

Due to Scottish Government Guidance relating to Covid-19, this meeting will be held remotely.

Tuesday, 8th February, 2022 - 10.00 a.m.

AGENDA

Page Nos.

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST** – In terms of Section 5 of the Code of Conduct, members of the Committee are asked to declare any interest in particular items on the agenda and the nature of the interest(s) at this stage.
3. **MINUTE** – Minute of the meeting of the Education and Children's Services, Health and Social Care Scrutiny Committee of 16th November, 2021. 3 – 5
4. **REPORT ON FINAL WORK OF THE MULTI-AGENCY STRATEGIC OVERSIGHT GROUP FOCUS ON (NEURODEVELOPMENTAL PATHWAY) INITIALLY FOR AUTISM** – Report by the Head of Education and Children's Services. 6 – 32
5. **CHILDREN'S SERVICES INSPECTION UPDATE** – Report by the Executive Director - Education & Children's Services. 33 – 51
6. **BRIEFING NOTE - RESILIENCE IN CARE AT HOME – ASSESSMENTS AND UNMET NEED W/B 17TH JANUARY 2022** – Report by the Head of Strategic Planning, Performance and Commissioning. 52 – 59
7. **REVENUE BUDGET PROJECTED OUT-TURN REPORT 2021-22 FOR SOCIAL CARE SERVICES** – Joint Report by the Director of Health and Social Care and the Executive Director - Finance and Corporate Services. 60 – 69
8. **CAPITAL MONITORING PROJECTED OUTTURN 2021-22** – Joint Report by the Executive Director - Finance and Corporate Services and the Director of Health and Social Care. 70 – 74
9. **EDUCATION AND CHILDREN'S SERVICES, HEALTH AND SOCIAL CARE FORWARD WORK PROGRAMME** 75

Members are reminded that should they have queries on the detail of a report they should, where possible, contact the report authors in advance of the meeting to seek clarification.

Lindsay/

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1st February, 2022

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2021 ECHSC 31

THE FIFE COUNCIL - EDUCATION AND CHILDREN'S SERVICES, HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE – REMOTE MEETING

16th November, 2021

10.00 a.m. – 1.05 p.m.

PRESENT: Councillors Tony Miklinski (Convener). Ian Cameron, Altany Craik, Andy Heer, Zoe Hisbent, Kathleen Leslie, Carol Lindsay, Mary Lockhart, Karen Marjoram, Lea McLelland, David Ross, Jonny Tepp, and Ann Verner.

ATTENDING: Nicky Connor, Director of Health and Social Care; Fiona Mckay, Divisional General Manager (Interim), Health and Social Care; Shelagh McLean, Head of Education and Children's Services (Early Years and Directorate Support), Kathy Henwood, Head of Education and Children's Services (Children and Families and Criminal Justice Services); Gordon Mole, Head of Business and Employability, Economy, Adam Dunkerley, Opportunities Fife Partnership Manager, Economy, Planning and Employability Services; Planning and Employability Services; Lindsay Thomson, Head of Legal and Democratic Services, Helena Couperwhite, Manager - Committee Services and Wendy MacGregor, Committee Officer, Legal and Democratic Services.

ALSO ATTENDING: Paul Dundas Fife Chair, Care Scotland and Audrey McFarland, Managing Director, Oran Home Care.

APOLOGIES FOR ABSENCE: George Haggarty and William Imlay, Religious Representatives.

61. DECLARATIONS OF INTEREST

Councillor Ann Verner declared an interest in Item 4 (para. 63) - Employability Activity in Fife: No One Left Behind Programme and Next Steps - as she was a Fife Council appointed member on the Opportunities Fife Partnership.

62. MINUTE

The Committee considered the minute of the meeting of the Education and Children's Services, Health and Social Care Scrutiny Committee of 14th September, 2021.

Decision

The Committee agreed to approve the minute.

63./

63. EMPLOYABILITY ACTIVITY IN FIFE: NO ONE LEFT BEHIND PROGRAMME AND NEXT STEPS

This Committee considered a report by the Head of Business and Employability providing an update from the Opportunities Fife Partnership on employability activity in Fife delivered through Employability Pathway activity, No One Left Behind and Fife Council's internal delivery.

Decision

The Committee:-

- (1) considered and noted the employability pathway activity being delivered throughout Fife, across the different funding strands;
- (2) recognised the direction of travel regarding employability delivery in line with emerging national frameworks;
- (3) considered and noted the roll out of Employment Recruitment Incentives in line with the Fife Job Contract single portal approach, which would explore the inclusion of additional jobs and apprenticeships within the Fife Council jobs market and those of partner organisations such as the NHS and Third Sector; and
- (4) agreed that a report providing an update on Employability Pathway activity - No One Left Behind would be submitted to a future meeting of the Scrutiny Committee.

Councillor Lockhart left the meeting during consideration of the above item.

64. SOCIAL CARE WORKFORCE: ANALYSIS, CURRENT PRESSURES AND MITIGATING ACTIONS

The Committee considered a report and accompanying presentation by the Chief Officer, Health and Social Care Partnership providing an update on work within Fife Health and Social Care Partnership to understand the range of complex factors impacting on the social care workforce, analysis of pressures and the identification of opportunities to address issues and mitigate risk working with our partner agencies.

Presentations were also provided by representatives from two organisations providing private care, Audrey McFarland, Managing Director, Oran Home Care and Paul Dundas, Fife Chair of Care Scotland. A discussion followed on the challenges the organisations faced in relation to staff recruitment, provision of care packages and the comparison of staff terms and conditions between Fife Council and private care establishments.

Decision/

Decision

The Committee:-

- (1) considered and noted the content of the report and presentation and acknowledged that future investment from the Scottish Government for social care would assist with challenges in the workforce and service delivery but because of the lead in time to implement improvements, benefits would not be noticed immediately;
- (2) considered and acknowledged the range of factors impacting upon workforce capacity across adult social care;
- (3) thanked the representatives from Oran Home Care and Scottish Care for their presentations and acknowledged the challenges private care organisations faced in recruiting staff and providing care packages; and
- (4) agreed that a report providing a factual summary on the National Terms of Reference would be submitted to the Scrutiny Committee meeting on 8th February, 2022.

Councillors Heer and Verner left the meeting during consideration of the above item.

The meeting adjourned at 11.45 a.m.

The meeting reconvened at 11.50 a.m.

65. NATIONAL CARE SERVICE - CONSULTATION RESULTS

The Committee considered a report by the Head of Strategic Planning, Performance and Commissioning Services providing feedback from the consultation event held as part of the National Care Service with the Education and Children's Services, Health and Social Care Scrutiny Committee on 1st October, 2021, which allowed members to communicate their views on the consultation.

Decision

The Committee noted the content of the report and feedback from the consultation event, concerns were raised by members on many aspects of the National Care Proposals, which would be included as part of the response from Fife Council on the National Care Consultation and submitted to the Scottish Government.

66. EDUCATION AND CHILDREN'S SERVICES, HEALTH AND SOCIAL CARE FORWARD WORK PROGRAMME

The Committee noted the Education and Children's Services, Health and Social Care Scrutiny Committee Forward Work Programme.

8th February, 2022

Agenda Item No. 4

Report on Final work of the Multi-agency Strategic Oversight Group focus on (Neurodevelopmental pathway) initially for Autism

Report by: Maria Lloyd, Head of Education and Children's Services

Wards Affected: All

Purpose

This report provides an update on the progress made since the report presented on 14 September 2021, Scrutiny committee [WM-Public-Agenda-Pack-2021-09-14.pdf \(fife.gov.uk\)](#). It outlines the work of a Multi-agency Strategic Oversight Group Focus (Neurodevelopmental pathway) initially for Autism. The Terms of Reference and purpose of the group are outlined in the initial Committee report [Agenda and Papers Education and Children's Services Health and Social Care Scrutiny Committee 9th February 2020](#).

This report will mainly inform the Committee of the progress to date of the three 'Test of Change' being overseen by this group.

Recommendation(s)

The Education and Children's Services Health and Social Care Scrutiny Committee is invited to:

1. Scrutinise the progress of the work done so far.
2. Acknowledge and discuss the areas for consideration, conclusions and next steps outlined in the report.
3. Agree to the continuation of the Oversight Group.
4. Consider possible future reporting lines for this work to specific Strategic Committees in the new structure and/or via Elected Member briefings and/or workshops.

Resource Implications

The Strategic Oversight Multi-Agency Group has met formally 4 times since the September 2021 Committee report. Group members have also met informally to discuss or complete tasks. The group discuss the key challenges and issues that need to be addressed, raised by various services, and consider solutions or actions to be taken.

Each of the services have their own sub-groups to further develop their approaches related to this area, whether it be in Autism, Autism and Learning Disability or Neurodevelopmental pathways (NDP).

Legal & Risk Implications

Whilst there are some common themes across all age groups, the legislative and organisational context is quite distinct for adults of all ages and Children's Services. In Children's Services priorities are set within the wider framework and context of Getting it Right for Every Child (GIRFEC). This supports the planning and provision for children and young people with additional needs, as described within the Education (Additional Support for Learning) (Scotland) Act 2009. For all adult age groups, the key legislation is:

- Equalities Legislation
- Adult with Incapacity (Scotland) Act 2000
- Mental Health (Care and Treatment (Scotland) Act 2003
- Adult Support and Protection (Scotland) Act 2007
- Social Care (Self Directed Support) Scotland Act 2014

Impact Assessment

An EqIA is not required because the report does not propose a change or revision to existing policies and practices. However, should the unmet need for support for Neurodevelopment not be addressed, inequalities for these children and young people could increase.

1.0 Background

- 1.1 There has been much discussion around the implementation of the Neurodevelopmental pathway as it is a new way of working and will cover learning disability and Autism and Attention Deficit Hyperactivity Disorder (ADHD). It is understood that learning disability or intellectual disability affects 3% of the population, whilst 1-2% is affected by Autism and 5% by ADHD.
- 1.2 Autism is a life long developmental disorder more commonly referred to as autism spectrum disorder (ASD). ASD affects people differently with some individuals being able to live independently. Others will need very specialist support.
- 1.3 Waiting lists for diagnosis in Fife are around 1100, which is below the average 1500 for other Health Boards in Scotland. Covid has affected the ability to carry out face to face assessments during this time. The waiting list for diagnosis was one of the main drivers for the establishment of the Oversight Group by the Committee.
- 1.4 Fife's current ASD diagnostic pathway is based on SIGN guidance with either a community-based assessment, Autism Assessment Pathway (AAP) or more specialist assessment model for children and young people with significant complexities delivered via Fife Autistic Spectrum Team (FAST). Children and young people are referred on to

the FAST Team where there are complex issues and behaviours or where it has been difficult to provide a clear diagnosis at the initial stages at AAP.

Currently children could be referred to several different neurodevelopmental services for assessment or advice. Referrals are generated by a number of organisations - schools, GPs and sometimes by other professionals.

We know from research and Fife data that a child may display developmental symptoms associated with different conditions which can be confusing for parents and professionals. Multidisciplinary assessment often means one child has multiple appointments with different professionals for one assessment. If a presentation is unclear, or indicates comorbidities, multiple assessments with different teams may be required, leading to replication of information gathering. For many children it may be unclear initially which service is the most appropriate, or even whether referral to a neurodevelopmental service, as opposed to other services, such as CAMHs for example, is necessary. This can lead to families either waiting for unnecessary assessments or multiple referrals being made. Going from one pathway to the next potentially wastes time and resources.

- 1.5 A Multi-agency Strategic Oversight Group focus (Neurodevelopmental pathway) initially for Autism has been established and operating effectively since March 2021. The current composition of the group includes representatives from across Education and Children Services (E&CS) and Health and Social Care (H&SC) with one NHS representative. This is currently chaired by the Head of Service for Education and Children Services.
- 1.6 The main task of the group now is to oversee the implementation of the neurodevelopmental pathway in Fife and address ongoing issues in service areas through a number of Tests of Change (ToC). These ToC when completed will allow for decisions to be made around next steps and resources needed to further implement ND. There is a detailed working action plan used by the group achieve initial outcomes identified and is a working document, continually updated and used by the Oversight Group to manage workload and monitor progress.
- 1.7 It is clear from all services represented on the group that there are a range of working groups focussing on the Autistic spectrum and/or Learning disabilities. As the Oversight Group is now in full operation, these working groups are reporting back to their link person in the oversight group.

This close collaboration has led to a closer understanding of the perspectives of all services. The different Test of Change (ToC) have been developed with input from all services, with due consideration of these perspectives.

- 1.8 The successful implementation of a ND Pathway requires a culture change across professions and with parents and carers. The importance of considering the needs of each child/young person and neurodiversity is an important shift as we move forward allowing a move away from a culture of diagnosis as the only important factor. This shift is needed in order to ensure planning for the appropriate support is considered and implemented as early as possible and is not dependant on a diagnosis.

1.9 Neurodevelopmental Pathway

Overarching aims with the new pathway are to;

- Streamline the process for targeted, holistic, specialist multiagency assessment.
- Improve experiences for children, young people and families.
- Recognise co-morbidity as the norm rather than the exception.
- Reduce waiting lists for diagnosis.

2.0 Progress made since September 2021

2.1 Data gathered and Test of Change (ToC)

Data Gathered in August 2021 3-18 year olds

Data was gathered by area. In terms of referrals for assessment of ASD from the NHS for last year, this totalled 689. For the Education-based Autism Information and Support Team (ASIST), new Requests for Assistance (RfAs) between **August 2020 – August 2021**, totalled 162 referrals. The table below outlines these figures by area.

Table below illustrates one year's data (August 2020 – August 2021)

Area	Health Totals	ASIST referrals from schools
West - Carnegie/Lynebank	288	66
Central - Kirkman	203	52
NE - Playfield	198	44
Total	689	162

2.2 Data gathered in January 2022

The table below outlines the referrals made since August 2021 in the last table. It should be noted that there is not a straight comparison due to the difference in the period of time being considered. Some of the West Fife cases will be going to ND pathway, the rest via the existing Autism Assessment Pathway.

Table below illustrates August 2021 – Dec 2021 data

Area	Health Totals	ASIST referrals from schools
West - Carnegie/Lynebank	63	48
Central - Kirkman	44	30

NE - Playfield	46	22
Total	153	100

- 2.3 From the above data it could be concluded that the West area continues to see the highest percentage of the Request for Assistance, with a percentage increase from 41% to 48% with both Central and East both falling slightly. This could also be because of the rise in awareness in the West due to the current ToC.
- 2.4 Within the 100 Request for Assistance for ASIST, 15 were schools looking for staff development and 85 for direct intervention with individual pupils. However, the current staff development by the team is often carried out in relation to the individual pupils, therefore a different reporting of staff development figures is being explored. As a service, work is also underway to identify further approaches to support children and young people whilst a request for assistance is being processed. This may include online learning, webinars, practical support and access to relevant resources.

Enhancement for the ASIST team is being addressed currently, to increase the team staffing by at least 1 teacher, especially in the West area to support ToC 2.

2.5 Test of Change 1 (Assessment - NHS lead and focus)

In Fife, a ToC has been commenced in two areas of autism support. There will be a twelve-month roll-out and evaluation of the initial steps in the multiagency Neurodevelopmental Pathway for children. This work includes staff from Education through to Paediatric Specialists in Health. This will enable professionals to utilise existing steps within the Child Wellbeing Pathway to gather evidence for onward referral for neurodevelopmental assessment in one single referral pathway rather than the existing multiple health pathways (i.e. historical, separate ASD & ADHD pathways) without predetermining the specific condition to be assessed. So far clinicians involved in this process have highlighted a number of Triage issues including identifying cases where the presenting symptoms are not indicative of ASD, areas where children may need support first before diagnostic assessments are undertaken and highlighting cases where diagnostic assessment could be undertaken in a different format.

- 2.6 In addition to what is being undertaken in child services, in adult Mental Health Services an initial Neurodevelopmental Pathway group has begun to map out the supports required and will include service users and third sector in that development group too. The adult NDP is also undertaking an audit of a sample of cases as part of a wider National Autism Implementation Team (NAIT) study.
- 2.7 The second area of this ToC involved NHS staff exploring methods of increasing the number of assessments undertaken within the current process. Health colleagues continue to follow the Scottish Government's National Autism Implementation Team (NAIT) guidance on remote assessment. From the permanent monies received there are 7 new posts being advertised at a senior level for a combination of Speech and Language and Clinical Psychologists. It is hoped these people will be in post from April 2022. This will more than triple the current size of the team. The first priority is to reduce the waiting lists for child assessments and manage the 42 new

referrals or so per month. When the waiting list is at a more manageable level, the focus will be on implementing early intervention and supporting other services such as education to do this. This work supports the Toc below.

2.8 Test of Change 2 (Referral - Neurodevelopmental Pathway- Education and NHS Lead)

As part of supporting our NHS partners, Education developed and submitted a proposal to the Scottish Government for a ToC national bid, which will support our implementation of the new standards (National Neurodevelopmental (ND) Specification). A central focus of this work is around building capacity within education staff based in schools and providing earlier support for families and professionals when neurodevelopmental issues emerge in the early years of children's development, and to review support at major education transition points. We have proposed that this ToC will require some additional funds from the Scottish Government (see appendix 1). Initial feedback to this work has been very positive, and we will hear shortly if this has been accepted in full or part. This funding will allow us to appoint an Educational Psychologist (for ND), to provide an additional teacher to supplement ASIST and appoint administration support, for the duration of the ToC. Funding was also provided to appoint a clinical psychologist. The current funding request for 12 months is £200,000.

The focus of this work in the West area of Fife, as this has the largest demographic and therefore the highest diagnostic figures. The development of an early intervention training programme to support neurodevelopmental issues. This is being piloted in two Clusters (each with one High school and the associated Primary and early years centres) identified via data held in Education from the SEEMIS information system and discussions with schools.

For practitioners within the schools involved in the ToC, we would also propose to offer a regular online consultation session with a specialist in Educational Psychologist service and/or the ASIST team. We would use this as a theory into practice problem solving session, already in place in the NHS Clinical Psychology division. We need to embedding this within an existing frameworks of Child Wellbeing Pathway as part of Getting it Right at the core.

2.9 What does this mean in practice?

All Neurodevelopmental Pathway referrals (in these West clusters) should now come from schools instead of GPs (except in exceptional circumstances). If a family go to their GP they will be advised to come and discuss their concerns first with school and schools can then make the request for them if appropriate. We are doing this because usually school staff will know the child and family well and are best placed to be able to provide high quality information about their difficulties and the support already provided. This is the key information required for effective neurodevelopmental assessment.

The assessment is child-centred, it will ensure the child or young person and their family is at the centre of decision-making and the support available to them. This should be based on an understanding of the wellbeing of a child in their current context. It takes into consideration the wider influences on a child or young person

and their developmental needs when thinking about their wellbeing, so that the right support can be offered and therefore is based on tackling needs early.

2.10 **The outcome of this so far:**

- Initial training has been led by Educational Psychology, Clinical Psychology and ASIST. It took place on Tuesday 5 and Wednesday 6 October attended by approximately 100 professional staff over these two sessions. Two school clusters are the hosts for the pilot – Woodmill HS and feeder primary schools, St Columba’s HS and feeder primary schools, as well as Calaiswood Special School.
- New pilot pathway referrals commenced week beginning 25 October, the start of the Autumn school term and will run until this summer. The purpose of the pilot is to test both the training, materials, pathway and ongoing professional support being offered during this phase.
- One of the original proposals, if additional funding is obtained, was to offer a regular, direct service to schools from Educational Psychology/ASIST to specifically target cases being considered for Neurodevelopmental assessment, above and beyond their existing caseloads. These currently from part of the wider workload but with additional funding which we are likely to receive before the end of the financial year (see appendix 4) a targeted intervention will commence as a result of additional staff time to provide support and early intervention to families and school staff.

2.11 **Test of Change 3 (Mental Health - One Stop Shop with H&SC lead and ANS)**

Due to the additional funds allocated to Neurodevelopment area by Fife Council in April 2021 to H&SC of £100,000, a ToC has been developed with One Stop Shop (OSS). This ToC will focus on improving mental health, which is seen by Scottish Autism and others as a key area to address.

The rationale for this focus is that mental health and wellbeing issues are consistently recognised as an area of concern for those on the autistic spectrum and their families. Mental health issues range in nature and severity. Some individuals will require very specialised and enduring support whilst others can be well supported with what could be termed lower level, but none the less need support. There is the potential for individuals to be proactively supported to establish self-management and coping strategies if they are routed to the right kind of support in a timely fashion. Crucially, individuals need to be met with understanding of their presenting mental health issues, but also the impact of autism on their communication and cognitive processing.

This proposal aims to address some of these issues by combining the autism knowledge and expertise that exists within the OSS and with the mental health expertise that exists within statutory services. This will be achieved by locating a Mental Health professional within the OSS to work collaboratively with a Senior Community Advisor. Work is underway with the OSS/Scottish Autism, to establish a secondment of a Mental Health Occupational Therapist from statutory services.

2.12 Outcome of this Test of Change so far:

Currently to move forward in this, OSS are awaiting a secondment of a 0.5 Mental Health Occupational Therapist. However, the service is pressing ahead, and the Community Advisor is working with 11 cases. This number is set to rise as a steady number of individuals continue to present with a need for mental health / emotional support. A notable proportion of the work relates to autistic individuals dealing with anxiety and it also covers supporting parents of autistic children where anxiety is prevalent for the children.

A recurrent theme from this early work from feedback is the value people are finding in being heard and receiving validation in relation to the nature of their experiences, particularly by someone who can offer emotional support coupled with autism awareness. We will gather further qualitative data as the project unfolds.

This Test of Change aims to:

- Provide timely, proactive mental health support to those on the autistic spectrum and their families/carers.
- Enable people impacted by autism or other social communication conditions to develop and implement strategies for self-management.
- To work collaboratively with CAMHS, Adult Mental Health and other services to support those who have been referred but are waiting for support.
- Improve collaboration between mental health professionals and services and autism specific supports. The ToC will provide direct delivery of brief interventions, and support development of timely pathways for onward referrals to secondary care services as required. Clinical supervision and governance will be delivered through Fife HSCP professional governance structures.

2.13 This process will be conducted under the supervision of Scottish Autism's Research and Policy Lead who is located within the Centre for Practice Innovation. User participation will be central to the process and will involve a consultation with those with autism and their families to establish service priorities and agree success criteria. The results of this consultation will inform the subsequent design of the test for change process.

2.14 In addition, £10,000 of the £100,000 given to this area of work by the council has been commissioned by H&SC to support the Autism Network Scotland (ANS) to deliver a range of supports until March 2022. This will include online anxiety programmes; Parent Awareness Programme for Autism Spectrum (PAPAS) which is offered to every family in Fife following diagnosis and a helpline for those on the assessment waiting list. All of these services will include those with 'lived' experience in the delivery and organisation.

2.15 One of the services being offered by ANS is to offer a helpline for families waiting on a diagnosis. This service replicates a similar service of a helpline operated by NHS clinicians and speech and language therapists from Jan-August 2021

2.16 **Other work related to ND and the action plan- Community Mental Health (CMH)**

Some of the aspects around community mental health are still being developed but will include programmes for families with those for ASD. There will be a lead person in each of the 7 localities to support the CMH work. The overall lead person for the council has presented to the Oversight Group on their draft plans to support young people on ND pathway from Community HWB Supports framework. Finalised plan and additional resources will be shared first with the CMH Strategic Operations Group at the end of January and then these plans will be shared with the Oversight Group to provide further feedback. It should be noted the funding for this work is permanent.

Part of the work is to enable more universal support and the provision of wrap around care for children and young people with learning difficulties and learning disabilities too. Presently, 2 third sector providers (Barnardo's and Includem) have now been commissioned (starting January 22) to enhance universal community services within each Fife locality for the next two years. These services will seek to develop capacity within each locality responding to local feedback and needs. As part of the wider picture NHS Fife Children and Adolescent Mental Health Services (CAMHS) has, by September 2021 received a total in year allocation of £3.09m, including recent investment of £357,670 for implementation of the national neurodevelopmental pathway. Clear criteria accompanied this revenue, including the requirement to address the backlog of waiting lists.

2.17 **Improving outcomes for people on the Autism Spectrum**

We know that in Fife, young people with Autism or a Learning disability are less likely to move into a positive destination when they leave school. The most recent data on school leaver destinations (for young people who left school in the summer of 2020) showed that 83.1% of the 65 leavers with autism and 82.8% of the 58 leavers with a learning disability entered a positive destination on leaving school; this compared with 91.9% of leavers overall. It should be noted that 7 leavers had both autism and a learning disability and are included in the data for both groups of school leavers.

The table below shows a breakdown by broad category of destination for young people who left school in the summer of 2020. As can be seen:

- Continuing education is the most common destination category, with 72.3% of those with autism and 70.7% of those with a learning disability continuing in education; this similar to the figure for school leavers as a whole (73.4%). In comparison with other leavers, more leavers with autism or a learning disability progress to further education, with fewer progressing to higher education.
- A smaller than average proportion of leavers with autism or a learning disability enter into employment, voluntary work, training or a personal skills development (10.8% for those with autism and 12.1% for those with a learning disability, as compared with 18.5% overall).
- A larger proportion of leavers with autism or a learning disability enter into a non positive destination (16.9% for those with autism and 17.2% for those with a learning disability, as compared with 8.1% overall). Most leavers with autism or a learning disability who entered a non-positive destination were unemployed and

not seeking work; in general, most leavers in a non-positive destination are unemployed and seeking work.

	Employment, training, etc (%)	Further Education (%)	Higher Education (%)	Non Positive Destination (%)	Number of leavers
Leavers with Autistic Spectrum Disorder	10.8	52.3	20.0	16.9	65
Leavers with a Learning Disability	12.1	70.7	0.0	17.2	58
All school leavers	18.5	35.7	37.7	8.1	3404

Table. Destinations of those who left school in the summer of 2020.

Data on those who left school in the summer of 2021 will be published in March 2022 and will be based on a survey of school leavers conducted in the autumn of 2021. Information on Positive Destinations including this data will be shared in a report to Education and Children Services in 2022.

As the Committee are aware, there is ongoing work undertaken already by the Fife Council Supported Employment Service (FCSES) for young people with ASD. FCSES is core funded. They use the Scottish Government/COSLA ratified Supported Employment Framework for Delivery to support people with disabilities and multiple barriers to secure and sustain employment. This framework is also to support young people with autistic spectrum disorders to achieve their work ambitions.

In April 2021 the FCSES received £35,000 to support The Special School's Project from the DYW funds from education. This officially started in August 2021. The aims of the additional monies are to provide young people with an insight into the world of work, to promote their work ambitions and where possible develop a supported employment pathway for those leaving Special School. This allows them to progress to work placements or paid jobs, whereby they will be supported to sustain a job with employers who understand their abilities and are able to provide accommodations or adjustments in work to promote integration in the workplace.

The outcome of this so far

The Special Schools Project is a unique pilot that helps young people with additional support needs to explore the world of work and to increased work-based learning.

Fife Council's Supported Employment Service (FCSES), with some funding from DYW budget, specialises in supporting people with disabilities to find and sustain paid work. They are working collaboratively with Fife's five special schools and have designed a bespoke programme for John Fergus, Rosslyn, Hyndhead & Kilmarnock with Calaiswood joining this term.

Education staff work alongside the specialist Disability Employment Co-ordinator to provide weekly sessions to senior pupils in each school. Twenty young people are regularly participating across the four schools with additional students attending on an ad hoc basis.

FCSES has designed the programmes to meet the needs of the environment, school and individuals. Content covers employability topics such as work types and aspirations, teamwork, interviews and job searching. Practical and sensory based tasks play to the strengths of students and their learning style such as working with plumbing pipes, creating electrical circuits and exploring coding on computers.

The project is building relationships with local employers with visits in school and planned site visits with the Fire and Rescue Service, private businesses and local trade hubs.

Long-term, students will be encouraged to transition to FCSES where they can continue their journey into paid employment. Recently the project was awarded a bronze award at Fife's Business Diversity Awards for innovation. Case studies can be accessed on DYW website: <https://dywfife.com/news-insights/dyw-fife-special-schools-project/>

An example Testimonial

Mari Edwards – Class Teacher, Hyndhead School

Brendan has been visiting our senior class in Hyndhead weekly. He is planning, preparing and delivering different activities each week which suit the pupil's interests and learning styles. He has developed positive relationships with pupils and staff, and the students always look forward to his visits. He has focussed on skills for work and qualities that suit different occupations. He has organised visits from companies to the school, and visits to places of work that suit pupils' interests and possible career options. Recently each week has focussed on a trade and pupils are engaging well in finding out about the practical and financial aspects of the jobs.

3.0 Areas for consideration

- Consider the membership and lead for the Oversight Group, perhaps a lead person from within the Council dedicated to ND could be made and therefore lead this group going forward.
- As part of the Oversight Group work all outcomes of the ToC need to be reported to SG and/or various Boards as part of the grant award by the lead service.
- Consider possible future reporting lines for this work to specific Strategic Committees in the new structure and/or via Elected Member briefings and/or workshops.
- Give due thought to the longer term funding aspects for the ToC should they be successful. This particularly relates to the Education and NHS ToC as it is funded for only one year.
- It should be noted that the EASYP service in the council is mainly grant funded and applies for funding year on year and therefore does not guarantee the continuation of this type of service going forward.
- In terms of current committed spend. Scottish Ministers have provided a total part-year effect funding of £3.06 million (£5.25 million full-year effect) for Health

Boards in 2021-22 to support the establishment of capacity to provide access to specialist neurodevelopmental professionals to support the implementation of the National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care. See table 1 below which outlines some of this spend.

Table 1

Activity	From where	2022/23 full year effect. (£)	Recurring	Comments/notes
Speech Therapy 3.5 wte (AAP)	SG to NHS	221,200	221,200	Post being advertised
Speech Therapy 0.2 wte (FAST)	SG to NHS	12,640	12,640	Post being advertised
Psychology 3.5 wte (AAP)	SG to NHS	254,450	254,450	Post being advertised
Psychology 0.2 wte (FAST)	SG to NHS	14,540	14,540	Post being advertised
Community Paediatrician (FAST)	SG to NHS	12,000	12,000	Post being advertised
3 months External Assessor; 20 assessments/month	H&SC	108,000	N/A	One off commissioned assessments pending recruitment to secure some immediate capacity to reduce waiting times

Table 2 below is an outline of the other spends allocated for proposed spend in this area (this does not include the costs of the core team of ASIST and the lead officers for ASL in education).

Table 2

Activity	From where	2022/23 full year effect £	Recurring	Comments/Notes
ToC 3 OSS and ANS	Fife Council	100,000	100,000	This funds a part time post of a MH OT, seconded to One Stop Shop, plus the work being delivered by Autism Network Scotland.
DYW support to Special schools	SG DYW grant aided budget	35,000		Grant determined in March 2022.

ToC 2 Ed and NHS	SG	200,000		Awaiting the 'one off' ToC funding from SG- See appendix 1 for details
Additional staffing	SG additional staffing to schools	120,000	120,000	1 teacher and 2 PSAs to increase the ASIST education team. Being progressed.

4.0 Conclusions and Next Steps

- 4.1 The Oversight Group has been an effective way of moving key actions forward and informing services across Fife of areas we are working on.
- 4.2 Collective commitment has seen a number of ToC being implemented and supported across services that are key to improving life experiences for those with ASD and other ND areas.
- 4.3 The early intervention ToC should help to shift a culture towards one that emphasises the need for more support being in place at the earliest opportunity and that diagnosis is not necessary to trigger professional involvement. We hope to collectively support children, young people, adults and families as multi-agency services more effectively.
- 4.4 Our universal approach as professionals should support the implementation of the Neurodevelopmental Pathway by Scottish Government bid. The 7 Standards once finalised and issued by the Scottish Government via The Children and Young People's Mental Health and Wellbeing Taskforce.
- 4.5 More work will continue to be done over time within services and via the various ToC to enable clear evaluation and outcomes and where possible resources to be refocused to implement the Neurodevelopmental Pathway successfully.
- 4.6 The Oversight Group will continue to meet quarterly in its current format and update actions on the action plan, resolve issues together and evaluate any ToC being done. In addition, when any issues arise, the members have agreed to meet either collectively or directly with each other out with the formal meeting to address issues promptly.
- 4.7 All services will continue to operate their own groups dedicated to the implementation of NDP and this will be monitored at a service level.
- 4.8 The learning from this work will support the implementation of the Neurodevelopmental Pathway across all services.
- 4.9 We will continue to support all of the ToC to help reduce waiting times for diagnosis. The increase of clinical capacity to reduce the waiting list for diagnosis plus support for the Fife wide roll out of the neurodevelopmental pathway will ensure that children and young people receive the support and advice they need in a timelier way.

- 4.10 An evaluation of each of the ToC will be written and shared with relevant Directors and will help to influence resources for future work. The ToC supported by the SG for Education and NHS will be reported back in the form of an evaluation to the Scottish Government.
- 4.11 A new Additional Support for Learning Strategy will be implemented which will have NDP as part of it and will include recruitment of more than 30 PSAs to work in a 52-week service to support children and young people with additional needs outwith school term times. Recruitment is underway for these permanent posts, funded by the Scottish Government additional budget.

Glossary

A Neurodevelopmental Disorder is a term reserved for those who present with a 'functional' impairment in day-to-day life due to difference in one or more neurocognitive functions which lie at the extreme end of, or outwith the normal range.

- **Neurodiversity** is the statistical normal range of a function in a population at a particular age. Diversity is a trait of the whole group, not a specific individual.
- **Neurotypical** describes individuals where a selective neurocognitive function falls within the prevalent societal norm.
- **Neurodivergent** describes individuals where a selective neurocognitive function falls out with the prevalent range.

PAPAS: This is a 6 week programme offered to parents of children newly-diagnosed with autism. AAP staff adapted materials for online delivery. Groups were extended to evenings and offered remotely. Permission was sought from Information Governance to undertake group remote delivery. A small number of families stated a preference for waiting for face to face delivery and they are the only families remaining on the waiting list.

List of Appendices

1. Fife Education Partnership Proposal for Test of Change funding - January 2022

West Fife Schools involved in Neurodevelopmental Pathway – Phase 1

1. St. Columba's HS
2. Holy Name PS
3. St. Bride's PS
4. St. John's PS
5. St. Joseph's PS
6. St. Kenneth's PS
7. St. Margaret's PS
8. St. Serf's PS
9. Woodmill HS
10. Carnegie PS

11. Duloch PS
12. Lynburn PS
13. Touch PS
14. Calaiswood Special School

Background information

Employment Access Support for Young People (EASYP)

EASYP is part funded through Fife's NOLB funding from April 30th 2021 - March 31st 2022. EASYP provides early identification of young people leaving school age 16-18 years of age most at risk of not achieving a positive destination.

These young people are then supported by EASYP with end to end key work support throughout their transition from education into meaningful activity that offers community-based learning, employability training, certification, qualifications, entry into paid work and in work support.

EASY are also working with DWP Work Coaches to identify Universal Credit applicants at initial sign up for benefits and who fit the project criteria, for fast track referral to EASYP provision.

Future funding as part of NOLB opportunities, EASYP which is a consortia of Fife Council partners include Fife Council Supported Employment Service, Education 16+ Transition Team and Community Services 16+ learning programmes, has made a new NOLB EASYP bid has been submitted for the period beyond March 31st 2022 that includes existing partners with the addition of a third sector specialist provider to support care experienced young people at risk of not entering a positive destination.

Background Papers or online links

Committee report Feb 2021 – Current Position on the Through Life Support Strategic for those on the Autistic Spectrum in Fife

[Education & Childrens Services Health & Social Care Scrutiny Committee 9th Feb 2020](#)
and

Committee Report on Progress September 2021

[WM-Public-Agenda-Pack-2021-09-14.pdf \(fife.gov.uk\)](#)

Learning /Intellectual Disability and Autism – Towards Transformation

[Item_04 - Appendix 3 Learning/Intellectual Disability and Autism - Towards Transformation](#)

Additional online support was also made available via the Access Therapies website www.accesstherapiesfife.scot.nhs.uk including:

Sources of evidence

- Left Stranded the impact of Coronavirus on autistic people and their families in the uk (UK wide) - National Autistic Society - 7 September 2020
- Draft Neurodevelopmental Specification – final version due to be published September 2020
- Consultation <https://www.autism.org.uk/what-we-do/news/coronavirus-report>
- [Modern Apprenticeship Statistics, up to the end of Q4 2020/21 \(skillsdevelopmentscotland.co.uk\)](https://www.skillsdevelopmentscotland.co.uk). The breakdown is on page 27-28 and autism comes under 'Social/ Communication'. It also shows 2019/20 on the same report.

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National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care

Fife Education Partnership Proposal for Test of Change Funding – October 2021

(Updated January 2022)

Background

In Fife, since February 2021, a cross council working group including key partners from the NHS (Multi-agency Oversight Strategic Group) has been meeting to identify and take forward issues initially related to Autism in Fife, and to develop approaches regarding the understanding of neurodiversity. This is in response to the high numbers of children and young people on waiting lists for autism diagnosis (over 1250 referrals) and to acknowledge that we need to do more to support them and their families. The Microsegmentation Study (2018) quotes prevalence rates of autism in the Scottish population as 1.03%. but Fife autism assessment services receive 2-3 times more. Despite attempts to establish why referrals are so high, we remain unclear, hence the focus on thorough, early contextual assessment and referral in the Test of Change proposed.

Using the [National Neurodevelopment Specification: Principles and Standards of Care](#) by the Children and Young People's Mental Health and Wellbeing Joint Delivery Board (JDB) in April 2021, we as a group identified areas to improve and collectively are actioning these.

As we progress, we realised a Test of Change approach, led by Education in conjunction with NHS, would be needed to support this and to help implement the standards. The approach is being adopted looking at a number of priorities.

What this Test of Change would focus on?

This test of change would operate within a small cluster of schools for the period of one year from January 2022 to December 2022. The focus would be to pilot a new pathway which streamlines the assessment and referral process and expands into other neurodevelopmental conditions such as ADHD and Intellectual Disability, in keeping with the national guidelines. This test of change would also assess the initial wider roll-out of the pathway beyond the pilot schools.

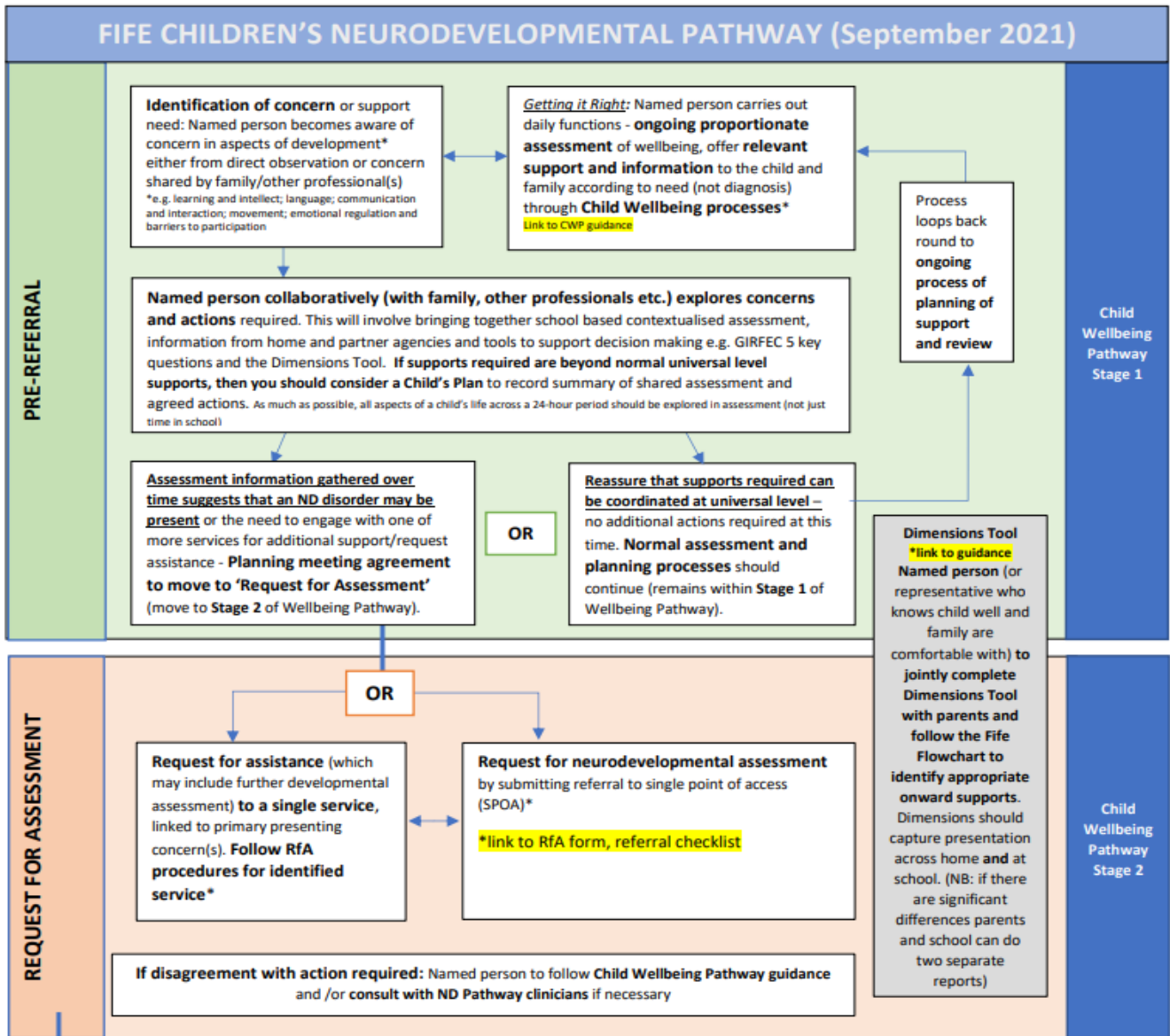
The test of change, methodology, involvement of stakeholders, data use and outcomes are described in **Appendix 1**. An interim report on the progress of each area could be made available in June 2022.

The approach will include schools in West Fife, initially within two high school clusters (this would be two Secondary schools and a number of feeder Primary schools) and would link to where the greatest demand for neurodevelopmental assessment is, identified and agreed by NHS partners.

In summary, the West Fife Test of Change would include:

- Training to all pilot school staff – in neurodevelopment, pathway process and professional practice initially
- The roll-out of universal training to all school staff in the area, with additional and intensive training as required following the pilot phase

- Assessment of existing early interventions and support approaches and capacity
- The development and piloting of resources and materials for families including Fife and school websites
- Launch of new, regular online neurodevelopmental consultations from specialist staff directly to school staff within the pilot
- Piloting a new neurodevelopmental pathway which would replace the current multiple NHS child assessment pathways, the relevant (education specific) first part of this pathway is illustrated below:



Purpose of Test of Change in Fife and Intended Outcomes

Primarily, the main areas this Test of Change will address in relation to outcomes will be to:

- Support understanding of demand for neurodevelopmental services in the context of the specification principles and standards by services.

- Support understanding of where further development, support and/or investment is required for the standards to be met and sustained across Fife including education, transitioning into adult settings and within the NHS.
- Support understanding of potential local models of implementation, recognising that these will vary dependant on both need and local landscape.
- Enable learning, sharing internal practice and insights from test of change sites as they seek to embed the principles.
- Share our learning nationally with other Local Authorities and partners and/or sharing any processes we already have in place – training materials, lessons learned, systems reviews, staff feedback, family engagement materials, key findings, case studies etc from across the different areas of the ToC.
- Families from the West of Fife feel more supported through this process than before.
- School staff in the West of Fife feel more confident in meeting learners needs across the NDP.
- Referrals for neurodevelopmental assessment from the West of Fife are appropriate and include relevant detail to inform consideration and efficient decision making.
- Signposting and communication with families is improved via this ToC in the West of Fife.
- The work can be easily extended through Fife with the learning being used from this pilot.
- There are already key links in the Oversight group with Health and Social Care colleagues which the tests of change will build on. The intention would be to share timely information on young people who are entering adult services to anticipate transition support needs and generate early involvement of services to maintain engagement.
- Convene 'Education – Post-school Transitions Working Group' to focus on key areas impacting on families of young people impacted by ND conditions – to produce a briefing/options paper for the oversight group to enable action. We hope to seek consultation support from NAS as part of this multi-agency group.
- Families will not see services across Fife as distinct, but as a continuum and connected to meet the needs of children and young people
- Robust information will be shared across services to support families.
- More learners' needs will be met in schools
- Better communication across services in Fife due to a more joined up approach?
- Decreased diagnosis waiting times
- Parents able to recognise the services around the child as just as important/possibly more important than a diagnostic assessment

Previous Fife model used

Prior to the development of a single assessment Pathway, all children referred in Fife would either join a waiting list for autism assessment or possibly ADHD which had 2 distinct processes and variable waiting times. ASD assessment was undertaken in accordance with SIGN guidelines. Potentially, a child could end up being assessed for one condition then joining the waiting list for another assessment. In addition, all autism assessments had open access therefore a parent could present to a GP with concerns about their child, this could result in a referral whether the child was familiar to the GP or not and school would be contacted for background information. No early screening would be done due to waiting list times and limited resources, no additional early intervention would generally be offered at this point, and a child could be placed on a long waiting list when it was not appropriate to do so.

The new Neurodevelopmental Pathway is designed to ensure children and young people when referred into services are seen by the most appropriate service for their needs. This would ensure a focus on neurodiversity and understanding need rather than always progressing to a medical diagnosis.

The importance of considering the needs of the child/young person and neurodiversity is an important shift to make across the board to move away from a culture of diagnosis is the only important thing. Other potential causes for a child's presentation must be considered and rejected prior to ASD being postulated. Using the principles of GIRFEC the needs of children and young people should be met by including them in the conversations about their health and wellbeing and what is important to them at the time.

Community Mental Health & Wellbeing Framework

The plan for Community Health and Wellbeing is a significant part of the action plan for the Multi-agency Strategic Oversight group in Fife. This work is fully embedded in what we are doing, and the lead person is fully involved in the work. It is intended as we move forward with this ToC that locality commissioned services connected to that framework will link into this work. They will join the multi-agency training planned, and work closely with colleagues from CAMHS, Paediatrics and Primary Mental Health Workers.

How children, young people and families are involved in the local plans for improvement

Parents and young people affected by neurodevelopmental issues were key contributors to the Multi-agency Strategic Oversight group action plan in January 2021 which identified a shortfall in direct support and advice to families at both an early stage in their lives but also at key transition points, for example, leaving school.

Our plan is to build on those initial insights with our proposal to provide enhanced, direct input to families and school staff when neurodevelopmental issues begin to emerge, to continue to engage with multi-agency partners to address the concerns about transition points for families and, finally, to build a mechanism into our neurodevelopmental project (reference group or focus group) to ensure that our early intervention plans and the approach to the neurodevelopmental assessment pathway clearly take account of the experiences of and feedback from children, young people and families.

How the proposal has been informed by the views and voices of children, young people and their families

In addition to the feedback referenced in the previous question, using information from both the Health helpline, Scottish Autism research and the knowledge of Professionals working with schools, we have identified that this is an area that families would like us to address, as well as to focus on training school staff on key aspects of neurodevelopment, to better meet the needs of all at an early stage in our educational settings.

A range of children and young people will be part of the ongoing evaluation of the work we are doing across Fife. This will include speaking to some children and young people who have a

diagnosis already and asking what worked for them, as well as those waiting on a diagnosis and what they need. An important part will also be to talk to those children and young people who did not ask for a diagnosis and to learn what has helped them. This will inform any changes we make as the ToC continues and also contribute to final evaluations.

We also intend to gather case studies in the form of chronologies of support.

This information will help us design a service and can be shared across Fife and nationally.

Data collection and use

With regard to the specific areas of the Test of Change, this is included in Appendix 1, however more generally, our specialist education services (Educational Psychology and Autism Spectrum Information and Support Team (ASIST) services) currently use the 'FORT' management system. Here information is retained and managed, on children and young people identified with an ASL need who currently or have in the past, been supported by one of the Education support services. The system is accessed by education professionals only, who can refer to specific cases and produce a variety of reports, including school/individual specific as well as at locality/service level.

In the NHS, information on autism diagnosis referrals during the last calendar year, was collated for the three geographical areas of Fife – North East, West and Central. The West area has the largest population density and also the highest diagnostic figures, hence the focus for the proposed test of change. However, the 3rd sector support for ASD in terms of Scottish Autism ('One Stop Shop') is less well embedded in this area.

Data was also gathered by area for 3–18-year-olds. In terms of referrals for diagnosis for ASD from the NHS for last year, this totalled 689 referrals. For the education-based Autism Information and Support Team (ASIST), new Requests for Assistance (RfAs) from August 2020 – August 2021, a total of 162 referrals were made. The table below outlines these figures by area:

The information from FORT and from the NHS told us the following information for last year (Aug 20 – Aug 21): -

Area	NHS Totals	ASIST referrals from schools
West - Carnegie/Lynebank	288	66
Central - Kirkman	203	52
North East - Playfield	198	44

Following the Test of change, the data will be used to: -

- Establish from both NHS and Education perspectives, if referral numbers have reduced in the West area of Fife
- Establish the numbers of staff trained, the quality of this training and to identify other development needs

- Confirm consultation inputs, which will be logged by Educational Psychology and ASIST, including time taken and age when discussed and outcome of the consultation (this will be a 'no-names' consultation)
- Determine what additional data, particularly around impact on children/young people and families supported that we will be gathering, how FORT can be adapted if required and to advise schools what they can do to ensure more accuracy in reporting/recognising autism and other neurodevelopmental conditions in Fife
- Explore the quality of the information provided by schools when making referrals for diagnostic assessment and the interventions implemented beforehand
- Record and track the multiagency professionals involved in the journey of a child who meets the criteria for a Neurodevelopmental condition

What are the anticipated results of the test of change?

- Giving feedback on the aspects of the National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care, and how it works in practice within the West of Fife.
- Identifying any other gaps via the Oversight Group action plan already underway, including the need to re-distribute current resources or look at gaining other resources via grants.
- Supporting the change of culture to meeting needs rather than emphasising diagnosis or implementing a disability model. This would be done through promoting early, transparent and clear support and signposting to parents/carers and children and young people rather than reinforcing an assumption that a diagnostic assessment will lead to support being put in place.
- Improving how we acknowledge and report on support being received by families in the paperwork related to GIRFEC and referrals. We would do this by building on the Child Wellbeing Pathway work already strong in Fife.
- Closer working with communities especially around mental wellbeing for all.
- Developing confidence in staff in schools in their universal understanding of the Neurodevelopmental needs of children as they grow and embracing neurodiversity rather than disability.
- Evaluating the training material used and plan roll-out based on our training model.
- Developing better resources both in paper and online to help signpost parents/carers for support advice and help them to feel more confident in their own approaches. This work could be shared or developed in conjunction with, other Local Authorities and partners once key contacts are identified. This would capitalise on best practice and expertise across the participating agencies as well as generating a consistent and tested bank of resources.
- Parent/carers will have a greater awareness of what support they are already receiving in schools.
- Measuring if this process reduces the number of referrals made to NHS for diagnostic assessment from the schools identified over the duration of the Test of Change.
- Evaluating the potential of roll-out of this into other clusters/areas including cost, time, effectiveness, and specification.
- Establishing the model used to create a broad-based neurodevelopmental assessment and intervention plan to be rolled-out across Fife over coming years and to share nationally.

Monitoring and evaluation of the test of change in Fife

- Head of Service for Education and Child Services will be responsible overall for this work as the Co-Chair of the Multi-agency Strategic Oversight Group.
- An initial report on progress will be via this Oversight Group reporting back to the Scrutiny Committee within Fife Council and to Council Executive Team and other Committees as deemed appropriate.
- An early progress report will be done in June 2022.
- The full evaluation, at the conclusion of the ToC, will be shared with the Education and Children's Services Directorate, the Council Leadership Team, Health and Social Care Partnership, Scottish Government, other Local Authorities and other multiagency Services.
- Ongoing learning will be noted, discussed, and shared at appropriate forums as this work progresses.
- Updates on progress will also be provided to our multiagency partners, the Scottish Government and our Councillors via a workshop and briefings.
- Voice of children and young people would be monitored by the Children in Fife partnership and the One Stop Shop and built-into our intervention planning as highlighted earlier.
- The Child Wellbeing Pathway is a well-established assessment process within the Children's Partnership in Fife and changes made through this Test of Change process would feed directly into that group.
- Evaluation of this West Fife Test of Change will also be written up by the Educational Psychology Service and submitted as a journal article for a peer-reviewed publication such as Educational Psychology in Practice or Educational and Child Psychology.
- Determine how resources can or should be re-allocated to support neurodevelopment work going forward either in a certain geographical location or for cohorts/age groups
- The Executive Director of Education and Children Services in Fife and the HSCP Director will convene a meeting to gather outcomes from the ToC and help to influence next steps.
- Reports will include information on an evaluation of the learning from the previous model in place prior to the ToC.

Anticipated Issues

- We might raise expectations of staff during this process or that of families, where we are promoting the use of a more streamlined pathway.
- We may also see an initial rise in referrals for diagnosis.
- Staff may be reluctant to engage in an approach that is more located within school responsibilities
- Hiring staff in a timely manner can be an issue and the existing workloads of specialist staff are high.
- Changing the language used, to move away from the need for diagnosis as the starting point for getting support, to ensuring the right support is in place based on assessment, will take time and will be difficult for some to accept given prevailing views about medical diagnoses being tied to resources/interventions.
- Re-allocation of resources could be challenging for staff and for Councillors as there are always competing demands.

- Relatively low case referral numbers within the West Fife clusters and timescale of ToC will not allow a full analysis of cases from referral to assessment conclusion. Results will reflect identification and referral data.

What is Fife's commitment to this i.e., resources?

- We already have the Multi-agency Oversight Strategic Group who regularly report to the Scrutiny Committee in the Council, who are supportive of this area of work. This group which will continue have developed a robust action plan across H&SC, Education and Children's Services in Fife.
- We already have a Service Level Agreement (SLA) with 'One Stop Shop' in Fife through our Health & Social Care (H&SC) partners to help support us and have increased the SLA by £100,000 to focus on mental health support for families affected by Autism in the first instance. These funds are also being used to reinstate a helpline for families waiting for assessment as well as providing psychological interventions for those children with a diagnosis (provided by another partner, Autism Network Scotland, ANS). The helpline provided by speech and language therapy and Clinical Psychology partners was so successful during lockdown. This, linked to adult services, will allow for families to be supported no matter the age.
- In addition, once learning from this pilot took place, we would intend to redeploy current staff to prioritised areas of Fife to support reducing waiting lists. Our staff would commit to the training required to upskill them.
- Education Service staff within Educational Psychology, and our Additional Support for Learning teams are committed to the development of the test of change and will retain an overview and monitoring role of its implementation and activity, in addition to their existing responsibilities.
- Our partnership working is already strong with colleagues in Lead Clinical Psychology roles in the NHS in Fife, and this would be developed further. NHS work in collaboration with schools delivering early intervention, therapies and as part of the training and resources model described.
- Education will enhance support provision in West Fife by 2 PSAs from the SG additional funding (at a cost of £65,000 with oncosts) to support the work of the ASIST team which would enhance their offering and also help with supporting children and young people to access their services quicker. We will also provide from the SG additional funding, an additional teacher to enhance the ASIST team (cost of £55,000 with oncosts, as well as a highly specialist clinical psychologist (cost of £18,000 with oncosts)

How does the Fife Test of Change link to some of the key National Neurodevelopmental Standards?

We believe the standards below would be addressed by this Test of Change in Fife.

- Publish information in a clear, accessible format about who the neurodevelopmental services are for and how children, young people and their parents/carers can access them.
- Provide support and personalised, meaningful signposting to the child/young person and their family/carers, with informed consent, to access other services within the children and young people's service network, in cases where families' needs are best met elsewhere.
- Ensure that a single child or young person's plan is in place for all children and young people receiving support from all services delivering the neurodevelopmental specification.
- Ensure single child or young person's plans; are coordinated across agencies (using the GIRFEC principles), teams and disciplines, are clearly written, identify the case holder/care coordinator, are developed in collaboration with children/young people and families and carers (e.g., The Triangle of Care).
- Provide copies of the child/young person's plan to children, young people, and their families/carers, and, with informed consent, those professionals in other agencies working with the child, young person, and families/carers such as social work, schools and children's services providers and primary care (e.g., GPs).
- Build on and contribute to other parts of agreed multi-agency care pathways, i.e., including health, education, and social work.
- Agree through a process of shared decision making the goals of the child and family and regularly review those interventions and progress towards the goals.
- Based on the principle of early intervention and responding to early indications that children, young people and their parents and carers may need support. Early intervention can happen at any age.
- Ensure that the rationale for formulation and diagnosis, evidence considered, and decisions made will be fully documented. This will be shared with the child/young person and parent/carer in writing as appropriate. Share and involve the child, young person, and family/carers in the information to be shared with other agencies e.g., that the assessment has taken place and recommendations within the care plan.
- Ensure that informed consent issues around both sharing of information within the family and with other agencies and around interventions/treatment are clearly explained and documented.
- Ensure that all service developments and/or redesigns are undertaken using best standards of engagement, involvement of children, young people and their families including co-production.
- Offer creative and acceptable alternatives to face to face work where the children and young people live at a distance from staff locations e.g., the use of approved technology like Attend Anywhere or advice to a local professional who is working with the child, young person and their family. This is particularly relevant during the Covid-19 pandemic, however families who struggle to access digital services should not be disadvantaged.
- Ensure that Transition Care Plans provide children and young people with continuity of care and that any risks and child and adult support and protection concerns are clearly identified and documented.

- Develop leaflets, websites, social media, and other communications aimed at children, young people and/or families/carers in partnership with them, taking into account the any barriers to communication.

Current costs incurred in kind by Fife council and NHS: -

- Range of officers to attend Oversight group and preparation of the bid for ND.
- Initial PPT and training materials already developed between NHS and Educational Psychologists
- Additional time from officers to prioritise this work.
- Extension to OSS contract to deliver aspects already committed to £90,000 spend
- Helpline manned by NHS and psychoeducation groups for families and children with ASD (including employing those with lived experience to deliver some of the training), already committed to for £10,000.

Resources we would need to make this test of change happen in Fife

Impact

The test of change would be resourced in such a way that capacity would not be an obstacle from achieving outcomes as described above, with robust evidence being gathered and available throughout the duration of the pilot and period of system improvement.

There would be additional evidence on the appropriate future allocation or realignment of resources to ensure support is improved for children and young people.

Resource

Description		Cost – 6 months	Cost – 12 months
1 FTE Educational Psychologist	Key link to NHS and pilot schools, to offer the virtual consultations and coordinate this work including delivering training. Carry out the evaluation that would include views of partners/carers and pupils. Write up of interim and closing evaluative reports, during and at the end of this process. A journal article would also be written and shared with the TES and other sources to seek getting published.	£35,000 including oncosts	£70,000 including oncosts
1 FTE Experienced Teacher specialising in Autism	To focus on working with the pilot schools which would increase the capacity of the ASIST team and to develop in-house strategies with staff and pupils.	£27,500 Including oncosts	£55,000 including oncosts
0.2FTE Band 8b Clinical Psychologist	To focus on training and building upon the consultation approach, as well as more forensic interrogation of case data and approaches Existing NHS services will offer 0.2 'in kind'	£8822.90	£18,000 including oncosts
1 FTE Administration / technical support	To support planning - set up and support training sessions, prepare training materials and family resources, collate, and analyse data, support report preparation and liaising with partners as required. They would also update the website for Fife to ensure training materials are accessed and that the information for parents/carers is up to date.	£17,500 including oncosts	£35,000 including oncosts
Web design and update of materials	Professional support for design (graphics, posters/leaflets/website/social media), technical advice, IT requirements and procurement.	£12,000	£24,000
Total Resource Bid		£100,822.90	£202,000

8th February, 2022
Agenda Item No. 5

Children's Services Inspection Update

Report by: Carrie Lindsay, Executive Director - Education & Children's Services
Wards Affected: All

Purpose

To inform members of the update of the Care Inspectorate Improvement Plan following the 2019 Children's Services Inspection, since the last update provided in January 2021.

Recommendation(s)

Recommend the committee:

1. Identify any items for further scrutiny
2. Note the outcome of the update report and the progress made
3. Agree that the improvement identified within the 2019 report have either been achieved or have been integrated into the CPC improvement plan, Children's Services plan or the Corporate Parenting Improvement Plan. Updates on all three plans are submitted to this committee

Resource Implications

None

Legal & Risk Implications

Children's Services across all partner activity deal with areas of significant risk and services have detailed arrangements in place to manage these

Impact Assessment

Not required

Consultation

The inspection process included extensive consultation with staff across all services along with children and families who use children's services. Updates for this report have been provided by and informed by partners across Children's Services and Service User feedback

1.0 Background

- 1.1 The Scottish Government has a programme in place to inspect all services to children within local authority areas. The inspection methodology in use for this inspection had a specific focus on the difference community planning partnerships are making to:
- the lives of children and young people in need of care and protection
 - the lives of the children and young people for whom community planning partnerships have corporate parenting responsibilities.
- 1.2 The 2018/19 inspection asked five key questions:
- How good is the partnership at recognising and responding when children and young people need protection?
 - How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
 - How good is the partnership at maximising the wellbeing of children and young people who are looked after?
 - How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
 - How good is collaborative leadership?
- 1.3 During the inspection, inspectors collected and reviewed evidence against all 17 quality indicators in the framework and used this understanding to answer the five inspection questions in this report. In addition to answering the inspection questions, inspectors use a six-point scale to provide a formal evaluation of three quality indicators which concern the impact of partners' work on the lives of children, young people and their families and the outcomes partners are achieving.
- These are:
- 1.1 – Improvements in the safety, wellbeing and life chances of vulnerable children and young people
 - 2.1 – Impact on children and young people
 - 2.2 – Impact on families
- The inspection also provided an overall evaluation for leadership.
- 1.4 Following the consideration of the material gathered during the contact with partners and service users in Fife, the inspectors evaluated provision as below:
- 1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people - *Good*
 - 2.1 Impact on children and young people - *Good*
 - 2.2 Impact on families – *Good*
 - 9.0 Leadership and direction – *Good*
- 1.5 The areas for improvement noted within the inspection report reflected those identified across the partnership within the self-evaluation prepared in advance of the inspection.

- 1.6 An improvement plan was developed across the Children's Services Partnership to address the areas identified with progress being reported to Children in Fife from the three key strategic groups responsible:
- Child Protection Committee
 - Corporate Parenting Board
 - Children's Services Partnership Group.

2.0 Update on Improvement Plan

- 2.1 This report has been compiled from across the Children's Services Partnership to give members an update on the Care Inspectorate Improvement Plan developed in July 2019 as a response to the Children's Services Inspection published in April 2019.
- 2.2 Partners in this report are defined as Fife Council, NHS Fife, SCRA, Police Scotland, and Fife Health and Social Care Partnership.
- 2.3 Overall the language in the 2019 report was positive in relation to practice across all services but particular emphasis was given to:
- the strengths around relationship-based practice which was seen to significantly benefit the experiences of both children and their families.
 - good collaborative working, keeping children at the centre of decision making
 - visible improvement relating to attainment and positive destinations.
 - the development of creative support for children leaving care
 - an evident culture of self-evaluation across the partnership.
- 2.4 Strengths Detailed
- Robust and effective pre-birth planning processes which has enabled the early identification, management and response to child protection and wellbeing concerns. This was ensuring vulnerable pregnant women were getting the right help and support at an early stage.
 - A wide range of flexible and responsive therapeutic services was effectively supporting children and young people in need of care and protection to get timely help and support to recover from abuse and trauma.
 - Effective, trusting relationships and nurturing care with staff and carers was positively impacting on the quality, stability and continuity of care and support for children and young people in care placements, including those young people in continuing care.
 - Strong partnership working and a culture of learning was helping to drive forward identified improvements. This was supported by effective leadership and a well-performing child protection committee.
 - The work of partners to help educational attainment and positive post school destinations of looked after children.
- 2.5 The inspection report also helped us prioritise areas for improvement:
- Partners should further improve their recognition and response when children and young people experience neglect or repeated instances of harm, for

example because of parental substance misuse, mental ill-health or domestic abuse.

- Partners should achieve greater consistency in the quality and practice standards of assessments, child's plans and chronologies and strengthen quality assurance and management oversight.
- Partners should continue to ensure that capacity is released to improve the time taken to undertake health needs assessment in preschool children when they become looked after.
- Partners should progress plans to undertake a health needs assessment with all care leavers and advise them how to seek support relating to any emotional or wellbeing needs that are identified.
- Partners should continue to use data and analysis of the Home2Fife strategy (now called Belonging To Fife) and ensure this is effectively linked to a commissioning framework.

2.6 In the conclusion to the inspection report, the Care Inspectorate and its scrutiny partners noted that they were confident that the Fife partnership had the capacity to continue to improve and address the points for action highlighted in this report. This was based on:

- the collective leadership, direction and accountability demonstrated by partners to deliver the best possible outcomes for children and young people in need of care and protection in Fife
- the strong culture of learning across services underpinned by well embedded approach to self-evaluation and continuous improvement to improve performance and practice
- effective partnership working and the culture of mutual support and collaboration at strategic and operational levels
- the strategic focus and oversight by the child protection committee to improve multi-agency responses to keep children safe and protected
- the commitment and high aspirations as corporate parents to improve better outcomes for looked after children, young people and care leavers.

2.7 It also noted that partners would need to continue to develop their joint approaches to a strategic assessment of need and the use of data and evidence to be able to ensure ongoing activity around improving outcomes for children, young people and families.

2.8 Improvement Plan: Partners undertook to develop an improvement plan throughout May – July 2019 and this was agreed at CiF in August 2019:

- Partners should further improve their recognition and response when children and young people experience neglect or repeated instances of harm, for example because of parental substance misuse, mental ill-health, domestic abuse and accumulating neglect
- Partners should achieve greater consistency in the quality and practice standards of assessments, child's plans and chronologies

- Further development of methods for systematically gathering feedback from children, young people and their parents and evaluation of views.
- Specific activity for children involved in Child Protection and Looked After processes
- Partners should strengthen quality assurance and management oversight
- Partners should continue to ensure that capacity is released to improve the time taken to undertake health needs assessment in preschool children when they become looked after
- Partners should progress plans to undertake a health needs assessment with all care leavers and advise them how to seek support relating to any emotional or wellbeing needs that are identified
- Partners should continue to use data effectively and analyse the Home2Fife strategy, ensuring this is effectively linked to a commissioning framework
- Evaluation, audit and strategic oversight of IRD processes to ensure decision making is robust when concerns are about neglect and domestic abuse
- Review of advocacy services to ensure Children and Young people can access appropriate support
- Strengthen the quality assurance role provided by independent reviewing officers to help ensure greater consistency
- Care leavers need to be able to access more flexible accommodation options.
- Agree joint strategic approach to setting out corporate parenting priorities across the partnership

2.9

These 13 actions have been further refined recognising that there were connections across and between the different areas of improvement. Significant progress has been made over the last 30 months since the plan was agreed, and an updated plan is attached identifying areas of ongoing or completed activity. It must be noted that some actions relate to significant system change and these have been impacted by COVID, but also overtaken by new policies and guidance, such as the Promise or the National Guidance for Child Protection. It should be further noted that the plan was not designed to be short term but to support improvement over time.

3.0 Issues and Options

- 3.1 It is noted that the impact of coronavirus over the last 2 years has affected progress within a number of areas as agencies within Fife focussed their priorities around supporting the most vulnerable families during lockdown and recovery.
- 3.2 The publication of the Independent Care Review and the obligations of ‘the Promise’ have led to a further review to prioritise improvement activity across the partnership. Whilst all the activity required for the Care Inspectorate Improvement plan are ongoing, particular elements will be further targeted:
- *Further development of methods for systematically gathering feedback from children, young people and their parents and evaluation of views.* It is noted that whilst there has been progress made in relation to the meaningful engagement and participation of children and young people within decision making forums, this is an area where further progress is

required. The Children and Family Social Work service have commissioned the services of MOMO (Mind Of My Own) a web based system, dedicated to receiving, analysing and collating the views of children in receipt of support from that service and this will be rolled out early 2022.

- *Partners should continue to use data effectively and analyse the Home2Fife (now Belonging to Fife) strategy, ensuring this is effectively linked to a commissioning framework.*

The partnership is highly focused on ensuring that data is used effectively within agile planning in 'real' time. Significant progress has been made both in relation to the ambitions of Belonging to Fife (B2F) but also in sharing data and considering practice improvement. This work has been further enhanced by the involvement of Franklin Covey and their 4 Disciplines of Execution work across the children's services partnership, which is due to conclude in March 2022.

- *Partners should further improve their recognition and response when children and young people experience neglect or repeated instances of harm, for example because of parental substance misuse, mental ill-health, domestic abuse and accumulating neglect.*

Early and effective intervention using the strengths of the Child Wellbeing Pathway will be further developed throughout 2021/22 building on progress made. This work has been enhanced, as noted above, by the Franklin Covey work but it is recognised that this is an area which requires ongoing improvement and the partnership are actively reviewing the need for change. This will be a key area of focus nationally and locally in 2022 due to refreshed guidance on GIRFEC as well as improvements required being key within the CPC improvement plan.

3.3 It should be noted that the partnership has made significant progress in relation to:

'Care leavers need to be able to access more flexible accommodation options',
through:

- the establishment and ongoing usage of a 'training' flat for young people transitioning out of formal care
- The partnership with the National House Project which offers care leavers tenancies from December 2020 (9 young people were given tenancies in 2021 and 10 are in line for allocation early 2022)
- Ongoing work and planning with the Barnardos Gap project
- Ongoing recruitment of Supported Lodgings carers (increase from 26 to 52 during 2019-2020)
- The re-provisioning of a care home in Fife to provide a group living environment specifically to support care leavers moving towards independence.

4.0 Conclusions

- 4.1 The inspection report presented a comprehensive analysis of services to children in need of care and protection in Fife. It covered all partnership activity, including the 3rd sector, as well as including extensive engagement with children and families who use services within Fife.
- 4.2 The report highlighted a number of areas of good practice and noted as particular strengths: the quality of relationship-based practice in Fife and the positive impact that this has on children and families, the work of the Child Protection Committee and the leadership shown by staff at all levels. It also commented very positively on the outcomes achieved by services and the attainment of our children and young people.
- 4.3 The report allowed for a positive foundation for further improvement work which is detailed in the appendix and have been taken forward by the strategic groups responsible for the activity.

Appendices

1. Appendix 1 - Improvement plan with RAG status
2. Link to report, this is also available via the Care Inspectorate website
<http://bit.ly/fife-servicesforcyp>

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Appendix 1: Improvement plan

Area for Action	Activity	Responsibility	Timescale	Progress Update
<p>1. Partners should further improve their recognition and response when children and young people experience neglect or repeated instances of harm, for example because of parental substance misuse, mental ill-health, domestic abuse and accumulating neglect</p>	<p>(a) Review of how neglect is identified and responded to including the evaluation of existing pilots or practice change initiatives (i.e. Child Care Clinic: Dental Neglect Pilot)</p>	<p>CPC/CSPG</p>	<p>February 2021</p>	<p>Due to clinical capacity the Child Care Clinic has still not recommenced – it is unlikely to restart before 2022.</p> <p>31/7/21 Dental health support workers have recommenced engagement with high priority families and dental neglect pilot is to be revisited.</p> <p>Although the two pilots are on hold due to unforeseen circumstances, work is progressing across the partnership, and tackling neglect is a key work strand across many of the working groups.</p> <p>Rich learning has come from a recent Learning Together Review which highlighted key processes staff should draw on for assessing and responding to neglect.</p>

			<p>A scoping exercise of bespoke neglect assessment tools (undertaken by the CPC WFDG) concluded that current assessment tools are more than adequate, alongside effective supervision and L&D opportunities as pivotal instruments in improving the recognition of and response to neglect. The introduction of the Graded Carer Profile, as a bespoke neglect tool, was also considered as part of this scoping exercise. Decision was made by the CPC not to take this forward at this time.</p> <p>July 2021: Within Children's Services, Health Visiting has opted to purchase the NSPCC's Graded Care Profile 2, to support assessment, analysis and intervention planning with respect to neglect. This will be launched in early 2022. Findings/learning will be reported as a self</p>
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				<p>evaluation report to CPC SE&I group in due course.</p> <p>Impact assessment and performance will continue to be monitored through the self-evaluation and improvement working group</p>
	(b) Multi-agency questionnaires and focus groups through SE&A group to include questions on neglect to gather staff views and confidence	SE&A group CPC/CSPG	December 2021	<p>As a consequence of COVID this has not developed, and consideration is being given as to whether this activity can be scheduled for EARLY 2022.</p> <p>Looking to merge learning from Franklin Covey work however timescale needs to be extended to spring 2022 and work will reflect newly identified concerns.</p>
2. Specific activity for children involved in Child Protection and Looked After processes	(a) Annual CPC audit to evaluate involvement of CYP in relation to views being sought	SE&A group CPC/CSPG	December 2021	<p>As above at 1 (e) re audit as they feed into each other. The work detailed by the Child Protection Team progressed September 2020 and learning is being evaluated and has been shared with SE&A group's in 2021.</p> <p>The learning around impact on children is being further explored and developed by both the CPT within the new</p>

				IRD and JII work and also through the multi-agency participation work led within 4DX
	(b) Reviewing Service (Social Work) to undertake audit of case conference and initial LAC reviews to ascertain how children's views are sought and presented	Social Work	December 2021	Parental experience of formal meetings is being explored in the 4DX work and in addition to this the Reviewing Service are updating their performance framework to ensure this is regularly captured
3. Partners should strengthen quality assurance and management oversight	(a) Agree and arrange evaluation and audits of management processes	Individual services Service Leads for SW Education 3 rd Sector Housing Police SCRA	December 2021	July 2021 (Health) The QA framework was fully implemented across health visiting service in October 2020 with a series of audits Fife wide. The findings/learning has been reported to Children's Services Health Management Group and the Child Protection Health Steering Group as a standing agenda item. Since the QA framework is the vehicle for continuing learning and improvements, an improvement plan from these initial findings/Learning is now being actioned. Further

			<p>audits are planned for later in 2021 which will ascertain the effectiveness of the improvement actions. Self evaluation reports will be submitted to CPC SE&I grp where appropriate. SCRA undertakes a national case sampling audit on a quarterly basis (currently suspended due to Covid response). This audit and review is considered by SCRA's Executive Management Team and results in specific improvement action plans for Locality Reporter Managers;</p> <p>Performance overview is provided to each Locality on a bi-monthly basis by SCRA's Quality Assurance Manager which informs local improvement plans; and (3) previous audit of management processes resulted in the formation of twice-yearly Locality Reporter Manager network development sessions.</p> <p>This was not identified as a key priority for social work other than to ensure clarity around recording</p>
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			<p>management decisions in the electronic system. This has been delayed due to a new electronic system being commissioned.</p> <p>Housing, through our Service Public Protection Coordinators group we continue to audit our Public Protection procedures.</p> <p>3rd Sector – each agency responsible for own quality assurance and management oversight. Reporting mechanisms in place through Service Level Agreements. Key priorities for action in improvement plan regularly shared with third sector organisations through the Voluntary Sector Children’s Services Forum.</p> <p>Police – Child Protection Register – flag now added to VPD to increase visibility of vulnerable children. Back record conversation underway.</p> <p>Education: A CP toolkit has been provided to support schools in auditing their practice. This will be promoted in various ways between August and</p>
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				December 2021. It will be offered universally to all schools for use as well as in a targeted way, for example with new HTs, with schools who would benefit from additional support. The toolkit resource will be supported by additional professional development support for Named Persons and Education leaders, which is expected to focus on Record Keeping processes. To support this and other CP Developments a new post has been created within Education – of Quality Improvement Officer: Child Protection and Health and Wellbeing.
	(b) Agree and arrange evaluation and audit of supervision processes	Individual services Service Leads for SW Education 3 rd Sector Housing Police SCRA	December 2021 HEALTH COMPLETED (Continues to be part of rolling programme of QA and reporting	Health CP team: CP QA framework scheduled has been launched in Autumn 2020. July 2021: Supervision arrangements in place (Health, children’s services). Further upskills ongoing, with a rolling programme of key staff registered for post graduate course in supervision. A suite of Standard Operating Procedures are being

			<p>developed to outline the requirements of each staff group in the delivery and attendance at various forms of supervision (Health, children's services)</p> <p>SCRA, in partnership with Unison, undertook a thorough review of SCRA's Supervision Framework in 2019. Framework was relaunched in May 2020 and outlines SCRA's expectations for formal supervision of all staff a minimum of 5 times per year. Formal supervision must now be recorded electronically for audit purposes.</p> <p>Social work reviewed and evaluated supervision process and impact in 2019: action complete.</p> <p>Housing Services – August 2021 new coaching models are currently being rolled out across the Communities Directorate</p> <p>3rd Sector – each agency has their own supervision</p>
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				<p>arrangements and review processes in place.</p> <p>Police – Self-evaluation process of concern reports relating to children and young people in dip sampling format. Quality assurance framework embedded within Risk and Concern Hub in respect of EEI with relevant children and young people.</p> <p>Education: The Supervision model for education staff continues to be an ongoing area of development, through Staff Wellbeing work and also Child Protection improvement activity. Last session improvements were made to the model to spread the reach of voluntary (opt-in) peer:peer support. This has been well-received by a number of school leaders. Opportunities to extend this will continue to be explored. In addition to this it will be necessary to consider supervision practices for groups such as family workers working within Education establishments.</p>
4. Partners should progress plans to undertake a health	(a) School Nursing service to further	School Nursing Service HSCP	September 2021	School nursing service will begin to offer a health

needs assessment with all care leavers and advise them how to seek support relating to any emotional or wellbeing needs that are identified	develop their planning in relation to what can be offered to care leavers in partnership with the Young People's Team in social work	Mark Smith		assessment from September 2021 for CEYP who have left school in the previous 12 weeks. This will be evaluated in 2022
5. Partners should continue to use data effectively and analyse the Home2Fife (retitled Belonging to Fife) strategy, ensuring this is effectively linked to a commissioning framework	(a) Governance group to be created to review all activity relating to H2Fin addition to developing a joint approach in relation to a strategic assessment of need (projected and current) and the use of data and evidence to ensure improving outcomes for children and families: STEPP H2F data SAC-LAC progress Recruitment strategy for FC/SL/Adoptive carers Strategic commissioning group for carers both community and residential Kinship strategy refresh	All partners and chaired by HoS/CSWO	February 2021	Progress made in relation to partnership data group and agreement for CiF to be the governance group for the Promise which includes activity of B2F. 2021 - Strategic commissioning group established, and third sector review completed 5/08/20 – Practice governance group to be established. This work has been affected by the publication of the Independent Care Review and the recognition that all partners need to develop their understanding of the Promise, which will be the key policy document guiding partnership planning for all looked after or care experienced young people.
	(b) 6 monthly reports evaluating impact and collaborative	All partners and chaired by HoS/CSWO	March 2021	5/08/20 – CPB will pull this into a piece of work, get a systems approach going

	advantage to be presented to CiF			forward and any gaps will be highlighted. Work is ongoing as part of the work of the CPB
6. Evaluation, audit and strategic oversight of IRD processes to ensure decision making is robust when concerns are about neglect and domestic abuse	(a) Ongoing evaluation to continue – SG advise they are keen to use current Fife model as exemplar	IRD SOG CPC	September 2019	<p>Evaluation presented to CPC November 2019, actions emerging to be progressed with IRD partners</p> <p>Complete</p> <p>The Scottish Government's national child protection guidance will introduce significant changes to the IRD process and a group has been established to progress all aspects of change involved in realising the new guidance into practice.</p>
7. Review of advocacy services to ensure Children and Young people can access appropriate support	(a) Advocacy services for young people to be captured within Third Sector commissioning review	Kathy Henwood Lynn Gillies Fiona McKay Carrie Lindsay	December 2021	<p>The Third sector review is complete and recommendations on options regarding future commissioning arrangements has been considered at E&CS Committee.</p> <p>Barnardos Children's Rights service continues to be available to young people and in addition there is a newly funded post to support children to attend their children's hearings. Finally the CSPG has a specific task in relation to ensuring</p>

				<p>services are aware of and meeting their obligations under the UNCRC</p> <p>Work complete but ongoing evaluation of impact will be carried out</p>
8. Agree joint strategic approach to setting out corporate parenting priorities across the partnership	(a) Work to continue within this group to ensure commitments are explicit and ambitious.	Corporate Parenting Board members	September 2021	<p>Work to continue and activity ongoing to ensure this work encompasses the obligations from the 'promise'.</p> <p>Review of CPB activity is now complete and a new plan is in place to ensure effective development and progress on agreed priorities</p>
	(b) Annual evaluation of the CPB plan	Corporate Parenting Board members	September 2021	As Above

BRIEFING NOTE

8th February, 2022

Agenda Item No. 6

Resilience in Care at Home – Assessments & Unmet Need w/b 17th January 2022

Date: 17th January 2022

To: Steve Grimmond

Author and contact for information: Fiona McKay, Head of Strategic Planning, Performance & Commissioning

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A snapshot of data each Monday covering 6 data fields relating to assessment and unmet need is submitted to Public Health Scotland. This data is used to inform discussions at GOLD Group, IMG and across health and social care resilience planning. This enables a coordinated and responsive national response, allowing support to be provided to HSCPs quickly when needed.

This briefing covers the last 12 weeks of submissions up to 17/01/22.

The 6 data fields are listed below:

Number of People
1. Waiting for a social care assessment
2. Assessed and waiting for a package of care
3. In receipt of a care package and waiting for a statutory social care review

Number of Weekly Hours
4. Care yet to be provided for assessed individuals in hospital
5. Care yet to be provided for assessed individuals in the community
6. Care assessed as needed and not provided for those in receipt of a care package

1. Key Statistics

Resilience in Care at Home - Data Return													
as at:	25/10	01/11	08/11	15/11	22/11	29/11	06/12	13/12	20/12	05/01	10/01	17/01	TREND
Number of People													
1. On a waiting list for a social care assessment													
a. Hospital	8	9	8	12	5	9	13	7	6	3	4	6	2
b. In the Community	68	75	76	88	72	78	76	79	73	68	75	91	16
	76	84	84	100	77	87	89	86	79	71	79	97	18
2. Assessed and waiting for a package of care													
a. Hospital	32	36	32	22	30	25	10	14	19	16	12	10	-2
b. In the Community	347	341	352	356	354	357	387	389	390	412	412	399	-13
	379	377	384	378	384	382	397	403	409	428	424	409	-15
3. In receipt of a care package and waiting for a statutory social care review	143	154	142	147	137	141	141	142	137	139	148	148	0
	522	531	526	525	521	523	538	545	546	567	572	557	-15
Number of Weekly Hours													
4. Care yet to be provided for assessed individuals in hospital	448	473	462	345	471	382	133	200	191	205	190	166	-24
5. Care yet to be provided for assessed individuals in the community	2612	2496	2612	2654	2576	2553	2828	2877	2876	3022	2960	2892	-68
6. Care assessed as needed and not provided for those in receipt of a care package	1304	1362	1306	1414	1320	1404	1366	1392	1320	1341	1444	1472	29
	4364	4331	4379	4412	4366	4338	4327	4469	4387	4567	4594	4531	-63

The table below breaks down the above tracker to the Adult and Older Adult level and displays the previous week and this week alongside the movement between the 2 weeks for each of the 6 data fields.

Adult and Older Adult split	-65	65+	Total
as at:	10/01		
Number of People			
1. On a waiting list for a social care assessment			
a. Hospital	0	4	4
b. In the Community	4	71	75
	4	75	79
2. Assessed and waiting for a package of care			
a. Hospital	4	8	12
b. In the Community	56	356	412
	60	364	424
3. In receipt of a care package and waiting for a statutory social care review	15	133	148
	75	497	572
Number of Weekly Hours			
4. Care yet to be provided for assessed individuals in hospital	91	99	190
5. Care yet to be provided for assessed individuals in the community	389	2572	2960
6. Care assessed as needed and not provided for those in receipt of a care package	205	1239	1444
	684	3910	4594

-65	65+	Total
17/01		
1	5	6
4	87	91
5	92	97
1	9	10
61	338	399
62	347	409
14	134	148
76	481	557
23	144	166
478	2415	2892
196	1276	1472
696	3834	4531

-65	65+	Total
TREND		
1	1	2
0	16	16
1	17	18
-3	1	-2
5	-18	-13
2	-17	-15
-1	1	0
1	-16	-15
-68	45	-24
89	-157	-68
-9	38	29
12	-75	-63

Data field 1 and 2 by Locality and by Waiting Time plus movement to the previous week

1. On a waiting list for a social care assessment					
LOCALITY	Waiting Time				
17/01/2022	Less than or equal to 2 weeks	More than 2 weeks and <= 4 weeks	More than 4 weeks and <= 6 weeks	More than 6 weeks	
	Number of People Waiting by Locality				
City of Dunfermline	16	3	0	0	19
Cowdenbeath	10	3	0	0	13
Glenrothes	11	3	0	0	14
Kirkcaldy	6	4	0	0	10
Levenmouth	15	1	0	0	16
North East Fife	11	2	0	0	13
South West Fife	9	3	0	0	12
	78	19	0	0	97

Movement from 10/01/22					
Waiting Time					
Less than or equal to 2 weeks	More than 2 weeks and <= 4 weeks	More than 4 weeks and <= 6 weeks	More than 6 weeks		
Number of People Waiting by Locality					
8	-1	0	0		7
3	1	0	0		4
4	1	0	0		5
-2	1	0	0		-1
5	-2	0	0		3
1	1	0	0		2
1	-3	0	0		-2
20	-2	0	0		18

2. Assessed and waiting for a package of care					
LOCALITY	Waiting Time				
17/01/2022	Less than or equal to 2 weeks	More than 2 weeks and <= 4 weeks	More than 4 weeks and <= 6 weeks	More than 6 weeks	
	Number of People Waiting by Locality				
City of Dunfermline	3	0	4	50	57
Cowdenbeath	3	3	6	38	50
Glenrothes	5	6	2	50	63
Kirkcaldy	7	5	4	38	54
Levenmouth	1	4	3	40	48
North East Fife	4	4	9	67	84
South West Fife	3	3	6	41	53
	26	25	34	324	409

Movement from 10/01/22					
Waiting Time					
Less than or equal to 2 weeks	More than 2 weeks and <= 4 weeks	More than 4 weeks and <= 6 weeks	More than 6 weeks		
Number of People Waiting by Locality					
1	-3	2	-3		-3
2	-4	1	5		4
-1	-1	-1	-2		-5
3	-2	-1	0		0
0	-1	1	-1		-1
-3	-5	5	-6		-9
2	-1	-2	0		-1
4	-17	5	-7		-15

2. Analysis - movement from 10/01/22 - 17/01/22

Data Fields 1 - 6:

1a. 6 people are in hospital waiting on an assessment to take place within the week. This is an increase of 2 compared to a total of 4 waiting as at 10/01/22.

1b. 91 people within the community are recorded as waiting on an assessment after having contacted the Council through the Contact Centre in the last 28 days and waiting for a Key Worker to be allocated. This is an increase of 16 compared to 75 as at 10/01/22.

An overall total of 97 people waiting on initial assessment – an increase of 18 from 10/01/22 to 17/01/22.

Dunfermline Locality holds the majority with a total of 19 this week.

Since reporting began in August 2021, a peak of 115 was recorded for w/b 23/08/21 and a low of 71 for w/b 05/01/22.

2a. 10 people in hospital have been assessed and are waiting for a package of care. This is 2 less than the last snapshot in time on 10/01/22.

2b. 399 people within the community have been assessed and are waiting for a package of care. This is a decrease of 13 from a total of 412 as at 10/01/22.

3. 148 people are in receipt of a care package but have been assessed for further need. There is no movement in the overall total for w/b 10/01/22 to w/b 17/01/22.

An overall total of 557 people assessed and waiting for a POC – a decrease of 15 from 10/01/22 to 17/01/22.

Since reporting began in August 2021, a peak of 572 was recorded for w/b 10/01/22 and a low of 425 for w/b 16/08/21.

4-6. The number of weekly hours associated with:

2a. 166.25

2b. 2892.00

3. 1472.25

Total 4530.50

An overall decrease of 63.25 weekly hours compared to 4593.75 weekly required hours as at 10/01/22 - those in hospital assessed and waiting has decreased by 23.75 weekly hours and those in the community assessed / assessed for further need and waiting for a POC report a decrease of 39.50 weekly hours.

Since reporting began in August 2021, a peak of 4593.75 weekly required hours were recorded for w/b 10/01/22 and a low of 3584.50 weekly required hours were recorded for w/b 16/08/21.

Partnership working with Private Providers.

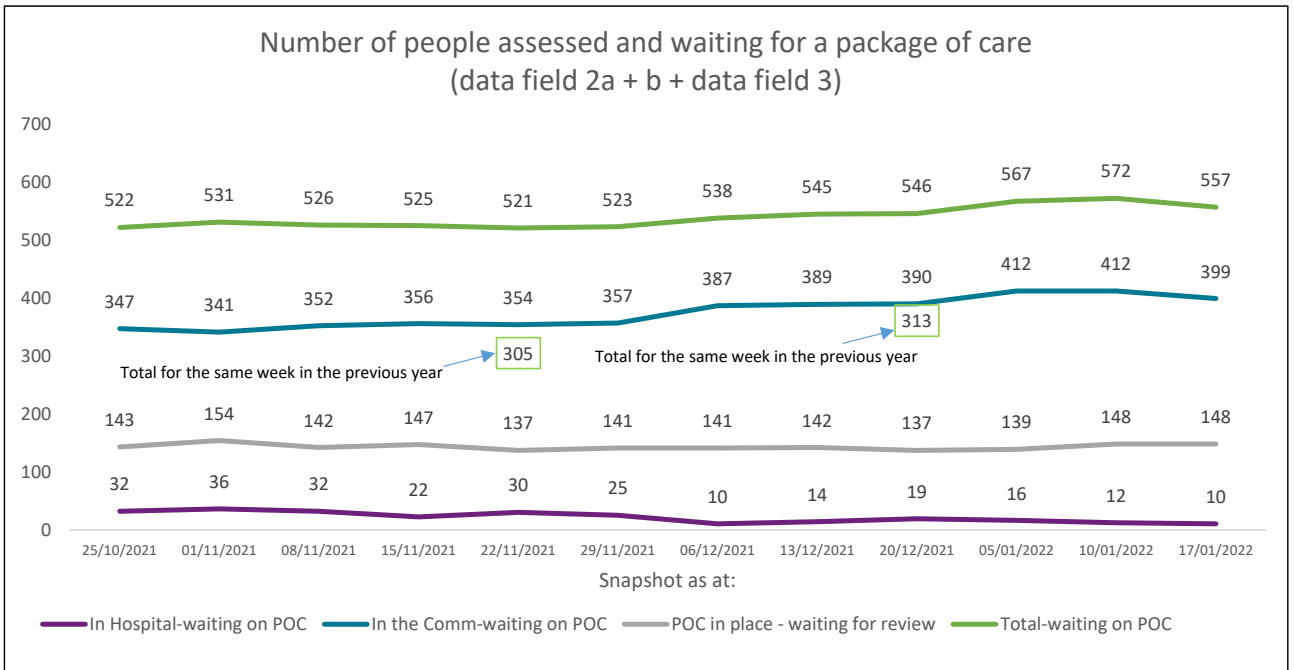
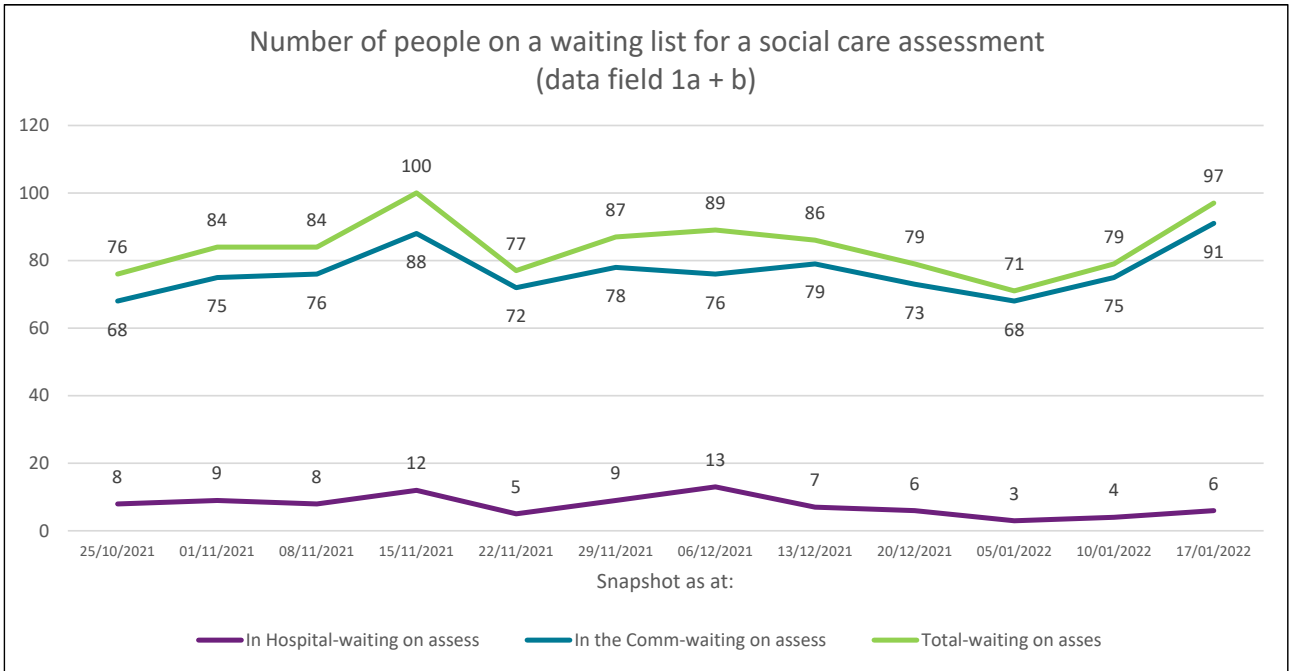
Throughout the Pandemic and critically in recent months, the engagement and participation between the HSCP and the Independent Sector has been stepping up to meet the impacts upon the whole system, not only upon service users, but Organisations, their employees and their resourcing issues in general.

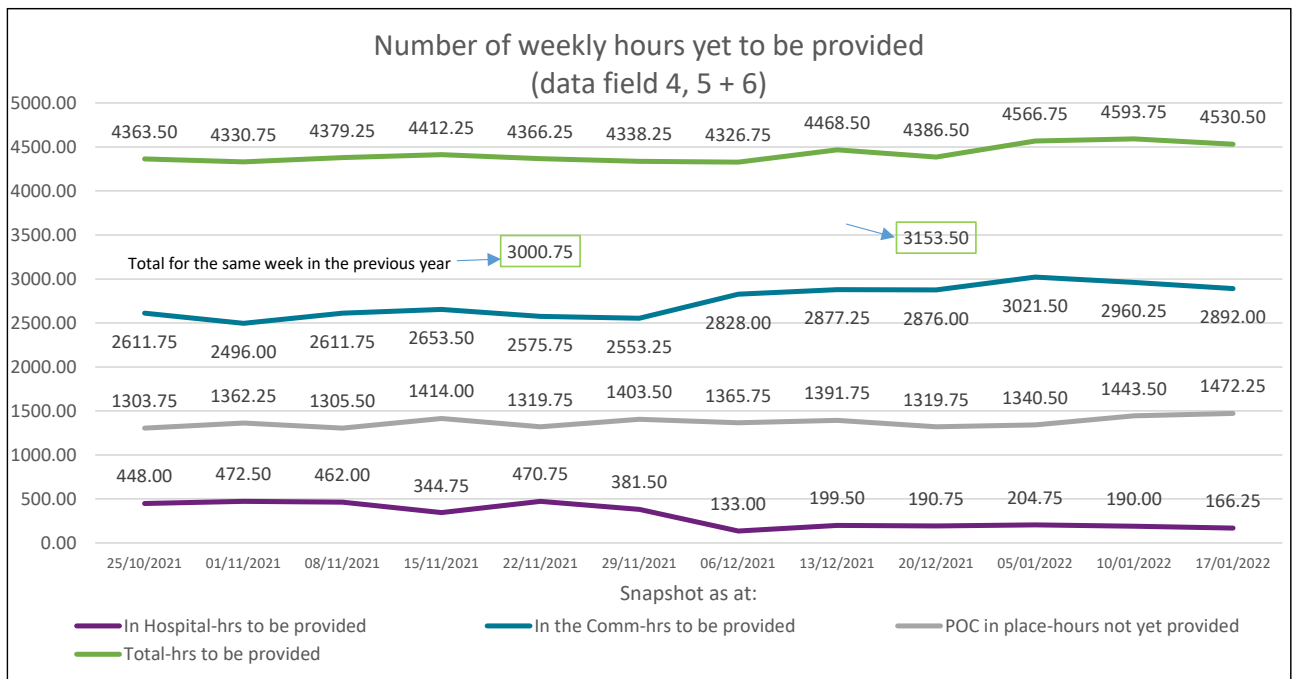
In Fife, regular Provider engagement and participation has been formally supported by the Independent Sector Lead who has hosted Forum events fortnightly with daily, weekly and targeted support made available to individual Organisations, their Directors and Managers. This has involved a wide representation of HSCP colleagues to meet agenda specific interests and support areas of thematic priorities such as; Hub support, Health Protection,(testing and management of covid related practices), Social Work and Commissioning (maximising capacity, generating growth interpretation and implementation of Guidance, sustainability and resilience), Workforce and Organisational Development, Care Inspectorate (Regulation, Registration and Reporting), Contracting and Financing (supporting effectiveness in process and time critical care), winter planning and preparedness, flu vaccination and covid booster (workforce support, promotional and media support and connected events), other priorities in context.

Supported by Scottish Care and the HSCP we have now developed in Fife an approach towards Collaboration in keeping with the “shifting the paradigm” and specifically focusing upon the ambition of ethical and collaborative Commissioning by formally agreeing to work differently together. The Fife Care at Home Collaborative has recently been established (December 2021) which in short has created the governance and structural conditions to meet the best interests of service user interests, capitalises upon mutual aid of Provider Organisations and established the platform for Collaborative commissioning to thrive.

3. Chart Analysis

The graphs below display data fields 1 – 6 for each weekly collection over the last 12-week period.





8th February, 2022

Agenda Item No. 7

Revenue Budget Projected Out-turn Report 2021-22 for Social Care Services

Report by: **Nicky Connor, Director of Health and Social Care**
Eileen Rowand, Executive Director, Finance & Corporate Services

Wards Affected: All

Purpose

The purpose of this report is to highlight the 2021-22 projected out-turn for Fife Council Social Care Services for Adults and Older People.

Recommendation(s)

Members are asked to:

1. Scrutinise the contents of the report.

Resource Implications

The Service remained committed to managing the budget and implementing management actions to reduce the in-year overspend, whilst ensuring that no individual is knowingly left at an unacceptable level of risk.

Legal & Risk Implications

The Service requires to manage the risk to individual clients and the community in Fife whilst undertaking its statutory duties within the budget approved by the Council for 2021-22.

Impact Assessment

An EqIA has not been completed and is not necessary as no change or revision to existing policies and practices is proposed

Consultation

Nil

1.0 Background

- 1.1 The purpose of this report is to advise Members of the projected out-turn for the 2021-22 Revenue Budget for Social Care as at 31 October 2021.

2.0 IJB Budget

- 2.1 The Health & Social Care Partnership (H&SCP) consists of parts of NHS, Social Care for Adults and Older People and an element of Fife Council Housing, specifically adaptations to houses. It does not include any social care expenditure incurred through Education & Children's Services. The budget is managed by the Integration Joint Board (IJB).
 - 2.1.1 The IJB budget was approved on 26 March. The cost to deliver services at existing levels requires more funding than is currently available from both partner organisations and therefore a savings plan to close the funding gap was presented and approved at that meeting. Additional allocations are awarded in year through Health budget allocations and the current budget for 2021-22 as at October is £420.030m.
 - 2.1.2 The Scottish Government has indicated that support will be provided to Integration Authorities to deliver break-even on a non-repayable basis but H&SCP must work to reduce overspends, whilst ensuring patient safety. The level of support has not yet been finalised but H&SCP is forecasting a break-even position at the year-end based on this additional funding being received and as a result there is no variance forecast for Fife Council.
 - 2.1.3 The September submission for Covid-19 expenditure suggests a full year projection of £32.476m. Reserves totalling £29.643m are held by Fife Council on behalf of the IJB, of which £13.719m is related to Covid-19 and a further £9.036m is ear-marked for specific use. Expenditure on Covid-19 is expected to be funded in the first instance from the Covid-19 reserve. There is a minimal risk that the costs of Covid-19 will not be fully funded by the Scottish Government but there has been no commitment as yet to fund unachieved savings. It is essential that these costs are continually reviewed to ensure development of a robust case for investment. The H&SCP will continue to contain costs or reduce them wherever possible and to use all funding streams available to them in order to mitigate these new financial pressures.
- 2.2 IJB Integration Scheme
 - 2.2.1 To reflect the partnership working between the NHS and Fife Council through the Health & Social Care Partnership, an agreement has been reached on how any overspends should be shared between the partners. This is known as the risk share agreement. Fife Council funds 28% and NHS funds 72% of any overall H&SCP overspend, regardless of where the overspend is incurred. The risk share agreement is currently undergoing the planned five-year review and the percentage shares may change once the review is completed and has been submitted for ministerial agreement.

2.2.2 The H&SC Partnership is managed by the Integration Joint Board (IJB). The 2021-22 IJB budget was approved on the basis of break-even after savings and investment had been approved. Included in the budget was the recognition that resources would transfer as more care is moved from a hospital setting to a home or homely setting. The budget and forecast include income to be received from NHS of £3.762m for this transfer of resources.

2.2.3 Expenditure of £1.929m on adaptations to houses by Fife Council Housing Services is included in the overall budget for IJB. However, Housing expenditure is reported to the Community and Housing Services Committee and is therefore outwith the scope of this report.

2.2.4 Part of the budget within Fife Council Social Care is excluded from the overall budget managed by IJB. The excluded element is the Contracts team, who manage the commissioning of services. The budget for this area is £1.475m. As this is not part of the budget managed by IJB, 100% of any over- or under-spend is funded by Fife Council.

3.0 Approved Savings for Social Care

3.1 The approved savings for 2021-22 are £0.794m. Previously approved savings which were unmet at 31 March 2021 require to be made in 2021-22 to balance the budget. These total £3.684m and are included in the savings tracker (Appendix 3). The service is expecting to deliver savings of £2.454m (55% of target), leaving unachieved savings of £2.024m (45% of its approved savings target). The implementation of approved savings has not been possible due to the demands on staff time of the Covid-19 pandemic.

An update in relation to the achievement of these savings for Social Care within the Revenue Budget for 2021-22 is provided at Appendix 3.

3.1.1 All savings have been categorised using a Red/Amber/Green status and these are described as follows:

Green – No issues and the 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

4.0 Major Variances for Social Care

4.1 The budget allocated to Fife Council for Social Care for Adults and Older People is £171.974m which includes the budget for Contracts Team of £1.475m. The Contracts Team is not part of the budget managed by the IJB therefore it is not included within the risk share calculation.

- 4.1.1 The expectation of funding being received from the Scottish Government, as mentioned in paragraph 2.1.2, means that there is no variance forecast for Fife Council. The detail on the main variances below, are based on the position prior to this additional funding being received.
- 4.1.2 The overspend for Social Care for Adults and Older People within Fife Council is forecasted to be £3.245m or 1.89% of the net service managed budget. A summary is detailed in Appendix 2.
- 4.1.3 The risk share agreement is unlikely to be activated this year due to the additional Scottish Government funding being provided.

The main variances are detailed as follows:

4.2 Adults Placements – overspend £4.018m, movement (£1.762m)

- 4.2.1 The overspend in adult placements mainly relates to a greater number of adult packages having been commissioned than the budget available leading to a forecasted overspend of £2.695m. Progress towards some of the savings targets has been delayed due to Covid-19 and these are expected to underachieve by £1.198m. In addition to this, a provision has been made within the projections of £125k to cover increased packages due to the transition of Service Users from Children and Families.

The service closely monitors the commissioning of these packages and reduces packages where possible. However, it should be noted that demand exceeds the resources available.

The movement is mainly due to additional funding of £1.543m being made available to cover increased rates to providers.

4.3 Adults Supported Living – underspend £0.382m, movement (£0.349m)

- 4.3.1 Due to the Community Support Service being closed the staff are currently providing cover for holidays and sickness within the Group Homes reducing the need for relief staff or additional hours to be worked. There are also some held vacancies within the Community Support Services that will not be filled until the future design of the service is established. The movement is due to delays in recruiting staff.

4.4 Social Care Fieldwork Teams – underspend £0.557m, movement (£0.080m)

- 4.4.1 This underspend is mainly due to delays in recruitment and the implementation of projects. Agency staff are to be used to increase capacity.

4.5 Homecare Services – overspend £0.315m, movement (£0.675m)

- 4.5.1 Older People care packages are expected to overspend by £0.315m. This is mainly due to an expected overspend on staff travel of £0.240m. There has been an improvement in the forecast of £0.461m due to additional funding being made available to cover increased rates to providers in addition to the implementation of the Finance Recovery Plan.

4.6 Older People Nursing & Residential – underspend £0.051m, movement (£0.305m)

4.6.1 There are minor miscellaneous variances giving a net underspend of £0.051m. The movement is due to identifying assessment beds expenditure which can be charge to Covid-19.

4.7 Older People Residential and Daycare – overspend £0.091m, movement (£0.389m)

4.7.1 There is a projected underspend on agency and staffing of £0.059m, mainly due to high turnover of staff and the difficulties in recruiting replacements. There are also vacancies in Daycare staff who are not currently being replaced while the service is unavailable due to Covid-19. Cleaning and catering charges in the Residential Homes are expected to overspend by £0.173m due to increased staff costs. The movement is mainly due to delays in recruitment and increased staff turnover.

5.0 COVID-19

5.1 In addition to the core financial position, there is a requirement to report spend in relation to Covid-19 and remobilisation costs. Currently the actual expenditure reported in the Local Mobilisation Plan (LMP) to September is £12.596m. Reserves for Covid-19 brought forward from 2020-21 are to be used in the first instance to fund any 2021-22 Covid-19 related expenditure.

6.0 Conclusions

6.1 Members are asked to scrutinise the projected revenue overspend of £3.245m (1.80%) overspend for Social Care for Adults and Older People for the 2021-22 financial year but note that the additional funding from the Scottish Government will enable the Council to achieve a break-even position.

List of Appendices

Appendix 1: Risk Share Agreement calculation

Appendix 2: Social Care – Revenue Budget 2021-22

Appendix 3: Saving Tracker 2021-22

Report/

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Risk Share allocation between Fife Council and NHS
OCT-21

Appendix 1

Overall Position	Budget	Projection	Over- /(Under-) spend	Risk Share Contribution	Overspend Adjusted for Risk Share	Reallocation between Partners	Variance as % of budget
	£m	£m	£m	%	£m	£m	%
Social Care - before Risk Share	171.974	175.219	3.245	0.000	3.245		1.9%
Less: Contracts team (not included in IJB)	1.475	1.475	0.000		0.000		
Social care (relevant to IJB)	170.499	173.744	3.245	0.000	3.245		1.9%
Add:							
Add: Housing - adaptations	1.929	1.929	0.000				
Additional funding from Scottish Government		-3.245	-3.245				
Social care (relevant to risk share agreement)	172.428	172.428	0.000	28.0%	0.000	0.000	0.0%
NHS Fife	420.030	420.030	0.000	72.0%	0.000	0.000	0.0%
IJB Total	592.458	592.458	0.000	100%	0.000	0.000	0.0%

0.0%

HEALTH & SOCIAL CARE	OCT-21					JUN-21	
	ANNUAL BUDGET	PROVISIONAL OUTTURN 2021-22	OUTTURN VARIANCE	OUTTURN VARIANCE		PREVIOUS REPORTED VARIANCE	MOVEMENT FROM PREVIOUS REPORTED VARIANCE
	£m	£m	£m	%		£m	£m
F00000: TOTAL REVENUE	180.084	183.329	3.245	1.80%		6.865	-3.620
F90000: CORPORATE MANAGED	8.110	8.110	0.000	0.00%		0.000	0.000
F10000: SERVICE MANAGED	171.974	175.219	3.245	1.89%		6.865	-3.620
ANALYSIS OF SERVICE MANAGED BUDGET							
Adult Placements	45.490	49.508	4.018	8.83%		5.779	-1.762
Adults Supported Living	20.796	20.413	-0.382	-1.84%		-0.033	-0.349
Adults Fife Wide	4.779	4.595	-0.184	-3.86%		-0.205	0.021
Social Care Fieldwork Teams	16.849	16.292	-0.557	-3.30%		-0.476	-0.080
Integrated Complex & Critical Services	87.914	90.808	2.894	3.29%		5.064	-2.170
Homecare Services	31.020	31.335	0.315	1.02%		0.990	-0.675
Older People Nursing and Residential	35.571	35.520	-0.051	-0.14%		0.254	-0.305
Older People Residential & Daycare	14.590	14.681	0.091	0.63%		0.481	-0.389
Occupational Therapy	4.000	3.930	-0.070	-1.76%		-0.018	-0.053
Integrated Community Care	85.181	85.466	0.285	0.33%		1.707	-1.422
Professional & Business Enabling excl Contracts	-2.596	-2.531	0.065	-2.52%		0.031	0.034
Contracts (Non-IJB)	1.475	1.475	0.000	0.00%		0.062	-0.062
TOTAL BEFORE RISK SHARE	171.974	175.219	3.245	1.89%		6.865	-3.620
Additional funding from Scottish Government		-3.245	-3.245			0.000	-3.245
REVISED POSITION BEFORE RISK SHARE	171.974	171.974	0.000	0.00%		6.865	-6.865
PAYMENT FROM HEALTH PER RISK SHARE			0.000			-4.899	4.899
SOCIAL CARE AFTER RISK SHARE	171.974	171.974	0.000	0.00%		1.966	-1.966

Adult Placements

Following full assessment based on eligibility criteria, need/risk and finite resources, decisions are made regarding funding community care

Adults Supported Living

Adult services provides accommodation with support to individuals with additional support needs. Group homes are one example of the type of

Adults Fife Wide

This covers a range of Adult Services, e.g. Shared Lives, Dementia Care, grants to voluntary organisations.

Fieldwork Teams

Fieldwork teams are locality based teams of social workers who assess the needs and desired outcomes of individuals. Individuals may be

Homecare Services

Home care is personal care provided to service users by one or more carers, in the person's own home. The service can be provided either by

Nursing and Residential

These are residential and nursing home places for older people purchased from private or voluntary sector care providers through the National Care Home Contract.

Older People Residential & Daycare

These are the Council's in-house residential care homes and day services for older people. These services operate right across Fife.

Occupational Therapy

Occupational Therapy teams are locality based teams who work with people with disabilities and medical conditions to enable them to be as independent as possible. They can provide advice, equipment or adaptations to help individuals live more independently in their own home.

FIFE COUNCIL
TRACKING APPROVED 2021-22 SAVINGS
HEALTH & SOCIAL CARE

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under)/over achieved	Rag Status
Complex & Critical	2020-23	Resource Scheduling (Total Mobile)	0.123	0.000	0.123	Red
Community Care	2020-23	Resource Scheduling (Total Mobile)	0.627	0.320	0.307	Amber
Complex & Critical	2020-23	High Reserves	0.611	0.533	0.078	Green
Community Care	2020-23	High Reserves	0.089	0.167	(0.078)	Green
Complex & Critical	2020-23	Procurement Strategy	0.200	0.000	0.200	Red
Community Care	2020-23	Review Care Packages	0.450	0.450	0.000	Green
Complex & Critical	2020-23	Re-provision of Care	0.875	0.000	0.875	Red
Community Care	2020-23	Re-provision of Care	0.525	0.250	0.275	Amber
Community Care	2019-22	Previously Approved - Day Care services	0.184	0.184	0.000	Green
Unachieved savings brought forward from prior years			3.684	1.904	1.780	
Complex & Critical	2021-24	Review of Payment Cards	0.040	0.040	0.000	Green
Community Care	2021-24	Review of Payment Cards	0.010	0.010	0.000	Green
Complex & Critical	2021-24	Review of respite services	0.130	0.070	0.060	Amber
Community Care	2021-24	Review of respite services	0.020	0.010	0.010	Amber
Complex & Critical	2021-24	Review of Alternative travel arrangements - Service Users	0.349	0.175	0.174	Amber
Complex & Critical	2021-24	Review of Media Team	0.045	0.045	0.000	Green

Complex & Critical	2021-24	Community Services review	0.200	0.200	0.000	Green
New approved savings			0.794	0.550	0.244	
Grand Total			4.478	2.454	2.024	54.8%

Rag Status Key:-

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

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

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

Summary			
Rag Status	Savings Target £m	Overall Forecast £m	(Under)/ over £m
Green	1.629	1.629	(0.000)
Amber	1.651	0.825	0.826
Red	1.198	0.000	1.198
Total	4.478	2.454	2.024

8th February, 2022

Agenda Item No. 8

2021-22 Capital Monitoring Projected Outturn

Report by: Eileen Rowand, Executive Director, Finance and Corporate Services

Nicky Connor, Director of Health and Social Care

Wards Affected: All

Purpose

The purpose of this report is to provide an update on the Capital Investment Plan and advise on the projected out-turn for the 2021-22 financial year for areas in scope of the Education & Children's Services, Health & Social Care Scrutiny Committee.

Recommendation(s)

The Committee is asked to:-

1. consider the current performance and activity across the 2021-22 Financial Monitoring as detailed in this report.

Resource Implications

None.

Legal & Risk Implications

None.

Impact Assessment

An EqlA has not been completed and is not necessary as no change or revision to existing policies and practices is proposed.

Consultation

None.

1.0 Background

- 1.1 Based on current information, this report summarises the projected capital outturn as at 31 October 2021 for the areas falling under the scope of this Committee for 2021-22.
- 1.2 Appendix 1 shows an analysis of specific projects in the current capital investment plan which have a budget greater than £1.0m and analyses total project cost rather than only in year spend.
- 1.3 Appendix 2 details the forecast expenditure against budget for each project. A brief explanation of any significant forecast variances is provided at section 2.4 within this report.

2.0 Issues, Achievements & Financial Performance

2.1 Key Issues / Risks

- 2.1.1 Appendix 1 details the total cost forecast position for all capital projects within the areas under the scope of the Committee with an overall value of £1.0m and over. The key risks associated with the major projects are noted below.

2.2 Major Projects – Potential Risks and Actions

- 2.2.1 The estimated cost of construction in future years for the care home replacements at Cupar & Anstruther and associated supported housing programme is likely to exceed the allocated budget. The projected cost over-run for the Cupar home is £1.279m, which is above 5% of the total capital cost and is therefore considered to be a significant risk. The additional costs are mainly due to construction cost increases as result of arsenic contamination removal, gas free heating system and enhanced drainage works. Options have been explored which have mitigated the cost increases, but they cannot all be contained within the existing project budget and all funding options are being explored. It is possible that the budgetary requirement for Anstruther will be at a similar level as Cupar at £7.879m due to its similar size and design specification. A report on the current status of the Cupar care home replacement was presented to Policy & Co-ordination Committee on 20 January 2022. Additional funding of £1.279m was agreed for Cupar Care Home at the Committee.

2.3 Financial Performance – 2021-22 Provisional Outturn

- 2.3.1 Appendix 2 provides a summary of the provisional outturn for each project for the financial year 2021-22. The appendix shows a projected outturn of £4.230m, a spending level of 76%.
- 2.3.2 There is no capital income budget for 2021-22 for the areas under the scope of this committee.
- 2.3.3 Slippage is the term used to describe projects that are expected to spend less than the budget allocation in a particular year due to a delay in timing on the delivery of the project. This is not uncommon in the capital programme and the reasons for this can be wide and varied. Advancement is the term used to describe projects that are

expected to spend more than the budget allocation in a particular year due to an acceleration of the budget from future years.

2.4 Significant Variances

- 2.4.1 The Re-Provision of Care for Older People programme is showing slippage of £1.234m in 2021-22. There has been significant supply chain disruption which has led to delays in sourcing materials for the Methil care home replacement project. This has led to an expected completion date of July 2022, which is a 15 week delay, and slippage of £1.419m. This has been partially offset by advancement of expenditure on Anstruther and Cupar replacement care homes of £0.185m.

3.0 Conclusions

- 3.1 The total 2021-22 approved programme for the areas in scope of the Education & Children's Services, Health & Social Care Scrutiny Committee is £5.599m. The level of projected expenditure is £4.230m, which represents 76% of the total programme.
- 3.2 The management of capital resources require us to look across financial years, as well as within individual years. The current year performance is only a snapshot of the existing plan and the Directorate will adjust expenditure levels within future years of the plan to accommodate the advancement or slippage of projects.

List of Appendices

1. Total Cost Monitor
2. Capital Monitoring Report by Service

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FIFE COUNCIL
HEALTH AND SOCIAL CARE SUB COMMITTEE
CAPITAL INVESTMENT PLAN 2021-31
TOTAL COST MONITOR - MAJOR CAPITAL PROJECTS

Project	Theme	Original Approved Budget £m	Current Project Budget £m	Total Projected Outturn £m	Variance £m	Variance %	Current Project Status	Expected Project Completion Date
Methil Care Home	Opportunities for All	6.620	7.155	7.155	-	0.00%	Current Project	2021-22
Cupar Care Home	Opportunities for All	5.580	6.600	7.879	1.279	19.38%	Current Project	2022-23
Anstruther Care Home	Opportunities for All	6.145	6.595	7.879	1.284	19.47%	Feasibility	2023-24
Total Major Capital Projects		18.345	20.350	22.913	2.563	12.59%		

FIFE COUNCIL
HEALTH AND SOCIAL CARE SUB COMMITTEE
CAPITAL INVESTMENT PLAN 2021-31
MONITORING REPORT

Appendix 2

Expenditure	Current Budget £m	Actual to Date £m	Projected Outturn £m	Projected Variance £m	Projected Outturn as % of Plan
CAPITAL MINOR WORKS	0.049	-	-	(0.049)	0%
ADULT SERVICES (RESOURCES)	0.256	0.024	0.256	-	100%
OLDER PEOPLE'S RESIDENTIAL/DAY CARE	0.137	0.002	0.052	(0.085)	38%
RE-PROVISION OF CARE FOR OLDER PEOPLE	5.156	3.156	3.922	(1.234)	76%
TOTAL EXPENDITURE	5.599	3.182	4.230	(1.368)	76%

Unallocated			
Title	Service(s)	Contact(s)	Comments
What does Corporate Parenting look like in Fife?	Education and Children's Services	Michael Scanlin	Overview of corporate parenting board, responsibilities across Fife and the next steps.
Impact of Covid on Fife Care and Nursing Homes	Health and Social Care	Fiona Mckay	Requested at Committee meeting 04.11.20 March 21 - Delayed on Legal advice, pending conclusion of criminal enquiry.
Fife Council duty of Candour Annual Report 2019/20		Kathy Henwood	Report for noting, mainly covering health care, updated report available 2020/21?
Our Minds Matter - CAMHS Partnership		Rona Weir	Update report in one year, expected September 22. Officers Rona Weir and Lee Cowie NHS - lee.cowie@NHS.scot
Chief Social Work Officer Annual Report 2020/21		Kathy Henwood	Annual report for scrutiny - last at committee 30.03.21
Annual Inspection Grades - FC Care Homes and Care Inspectorate Homes		Fiona Mckay	
2022-23 Revenue Budget Projected Out-turn Report for Social Care Services		Ashleigh Allan, Lesley Burnie	2021/22 report submitted to committee 14.09.21
2022-23 Capital Monitoring Projected Outturn		Ashleigh Allan, Lesley Burnie	2021/22 report submitted to committee 14.09.21
Employability Activity in Fife: No One Left Behind Programme and Next Steps	Economy, Planning and Employability	Gordon Mole	Minute of meeting 16.11.21 - (para. 63) - Employability Activity in Fife: No One Left Behind Programme and Next Steps - provide update report to committee on progress when available.