was the first update to be provided to the Strategic Planning Group.	
	Noted that the draft Local Housing Strategy is currently with the Scottish Government for review and an update is expected in the next few weeks. Once the Scottish Government review is completed and any required updates are applied, the draft strategy will be circulated to Fife Housing Partnership for final approval.	
	Also noted that the draft Local Housing Strategy is running slightly behind schedule due to the need to finalise the Tayside Housing Need and Demand Analysis which feeds into the Local Housing Strategy. Paul Short explained that Fife is split into two with one half falling under the Tayside plan and the other half falling under South East Scotland.	
	Noted that the Partnership has a well-established relationship with Housing Services through various work streams. It was felt that perhaps this hadn't come through strongly in the draft and was a consideration to include going forward.	
	Discussed the work undertaken with young people through the National House Project.	
3.4	Alcohol and Drug Strategy	
	Elizabeth Butters provided an overview of the flash report submitted and progress of work undertaken to date, noting this was the second update to be provided to the Strategic Planning Group.	
	Noted the second phase of the rolling out of the One Stop Shops has been successfully set up in the Kirkcaldy and Cowdenbeath / Lochgelly localities.	
	A query was raised in relation to the minimum unit pricing of alcohol and if there was any awareness of this having had an effect on alcohol misuse. Elizabeth Butters advised that a Scottish Government study had concluded that the implementation had been successful for people not dependent on alcohol but there had to be a hand and hand approach in controlling price and availability. Dave Dempsey and Rosemary Liewald agreed to take away the discussions regarding the tightening up of Licensing provision with colleagues on the Licencing Board.	
	Noted that there will be a stronger focus within the strategy on alcohol misuse.	
3.5	Participation and Engagement Strategy	
	Fiona McKay provided an overview of the flash report submitted and progress of work undertaken to date, noting this was the first update to be provided to the Strategic Planning Group.	
	The Strategic Planning Group commented that it was good to see a full staffing compliment within the Participation and Engagement Team to take forward this work.	

NO.	TITLE	ACTION
3.	STRATEGY FLASH REPORTS (continued)	
3.6	Prevention and Early Intervention	
	Lisa Cooper provided an overview of the flash report submitted and progress of work undertaken to date, noting this was the third update to be provided to the Strategic Planning Group.	
	Noted significant engagement has been carried out during the discovery phase of the project with a core group and wider stakeholder group now established to take forward the design of the strategy. The final report from the engagement undertaken is awaited from the Participation and Engagement Team.	
	Ian Dall commented that there was often misinterpretation or conflict of what early intervention actually means and would be good to have an all-encompassing, clear concise statement definition of what is actually meant for the next paper.	
	Dave Dempsey raised the poor attendance at the three online events held. Lisa Cooper advised that this was something that we need to be cognisant of in the next phase of engagement, though feedback received has been significant and powerful to enable to shape the strategy.	
4.	ANY OTHER BUSINESS	
	No other business was offered.	
5.	DATE AND TIME OF NEXT MEETING	
	Monday 13 th November at 9.00 am via MS Teams.	