



AGENDA

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
 FRIDAY 2 FEBRUARY 2024 AT 10.00 AM
 THIS WILL BE A VIRTUAL MEETING AND JOINING
 INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
 Participants Are Asked to Join Ten Minutes
 Ahead of the Scheduled Start Time**

NO	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	Arlene Wood	-
2	DECLARATION OF MEMBERS' INTERESTS	Arlene Wood	-
3	MINUTES OF PREVIOUS MEETING AND ACTION NOTE 24 NOVEMBER 2023	Arlene Wood	3-14
4	CHIEF OFFICER UPDATE	Nicky Connor	-
5	STRATEGIC PLANNING & DELIVERY 5.1 Transformation – Transforming Overnight Care 5.2 Local - Locality Planning Outcomes Progress Report	Rona Laskowski Fiona McKay	15-37 38-80
6	LIVED EXPERIENCE & WELLBEING 6.1 People Story – Our People	Lynn Barker	-
7	INTEGRATED PERFORMANCE & QUALITY 7.1 Finance Update 7.2 Performance Report – Executive Summary 7.3 IJB Strategic Risk Register	Audrey Valente Fiona McKay Audrey Valente	81-94 95-112 113-127
8	GOVERNANCE & OUTCOMES 8.1 Board Self-Assessment & Draft Action Plan 8.2 Inspection Oversight Report	Vanessa Salmond Fiona McKay	128-133 134-139

9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS 9.1 Chief Social Work Officer Report 2022-2023 9.2 Director of Public Health Report 2023: Children and Young People in Fife: the Building Blocks for Health 9.3 Fife Child Protection Committee Annual Reports - 2021/22 & 2022/23	Chris Moir Joy Tomlinson Dougie Dunlop	140-177 178-301 302-340
10	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED Audit & Assurance Committee Confirmed Minute from 8 November 2023 Verbal Assurance from 19 January 2024 Finance, Performance & Scrutiny Committee Confirmed Minute from 10 November 2023 Verbal Assurance from 18 January 2024 Quality & Communities Committee Confirmed Minute from 2 November 2023 Verbal Assurance from 17 January 2024 Local Partnership Forum Unconfirmed Minute from 21 November 2023 Verbal Assurance from 16 January 2024 Strategic Planning Group Unconfirmed Minute from 13 November 2023	Dave Dempsey Alistair Grant Sinead Braiden Wilma Brown/ Eleanor Haggett Graeme Downie	341-374
11	AOCB	All	-
12	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – FRIDAY 23 FEBRUARY 2024 INTEGRATION JOINT BOARD – THURSDAY 28 MARCH 2024	All	-

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

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



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) FRIDAY 24 NOVEMBER 2023 AT 10.00 AM

Present	Arlene Wood (AW) (Chair) Graeme Downie (GD) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB) Chris McKenna (CM), Medical Director, NHS Fife Janette Keenan (JK), Director of Nursing, NHS Fife Lynne Parsons (LP), Employee Director, NHS Fife Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Deputy Medical Director Lynn Barker (LB), Director of Nursing – HSCP
Attending	Lisa Cooper (LC), Head of Primary & Preventative Care Services Lynne Garvey (LG), Head of Community Care Services Rona Laskowski (RLAs), Head of Complex & Critical Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Jacquie Stringer (JS), Service Manager Fiona Forrest (FF), Deputy Director of Pharmacy (NHS Fife) Lindsay Thomson (LT), Head of Legal & Democratic Services (for Vanessa Salmond (VS), Head of Corporate Services) Hazel Williamson (HW), Communications Adviser Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
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1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	
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Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board meeting including Lynne Parsons, Employee Director at NHS Fife who recently took up this role and Wilma Brown who has rejoined the IJB as a stakeholder member, in her role as Interim Staff Side Representative for NHS Fife, replacing Simon Fevre who retired in October.

Arlene Wood congratulated Dr Jo Bowden and Dr Andrew Blaikie on their success at the Scottish Health Awards which were held in Edinburgh on 2 November 2023. Dr Bowden won the Doctor Award whilst Dr Blaikie took home the prize for Global Citizenship. Dr Kerri Davidson, Physiotherapist and Pierette Melville were shortlisted for the Doctor and Allied Health Professional Awards respectively.

Apologies had been received from Mary Lockhart, Eleanor Haggett, Debbie Fyfe, Vanessa Salmond, Roy Lawrence and Chris Moir.

NO	TITLE	ACTION
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Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking and that, in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.

A recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 28 JULY 2023

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

4 CHIEF OFFICER UPDATE

Arlene Wood handed over to Nicky Connor who provided the Chief Officer update which began with congratulations to Almondvale Care who won three awards at the recent National Care Home Awards.

A briefing was issued to IJB members yesterday updating on a fire at Raith Manor Care Home in Kirkcaldy on Wednesday of this week. Nicky paid tribute to all those involved in Team Fife approach which ensured all displaced residents were placed in alternative care homes on the same day. Arlene Wood acknowledged the response to the incident and thanked those involved.

The Integrated Leadership Team met yesterday and around 150 staff from NHS Fife, Fife Council, the 3rd and Independent Sectors attended the session which was around Kindness. This session was recorded and could be shared with IJB members.

The regular IJB briefing was circulated to members prior to the meeting.

5 STRATEGIC PLANNING & DELIVERY

5.1 Year One Workforce Annual Report & Year Two Workforce Plan

Arlene Wood began this issue by acknowledging the work undertaken by Nicky Connor, Roy Lawrence and his team in producing these comprehensive proposals.

This report had been discussed at the Quality & Communities Committee on 2 November 2023, the Finance, Performance & Scrutiny Committee on 10 November 2023 and the Local Partnership Forum on 21 November 2023.

Arlene Wood introduced Nicky Connor who presented this report on behalf of Roy Lawrence. In November 2022 the IJB approved the Workforce Strategy and the first year's Workforce Plan. This report covers the progress to date on the short-term actions agreed, the majority of which have been completed. Those which have not been completed will be a priority on Year 2. An Internal Audit has recently been undertaken and although the final report has not been received, the recommendations from the Report have been included in the Year 2 Plan. The final Internal Audit Report will come through the governance route early in the new year.

The Year 1 Report is testament to the staff in all areas.

NO	TITLE	ACTION
5	<p>5.1 Year One Workforce Annual Report & Year Two Workforce Plan (Cont)</p> <p>Arlene wood invited in turn Sinead Braiden, Chair of Quality & Communities, Alastair Grant, Chair of Finance, Performance & Scrutiny and Nicky Connor, Co-Chair of the Local Partnership Forum to comment on discussions at that meeting before questions from Board members. Sinead Braiden and Alastair Grant advised that their respective Committees discussed the report in detail, commended the good work involved and were happy to remit it to the IJB. Nicky Connor advised the LPF were keen to celebrate the achievements in the report whilst acknowledging the ongoing challenges and pressures. In a bid to strengthen governance, the LPF had requested that the minutes from the Workforce Group are taken to future LPF meetings to ensure trade union and staff side involvement.</p> <p>Board members welcomed the report and congratulated Roy Lawrence and his team on the work which went into it.</p> <p>Discussion took place around the liaison with schools which was not as successful in some areas such as Foundation Apprenticeships which have a relatively high drop-out rate. Ian Dall asked if exit interviews took place with young people who left apprenticeships, etc. Nicky Connor undertook to speak to the team and feedback on this.</p> <p>The Board took assurance on the work undertaken to deliver our Year 1 Workforce Action Plan as defined in the Annual Report and summary of short-term actions defined within the Workforce Strategy & Plan 2022-25 with any on-going actions being carried forward into the Year 2 Plan. The Board were also assured that the internal audit report provides reasonable assurance; work has already commenced to progress the recommendations as defined in this SBAR and that the full internal audit report will be discussion at the Audit and Assurance Committee in January 2024.</p> <p>The Year 2 Action Plan and workforce priorities for the year ahead were agreed as was the expectation that a six-monthly interim update on the Year 2 Action Plan will be presented to the Finance, Performance & Scrutiny Committee in May 2024.</p>	RLaw
6	<p>LIVED EXPERIENCE & WELLBEING</p> <p>6.1 Lived Experience – Link Life Fife and Me</p> <p>Arlene Wood introduced Lynn Barker and Jacquie Stringer who gave some background on Link Life Fife.</p> <p>A video was shared which detailed two very different stories and highlighted the work Link Life Fife in changing the lives of people in Fife.</p> <p>The video was powerful and invaluable in showing the Board the impact services provided the partnership have on people.</p> <p>Arlene Wood asked that the thanks for the Board be given to all involved in preparing this video.</p>	NC

7 INTEGRATED PERFORMANCE

7.1 Transformation – Care at Home Review

This report had been discussed at Quality & Communities Committee on 2 November 2023, Finance, Performance & Scrutiny on 10 November, a Combined Committee on 15 November 2023 and the Local Partnership Forum on 21 November 2023.

Arlene Wood introduced Lynne Garvey who presented this report which is the first of four transformation areas to come to the Board. Points raised at previous meetings had been reflected in the final SBAR and Overview which had been circulated with the papers for this meeting.

Arlene Wood then invited in turn Sinead Braiden, Chair of Quality & Communities and the Combined Committee, Alastair Grant, Chair of Finance, Performance & Scrutiny and Nicky Connor, Co-Chair of the Local Partnership Forum to comment on discussions at that meeting before questions from Board members. Rich discussion at taken place at each of these meetings, clarity had been provided on consultation, all points raised were detailed in the papers and groups were content to remit this to the IJB for approval.

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

7.2 Transformation: Reimagining the Third Sector

This report had been discussed at Quality & Communities Committee on 2 November 2023, Finance, Performance & Scrutiny on 10 November, a Combined Committee on 17 November 2023 and the Local Partnership Forum on 21 November 2023.

Arlene Wood introduced Fiona McKay who presented this report which has the support of Fife Voluntary Action (FVA). Kenny Murphy spoke of the opportunity to look at future projects whilst ensuring sustainability and maximum impact for the public pound. This will be a chance to scale up some of the work already in place in some parts of Fife to increase community resilience.

Arlene Wood then invited in turn Sinead Braiden, Chair of Quality & Communities, Alastair Grant, Chair of Finance, Performance & Scrutiny, Graeme Downie, Chair, Combined Committee and Nicky Connor, Co-Chair of the Local Partnership Forum to comment on discussions at that meeting before questions from Board members. The points raised at all these meetings had been included in the final SBAR and Overview, risk had been considered and all were content to remit this to the IJB for approval.

7.2 Transformation: Reimagining the Third Sector

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

7.3 Finance Update

This report had been discussed at the Finance, Performance & Scrutiny Committee on 10 November 2023 and the Local Partnership Forum on 21 November 2023.

Arlene Wood introduced Audrey Valente who presented this report which showed a projected outturn overspend of £1.468m at the end of September 2023. Current key areas of overspend include Hospital & Long-Term Care, GP Prescribing, Family Health Services and Older People Residential and Day Care. These overspends are offset by the underspends in Community Services, Older People Fife Wide / Hospital Discharge, Adults Fife Wide and Adults Supported Living.

Reserves of £10m had been set aside to cover potential delays in achieving savings, to date £8m of this has been used and the remaining £2m will be returned to the Reserves balance if not required.

A Recovery Plan will be brought to the IJB on 2 February 2024.

Arlene Wood then invited in turn Alastair Grant, Chair of Finance, Performance & Scrutiny Committee and Nicky Connor Co-chair of the Local Partnership Forum to comment on discussions at the Committee before questions from Board members. Nothing was raised from either meeting.

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

8 GOVERNANCE & OUTCOMES

8.1 Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation Update 2023

This report had been discussed at the Finance, Performance & Scrutiny Committee on 10 November 2023.

Arlene Wood introduced Fiona McKay who presented this report which was an annual update. There are six areas of self-evaluation to be undertaken and discussion has taken place on best to take this forward.

Arlene Wood then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee, it was felt that good progress was being made against agreed targets.

8.1 Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation Update 2023 (Cont)

Morna Fleming expressed her disappointment that Board members had not been invited to contribute to this self-evaluation, despite assurances pre-covid that this would happen. Fiona McKay will discuss this with Morna Fleming out with the meeting.

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

Arlene Wood asked that this be brought to the next Development Session (15 December 2023) to assist Board members in understanding the process for self-evaluation for MSG and other items.

FM

8.2 Membership of Integration Joint Board

Arlene Wood introduced Nicky Connor who presented this report which is being provided to advise members of changes to IJB membership.

The Board noted the content of the report.

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS

9.1 Annual Review of Best Value 2022-2023

This report had been discussed at the Audit and Assurance Committee on 8 November 2023.

Arlene Wood introduced Fiona McKay who presented this report. The Best Value Framework is in place and work continues to ensure this is linked to the MSG Indicators and audit requirements.

Arlene Wood then invited Dave Dempsey, Chair of Audit and Assurance to comment on discussions at the Committee before questions from Board members. Dave Dempsey confirmed that committee had made some suggestions on improvement for next year's report and were happy to remit this to the IJB for approval.

The Board approved the Partnership's Annual Review of Best Value for 2022–2023.

9.2 Public Sector Climate Change Duties 2023

This report had been discussed at the Finance, Performance and Scrutiny Committee on 10 November 2023.

Arlene Wood introduced Audrey Valente who presented this report which the partnership has a statutory duty to submit to Scottish Government by 30 November 2023. The report provided information on progress made to date and priorities for the coming year.

Arlene Wood then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Alastair Grant advised committee agreed with the priorities in the report and recommended approval by the IJB.

9.2 Public Sector Climate Change Duties 2023

The Board considered and agreed the priorities for climate change governance, management and strategy for the year ahead as set out in the assessment section of this report as summarised below. These will then be included in the annual report to Scottish Government. In conjunction with Community Planning partners the Board supported the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 – 2030 and continue to work closely with partners on the development of the Anchors Strategic Plan.

The Board will continue to support and promote awareness raising of climate change issues for staff working in the HSCP, making use of accessible training, and learning opportunities offered by partner bodies and others and will continue to work with partners to identify opportunities to work more efficiently and sustainably.

The Board will also monitor actions and outcomes aligned to the delivery of the Strategic Plan 2023-2026, including those within the supporting strategies, that promote co- benefits with climate change strategies and continue to review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies.

9.3 Armed Forces Covenant Duty – Update Report

This report was discussed at the Quality and Communities Committee on 2 November 2023.

Arlene Wood introduced Fiona McKay who shared a short presentation which outlined what this duty means for the Board.

The UK Armed Forces Covenant has been in place since 2011. The aim of the Covenant is to ensure that the Armed Forces Community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most. The Armed Forces Act 2021 came into force on 22nd November 2022. The new Act builds on existing legislation (the Armed Forces Act 2006) and reinforces the Armed Forces Covenant by placing legal requirements on organisations including Fife Council, NHS Fife and the Health and Social Care Partnership/Fife Integration Joint Board.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities and Graeme Downie, Chair of Strategic Planning Group to comment on discussions at their meetings. Good discussion had taken place at both meetings and they agreed that this report should be remitted to the IJB.

Discussion took place around the army base at Leuchars and the impact that additional personnel will have on local infrastructure. Close working is ongoing to monitor this.

The Board is noted the contents of this report and related Work Plan, discussed the implications of the Armed Forces Covenant Duty for the Health and Social Care Partnership and recommended that the national Forces Connect App is used to host a local directory of the services and support that are available for the Armed Forces Community in Fife.

9.4 Pharmaceutical Care Services Report 2022-2023

This report was discussed at the Quality and Communities Committee on 2 November 2023.

Arlene Wood introduced Fiona Forrest who presented this report on behalf of Ben Hannan. Fiona Forrest advised that the publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. This is reported to the IJB for assurance regarding the Delegated Functions in line with the Integration Scheme. The report gave a comprehensive overview of the significant contribution community pharmacies make to the health and wellbeing of Fife residents. They provide an increasing number of services in a time of significant increase in demand.

A public engagement period of 4 weeks is provided giving consultees an opportunity to comment on the draft PCSR.

Arlene Wood then invited Sinead Braiden, Chair of Quality & Communities to comment on discussions at that meeting before questions from Board members. Sinead Braiden advised that the report had been well received.

Discussion took place around the consultation undertaken as part of producing this report, the need to educate the public about the services provided by community pharmacies and how best to promote these. Fiona Forrest advised public awareness was to be a priority in the coming year.

Concerns were raised around the process for approving new community pharmacies and whilst the challenges were recognised, as this is independent of NHS Fife and the partnership, no further discussion took place on this.

It was agreed to bring an item to a future IJB Development Session on Community Pharmacies.

BH/FF

The Board were assured that the Pharmaceutical Care Services Report (PCSR) for 2022/23 provides a comprehensive overview of core and additional services provided by community pharmacies in Fife; a robust locality assessment and an overall recommendation that there is no unmet need within NHS Fife currently and noted that this report will be published once approved by NHS Fife Board.

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

Audit & Assurance Committee

Dave Dempsey advised his committee had discussed the Internal Audit Report which would be brought to the Quality and Communities Committee in January 2024.

Finance, Performance & Scrutiny Committee

Alastair Grant had no issues to escalate, having provided updates through this meeting.

Quality & Communities Committee

Sinead Braiden had no issues to escalate, having provided updates through this meeting.

NO	TITLE	ACTION
10	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED (CONT)</p> <p>Local Partnership Forum (LPF)</p> <p>Nicky Connor advised that the September 2023 LPF meeting had been cancelled due to industrial action and there were no issues to escalate from the November meeting.</p> <p>Strategic Planning Group (SPG)</p> <p>Fiona McKay Chaired the September meeting and advised there were no items to escalate.</p> <p>Graeme Downie Chaired the November meeting and advised there were no items to escalate.</p>	
11	<p>AOCB</p> <p>As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming dates of the next meetings.</p>	
12	<p>DATES OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION – FRIDAY 15 DECEMBER 2023</p> <p>INTEGRATION JOINT BOARD – FRIDAY 2 FEBRUARY 2024</p>	

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 24 NOVEMBER 2023

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	<p>Home 1st Strategy / Carers Strategy / Primary Care Strategy - The Chair advised the Directions Policy is currently under review. At conclusion, members will be notified if a Direction is to be issued.</p>	Vanessa Salmond	December 2023	<p>Review has concluded and policy to be updated to reflect new process for issuing and monitoring of Directions. A summary of the new process, providing clarity of when Directions will be issued will be provided at the March IJB meeting.</p> <p>Complete</p>
2	<p>Year One Workforce Annual Report & Year Two Workforce Plan - In a bid to strengthen governance, the LPF had requested that the minutes from the Workforce Group are taken to future LPF meetings to ensure trade union and staff side involvement.</p>	Roy Lawrence	2 February 2024	<p>Minutes from meeting on 16 Jan 2024 sent to LPF Co-Chairs on 23 Jan 2024. Will be distributed to the full LPF prior to meeting on 13 March 2024</p> <p>Distribution to Co-Chairs - Complete</p> <p>Distribution to full LPF 6 March 2024</p>
3	<p>Year One Workforce Annual Report & Year Two Workforce Plan - Ian Dall asked if exit interviews took place with young people who left apprenticeships, etc.</p>	Nicky Connor / Roy Lawrence	15 December 2023	<p>RLaw met with ID at IJB Dev Session to talk through the questions Ian had and</p>

	Nicky Connor undertook to speak to the team and feedback on this.			described the activity underway across the Partnership related to the recruitment and retention of young people. Complete
4	Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation Update 2023 - be brought to the next Development Session (15 December 2023) to assist Board members in understanding the process for self-evaluation for MSG and other items.	Fiona McKay	15 December 2023	Taken to Dev Sess 15 December and further update to March 2024 Committee cycle Complete
5	Pharmaceutical Care Services Report 2022-2023 - it was agreed to bring an item to a future IJB Development Session on Community Pharmacies	Ben Hannan / Fiona Forrest	Date of Development Session - To Be Confirmed	On list of potential subjects for Development Sessions Complete

COMPLETED ACTIONS

Chief Officers Update – information on National Care Service sessions to be circulated to Board members	Vanessa Salmond	ASAP	Complete
Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2023 - Questions were asked about Care at Home and CAHMS waiting times and it was agreed to have a more in-depth discussion on performance at a future IJB Development Session.	Fiona McKay	24 November 2023	On list of topics for future Development Session Complete
IJB/HSCP Resilience Assurance Annual Update - Arlene Wood asked that Nicky Connor write to both Fife Council and	Nicky Connor	24 November 2023	Complete

NHS Fife to highlight the changes in the role of the IJB as Category 1 Responders.			
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DRAFT



Meeting Title:	Integration Joint Board
Meeting Date:	2 February 2024
Item No:	5.1
Report Title:	Transformation Update: Transforming Overnight Care
Responsible Officer:	Rona Laskowski: Head of Service

1 Purpose

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

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

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

- People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- People who use health and social care services are safe from harm.
- Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to the Integration Joint Board Strategic Priorities:

- Local
- Wellbeing
- Integration
- Sustainable
- Outcomes

2 Route to the Meeting

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

- Development Sessions Throughout 2023
- Quality and Communities Committee – 2 November 2023 and 17 January 2024
- Finance, Performance and Scrutiny Committee – 10 November 2023 and 18 January 2024
- Local Partnership Forum – 10 November 2023 and 16 January 2024

- Combined Committee – November 2023

3 Report Summary

3.1 Situation

An initial proposal was approved by IJB in March 2023, with regular updates brought through various governance routes during the course of 2023/24.

Having initially been considered at Committee in November 2023, the most recent report was discussed at the Qualities and Community, and Finance and Performance Committees respectively the week of 15TH January 2024.

The discussions that took place at these committees have informed this final report for consideration by members of the Integrated Joint Board.

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

3.2 Background

In March 2023 the Integration Joint Board approved the Strategic Plan for 2023 – 2026. This plan has the modernisation and transformation of health and care services at its core. The Strategic Plan is supported by other strategies that are highly relevant to this work including the Medium-Term Financial Strategy, Carers Strategy; Commissioning Strategy and Workforce Strategy all of which connect to the aspiration of the Strategic Plan to deliver national health and wellbeing outcomes through to the proposed operational transformation of service.

As defined in the Strategic Plan there is commitment towards transforming the services which it delivers and delivery of best value. In March 2023 it was agreed that a further report would be brought to the Integration Joint Board on the larger areas of transformation which includes Overnight Care.

Transforming Overnight Care was identified following a review of models of care and informing the opportunity to modernise our services in Fife. This identified that there are a number of people receiving overnight care, many of whom may currently be in receipt of overly restrictive, intrusive services in the shape of in-person overnight care, and have the potential to benefit from technology enabled care with as required in person attendance.

This proposed model supports least restrictive practice and promotes the dignity and independence of the person. This in turn enables our triple aim of improving experience of care, supporting the needs of the population and demonstrating best value of available resources. There is modelling from other parts of Scotland where there has been successful transformation of this type of service, and this is informing learning for Fife.

At present, around 420 people across Fife receive the Overnight Care Service through one of three ways.

- (i) Sleepover – This sees a carer sleepover in a Service User's property or suitable shared location if a package covers a number of properties, who will be awoken if the Service User requires assistance.
- (ii) Waking Night – This sees a carer being awake overnight in a Service

User's property or suitable shared location if a package covers a number of properties, who will react if the Service User requires assistance.

(iii) Combination – A mixture of the approaches detailed in (i) and (ii) above.

This is an in-person service, with staff on site and delivers a total of 218 packages of care, 52 delivered by Fife HSCP staff to 103 Service Users and 166 delivered via 19 external Care Providers to 325 Service Users.

3.3 Assessment

A review of evidence from packages currently delivered by Fife HSCP staff and a previous study of 35 case studies in 2020 showed that there are a number of situations where those sleeping over, are rarely, if ever, disturbed. This, along with the increased deployment and advancement of Technology Enabled Care (TEC) provides the opportunity to look at Transforming how Overnight Care is delivered in Fife, to provide not only a model that allows Service Users to remain safe, but also allow them more independence and dignity, whilst also reducing the cost of providing the Service to ensure best value and continued sustainability in the long term.

This transformation will involve introducing an area-based hub responder model. Through the application of Technology enabled care the Service User will trigger a sensor or alarm in their property, which will immediately raise an alert on a system in a central location. Upon receipt of this alert a staff member will assess the response needed which may either be resolved remotely or require a carer located in a hub no more than 15 minutes away from the Service User address to attend in person to the property.

The number of hubs required really depends on the number of users that will transfer over to this new approach. The modelling for this is based on the current numbers of users and the requirement to respond within 15 minutes, which will determine if we require 3, 5 or 7 hubs.

This transformation will be based on individual assessment of need with the safety and wellbeing of the individual at the core of any change. This recognises that a change in the model of care will not be suitable for all people. Anybody assessed as requiring in person overnight care will continue to receive this. For other people there is opportunity to move towards a responder service which will enable us to meet peoples need on both a planned basis for predicted needs as well as a more responsive, as required basis to meet peoples need overnight where necessary. It is proposed this would be managed through the development of local hubs and the application of technology, which would afford people independence, privacy and control by providing them with the means to alert the hub staff to the need for support who would respond within agreed timeframes. All assessments and reviews will be undertaken by Fife Social Work with service, with professional oversight of the programme of transformation ensuring our whole system approach is person centred, underpins the rights and entitlement of our service user and is evidential of safe decision making.

Appendix 1 succinctly describes the current service, the case for change, current issues, future vision, how we will make that vision a reality, the impacts (based on EQIA and workforce), key risks and how they are being mitigated and in conclusion, the next steps.

3.4 Quality/ Customer Care

The Quality and Communities Committee explored this proposal in detail at the

meeting in November 2023 and January 2024 meetings. There was a specific focus on the impacts of this proposal on Quality of Care and Peoples Experience.

The key areas of assurance given were:

- **Individual Assessment** - The applicability of any new care arrangements is solely based on individual assessment of care and support requirements and therefore are equitably applied regardless of client group, protected characteristics.
- **Independence** - The delivery of a new model of care will ensure that all users of the service have the chance to live independently, with support when needed, where appropriate.
- **Assessment** - A robust assessment and review process involving the service user, their family/guardian and existing care providers, will identify if the new model of care is appropriate for the individual.
- **Continuation of care** - Where assessment and monitoring evidence that an individual requires in-person overnight care, this will continue to be provided.
- **Geography** - Geographical location may prevent transition from in person care where the individual cannot be reached within the 15-minute response time.

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

- **Safety** - assurance was provided that this model will be based on individual needs assessment engaging the person, family and carers in the assessment process.
- **Evidence Base for the model** – The Committee heard a description of the approach and learning from other parts of Scotland that have successfully implemented a similar model. Locally, on a small scale, our internal Adult Resource Services have been gradually transforming care arrangements for 21 Service users to date, from 2021 to August 2023 and this has been positive for individuals, the workforce and their families.
- **Complexity of Need** – It is recognised that everybody will have different needs and it is crucial that this model is progressed based on individual assessment and people requiring in person overnight care service will continue to receive this.
- **Diversity of need** – The Committee discussed that at present people may receive overnight care for a range of needs including learning disability, mental health, physical disability, autism and other needs. Again, emphasising the importance of individual needs assessment.
- **Types of support** – It was recognised that support could take multiple forms including, but not restricted to: Video link; Telephone support; In-person visits.
- **Hub responder service** – The Committee heard that modelling continues to explore response times within various models and numbers of hubs. The Committee also heard that a responder service will not be possible in more rural areas during the initial phase of work.
- **Types of providers** - The Committee heard about how the service is

currently delivered though both internal and external providers therefore engagement with partners is key and there will be ongoing engagement throughout the project.

- **Risk** – The Committee recognised the unique needs of each person and explore how risk would be managed. This enabled sharing key lessons from other areas which recognised that communication is key, this cannot be rushed and must be undertaken with the full involvement of families and care providers.
- **Rights Based Practice** – This approach promotes the rights of individuals and ensures that people are treated with dignity and respect and was supported by the Principal Social Work Officer.
- **Service User Impact** – It is a priority that the model developed meets the health and wellbeing outcome by allowing more independence and dignity for the individual. In some circumstances, it could be perceived by service users, families or representatives that there will be a reduction in the level of service. This will be managed by robust communication throughout the lifespan of the project. Each Service User will receive a full assessment, both as to their needs and their suitability to adapt to any new arrangements. If the new approach does not meet their needs, they will remain on their existing arrangement. This will be a gradual change, and one-to-one conversations at each stage will ensure that any concerns regarding quality and customer care will be fully investigated and explored.
- **Carer Impact** – It is confirmed that Carers will be involved in the assessment process and there is also opportunity through this work to support carers and ensure they have the connections with other services who can support carers with their caring roles. There was also recognition that in due course, the model of provision could further enhance support to carers.
- **Benchmarking** – We are pro-actively engaging with other Partnerships and providers to adopt best practice but to also learn from the positives and challenges of their lived experience journey of this change. It will be critical to keep this benchmarking active and relationships with other partnerships ongoing as we progress through the phases of this programme. Partnerships that have been engaged so far include Edinburgh and Glasgow who are further along this journey, and Partnerships who are in a similar place including East Lothian, Renfrewshire, Falkirk and South Ayrshire. We have also spoken to companies involved in the provision of Technology Enabled Care to benchmark their approaches and these include Just Roaming, CarezApp, Blackwoods, Tunstall, Canary Care and Possum Care.
- **Response Times** – Desktop scenario planning is currently being progressed to identify a model that best fits service delivery in Fife. This is based on a geographic hub model which meets a maximum response time of 15 minutes. We will continue to develop the evidence base as this work progressed and the final model will be real-time evidence based, following a pilot in one area to ensure the agreed response time is achievable
- **Phased Implementation.** The delivery of this project will be led by individual assessments with the involvement of individuals and carers and the need to phase the role out across localities to ensure any learning informs the scaling up of this work across Fife. This approach ensures a gradual and progressive role out of this model.

- **Technology Enabled Care** – Due diligence will be undertaken to ensure maximum connectivity across Fife. Contingency plans will be in place should any failure of technology arise. A robust tendering process will address cyber security. There is also the acknowledgement of the impact on the workforce including those assessing risk and care needs, that they fully understand the application of technology enabled care; ensuring that all decisions are fully informed.
- **Workforce-** Collaboration, participation and engagement is required with both the internal and external workforce to ensure confidence and competence with the proposed new ways of working, and technology enabled care. A period of training and familiarisation for the workforce will be built into the transformation timelines.

3.5 Workforce

This transformation was discussed with the Local Partnership Forum on various occasions throughout 2023 and 2024. There will continue to be strong engagement with the independent sector providers as well as Internal Services as this transformation progresses and there is representation on the project board to support this connection.

Workforce modelling is being explored based on the learning from other areas and the modelling for the Fife Service. We will work jointly with Trade Unions to identify any workforce implications including potential impact from changing shift patterns, workplace, new ways of working and technology enabled care. This will be managed in line with organisational change policies and procedures to support strong staff governance and promote staff wellbeing. Staff are actively involved in all of the discussions and planning and there is trade union representation on the project board.

We will also continue to have strong engagement with our commissioned services and who are key stakeholders.

It is recognised that this programme of transformation will impact on the independent sector and our external partners. Work will be progressed with representatives to consider and shape early engagement with Provider Organisations. The impact of these changes will greatly affect these Providers as they may struggle to retain staff, retain the current quality of care provided by them and reduce their (the providers) viability for income. To this end, there will be a forum with External Providers to ensure that they are represented fully throughout any change process and that decisions taken will minimize impact on them as fully as possible.

Feedback from our internal workforce, where change has already been realised; moving away from in-person care provides an immediate improvement in staff wellbeing; overnight element of the work pattern is a frequent indicator on exit strategies as a reason why staff leave. Staff feedback and experience will continue to be actively sought and listened to as this transformation is progressed.

3.6 Financial

In November 2023 the Finance, Performance and Scrutiny Committee had a full discussion regarding:

- **Spend** - Current Spend on delivery of an overnight service which is not

anticipated to be required by all that currently receive this.

- **Performance** Indicators recognising the need to invest in a responder service before there can be changes in care provision which will grow confidence, building on the initial test of change and the learning that has generated.
- **Individual** - The importance of approaching this transformation for the benefits to the individual and their families in delivering less intrusive care and how that supports our triple aim of improving experience, improving access to appropriate care and demonstrating best value of available resources.
- **Cost** - The current cost of providing overnight support with staff sleeping over or attending as “waking night” is in the region of £12m per annum (approximately £8.6m paid to external providers and approximately £3.4m paid for internal provision) and moving to a responder service for many whilst retaining a waking night service for those that require it will realise financial benefits.
- **Timescales** - The need to manage this on an individual basis and scale up this change informed a discussion regarding timescale for delivery. It was recognised that further scoping is ongoing and 6 monthly progress reports will inform Committee, provide awareness of progress and identify any risks for delivery within the current timeframes.
- **Delivery** - the programme will require to consider an options appraisal at the appropriate stage in the development of the model, and give due consideration to the internal/ external share of provision.
- **Growth** - Another factor to be incorporated into costs is the number of recipients of the Service on an annual basis. The median age of the current Service User base is 50, and as such there is likely to be an increase in the number of Service Users on a year-by-year basis. The costs represented on the next page reflect costs based on the current Service User base and will likely increase in volume, so figures may increase by 5% per annum on top of the figures shown below..

Members of the Finance, Performance and Scrutiny Committee and the Combined Committee requested further financial information on this proposal. As modelling is still being progressed, no definitive financials are currently available, however the table below identifies a number of scenarios based upon differing assumptions.

There are 3 main variables which determine these costed assumptions: -

- % of current service users who will transition to the new model of overnight care;
- The number of geographical responder hubs, based upon the geographic dispersal of current service users; and
- Resource requirement based on the ratio of number of staff to packages

Proposed Savings

Scenario 1: Staffing to Packages Ratio: 2:1

		Number of Hubs					
		7		5		3	
		Maximum £m	Minimum £m	Maximum £m	Minimum £m	Maximum £m	Minimum £m
% Service User Transitioning	80%	7.3	(0.6)	7.1	0.8	6.9	0.8
	60%	5.7	0.7	5.6	0.6	5.4	0.8
	40%	4.3	0.7	4.2	0.7	4.1	0.8

Scenario 2: Staffing to Packages Ratio: 3:1

		Number of Hubs					
		7		5		3	
		Maximum £m	Minimum £m	Maximum £m	Minimum £m	Maximum £m	Minimum £m
% Service User Transitioning	80%	7.3	2.6	7.1	2.5	6.9	2.4
	60%	5.7	2.0	5.6	2.1	5.4	2.0
	40%	4.3	1.7	4.2	1.6	4.1	1.6

Scenario 3: Staffing to Packages Ratio: 4:1

		Number of Hubs					
		7		5		3	
		Maximum £m	Minimum £m	Maximum £m	Minimum £m	Maximum £m	Minimum £m
% Service User Transitioning	80%	7.3	3.9	7.1	3.7	6.9	3.7
	60%	5.7	3.0	5.6	2.9	5.4	2.9
	40%	4.3	2.2	4.2	2.2	4.1	2.2

The data above demonstrates the saving approved in March has the potential to be delivered but is very much dependant on the final approved model. Based on the current delivery costs of £12m, up to £7m have the potential to be delivered. There will be regular updates including the expected savings achievable once the final model is approved.

At their January meeting, members of the Finance, Performance and Scrutiny Committee found the high-level financial assumptions useful and supported this paper being progressed to the Integration Joint Board, recognising that progress will be reported on a 6 monthly basis through current reporting channels.

3.7 Risk/Legal/Management

Previously, both the Finance, Performance and Scrutiny Committee and the Quality and Communities Committee recognised the risks associated with not taking action as well as the risks associated with the delivery of a large-scale transformation programme.

- The complexity of the current delivery model, i.e. Multiple providers within localities and meeting a diversity of people needs. This will require an individualised approach to support any transition including type of care and length and support of transition.
- The model requires to assure an agreed risk threshold for appropriateness of a timely response which is agreed with professional oversight to be both deliverable and support the safety for the person receiving care and their families/carers. Carers support continues to be a key priority.
- There is a need to support an understanding that the key driver for this transformation is to move towards proportionate safe alternative model of delivery which promotes people's independence rather than a perception that this is a reduction in care.
- The workforce will need supported with the utilisation of new technology to ensure confidence for staff, individuals receiving care and their families, carers and guardians.
- Pace of transition will be needed, not pursuing a gradual transition would prevent the model of promoting dignity, independence and control for and with our service users.
- Not pursuing the model would prevent realisation of best value of resources (workforce and finance).

The Combined Committee requested further information in terms of potential additional risks; connectivity, cyber security and response times (3.4 above). We are currently in dialogue with other Partnerships to gain a fuller understanding of the Data security implications.

3.8 Equality and Diversity, including Health Inequalities

This project supports the Partnership's equality outcomes, particularly:

- The applicability of any new care arrangements is solely based on individual assessment of care and support requirements and therefore are equitably applied regardless of client group, protected characteristics.
- Given the proposed gradual development towards any change in model of provision, it will be minimal in the early stages. Over time, and with full involvement in the assessment process, all transitional arrangements will be undertaken in full collaboration with the family and service user.
- The delivery of a new model of care will ensure that all users of the service have the chance to live independently, with support when needed, where appropriate which is aligned to the national health and care standards.
- Individuals requiring overnight support receive a service that is least restrictive and respectful of their privacy.
- A robust assessment and review process involving the service user, their family/carers/guardian and existing care providers, will be implemented.

- Where assessment and monitoring evidence that an individual requires in-person overnight care, this will continue to be provided.
- Geographical location may prevent transition from in-person care where the individual cannot be reached within the agreed response time. For this reason, people within more rural areas will not be included within the initial phase of the implementation of this work.

3.9 Other Impact

The transition to technology-based care and a responder service will support the delivery of the national Health and Social Care Outcomes, the Getting it Right for Everybody (GIRFE) aspiration of person centred and proportionate care and also deliver best value with the deployment of the workforce and financial commitments for this aspect of care.

3.10 Communication, Involvement, Engagement and Consultation

Communication is paramount to the success of this project. A robust Communication Plan is being overseen by the Project Board detailing the key communication activities (including method of communication) with our identified stakeholders and the desired outcomes. This Plan will include bespoke activities as well as regular communication activities required throughout the duration of the project.

Advice has been sought on wider public engagement and Formal Participation and Engagement is not required as it is essential to consider each service users needs on an individual basis and engagement with individuals and families will happen on that basis.

- This project has been discussed operationally with the Chief Executives and Directors of Finance throughout 2023 at the joint meetings, Updates have been given through tripartite meetings also between the IJB, NHS Fife and Fife Council.
- There has been engagement with staff, service users in relation to the initial test of change that was undertaken and the feedback is referenced within the report.
- The project board has stakeholder engagement and communications is a key element of this which will include both internal and external providers of care.
- As described throughout this report there is commitment to involvement, engagement and consultation on an individual basis with people receiving care, their carers, families and guardians.
- There is engagement with other areas that have led similar transformations to inform learning for Fife.
- Discussion with Council Leader and Health and Social Care Spokesperson
- Development Sessions of IJB in 2023
- Development Sessions of Local Partnership Forum in August and November 2023
- Representation from Trade Unions is also on the Project Board
- Quality and Communities Committee – 2 November 2023

- Finance, Performance and Scrutiny Committee - 10 November 2023
- Combined Committee in November 2023

4 Recommendation

The Integration Joint Board is ask to:-

- Discuss the proposed Transformation of Overnight Care
- Take assurance from the work done to develop the model and the scrutiny applied through the various governance routes to date.
- Agree the proposed model and support the Senior Leadership Team to operationalise the model with partners and provide an update to the Finance, Performance and Scrutiny Committee through the reports on transformation and regular financial reporting.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 – Transformation: Overnight Care

Report Contact

Author Name: Rona Laskowski

Author Job Title: Head of Services

E-Mail Address: Rona.Laskowski@nhs.scot



Transformation:

Overnight Care

Introduction

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

The actions we will take over the next three years will support the transformation of services aligned to these priorities. Overnight Care is one of our areas of transformation.

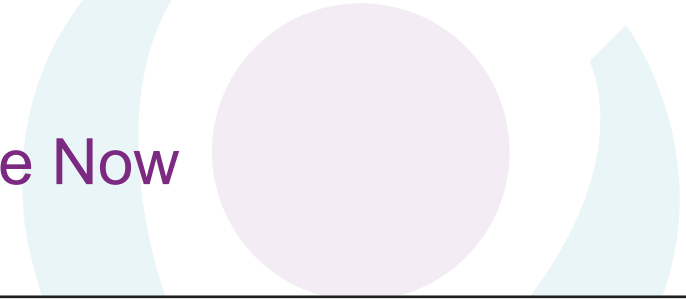
We will focus on future care planning, supported self-management and delivering proportionate personalised care which helps people to remain as independent as possible at home, ensuring our services continue to be safe, person-centred and inclusive.

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

Rona Laskowski,
Fife Health and Social Care Partnership.



1. Overnight Care – Overview of our Service Now



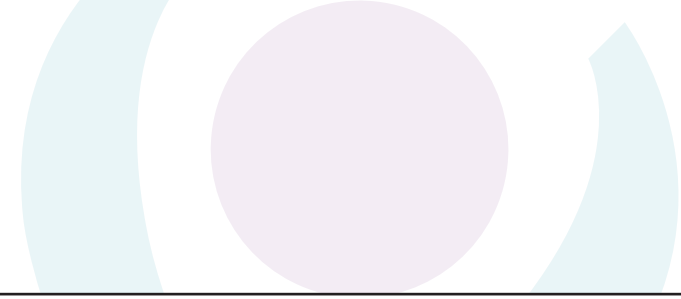
At present around 420 people within Fife receive overnight care. This means a carer may be with the person in their home during night-time hours (10 pm until 8 am) providing either direct observation and support of the person or be alerted by an alarm to attend to the individual if needed.

There's a range of ways this service is delivered – support can be in a core or cluster of homes or in someones own home. A small number of service users are supported by more than one person overnight.

Other areas of Scotland have modernised their overnight services using technology which enables safe delivery of care to meet people's needs where appropriate. We have been reviewing the learning from these areas to ensure that in transforming our services we continue to deliver the right care, in the right place supported by the right response to meet the needs of people who require support overnight.



2. Overnight Care – Issues we Face



The way we deliver overnight care at present requires a member of staff to be in a person's home as there are no current alternatives due to limited care pathways.

Each individual will have different needs. Some people require support throughout the night and this will continue based on their assessed needs. Other people have more predictable needs or may require a response on a less frequent basis, or only require re-assurance. Advances in technology means there are other ways that some people's needs can safely be met by offering a modernised and more individualised service.

The needs of the person receiving care and their families are our greatest priority and we will continue to focus on safe and person-centred care. We recognise that at present there may not always be continuity in the staff member delivering care overnight which can be problematic, and we also need to increase choice based on meeting people's assessed needs in a less intrusive way; respecting privacy, dignity and independence for the person. The current model is very dependent on workforce

providing approximately 1.4m hours of overnight care each year. Depending on people's assessed needs the current model means we may not always be best utilising the skills of our workforce. In Fife as well as in Scotland, we face ongoing issues around recruitment and therefore a change in model will enable the staff involved to be deployed more effectively where they are most needed.

An ever-increasing drive to provide care at home where possible, as well as the continuing change in population and increasing service demand means the current model of overnight care will very soon become outdated and unsustainable. We know it will take time to embed the full model which means that work must commence now to enable alternative care models to be planned and implemented gradually which will support increased future capacity, increased options for service delivery and also make best value of our resources.

3. Overnight Care – Our Future Vision

The aim of the transformation is to create and embed a modernised model of care for overnight support. Other models of care are being successfully implemented elsewhere in Scotland using a combination of technology and responder services in addition to continuing the provision of in-property overnight care to meet people's needs where this is required.

The future model of care is aligned to the National Health and Social Care Standards to ensure that we are supporting people's rights, we are including people and we are enabling dignity and respect to support the following standards:

- I am fully involved in all decisions about my care and support
- I experience high quality care and support that is right for me
- I have confidence in the people who support and care for me
- I have confidence in the organisation providing my care and support

This will be achieved through engagement with individuals, their families and guardians and progressing a phased approach to implementation.

We see this as moving from in-property support as a default to an alternative model introducing a physical responder service in Fife, based on a having 'hub' bases in our localities. As well as being person-centred we also want the service to promote independence, privacy and respect for people who need it. And we will achieve that through redefined working practices and best use of available technology.

The transition to technology based care and a responder service will support the delivery of the national Health and Social Care Outcomes, the Getting it Right for Everybody (GIRFE) aspiration of person-centred and proportionate care and also deliver best value with the deployment of the workforce and financial commitments for this aspect of care.

4. Making this Vision a Reality – Transformation

Feedback from Health and Social Care Partnerships in Scotland who have already transformed overnight care highlighted the importance of a phased approach to implement gradually, communicating fully and involving families and care providers throughout the entire process of change and an ongoing basis. Locally our internal service has gradually transformed care arrangements for 21 Service users to date and there has been positive feedback from people receiving the care, their family members and those delivering the care.

The development of hubs will be in the localities of Fife providing the base to support the responder service. The location of hubs will be informed by modelling data to best support people's needs in that locality. We will do this by:

- Implementing the learning from other parts of Scotland and our test of change in Fife.
- Develop local hubs and increase the use of technology to give people who need our service independence, privacy and control.

- The technology and support required by individuals will be tailored to their needs.
- The model will be implemented in one locality in the first instance and roll out will be phased.
- The responder team will be developed and in place before any changes are made at a locality level.
- Initial modelling is based on an expected response time of 15 minutes and further modelling and testing will be undertaken to inform the final model.
- Future support could take multiple forms including, but not restricted to: Video link; Telephone support and in-person attendance.
- We will continue to require staff to deliver an overnight service for people who need it.
- Once scaled up to be Fife wide, the model could realise benefits for the people we care for, their families, future service capacity and best value of resource.

5. Making this Vision a Reality - Impact

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

Individuals

- Given the proposed gradual development towards any change in model of provision, impact will be minimal in the early stages.
- Over time, and with full involvement in the assessment process, all transitional arrangements will be undertaken in full collaboration with the person receiving care and their family.
- The delivery of a new model of care will ensure that all users of the service have the chance to live independently, with appropriate support when needed, which is aligned to the national health and care standards.
- Individuals requiring overnight support will receive a service that is least restrictive and respectful of their privacy.

Carers

- Carers and guardians will be fully involved in the assessment process.
- There will be opportunities to provide enhanced support to carers through proactively completing carers assessments for all carers.
- The future model offers the potential for less intrusive care and greater privacy in people's homes.
- Training will be provided and support will be available to enable carers to feel confident and engaged in the plan of care.

Equalities

- The applicability of any new care arrangements are solely based on individual assessment of care and support requirements and therefore are equitably applied regardless of client group or protected characteristics.
- Geographical location may prevent transition from in-property care where the individual cannot be reached within the agreed response time. For this reason, people within more rural areas will not be included within the initial phase of the implementation of this work.

Providers/Workforce

- Following the options appraisal and the development of a preferred model of provision, the impact on Providers, both internal and external will be more fully understood.
- Given the need for an alternative staffing model, for the responder service, plus the anticipated required of continuing to provide in-property overnight care to some individuals there will be opportunities for the element of the workforce that wishes to continue with overnight care.
- Learning from the test of change provided an immediate improvement to staff wellbeing – the overnight element of the work pattern is a frequent reason given for why staff leave.
- Jointly working with staff and trade unions to identify any workforce implications, this will be managed in line with organisational change policies and procedures to support strong staff governance and promote staff wellbeing.



6. Delivery of the Transformation

The project will take 3 years to complete due to the range of services, potential technology solutions and service user requirements.

Investment of circa. £1m investment will be needed to create the support team to lead the project and also undertake the individual assessments of people and engagement with carers/families/guardians and also service providers.

Further investment will be required to support the infrastructure (technology and hub development) for the delivery of this revised model, however this cannot be quantified in detail at this time.

A high-level early estimate of projected annual cost to deliver the new model of care is currently being refined as modelling work remains ongoing.

The projected financial benefit from this transformation may be up to £7m on a recurring basis following full implementation.

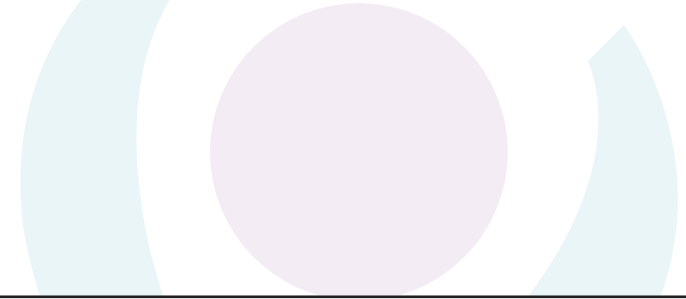


7. Risks

With any proposal or transformational change there are associated risks, and this project is no different.

Identified risks include:

- The complexity of the current delivery model which includes multiple providers within localities as well as meeting a diverse range of people needs. This will be addressed by strong participation and engagement with all care providers through this transformation and ensuring an individualised approach to support any transition with robust care planning informing both the type of care required and length of transition.
- The model requires to assure a risk threshold for delivering a timely response which is agreed to be deliverable and appropriate to support the safety for the person receiving care and their families/carers. This will be informed by data modeling, testing the delivery model, professional leadership oversight and assured through a monitoring and quality framework.
- Supporting a shared understanding that the key driver for this transformation is to support proportionate safe care which promotes people's independence rather than a perception that this is a reduction in care. This will be supported by a communication, participation and engagement plan. We will also develop Experts by Experience as champions of the new model, evidencing safety and security whilst care is proportionate and dignified.
- The workforce may need to be supported in delivering new models of care including the safe utilisation of modern technology to ensure confidence for staff, individuals receiving care and their families, carers and guardians. We will to work closely with trade unions on all of our organisational change. A training plan will be implemented to support staff knowledge, skills and confidence in utilising any new technology over a period of time before care delivery is introduced.



- Pace of transition will be needed to be managed in recognition of the complexity of change required. This will be addressed through starting small, building on the test of change from individual care arrangements to locality arrangements, to gradually rolling out on a phased basis scaling up from an individual locality to a Fife model.
- Not pursuing the model would prevent realisation of best value of resources (workforce and finance). This will need to be addressed to support sustainability of the service.



8. Next Steps

We will continue to have ongoing discussion and collaboration with both providers of care and individuals and families receiving care. The next steps in this work are as follows:

- Finalise modelling to identify the most suitable delivery model for Fife
- Define the implementation plan to support a phased roll-out across Fife
- Continue with individual engagement with people, families, carers and guardians.
- Continue to work with internal and external service providers to support the delivery of the defined model
- Apply quality improvement methodology to continue to learn following each test of change and phase of roll-out
- Communication Plan overseen by the Project Board.
- Define the performance framework that supports full evaluation of outcomes and experience

Critical to the success of the above is the evaluation of feedback and learning from robust engagement at an individual and family level, with people, families,

carers and guardians conducted throughout the phased implementation across Fife.

There will be regular oversight of the progress of this work through both the Senior Leadership Team and 6 monthly reporting to Governance Committees of the Integration Joint Board.





Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	2 February 2024
Agenda Item No:	5.2
Report Title:	Local - Locality Planning Outcomes Progress Report
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance and Commissioning.
Report Author:	Jacquie Stringer, Service Manager, Local Locality Planning/Community Learning Support.

1 Purpose

This Report is presented to the Integration Joint Board for:

- **Assurance** on the work undertaken to deliver Locality Plans as defined in the Scottish Government Localities Guidance providing a summary of the outcomes achieved in 2023 and any on-going actions being carried forward into 2024.
- **Decision** to recommend to the Integration Joint Board a locality planning two-year cycle instead of one year, this would align with Health and Social Care Partnership's Strategic Plan 2023 to 2026 and Community Planning Partners in Fife Council.

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

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

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

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

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

2 Route to the Meeting

In line with the locality governance agreed by the Integration Joint Board, Locality Priorities/Action Plans has been under ongoing discussion at the locality quarterly meetings and the annual wider stakeholder event. The Action Plans have been co-designed with the multi-agency locality group members and the delegated Senior Leadership Team leads.

The Report will be discussed and endorsed at:

- Senior Leadership Meeting on 15th January 2024
- The Quality and Communities Committee discussed this paper at the meeting on the 17th January. The key areas the committee explored were in relation to proposed changes to timescales for local and wider stakeholder events. The Committee commended the work progressing within localities.

3 Report Summary

3.1 Situation

The Locality Planning Annual Report for 2023 is presented to the Integration Joint Board to provide an overview of work delivered over the previous year and the actions carried over and planned work for 2024.

The Partnership's commitment to working effectively in all localities across Fife, is key to driving the strategic vision of being one of the best performing partnerships in Scotland. A focus on locality working is one of our five key themes within the Strategic Plan and the structure mirrors the seven Fife Council Area Committees. To demonstrate commitment and leadership to locality planning there is a member of the Senior Leadership Team (SLT) assigned to support each Locality Group. There is also a commitment to present an Annual Report to the seven Council Area Committees providing an overview of locality planning and any joint areas of interest.

The Integration Joint Board are asked to be assured that the HSCP are applying the Scottish Government Localities Guidance to build upon insights, experience, and resources in localities by ensuring that the work that has been undertaken in partnership with Fife Council, NHS Fife and the third and independent sectors with a focus on our joint responsibility to improve the health and wellbeing outcomes for people living in Fife.

The Integration Joint Board are also asked to recommend approval to a two-year locality planning cycle aligned to the HSCP Strategic Plan and Community Local Plans.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act

3.3 Assessment

The Locality Annual Report highlights the performance over 2023 identifying the excellent work being undertaken across the seven locality planning groups. The work is being delivered by a range of stakeholders working collaboratively to innovate in response to local knowledge and data analysis.

The Annual Report shines a light on the work undertaken to support unpaid carers, supporting people with long term conditions, supporting mental health and wellbeing, community led support and community engagement.

The Locality Groups supported by the Locality Development Officers have developed effective short life working groups to take forward specific areas of work/test of change.

The Locality Planning Team would like to extend thanks to everyone who has contributed and supported the 2023 meetings, Locality Action Plans and Wider Stakeholder Events.

Appendix 1 – Locality Annual Report 2023 providing:

- An overview of the vast range of activity delivered across the seven localities.
- Wider Stakeholder Event 2023.
- Summary and next steps for 2024.

3.3.1

Quality / Customer Care

The report highlights the excellent work undertaken in 2023 and outlines actions that will continue to improve locality planning in the coming year.

Positive Impact	Negative Impact	Actions
The Partnership has a better understanding of where it can prioritise and respond to local needs.	Members of the locality group unable to prioritise and commit to locality needs due to staffing challenges/budget constraints.	All locality core group meetings were well attended and had a range of representation from HSCP, Fife Council and the third sector.
Alleviating pressure on Primary Care and Social Work Contact Centre throughout all seven localities by receiving referrals from primary care via SCI Gateway.	HSCP are unable to access SCI Gateway resulting in reduced referrals from primary care.	HSCP Community Led Support can receive referrals from SCI Gateway from 15 th Dec 23.

3.3.2

Workforce

In January 2022 the Partnership invested in three Locality Development Officers to support the chairs, SLT leads, and local group members to develop and co-ordinate the short life working groups, action plans and events.

The Annual Report highlights the commitment from HSCP, Fife Council, third and independent sector staff to locality planning by attending quarterly meetings, proactively supporting short life

working groups, leading on key areas of work and providing reports/presentations to the locality planning groups.

The Locality Planning Group members undertake a critical role in providing updates to management and local teams regarding local planning priorities and new areas of work. In addition, the Senior Leadership Team are responsible for supporting and driving the work of the locality planning groups.

3.3.3 Financial

There is no budget allocated to locality planning, however if there is a request for funding this can be submitted to the Senior Leadership Team for consideration (one off funding).

3.3.4 Risk / Legal / Management

The locality planning group members supported by the Risk Management Team have created a locality risk register (**Appendix 2**).

Note: There are additional risk registers for specific tests of change.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed because this report is to provide an overview of the locality planning in 2023. However, an EQIA will be completed during the process to discuss/agree the 2024 delivery plan. This will ensure that any new actions planned support the Partnership's equality requirements under the Equality Act 2010 and in accordance with the equality outcomes agreed by IJB for the Strategic Plan 2023-2026.

3.3.6 Environmental / Climate Change

N/A

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

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

There is representation from the partnership's Participation and Engagement Team at each locality group meeting.

The Annual Report provides an overview of the Mental Health Co-production activity that has taken place in Cowdenbeath, Levenmouth and North East Fife, and two community engagement events undertaken by the Participation and Engagement Team in Glenroth and Cowdenbeath.

The Locality Planning and Participation and Engagement Team will work together to ensure we capture the "voice of the community".

"Public engagement activity with user groups will be specific and informed by local people, professionals who deliver health and social care service in and across communities highlighting "need" in their area. This includes analysis of intelligence led data produced by Public Health Scotland. The Public Engagement Officers will then be focus

on the identified need in each locality to support the gathering of people's views who are most affected by the issues and feed those views back into locality planning groups and the Fife H&SCP. This ensure that there is scope and boundaries around public engagement activities which is informed by identified need in relation to health and social care services for individuals and across communities" (HSCP Participation & Engagement Strategy, Page 14).

4 Recommendation

This is being presented to the Integration Joint Board for:

- **Assurance** – On the work undertaken to deliver on the locality action plans 2023.
- **Assurance** – Actions that are not complete will be carried over to 2024.
- **Decision** – Agree to recommend to the Integration Joint Board that locality planning undertake a two-year planning cycle (currently one year).

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife HSCP Locality Annual Report 2023

Appendix 2 – Locality Planning Risk Register 2023

6 Implications for Fife Council

The Report will be presented to Area Committees between Feb – April 2024 with a focus on the specific area and joint areas of interest.

7 Implications for NHS Fife

The report will be included in the annual delivery plan set out by NHS Fife in connection with equalities priorities.

8 Implications for Third Sector

There is representation from Fife Voluntary Action at all locality meetings. The Locality Development Officers will provide an update to the FVA HSCP Third Sector Forum.

9 Implications for Independent Sector

There is representation from the Independent Care Home Sector at all locality meetings. Representatives feedback to local teams.

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

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

Report Contact

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LOCALITY PLANNING ANNUAL REPORT 2023

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Foreword

I am delighted to highlight and celebrate the work of Locality Planning Groups and their continued commitment to support the delivery plans that supports health and wellbeing outcomes for the people living in Fife. The Locality Planning Groups have risen to the challenge of recovery and remobilisation over the last eighteen months and have worked exceptionally hard to innovate and respond to meet the needs of local communities. Locality planning is a crucial part of Fife's Health and Social Care Partnership (HSCP), prioritising early intervention and driving prevention through a variety of activities within localities and communities with the aim of supporting people to improve their own wellbeing wherever possible. The work of the Locality Planning Groups is aligned to the strategic priorities of the HSCP Strategic Plan 2023-2026, the Plan for Fife, and NHS Fife Population Health and Wellbeing Strategy.

Fiona McKay
Head of Strategic Planning, Performance and Commissioning
Fife Health and Social Care Partnership



Section 1 - Locality Planning Annual Report 2023

Introduction

I am responsible for leading Locality Planning and Community Led Support within the Health and Social Care Partnership. This report will focus on locality planning. A broader Community Led Support progress report will be presented independently of this report by March 2024. Locality planning is part of Business Enabling Services. The purpose of locality planning is to provide an organisational mechanism for local leadership of service planning, to be fed upwards into the Integration Authority's strategic commissioning plan, localities must have a real influence on how resources are utilised in their area. Localities support the principles that underpin collaborative working to ensure a strong HSCP strategic vision for service delivery. There are three Locality Development Officers to support the co-ordination and delivery of locality planning throughout Fife. This Annual Performance Report will demonstrate the impact of locality planning groups during 2023.

Jacquie Stringer, Service Manager (Locality/Community Led Support)



Connecting to Outcomes

The locality priorities and Action Plans will deliver on the range of local and national outcomes set in legislation, policy and strategies. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)9a) of the Act requires integration authorities to work within localities and in Fife we have established seven locality groups which are aligned to the Fife Council local area committees.

In addition, locality planning delivers on the National Health and Wellbeing Outcomes (appendix) which are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.



Integration is about ensuring those who access health and social care services get the right care and support whatever their needs, at the right time and in the right place with a locality focus on community based preventive care. This Annual Report highlights areas of work to improve the support for people living in Fife.

Fife Health and Social Care Partnership: Strategic Priorities 2023 to 2026



The Partnership's Locality Action Plans also provide a robust foundation for the transformational strategies that support delivery of the Strategic Plan.

Fife Partnership: Supporting Strategies

Locality planning is linked to all five of the themes in the Partnership's Strategic Plan:

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration



Section 2 - Key Outcomes from 2023

Locality Planning has gone from strength to strength in 2023, critical to the success has been the collaborative/systems working approach. This has enabled locality groups to play a powerful role in creating the conditions for integration across Fife. By applying the insights, experience, and resources the partnership has been able to improve local networks, develop robust, productive professional relationships and improve outcomes.

In section 2 the locality planning groups will provide an overview of the priorities, actions, and outcomes to date.

Key Outcomes from 2023

- The Community Chest Fund (CCF) is a Fife wide initiative and has provided locality planning groups the opportunity to support and engage with unpaid carers. In stage 1 of promoting the CCF 35 applications were received of which 24 were allocated funding - £150k of the £350k has been awarded. 4 of the successful applications are Fife wide. Click on link for further details <https://sway.office.com/38c2FxHkWsFmCyak?ref=Link>
- The Participation & Engagement Team have supported locality planning throughout the year, undertaking 2 community engagement events in Cowdenbeath and Glenrothes and the co-producing the Mental Health and Wellbeing in communities redesign and engagement programme in Cowdenbeath, Levenmouth and North East Fife.
- A test of change took place in North East Fife to support people with long term conditions. The aim of the ToC was to offer all health professionals the opportunity to refer all patients to a single point of access (The Well) for community led support. The test of change has been evaluated and the report will be shared with the locality group in Feb/March 24.
- Levenmouth Locality Planning Group secured £91k funding from the Area Committee to support testing a mental health triage car (start date TBC).
- South & West Fife (S&WF) Locality Planning Group secured £39k funding from the Poverty Action Group for a Link Worker to increase the number of physical Wells in S&WF in partnership with Community Planning Team.
- A test of change is underway in the Levenmouth Locality which aims to reduce the number of preventable hospital admissions and identify themes of frequent attenders at the emergency department. A multi-agency group meet weekly to review patients who have had 3+ admissions in the previous 12 weeks.

- Following a presentation from the Alcohol & Drugs Partnership Service Manager Cowdenbeath and Kirkcaldy Locality Planning Groups identified that supporting people affected by drug/alcohol harm and death would be a priority. Subsequently the multi-agency working groups collaborated with lived experience group to establish KY2 and KY5 one stop shops.
- A short life working group from Kirkcaldy Locality was established with the Victoria Hospital, acute division to develop a test of change with a focus on optimising people’s health and wellbeing who are preparing for orthopaedic treatment by identifying how best to increase awareness and access to the holistic, ‘*what matters to you*’ support available via HSCP Well model. A Well has been established in the National Treatment Centre and a referral pathway agreed – ongoing. In addition, The Well will also be at the Queen Margaret Hospital, Dunfermline from 15th Jan 24.



South & West Fife

SLT Lead – Audrey Valente, Chief Finance Officer

Chair – David Redpath, CEO, CARF

Local Development Officer – Emma Smith

PRIORITY	What are we trying to achieve	What did the group achieve	Next Steps
SUPPORTING MENTAL HEALTH & WELLBEING	Raise awareness of mental health support to people living in S&WF - Improve the quality of life of adults and older people by engaging with the local community to understand what services are available and identify any gaps in provision (South and West Fife Community Plan)	<ul style="list-style-type: none"> ➤ Short life working group (SLWG) established to support locality & community planning partners to format a community engagement questionnaire to inform next steps. 	In progress, carried over to 2024.
SUPPORTING UNPAID CARERS – community chest fund	Unpaid carers will have increased opportunities through the distribution of the Community Chest Funding.	<ul style="list-style-type: none"> ➤ Short life working group (SLWG) established. ➤ One community chest application received and approved for S&WF. 	Stage 1 complete Stage 2 - Group members to support the promotion and applications for round 2 of funding in Jan 2024
COMMUNITY LED SUPPORT	Work collaboratively to promote and increase referrals/attendance to HSCP	<ul style="list-style-type: none"> ➤ 10% increase in referrals to Link Life Fife from S&WF 	Link Worker to work in partnership with community hub model to increase the number of physical Wells.

PRIORITY	What are we trying to achieve	What did the group achieve	Next Steps
	community led support services in S&WF	Primary Care colleagues. ➤ Poverty Action Group agreed to fund a Link Worker (The Well) £39k for 12 months to increase the number of physical Wells in S&WF.	



Dunfermline

SLT Lead – Lisa Cooper, Head of Primary and Preventative Care

Chair – Frances Baty, Head of Psychology Services

Local Development Officer – Emma Smith

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
SUPPORTING UNPAID CARERS	Unpaid carers will have increased opportunities through the distribution of the Community Chest Funding.	<ul style="list-style-type: none"> ➤ Short life working group (SLWG) established. ➤ 2 applications received from Dunfermline 	Stage 1 complete Stage 2 - Group members to support the promotion and applications for round 2 of funding in Jan 2024.
COMMUNITY LED SUPPORT – Ageing Well	Raise awareness of the Falls Prevention – create a pathway from Mobile Emergency Services (MECS) to Community Safety (Fife Cares) to Fife Leisure Falls Prevention Programme.	<ul style="list-style-type: none"> ➤ Short life working group established and agreed a falls prevention referral pathway with MECS, Community Safety and Fife Sports & Leisure Trust ➤ Test of change started November 23. 	This test of change will continue till June 2024.
	Increase awareness of the benefits of physical activity/what are the barriers to people being active living in the Dunfermline Locality.	<ul style="list-style-type: none"> ➤ Locality members attending the Dunfermline Active Fifers Group – consultation in progress. ➤ FSLT providing community-based 	Ongoing

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
		classes – “pay what you can” in community centres in Dunfermline area.	



Cowdenbeath

SLT Lead – Roy Lawrence, Principal Lead for Organisational Development and Culture

Chair – Danielle Archibald, Service Manager, Social Work/Adults

Local Development Officer – Emma Smith

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
SUPPORTING MENTAL HEALTH & WELLBEING	<p>Mental Health and Wellbeing in communities redesign and engagement.</p> <p>A vision for an integrated community- based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and enables people to live independent and healthy lives. This will be achieved through a coproduction approach which places service users and communities at the heart of design and planning.</p>	<p>Between Sept and Oct 3 community engagement events took place.</p> <ul style="list-style-type: none"> ➤ Locality meeting (20) ➤ Collaborative Conversations (23) ➤ Link Living (15) 	Further consultation will take place in 2024.
	To continue to support the Active Fifers group to increase awareness and attendance in sport and physical activity	<ul style="list-style-type: none"> ➤ HSCP awarded Fife Sports & Leisure Trust funding to offer health classes at reduced cost 	Complete

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
		<ul style="list-style-type: none"> – attendance has increased by 140% in comparison to the same period in 22/23. ➤ Physical activity information board created at GP health centre for staff and patients 	
SUPPORTING UNPAID CARERS	Unpaid carers will have increased opportunities through the distribution of the Community Chest Funding.	<ul style="list-style-type: none"> ➤ Short life working group (SLWG) established, however no applications received from CB locality. 	Stage 1 complete Stage 2 - Group members to support the promotion and applications for round 2 of funding in Jan 2024.
COMMUNITY LED SUPPORT	Engage with Older People in the Community to establish “what matters in regard to accessing support/activities in their local area”.	<ul style="list-style-type: none"> ➤ P&E and Locality Group members consulted with over 65s in the Cowdenbeath locality, July 23 ➤ High level findings were presented to group at Sept meeting. ➤ A report has been completed and will inform the action plan for 2024. 	Stage 1 consultation – complete Stage 2 – Locality group to agree an action plan from report provided by P&E Officer.
SUPPORTING PEOPLE AFFECTED BY	Roll out of the collaboration and locality-based approach is planned with HSCP locality	<ul style="list-style-type: none"> ➤ Multi agency working group established and collaborated with the 	Stage 1 complete Stage 2 - Monitor attendance to ensure KY5 is in the right

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
DRUG/ALCOHOL HARM AND DEATH	board for Cowdenbeath where harm and prevalence and low levels of engagement are highest – (blueprint of KY8).	<p>lived experience to ensure this approach is what people wanted.</p> <ul style="list-style-type: none"> ➤ The KY5 “one stop shop” started - Lochgelly Centre on 28th August. 	location to support people affected by drug/alcohol.



Kirkcaldy

SLT Lead – Lynn Barker, Director of Nursing

Chair – Dr Glyn McCrickard, Cluster Quality Lead

Local Development Officer – Sharon Gilfillan

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
SUPPORTING UNPAID CARERS	Unpaid carers will have increased opportunities through the distribution of the Community Chest Funding.	<ul style="list-style-type: none">➤ Short life working group (SLWG) established.➤ 3 applications received and approved from Kirkcaldy.	Stage 1 complete Stage 2 - Group members to support the promotion and applications for round 2 of funding in Jan 2024.
COMMUNITY LED SUPPORT	Increased awareness and understanding of the Life Curve and individual wellbeing and outcomes are optimised through building enabling relationships with people and focussing on supported self-management.	<ul style="list-style-type: none">➤ SLWG progressed project plans for ToC with the services below:<ol style="list-style-type: none">1. Community Occupational Therapy (OT)2. Fife Voluntary Action Footcare3. Community Housing.➤ Further promotion of the Life Curve app will be via SLWG.	This test of change will continue into 2024.

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
		<ul style="list-style-type: none"> ➤ Progress new leaflet with Health Promotion/ design team, ➤ Life Curve new App launches October 2023 ➤ ToC to commence November 2023. 	
	<p>A referral pathway to wrap around holistic person-centred support to improve outcomes for acute patients on the orthopaedic waiting lists by providing access to The Well (community led support).</p>	<ul style="list-style-type: none"> ➤ Short life working group established with Acute Division colleagues. ➤ Test of change agreed. ➤ The Well situated in the NTC one a week from May 23. ➤ The Well at VHK (Costa) twice a week. ➤ Referral pathway with consultants/nurse teams. 	<p>Referrals low to date – test of change will continue into 2024. Present at “<i>Grand Round</i>” to raise profile of community led support.</p>
<p>SUPPORTING PEOPLE AFFECTED BY DRUG/ALCOHOL HARM AND DEATH</p>	<p>Roll out of the collaboration and locality-based approach is planned with HSCP locality board for Cowdenbeath where harm and prevalence and low levels of engagement are highest – (blueprint of KY8).</p>	<ul style="list-style-type: none"> ➤ Multi agency working group established and collaborated with the lived experience to ensure this approach is what people wanted. ➤ The KY2 “one stop shop” started - Templehall Community Centre on 16th August. 	<p>Stage 1 complete Stage 2 - Monitor attendance to ensure KY2 is in the right location to support people affected by drug/alcohol.</p>



Launch of the KY2 Club (one-stop-shop) at Templehall Community Centre.



Glenrothes

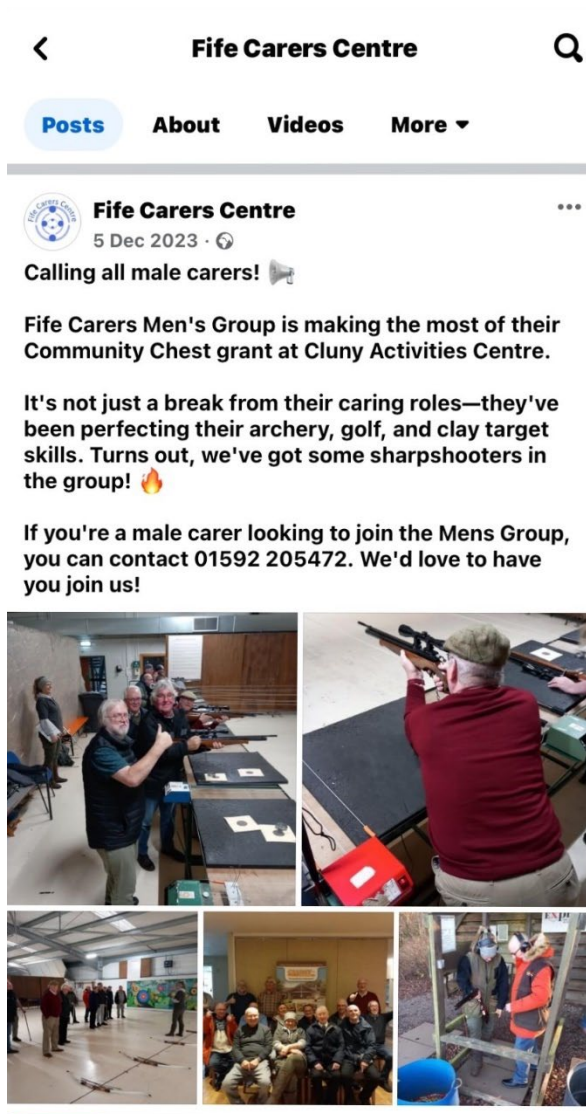
SLT Lead – Rona Laskowski, Head of Complex and Critical Care Services

Chair – Tracy Harley (Service Manager, Participation & Engagement)

Development Officer – Ashley Paul

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
SUPPORTING POSITIVE MENTAL HEALTH & WELLBEING	Increase local people's opportunity to address their mental health challenges by developing a Community Garden and Kitchen	<ul style="list-style-type: none">➤ Working with CLD partners to highlight current offerings regarding community garden and kitchens.➤ A location of where the project could be delivered has been identified.➤ Community planning/housing presented a report to committee in November.➤ HSCP have committed funding to this project.➤ Locality Planning supporting CLD community consultation – Nov/Dec 23.	Stage 1 – consultation complete Stage 2 of the project – action recommendation from area committee and analyse results from consultation.

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
SUPPORTING UNPAID CARERS	Unpaid carers will have increased opportunities through the distribution of the Community Chest Funding.	<ul style="list-style-type: none"> ➤ Short life working group (SLWG) established. ➤ Glenrothes locality received 8 applications of which 5 were approved. 	Stage 1 complete Stage 2 - Group members to support the promotion and applications for round 2 of funding in Jan 2024.
COMMUNITY LED SUPPORT	There will be an increased awareness of what matters to local people to help them live a healthier, active life, what are the barriers and what do they need locally to support them to stay healthy and live well	<ul style="list-style-type: none"> ➤ Utilise the engagement model and tools from "What matters to you - Cowdenbeath". ➤ Engagement took place in October. ➤ A report has been created and key highlights were shared at the stakeholder event. 	Stage 1 - complete Stage 2 - Locality group to agree an action plan from report provided by P&E Officer.



The Community Chest Fund (CCF) is a Fife wide initiative and has provided locality planning groups the opportunity to support and engage with unpaid carers.

In stage 1 of promoting the CCF 35 applications were received of which 24 were allocated funding - £150k of the £350k has been awarded. 4 of the successful applications are Fife wide. Click on this link for further details:

<https://sway.office.com/38c2FxHkWsFmCyak?ref=Link>



Levenmouth

SLT Lead – Lynne Garvey, Head of Community Care Services

Chair – Vacant

Locality Development Officer – Ashley Paul

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
<p>SUPPORTING MENTAL HEALTH & WELLBEING</p>	<p>Mental Health and Wellbeing in communities redesign and engagement.</p> <p>A vision for an integrated community- based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and enables people to live independent and healthy lives. This will be achieved through a coproduction approach which places service users and communities at the heart of design and planning.</p>	<p>Between Sept and Oct 23 community engagement events took place.</p> <ul style="list-style-type: none"> ➤ Locality meeting (28) ➤ Collaborative Conversations (19) 	<p>Further consultation will take place in 2024.</p>
	<p>To ensure people who contact police Scotland with a mental health/non-criminal concern, receive the right support at the</p>	<ul style="list-style-type: none"> ➤ Multi agency working group established to analyse data to determine need. 	<p>Delayed Test of change expected to start Feb/March 2024</p>

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
	right time and in the right place.	<ul style="list-style-type: none"> ➤ Report submitted to area committee on 31st May 2023 – funding approved to staff mental health triage vehicle (£91k) ➤ Delay in starting test of change due to staffing challenges within Mental Health Services 	
SUPPORTING UNPAID CARERS	Unpaid carers will have increased opportunities through the distribution of the Community Chest Funding.	<ul style="list-style-type: none"> ➤ Short life working group (SLWG) established. ➤ Levenmouth locality received 5 applications of which all were approved. 	Stage 1 complete Stage 2 - Group members to support the promotion and applications for round 2 of funding in Jan 2024.
HOME FIRST	Build a model that utilises a multi-agency approach that will have a focus on preventable emergency hospital admissions	<ul style="list-style-type: none"> ➤ Multi agency working group established. ➤ Funding agreed to recruit a change & improvement manager (12 months) to lead this test of change. ➤ Governance agreed to initiate a primary care weekly verification meeting. ➤ Weekly meeting started 7th November 23. 	Test of change will continue to September 2024.

North East Fife

SLT Lead – Dr Helen Hellewell, Deputy Medical Director

Chair – Dr Moontarin Ansar, Cluster Quality Lead

Locality Development Officer – Sharon Gilfillan

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
SUPPORTING MENTAL HEALTH & WELLBEING	<p>Mental Health and Wellbeing in communities redesign and engagement.</p> <p>A vision for an integrated community- based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and enables people to live independent and healthy lives. This will be achieved through a coproduction approach which places service users and communities at the heart of design and planning.</p>	<p>Between Sept and Oct 23 community engagement events took place.</p> <ul style="list-style-type: none"> ➤ Locality meeting (28) ➤ Collaborative Conversations (23) 	Further consultation will take place in 2024.
	"Work with partners to improve the quality of life and wellbeing of residents" - (NEF Local Community Plan 2023-2026)	<ul style="list-style-type: none"> ➤ Worked in partnership with Community Partners analyse Hardship Fund 	Complete

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
		<p>applications from NEF to support people to attend medical appointments.</p> <ul style="list-style-type: none"> ➤ Further work then undertaken with NEF Local Leadership Group to analyse locality health data. ➤ The 23/24 bus pass allocation is now distributed with more specific detail being recorded. ➤ Travel passes now available to Mental Health Service to offer parents taking children to appointment with an aim to reduce DNAs. 	
LIVING WELL WITH LONG TERM CONDITIONS	Develop a single point of access for health professionals to refer to community led support in NEF for people living with long term conditions.	<ul style="list-style-type: none"> ➤ Dr J Fearn established a multi-agency short life working group. ➤ Test of change started May 23. The group agreed The Well would be the single point of access for referrals. 	Complete

PRIORITY	What are we trying to achieve	What did the group achieve	NEXT STEPS 2024
		<ul style="list-style-type: none"> ➤ The ToC was evaluated and an SBAR will be presented to the locality group in Feb/March. 	

Section 2 provided an overview of what has been achieved in 2023 and projects that will carry over into 2024.

The Locality Wider Stakeholder Events took place in November 2023 bringing together stakeholders to review relevant data, emergent trends, and local challenges. The information documented from the events will inform priorities for the following year.



Section 3 - Wider Stakeholder Event 2023

This year's Locality Wider stakeholder events took a different approach to the previous year. Lightning talks were presented on current areas of work and locality groups shared what was happening in other areas.

The slide below represents the wide range of partners who attended the 2023 wider stakeholder events.



A collection of case studies were created and used alongside relevant data to encourage discussions. At each event, attendees were asked to discuss and analysis case studies to identify key themes for locality planning. Attendees were asked to discuss the following questions.

1. What are the potential issues?
2. What services are in place (in this locality) to support (case study) and what are the challenges?
3. How could we work differently to improve the health outcomes for (case study)?

The Team received very positive and constructive feedback from the events. Everyone who attended said the events were engaging, with many people feeling they were able to contribute on the day. The team will further analyse the responses to inform future events.

FEEDBACK

“I really enjoyed attending for the first time. It gave me some insight and a better understanding of what the other organisations in Fife offer to support communities.”

“Excellent venue, well organised, great way for all services to collaborate.”

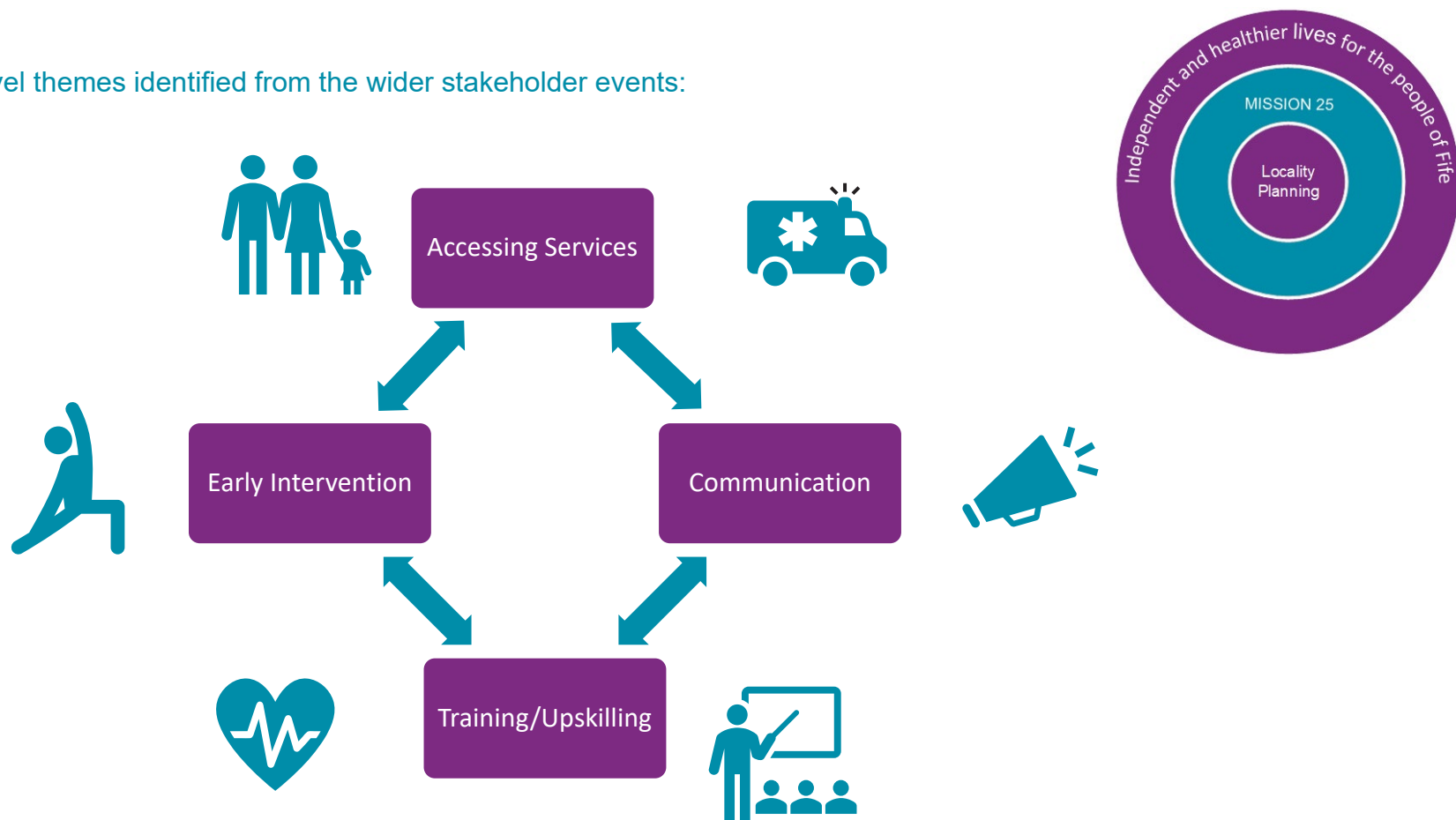
“Interesting and insightful”

WE ASKED FOR ONE WORD TO DESCRIBE WHAT YOU HEARD AT THE EVENTS

Positive Inspiring Interesting
Energising Helpful Encouraging
Enthusiasm Change
Progress Inspirational Collaborative
Informative

WE ASKED FOR ONE WORD TO DESCRIBE WHAT YOU HEARD AT THE EVENTS

Below are the high-level themes identified from the wider stakeholder events:



The themes will be discussed at the Locality Planning Group meetings in March to review and agree the priorities carried over from 2023, and delivery plans for 2024.

Section 4 - Conclusion and Recommendations for 2024

Conclusion

Locality Planning has played a key role in managing positive relationships between HSCP, Fife Council, NHS Fife and the third and independent sector. This annual report 2023 provides evidence on the work being carried out in Fife by locality planning groups which highlight the positive impact achieved by multi agency working. Collaborative advantage has an important role to play in locality planning raising awareness about the nature and desirability of collaborative activity. There can be a challenge when collaboration is over strategy, rather than simply over specific projects, however locality planning group members understand it is their key role is to ensure services work together to improve the health & wellbeing outcomes for people living in Fife.

Section 2 of this report highlights the work achieved in 2023, however, there are key areas of work that will be carried over to 2024. The locality planning groups acknowledge that locality planning creates the conditions to provide one route under integration, to improve and ensure strong community, clinical and professional leadership of services.

Recommendations for 2024

Recommendation 1 - Locality Planning moves to a two-year planning cycle.

Recommendation 2 – Change the wider stakeholder events to every 2 years.

Recommendation 3 – If recommendation 1 & 2 are approved introduce an annual “Fife Wide Locality Event”.

Appendix

Glossary

Term	Definition
HSCP	Health and Social Care Partnership. Health Board and Local Authorities have been set up to provide services that support people to live safely at home, with a good quality of life.
NHS	National Health Service - publicly funded healthcare service.
FC	Fife Council - local authority for Fife.
SCI Gateway	SCI Gateway is the national product in NHS Scotland for the electronic exchange of clinical information – such as referrals/letters and discharge documents – between Primary and Secondary Care and now Community Led Support.
CLSS	Community Led Support Services – The Well, Link Life Fife and Macmillan Improving the Cancer Journey.
CCF	Community Chest Fund - funding available for communities in Fife, which is for the benefit of unpaid carers.
Unpaid Carer	A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
Co-production	Co-production is an approach in the development and delivery of public services and technology in which citizens and other key stakeholders and concepts in human society are implicitly involved in the process.
Long term condition	A long-term condition is one that generally lasts a year or longer and impacts on a person's life. Examples include arthritis and asthma.
The Well	The Well is a place where you can drop-in, both in your community and online and find out information and receive general advice to help you stay well and independent within your local community.
Link Worker	Link workers connect people to community-based support, including activities and services that meet practical, social, and emotional needs that affect their health and wellbeing.
KY2	Kirkcaldy area postcode.
KY5	Cowdenbeath area postcode.
One stop shop	The groups offer a uniquely holistic approach to addressing the issues which are faced by those in recovery. They are open to all who are affected by substance or alcohol use including family members and friends of those directly affected.
ToC	Test of change.
TBC	To be confirmed.

Term	Definition
CARF	Citizens, Advice and Rights Fife provides free information and advice on a wide range of subjects.
SLT	Senior Leadership Team.
MECS	Mobile Emergency Care Services (Care at Home Service).
FSLT	Fife Sport and Leisure Trust.
Life Curve	The ADL LifeCurve™ is a tool developed by ADL Research and Newcastle University's Institute for Ageing to map age related functional decline.
SLWG	Short Life Working Group.
P&E	Participation & Engagement.
Lived experience	Someone who has experienced something themselves, especially when it gives the person a knowledge or understanding that people who have only heard about such experiences do not have.
Grand Round	Grand Rounds are a weekly activity open to all disciplines and specialties of NHS Fife healthcare workers – doctors, nurses, AHPs, pharmacists, laboratory staff, etc interested in shared learning.
Home First	The Home First Strategy is being developed in Fife with the aim of transforming the discharge process.
Wider stakeholder event	Locality Planning Team holds the annual stakeholder events in each locality, which brings together key stakeholders for the locality to review relevant data, emergent trends, and local challenges. Attendees discuss the information, and this helps to identify priorities for the following year.
FVA FootCare	Fife Voluntary Action - FootCare Fife is a volunteer supported toenail cutting service for people who struggle to cut their own toenails.

Public Health Priorities for Scotland

Priority 1	A Scotland where we live in vibrant, healthy and safe places and communities.
Priority 2	A Scotland where we flourish in our early years.
Priority 3	A Scotland where we have good mental wellbeing.
Priority 4	A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
Priority 5	A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
Priority 6	A Scotland where we eat well, have a healthy weight and are physically active.







National Health and Social Care Health and Wellbeing Outcomes

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

Locality Planning Risk Register

Report Type: Risks Report

Generated on: 08/01/2024

Risk Code (ID)	Creation Date	Risk Heading		Original Risk Impact	Original Risk Likelihood	Original Risk Score	Actions Description	Linked Actions Progress Bar	Linked Actions Status Icon	Managed By	Date Reviewed	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Latest Note	Next Review Date
HSCLP.01	05-May-2023	Staffing/Resources	There is a risk that there is insufficient staffing to resource the 7 Localities Core Planning Groups and short life working groups (SLWG) supporting the key priorities.	4	3	12 Mod	<ul style="list-style-type: none"> Three (FTE) LDOs appointed in January 2023 allocated to provide support to the 7 locality core planning groups. PSO (0.5-Temp) appointed to support the Localities team. Locality core group members take an active role in supporting SLWG 	50%		Jacque Stringer	08-Jan-2024	3	3	6 Low	08/01/24: Reduce Risk Score to Low <ul style="list-style-type: none"> 1 year from starting all 3 WTE LDOs and 0.5 WTE PSO successfully provided support to all 7 Locality Planning Groups and supported SLWGs from each. PSO appointed to permanent post. Locality Core group members actively participate and support SLWGs 1 WTE (Temp 1 year) Change & Improvement Manager appointed Nov 2023 to support ToC within Levenmouth Locality All Locality Priorities concluded / transferred to Phase 2 for 2024. 	31-Mar-2024
HSCLP.02	05-May-2023	Financial	There is a risk that there is inadequate funding allocated to Locality Planning to allow implementation of improvement work.	3	3	9 Mod	<ul style="list-style-type: none"> Financial resource allocation is continually reviewed, Locality groups to ensure the resources are allocated effectively in the right place to provide maximum impact, ensuring the projects are evaluated 	50%		Jacque Stringer	08-Jan-2024	3	3	9 Mod	08/01/24: Risk Score remain Moderate <ul style="list-style-type: none"> Locality financial resource continually reviewed Further financial resources requirement applied for via governance structure to support improvement work within locality planning as determined by the Locality Core Planning Groups. 	31-Mar-2024
HSCLP.03	05-May-2023	Partnership Working	There is a risk that stakeholders and partners do not proactively engage or support locality planning core groups. This could impact on the ability to implement Scottish Government Locality Guidance	4	3	12 Mod	<ul style="list-style-type: none"> Locality Planning Guidance in place Roles and responsibilities guidance for core group members (ToR) Regular Communications via email, SWAYs Engage with area committees SLT Leads appointed to each Locality Core Group 	75%		Jacque Stringer	08-Jan-2024	2	2	4 Low	08/01/24: Reduce Risk Score to Low <ul style="list-style-type: none"> Guidance implemented, scheduled for review update Jan 2024. ToR implemented, partnership working in place across all 7 Localities Communications Plan in place, regular updates circulated via HSCLP CEO brief, SWAYs, and Locality group members LDOs have engaged and are working in partnership with Local Community Teams Area Committees sighted HSCLP Locality Action Plans, which are aligned to LCP and reported annually SLTs appointed to each Locality meet with Chairs / Vice Chairs / LDO and Locality Service Manager at pre-agenda setting meetings 	31-Mar-2024
HSCLP.04	05-May-2023	Organisational Culture Change	There is a risk that Localities will not embrace shifts in culture both internally and externally. Consequently, not succeed in influencing wider stakeholders, which would allow for improved collaborative practice driving change.	3	3	9 Mod	<ul style="list-style-type: none"> OD and Cultural Specialist working with Locality Planning to influence culture change internal and external culture change. LDOs liaise and engage with services to progress the key priorities, influencing cultural change in other services highlighted the meaningful purpose of the Localities. 	50%		Jacque Stringer	08-Jan-2024	2	3	6 Low	08/01/24: Reduce Risk Score to Low <ul style="list-style-type: none"> Localities working closing with OD & Cultural Specialist to influence Communications Plan, Role of Chair/Vice Chair and SLT leads LDOs progressing key priorities via Locality Action Plans ensuring effective collaborative working Wider Stakeholder Events held November 2023, providing further opportunities for collaborative working with GPs, NHS, Fife Council, Health & Social Care and 3rd sector/voluntary organisations to improve lives of population and demonstrating the effective purpose of Localities 	31-Mar-2024
HSCLP.05	05-May-2023	Recruitment and Development of Appropriate Staff	There is a risk that the Service does not recruit and develop the right people, with the right skills, at the right time, to ensure effective completion of projects.	2	2	4 Low	<ul style="list-style-type: none"> Roles and responsibilities guidance for locality Planning team LDO and PSO Job Profile that meets the needs of the Locality Planning Regular one to ones Team Meetings I Matters Team Development Day 	75%		Jacque Stringer	08-Jan-2024	2	2	4 Low	08/01/24: Risk Remain Low <ul style="list-style-type: none"> All mitigation remains as previous, opportunity for development within the team ongoing Change & Improvement Manager recruited to resource effectively the Test of Change within Levenmouth 	31-Mar-2024
HSCLP.06	05-May-2023	Outcomes/Evaluation	There is a risk that locality planning groups are unable to evidence outcomes of key priorities	4	3	12 Mod	<ul style="list-style-type: none"> Action Plan updates SLWG in place KPI'S Established Locality Planning Structure followed Wider stakeholder event feedback Current data collection from 	30%		Jacque Stringer	08-Jan-2024	3	1	3	08/01/24: Risk reduced to Very Low Locality Planning Groups evidenced outcomes of key priorities via Action Plans All key priorities closed for 2023 were updated regularly to Core Planning Group from LDO Action Plan / Verbal updates. Key priorities ongoing for 2024 are included on Action Plan phase 2 for each locality with working group supporting in place. Data supporting improvement regularly reviewed by SLWGs	31-Mar-2024

Risk Code (in)	Creation Date	Risk Heading		Original Risk Impact	Original Risk Likelihood	Original Risk Score	Actions Description	Linked Actions Progress Bar	Linked Actions Status Icon	Managed By	Date Reviewed	Current Risk Impact	Current Risk Likelihood	Current Risk Score	Latest Note	Next Review Date
							PHS and SPIRE								PHS continue to support the HSCP Locality Planning Core groups with data collection at locality level as well as Fife Wide. Current Locality Data and Profiles were used to support Case Study discussions at the Wider Stakeholder Events held in Nov 2023. The Case studies were collaboratively developed with the Performance Management & Quality Assurance Team	
HSCLP.07	27-June-2023	Outcomes/Evaluation	There is a risk to the locality community that outcomes are not successfully achieved within the time frames by the locality planning group	3	2	6 Low	<ul style="list-style-type: none"> Action plan updates Timely progress updates Time frames in place Working groups in place Test of Change evaluations 	<div style="width: 50%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 50%		Jacque Stringer	08-Jan-2024	2	2	4	08/01/24: Risk Remain Low Mitigation in place as detailed previously Timescales are reviewed and any push to delays are escalated to Locality Core Groups Working groups, if appropriate have project risk registers in place Test of Changes are evaluated and feedback to Locality Core Groups Phase 1 of Locality Actions Plans are complete, phase 2 will continue for 2024	31-Mar-2024
HSCLP.08	05-May-2023	Communication	There is a risk that due to ineffective communication, stakeholders do not engage with locality planning core groups.	3	2	6 Low	<ul style="list-style-type: none"> Develop locality Comms Strategy Regular SWAY updates One to One meeting with SLT's & Chairs Core group meetings Annual wider stakeholder event 	<div style="width: 30%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 30%		Jacque Stringer	08-Jan-2024	2	2	4	08/01/24 Risk Remain Low Communications Plan in place Pre-agenda setting meetings and regular communications set up with SLTs and Chairs Annual wider stakeholder events undertaken in November 2023 Regular Core Group meetings held quarterly, LDOs provide updates on each key priority Regular communications, SWAY updates, HSCP CEO Briefing to ensure effective communications	31-Mar-2024

DRAFT



Meeting Title: Integration Joint Board
Meeting Date: 2 February 2024
Agenda Item No: 7.1
Report Title: Finance Update
Responsible Officer: Nicky Connor, Director of Health & Social Care
Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- Local Partnership Forum, 16 January 2024
- Finance, Performance and Scrutiny Committee, 18 January 2024

3 Report Summary

3.1 Situation

The attached report details the financial position (provisional outturn) of the delegated and managed services based on 31 May 2023. The forecast for Fife Health & Social Care Partnership is currently a deficit £4.171m.

3.2 Background

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

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

3.3 Assessment

As at 30 November 2023 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £4.171m.

- Currently the key areas of overspend are: –
- Hospital & Long-Term Care
- GP Prescribing
- Family Health Services
- Olde People Residential and Day Care
- Homecare
- Adult Placements

These overspends are offset by the underspends in:-

- Community Services
- Older People Nursing & Residential
- Adults Fife Wide
- Adults Supported Living
- Social care fieldwork teams

There is also an update in relation to savings which were approved by the IJB in March 2023 and use of Reserves brought forward from March 2023.

3.3.1 Quality / Customer Care

There are no Quality/Customer Care implications for this report

3.3.2 Workforce

The Local Partnership Forum discussed this paper at their January meeting. The financial position was noted. At this time there is no known further workforce implications.

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

3.3.3 Financial

The Finance, Performance & Scrutiny Committee scrutinised this paper at their January meeting. Key areas the committee explored in relation to this was the challenging position faced by the partnership. Reserves are expected to fall below the minimum policy amount of 2% (£13m) once the current year projected overspend is met.

Timing of financial information was also discussed, the complexity of flow of information from partners and different approaches taken are key. Transformational change, grip and control and a more modern forward-looking approach to financials is required.

The Committee requested a special meeting to inform and discuss the 2024-25 budget prior to the March Committees.

3.3.4 Risk / Legal / Management

There is a risk that savings may not be achieved on a permanent basis however reserves of £10m have been approved for use if required to allow time for savings plans to be actioned

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

There are no impacts on the environment

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

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

Not applicable.

4.4 Recommendation

- **Assurance** – The Integration Joint Board are asked to be assured that there is robust financial monitoring in place.
- **Decision** – The Integration Joint Board are asked to approve the financial monitoring position as at November 2023.
- **Decision** – The Integration Joint Board are asked to approve the use of the reserves as at November 2023.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at November 2023

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Approved 2022-23 Savings Tracker

6 Implications for Fife Council

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

7 Implications for NHS Fife

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

8 Implications for Third Sector

This report reflects payments made to Third Sector providers.

9 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

10 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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**Fife Health
& Social Care
Partnership**



**Finance Report
Projected Outturn as at 30 November
2023**



Supporting the people of Fife together



FINANCIAL MONITORING

PROJECTED OUTTURN AS AT NOVEMBER 2023

1. Introduction

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

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

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

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

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

2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the provisional outturn, which is an overspend of £4.171m is provided at Table 2 and a variance analysis provided.

3. Movement in Budget

The total budget for the delegated and managed services has increased by £34.463m since April (£28.069m April - Sept). The table below shows the reason for the budget movement from April to November.

Budget Per Directions	646.573
Movement	34.463
Of which:	
SG Additional Allocations	
PCIF	1.027
Vaccines Covid	5.489
FHS/PMS	20.600
Nursing support	0.725
Other	2.207
Pay Award	8.579
Major Trauma	0.633
MH Triage Nurses	0.816
Band 2-4	1.075
GP resilience	0.014
MDT	0.698
ADP	1.517
PMS	4.016
Medical Pay uplift	1.000
Prescribing	1.400

Earmarked Reserves Drawn	5.195
Misc Income	-12.418
Other (Budget Transfer/Accounting Adjusts)	-8.110
Budget at November	681.036

4. Directions

There are no Directions required for this paper as the paper provides an update on the financial outturn of the Health and Social Care Partnership based on the projected outturn position at March 2024.

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

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a provisional outturn overspend of £4.171m as below.

Fife Health & Social Care Partnership									
Projected Outturn as at Nov	2023/24								
	Budget April includes RT	Budget Sept incl RT	Budget Nov/ incl RT		Forecast Outturn Sept incl RT	Forecast Outturn Nov incl RT	Use of reserves	Variance as at Sept	Variance as at Nov
Objective Summary	£m	£m	£m		£m	£m	£m	£m	£m
Community Services	125.213	140.727	134.538		136.365	130.223	-2.600	-5.962	-6.915
Hospitals and Long Term Care	57.267	61.176	63.020		69.987	74.092	-1.400	7.411	9.672
GP Prescribing	76.548	75.742	77.139		81.742	84.139	-2.000	5.000	5.000
Family Health Services	94.282	111.169	120.657		111.310	121.498		0.141	0.841
Children's Services	14.811	17.940	17.940		18.072	17.943		0.132	0.003
Older People Residential and Day Care	16.031	15.537	15.537		16.510	17.037		0.972	1.499
Older People Nursing and Residential	44.992	51.420	51.420		50.018	50.077		-1.402	-1.343
Homecare Services	55.338	52.772	52.645		55.414	55.179	-1.000	1.642	1.533
Older People Fife Wide/ Hospital Discharge	1.233	1.182	1.182		1.454	1.315		0.272	0.133
Adults Fife Wide	19.527	9.907	9.907		8.092	7.288		-1.815	-2.619
Integrated Community Team	4.741	5.279	5.299		5.315	5.351		0.035	0.052
Social Care Other - to be allocated	0.673	-5.725	-5.747		-7.105	-5.458		-1.380	0.289
Business Enabling/Professional	8.466	8.299	8.321		8.171	8.193		-0.128	-0.128
Adult Placements	74.408	74.899	75.120		79.068	79.008	-3.000	1.168	0.888
Adult Supported Living	30.181	30.291	30.031		26.077	26.021		-4.214	-4.011
Social Care Fieldwork Teams	22.861	22.319	22.319		21.914	21.595		-0.405	-0.724
Housing		1.707	1.707		1.707	1.707		0.000	0.000
Total Health & Social Care	646.573	674.642	681.036		684.110	695.208	-10.000	1.468	4.171

	Budget Sept £m	Forecast Outturn Sept £m	Variance as at Sept £m	Savings funded by reserves £m	Variance after £8m savings funded £m	Budget Nov £m	Forecast Outturn Nov £m	Variance as at Nov £m	Savings funded by reserves £m	Variance after £10m savings funded £m
Primary Care & Preventative	260.353	268.475	8.123	(1.200)	6.923	271.349	280.988	9.638	(2.200)	7.438
Complex & Critical Care	206.967	208.102	1.134	(4.100)	(2.966)	207.302	208.337	1.035	(4.100)	(3.065)
Community Care	189.541	192.488	2.947	(2.200)	0.747	191.863	196.477	4.615	(3.200)	1.415
Professional & Business Enabling	10.075	10.222	0.147	(0.500)	(0.353)	7.532	6.629	(0.903)	(0.500)	(1.403)
Other	7.706	4.823	(2.883)	0.000	(2.883)	2.990	2.776	(0.214)	0.000	(0.214)
Total HSCP	674.642	684.110	9.468	(8.000)	1.468	681.036	695.207	14.171	(10.000)	4.171

5.1 Primary & Preventative Care

Variance

The budget as at November is £271.349m. The forecast after funding from reserves is £278.788, giving an adverse variance of £7.438m

The main variance is due to the increased cost of prescribing, the budget was set on a cost per item of £10.05, and the current price is projected at £10.74, the overspend on Prescribing at November is projected at £6m, which reflects the increased price and also increased volume. Primary Medical Services has an overspend of £0.700m due to 2C Practice locum costs. Other variances are due to the filling of posts in Health Visiting, CYPCNS (Children and Young People Community Nursing Service) and Child Protection posts which are required to ensure safe delivery of services.

The movement from the September position is an increased overspend of £0.516m which is mainly due to the £0.700m increase in the projected cost of 2C Practices.

The underspend saving of £5m, of which £4m was attributed to Primary & Preventative Care, is not projecting to be met in full and therefore £1m from reserves has been allocated to this saving at November.

Savings

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

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

£1.000m – Medicines Efficiencies is marked as amber and is projected to require part funding from reserves

£1.000m – Underspend savings is now marked as amber and is projected to require to be part funded from reserves.

5.2 Integrated Complex & Critical

Variance

The budget as at November is £207.302m. The forecast after funding from reserves is £204.237m, giving a positive variance of £3.065m

Before savings of £4.1m are applied the overspend is £1.035m, applying the savings results in an underspend position in this portfolio.

Mental Health Services has a projected overspend of £5m after savings, due to the increasing use of locum staff. This is partially offset by underspends of £1.5m across

Learning Disability and Psychology services. Adult Placements has a projected overspend of £3.9m which is offset by underspends in Supported Living and other budgets for named individuals which have not yet moved over to the adults' services.

The movement from September is an adverse movement of £0.099m

Savings

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

£3.000m – Digital – marked as red on RAG Status

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

£1.000m – Supplementary Staffing (Mental Health) – amber RAG Status

5.3 Integrated Community Care

Variance

The budget as at November is £191.863m. The forecast after funding from reserves is £193.277m, giving an adverse variance of £1.415m

The main variances are due an increase in agency staff in Care of the Elderly Inpatients and Older People Nursing & Residential Agency costs.

The increased movement in projection of £0.688m is due to increased use of agency staff which has now been added to the projection, it had previously been anticipated that these costs could be reduced.

The underspend saving of £5m, of which £1m was attributed to Community Care, is not projecting to be achieved and therefore £1m from reserves has been allocated to this saving at November.

Savings

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

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

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

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

£1.000m – Underspend savings is now marked as amber and is projected to require to be part funded from reserves.

5.4 Professional & Business Enabling

Variance

The budget as at November is £7.532m. The forecast after funding from reserves is £6.129m, giving an underspend position of £1.403m

The main reason for the underspend is vacant posts.

Savings

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

£0.500 – Integrated Management Teams – RAG status amber

6. Savings

The funding gap of £20.936m was identified as part of the budget setting process. As a result, savings proposals totalling £21m for 2023-24 were approved by the IJB on 31st March 2023. Due to the timing of the savings being approved, there is a risk to the full year value of savings being delivered in year 1. It is more realistic to expect 50% to be delivered during 2023-24. The IJB approved the earmarking of £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24.

As at November the projected use of the reserves is £10m. This will continue to be monitored closely until financial year end with a view to reducing the commitment against reserves when opportunity to do so arises.

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

7. Covid-19 and the Local Mobilisation Plan

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

8. Reserves

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

Reserves Balances	Opening Balance April 2023	Commitments	Allocated in Year	Balance
Earmarked Reserves	16.225	16.225	8.330	7.895
Reserves Available for use	21.494	12.873	10.724	10.770
Total Reserves at April 2023	37.719	29.098	19.054	18.665

Of the £37.719m total reserve, £16.225m relates to reserves earmarked for specific purposes. At November the balance is £7.895m, these reserves are required and any reserves not drawn at year end will require to be carried forward into 2024-25.

The reserves available for use balance at April was £21.494m, of this the IJB approved the earmarking of £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24. At November, the full £10m has been allocated. Commitments of a further £2.873m have been made. The reserves available for use balance at November is £10.770m.

At November commitments previously agreed and no longer required has increased by £0.701m. Amounts totalling £0.521m previously agreed for Reviews of Adults packages, Legal post for adults in delay and FELS equipment have been funded from other budgets and therefore have been removed from reserves, reducing the commitment required. £30k for each locality was previously approved and has only been utilised to date in one locality, the £0.180m has been removed from reserves as a recovery action.

Of the reserves available for use balance of £10.770m, £8,621m remains uncommitted, £2.149m has current commitments which will remain under review.

Details are shown in Appendix 2.

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

9. Risks and Mitigation

9.1 Savings

To deliver a balanced budget in 2023-24 savings of £21m are required. Business cases are being developed for some of these savings and reserves of £10m have been earmarked and allocated. Regular financial monitoring will mitigate the risk of savings not being delivered.

9.2 Forward Planning

A recovery plan of £4.893m was proposed and agreed in July. This has been actioned; however, we continue to see rising costs in prescribing, and the use of agency and locum staff and pay awards greater than budgeted.

We will ensure there is robust scrutiny of any spend for the remainder of the financial year to ensure utilisation of further reserves is minimised.

We are currently in dialogue with both our partners to understand the funding allocation for 2024-25. Once available we will understand more fully the budget gap and will provide an update at a future development session of the IJB. It is essential that we accurately reflect and incorporate current cost pressures as well as any known future cost pressures into our financial planning model as part of the process to reach financial balance.

10. Key Actions / Next Steps

There will be continued close monitoring of projected financial outturn.

Audrey Valente
Chief Finance Officer
18th January 2024

Appendix 2

Reserves Balances	Opening Balance April 2023	Commitments	Allocated in Year	Balance
Earmarked Reserves	16.225	16.225	8.330	7.895
Reserves Available for use	21.494	12.873	10.724	10.770
Total Reserves at April 2023	37.719	29.098	19.054	18.665

Earmarked Reserves	Opening Balance April 2023	Allocated in Year	Balance
	£m	£m	£m
PCIF	0.952	0.509	0.443
GP Premises	0.785	0.451	0.334
Interface Care	0.106	0.000	0.106
District Nurses	0.316	0.000	0.316
Alcohol and Drugs Partnership	1.619	0.300	1.319
School Nurse	0.146	0.000	0.146
Remobilisation of Dental Services	0.313	0.000	0.313
Care Homes	0.800	0.800	0.000
Buvidal	0.103	0.103	0.000
Child Healthy Weight	0.009	0.000	0.009
Afghan Refugees	0.047	0.047	0.000
Dental Ventilation	0.259	0.079	0.180
Learning Disability Health Checks	0.069	0.000	0.069
Family Nurse Partnership	0.100	0.100	0.000
Development of Hospital at Home	0.279	0.240	0.039
Breast Feeding	0.020	0.020	0.000
Delayed Without Discharge	0.025	0.025	0.000
Long Covid	0.125	0.011	0.114
Acceleration of 22/23 MDT recruitment	0.300	0.167	0.133
Unscheduled Care/ Navigation Flow Hub	2.923	1.177	1.746
Action 15/ Psychological Therapies/ Mental Health R&R	1.455	0.000	1.455
Multi Disciplinary Teams	2.166	2.166	0.000
Workforce Wellbeing Funding	0.093	0.000	0.093
Interim beds	1.288	1.288	0.000
Telecare Fire Safety	0.069	0.069	0.000
Self Directed Support (SDS)	0.407	0.407	0.000
Community Living Change Plan	1.339	0.371	0.968
Near Me	0.112	0.000	0.112
Total Earmarked	16.225	8.330	7.895

Reserves available	Opening Balance April 2023	Commitments Agreed	Drawn	Balance remaining
	£m	£m	£m	£m
Reserves available/ brought forward plus underspend	21.494			
Commitments previously agreed:				
Additional Staff to create capacity to progress transformation projects		0.594		0.594
Participation & Engagement Staff		0.146		0.146
Housing Adaptations backlog investment		0.644		0.644

Community Alarms - Analogue to Digital		1.235		1.235
Contact centre (staffing costs test of change)		0.150	0.030	0.120
Bed Flow coordinators 4FTE (temp 1 year)		0.102	0.075	0.027
Hospital at Home		0.010	0.010	0.000
Renewal of beds in hospitals		0.020	0.020	0.000
Commitments previously agreed - no longer required:				
Research Manager/ Strategic Planner - perm funding found		-0.140		-0.140
Childrens Services - Staffing ANPS - alternative funding source found		-0.273		-0.273
Upgrades to Wellesley Unit - balance left		-0.014		-0.014
Reviews of Adults Packages OP Team Costs - not required		-0.064		-0.064
Reviews of Adults Packages Adults Team Costs		-0.316		-0.316
Adults in Delay - Legal post		-0.055		-0.055
FELS equipment		-0.150		-0.150
£30k per locality		-0.180		-0.180
Approval at March Budget Meeting:				
Use of reserves to back up savings programme/ timing		10.000	10.000	0.000
Approved at July IJB Committee				
Test of Change Levenmouth Locality		0.068		0.068
Digital - update of website		0.080		0.080
MH Triage Car - from Locality funding		0.030		0.030
Pharmacy/Pain post		0.060	0.036	0.024
FELS driver Temp 6 months- increased equipment delivery		0.050	0.050	0.000
Housing		0.370		0.370
NHS IT equipment		0.015	0.012	0.003
Gas Electric increases		0.491	0.491	0.000
Total		12.873	10.724	2.149
Uncommitted amount to be carried forward		8.621		8.621
Total balance at YE - includes balance of commitments				10.770

Appendix 3

Tracked Approved Savings HSCP - Approved 2023-24	Savings Target £m	Forecast £m	(Under)/ Over Achieved £m	Rag Status
Digital Sensor Technology -transform overnight care	3.000	0.000	-3.000	Red
Bed Based Model	1.000	0.000	-1.000	Red
Home First Commissioning Transformation	1.000	0.000	-1.000	Red
Securing a sustainable Medical Workforce and reducing locum spend	0.500	0.000	-0.500	Red
Modernising Administration Services	0.500	0.500	0.000	Amber
Integrated Management Teams	0.500	0.000	-0.500	Amber
Medicines Efficiencies programme 2023-25	3.650	2.650	-1.000	Amber
Nurse Supplementary Staffing	2.000	1.000	-1.000	Amber
Transforming Centralised Scheduling	0.087	0.087	0.000	Green
Implementation of Payment Cards	1.000	1.000	0.000	Green
Community Service Redesign	1.000	1.000	0.000	Green
Day Service Redesign (older people)	0.500	0.500	0.000	Green
Use of Underspends	5.000	3.000	-2.000	Amber
Supported Living Rents Income Maximisation	1.000	1.000	0.000	Green
Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.400	0.400	0.000	Green
Maximising Core Budget (Alcohol and Drugs)	0.300	0.300	0.000	Green
TOTAL	21.437	11.437	-10.000	53%

Rag Status Key:-

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

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

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

Summary			
Rag Status	Savings Target £m	Forecast £m	(Under)/ over £m
Green	4.287	4.287	0.000
Amber	11.650	7.150	(4.500)
Red	5.500	0.000	(5.500)
Total	21.437	11.437	(10.000)



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	2 February 2024
Agenda Item No:	7.2
Report Title:	Performance Report – Executive Summary
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance and Commissioning
Report Author:	William Penrice, Service Manager (Performance Management & Quality Assurance)

1 Purpose

This Report is presented to the Committee for:

- Assurance
- Discussion

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

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

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

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration

2 Route to the Meeting

The Performance report is presented to the Finance, Performance and Scrutiny Committee on a regular basis, however at their meeting on 18th January, members has the first opportunity to view and discuss the updated Performance Report.

The Committee noted the progress and welcomed the progress made, particularly in visualising information and use of more up to date proxy indicators for the MSG indicators.

Route Following the Meeting

The report will be discussed at the newly set up senior leadership performance board.

3 Report Summary

3.1 Situation

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

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integrated Joint Board. The Fife H&SCP board has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The Fife H&SCP board is responsible for the operational oversight of Integrated Services, and through the Director of Health and Social Care will be responsible for the operational management of these services.

3.3 Assessment

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

- National Health and Social Care Outcomes
- Health and Social Care – Local Management Information
- Health and Social Care – Management Information

The report is largely laid out in the format of previous reports, but has been simplified. The committee will be aware of the intent to change the formatting of the regular performance reports and to update the content, specifically the indicators reported. This is laid out in the revised Performance Framework. This framework outlines an approach based on enhanced data and analytics capability which is currently under construction.

Updating the indicators will –

- increase the scope of performance covered.
- allow the inclusion of more up to date proxy indicators for the MSG indicators which tend to be updated relatively infrequently and consequently are reporting on performance some time in the past.
- Make better use of improved but ongoing data and analytic capability.

Indicators will be developed in the coming months through the creation of an SLT Performance Board.

Activity to construct data flows and analytics required to underpin the new approach are ongoing, but it is the intention that this will be the last report in this format.

Some initial proxy MSG Indicators are included for the first time to allow the inclusion of more timeous data to the committee, these will also be developed in the coming months, but provide a starting place.

3.3.1 Quality / Customer Care

Management information is provided within the report around specific areas, for example, complaints. The report highlights performance over several areas that can impact on customer care and experience of engaging with the Health & Social Care Partnership. Where targets are not being achieved, improvements actions would be taken forward by the Head of Service and relevant Managers across the service.

3.3.2 Workforce

The performance report contains management information relating to the Partnership's workforce however, any management action and impact on workforce would be taken forward by the relevant Head of Service.

3.3.3 Financial

No financial impact to report.

3.3.4 Risk / Legal / Management

The report provides information on service performance and targets. Any associated risks that require a risk assessment to be completed would be the responsibility of the service area lead manager and would be recorded on the Partnership Risk Register.

3.3.5 Equality and Diversity, including Health Inequalities

An EqlA has not been completed and is not necessary. The report is part of the governance arrangements for the Partnership to monitoring service performance and targets.

3.3.6 Environmental / Climate Change

There are no environmental or climate change impacts related to this report.

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

No consultation is required.

4 Recommendation

The report is submitted to assure the Integration Joint Board that the full report has been discussed at the relevant committee, the areas which require improvement are highlighted in the appendix and are subject to continual scrutiny by Head of Service

5 List of Appendices

None.

6 Implications for Fife Council

None

7 Implications for NHS Fife

None

8 Implications for Third Sector

None

9 Implications for Independent Sector

None

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

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

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Fife Health & Social Care Partnership



Performance Report Executive Summary

January 2024

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Executive Summary

Introduction

Fife Health & Social Care Partnership delivers a wide range of delegated services on behalf of both NHS Fife and Fife Council as described within the Integration Scheme. The Health and Social Care Partnership is working towards delivery of the Health and Social Care Strategic Plan which is cognisant of the national outcomes of Integration, NHS Fife Clinical Strategy and the Plan for Fife.

This report details the performance relating to Partnership services which include both national and local performance as well as management performance targets. Many of these measures are already regularly included and referenced in reports to NHS Fife and Health & Social Care Partnership Committees.

Summary of Performance

The performance picture across the Partnership continues to be variable and reflects the complex mix of services, seasonal variation and the current challenging national landscape for health and social care.

Waiting times for care at home packages has improved significantly with a fall of 86% from the peak in October 2022 to October 2023. Assessment Units, STAR Beds and START packages of care are all at the lowest levels for October in the last 3 years.

Weekly hours required for the care of older people both externally, internally and adult package of care have all increased from October 2022 to October 2023 and are all higher than the 3-year average for the month of October.

Delayed discharge (% of bed days lost) is currently 7.5% (2.5% above the target), however this is the lowest value for November over the last 3 years.

Waiting times (18 weeks RTT) for CAMHS (74.3%) and Psychological Therapies (66.8%) Drug and Alcohol waiting times (89.3%) are all below the 90% target and at the lowest levels for October over the last 3 years.

Smoking cessation is consistently below the target trajectory and was last achieved in January 2022. July 2023 cumulative actual quits are at the lowest level in July over the last 3 years. Alcohol Brief interventions have exceeded the agreed trajectory for the last 2 quarters in a row.

Health and social care absence rates have fallen greatly to 11.6%, with NHS Fife absence increasing to 7.37% overall.

58% of complaints were responded to within the statutory timescale however this is well below the 80% target required.

Fiona McKay

Head of Strategic Planning, Performance and Commissioning

Performance Matrix & Information

The Ministerial Strategic Group for Health and Community Care (MSG) requested partnerships submitted objectives towards a series of integration indicators based on 6 high level indicators.

The table below shows current performance against these. The table summarises the current performance of each indicator's latest rolling month's data from the previous financial year's data. It uses the newest complete month and takes the sum of the 12 months prior and compares this with the previous financial year. For example, if the latest data for an indicator is available in July 2020, this will compare the rolling year figure (sum of previous 12 months i.e., from August 2019 to July 2020) with the equivalent figure from the 2019/20 financial year.

Arrows showing comparisons from the previous financial year are shown, with Green positive, red negative or yellow no change (as demonstrated on the key below). Percentage differences between the two figures are also provided.

Due to the delay in collating these national figures, more up to date proxy indicators are provided in the next section where possible.

MSG Indicator	MSG Description	Latest Available Month	Previous Rolling Year	Fife Previous Rolling Year Total	Fife Current Rolling Year*	Fife Rolling Year diff from Previous Rolling Year	% Diff
1a.1	Emergency Admissions	Jun-23	Jun-22	43,320	45,102	↑ 1,782	4.11%
1b.1	Emergency Admissions from A&E	Sep-23	Sep-22	22,378	23,647	↑ 1,269	5.67%
1b.2	A&E Conversion Rate (%)	Sep-23	Sep-22	25.52%	25.88%	↑ 0.36%	0.36%
2a.1	Unscheduled hospital bed days	Mar-23	Mar-22	243,288	240,684	↓ 2,604	-1.07%
2b.1	Unscheduled hospital bed days - GLS	Sep-22	Sep-21	11,391	12,662	↑ 1,271	11.16%
2b.2	Unscheduled hospital bed days - Mental Health	Dec-22	Dec-21	66,555	60,646	↓ 5,909	-8.88%
3a	A&E Attendances	Sep-23	Sep-22	88,437	91,669	↑ 3,232	3.65%
3b	A&E % seen within 4 hours	Sep-23	Sep-22	76.13%	72.73%	↓ 3.40%	-3.40%
4.1	Delayed discharge bed days: All reasons	Sep-23	Sep-22	43,638	38,498	↓ 5,140	-11.78%
4.2	Delayed discharge bed days: Code 9	Sep-23	Sep-22	14,721	15,428	↑ 707	4.80%
4.3	Delayed discharge bed days: Health and Social Care Reasons	Sep-23	Sep-22	28,818	22,740	↓ 6,078	-21.09%
4.4	Delayed discharge bed days: Patient/Carer/Family related reasons	Sep-23	Sep-22	99	330	↑ 231	233.33%
5a.1	Percentage of last six months of life: Community	2021/22	2020/21	90.73%	90.55%	↓ 0.18%	-0.18%
6.1a	Percentage of population (Home - Unsupported)	2021/22	2020/21	93.16%	93.47%	↑ 0.31%	0.31%
6.1b	Percentage of population (Home - Supported)	2021/22	2020/21	3.23%	2.88%	↓ 0.35%	-0.35%
↑↓	Improvement of indicator from previous						
↑↓	Worsening of indicator from previous						

Proxy MSG Indicators

The MSG indicators are the main indicators we report nationally. We submit data to Public Health Scotland who collate these from all areas of Scotland. This process takes several months, and sometimes longer and individual partnerships do not have access locally to all of the information as it requires data to be collated from several health boards. This is because some Fife residents will receive services in adjoining areas.


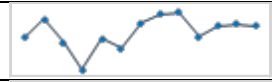
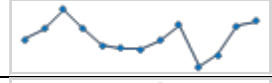




Rather than report information, which is many months old, it is advantageous to develop local indicators, which while not being MSG indicators, nonetheless give a good indication of likely performance using more readily available information. For instance, rather than any Emergency Admissions by Fife residents to any hospital, we can provide a good, more up to date figure by reporting on admissions to hospitals in Fife.

These are distinct from the local indicators on the performance report scorecard later in the report, which are not MSG indicators and relate to indicators we have chosen to look at locally.

It is intended to replace these MSG indicators with more timeous proxy indicators in future reports. We will still require reporting the MSG indicators produced by Public Health Scotland in an appropriate place.

These proxy indicators therefore provide a more up to date picture of performance than the nationally collated MSG Indicators. They are similar but are generally confined to visits to locations within Fife and **are therefore not comparable to the main MSG Indicators.**

Additional proxy indicators for MSG indicators will be developed.

Proxy MSG Indicator	Most recent update	Current value (for month)	Percentage Change from same month last year Nov 22 to nov 23	Change over 13 months
Emergency Admissions (VHK, adult wards only)	Nov-23	3104 admissions	+11.9%	
Emergency Admissions from A&E (VHK)	Nov-23	1808 admissions	+4.4%	
A&E Conversion Rate (VHK)	Nov-23	33.4 attendances	+5.0%	
A&E Attendances (all sites)	Nov-23	6972 attendances	+0.3%	
A&E Attendances (VHK)	Nov-23	5407 attendances	-0.9%	
A&E % seen within 4 hours (All sites)	Nov-23	74.1%	+5.7%	
A&E % seen within 4 hours (VHK)	Nov-23	66.6%	+7.6%	

Performance Report Scorecard - January 2024

Performance Section	Performance Indicator	Current Target	Reporting Period	Current Performance	Performance against Target	13-month Trend	Summary
Internal Indicators	Assessment Beds - Length of stay upon discharge	42 Days	Dec-23	71			Average of 71 days in October, 29 days more than target, and 14 days more than 3-year average for December.
	STAR Beds Length of stay upon discharge	42 Days	Dec-23	35			Average is currently 35 days (7 days less than target), this is the lowest for December in 3 years.
	START Length of stay upon discharge	42 Days	Nov-23	51			Average is currently 51 days (9 days above target) however, this is the lowest for November in 3 years.
	Interim Placements Length of time between Placement & Discharge	56 Days	Nov-23	57			Average Length of Stay is currently 47 days (5 days below target).
	Nursing & Residential Long Term Care Population		Dec-23	2,475	N/A		There were 2475 individuals residing, 47 more than the 3-year average for December.
	Demand for new Care at Home Services Number of waiting		Dec-23	53	N/A		There are 53 people waiting, this is 413 Less than the previous 2-year average for December, the care at home hours required reduced accordingly.
	Demand for new Care at Home Services Number of hours		Dec-23	323	N/A		
	Older People - Weekly hrs Externally Commissioned Care at Home		Nov-23	21,592	N/A		Weekly hours 21,592, the highest recorded for November, 2716 more than the 3-year average for this month.
	Weekly Hrs Care at Home Internal Services		Dec-23	10,729	N/A		Last week in October 10,729 hours were provided, 441 hours less than the 3-year average for December.
	Adults - Weekly hrs Externally Commissioned packages of Care		Nov-23	10,643	N/A		Last week in November 10,643 hours were provided for CAH, 75 hours more than the 3-year average for November.
	Adults - Weekly Hrs Externally Commissioned Supported Living		Nov-23	38,754	N/A		Supported Living hours were 38,754, 322 more than the 3-year average for November.
	Technology Enabled Care - Total Number Provided in Month		Nov-23	7,972	N/A		
	Technology Enabled Care Total Number New Services in Month		Nov-23	204	N/A		The number of clients was 7972 of which 204 were new clients, 1% higher than last month.

Key:

Current performance does not meet target	
Current performance 5% negative to target	
Current performance meets/exceeds target	


Performance Report Scorecard - January 2024


Performance Section	Performance Indicator	Current Target	Reporting Period	Current Performance	Performance against Target	13-month Trend	Summary
Local Delivery Plan Standards (LDP)	Operational Performance Delayed Discharge (% of Bed Days Lost)	5%	Dec-23	7.10%			December is currently 7.1% (+2.1% above target). This is the lowest performance in December for the past 3 years.
	Public Health & Wellbeing CAHMS Waiting Time	90%	Nov-23	60.80%			Performance has dropped to 60.8%, This is the lowest performance in November for the past 3 years.
	Public Health & Wellbeing Psychological Therapies Waiting Time	90%	Nov-23	64.00%			Performance has dropped to 64.0%, the lowest level in 4 years and 26.0% below target.
	Public Health & Wellbeing Smoking Cessation	473	Aug-23 (YTD)	77			Performance against trajectory is 39.1%, 1.4% less than was achieved in July.
	Public Health & Wellbeing Drug & Alcohol Treatment Waiting Times	90%	Sep-23	89.30%			Performance is 89.3% (0.7% below target), this target has not been achieved this financial year.
	Public Health & Wellbeing Alcohol Brief Interventions	80%	Sep-23 (YTD)	125.50%			Performance (125.5%) against the agreed trajectory is at the highest level it has been.
Management Information	Health & Social Care Partnership (H&SCP) Staff Absence		Oct-23	11.60%	N/A		11.6% absence rate, 1.5% less than this time last year.
	NHS Staff Absence		Nov-23	7.93%	N/A		7.93% absence rate, 0.89% more than this time last year.
	Complaints to H&SCP responded to within statutory target	80%	Nov-23	58.00%			58% of complaints responded to within timescale, 26 % higher than November last year.
	Information Requests to H&SCP responded to within statutory target	80%	Oct-23	89.00%			89% were responded to within timescale, 9% above target and 17% greater than last October.


Key:


Current performance does not meet target	
Current performance 5% negative to target	
Current performance meets/exceeds target	

Local Performance Indicators


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Assessment Unit - Assessment Beds	42 Days	Dec-21	71 days Dec-23	
<p>This model supports people to leave hospital and finalise their assessment within a Care Home.</p> <p>Average Length of Stay on Discharge for individuals at week ending the 31 December 2023 was 71 days. During the month of December there were 24 admissions and 15 discharges. Of those 15 discharges 4 were below or met the service expectation of 42 days. Of those over the service expectation one person was 206 days and 3 others over 100 days.</p> <p>The average length of stay is affected by those in an assessment bed waiting on placement within a care home of their choice with a suitable vacancy.</p> <p>The average length of stay on discharge continues to fluctuate. This is mainly due to a number of individual's first choice care home not having capacity to admit, resulting on a wait on this becoming available. It is always the intention to provide an individual's first choice care home as part of a person-centred approach. Reviews of those waiting on a long-term placement are completed on a regular basis, and in some cases, discussion may take place around alternative care home choices.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Short Term Re-ablement beds (STAR)	42 Days	Dec-23	35 days Dec-23	
<p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home.</p> <p>Average Length of Stay on discharge on 31 December 2023 was recorded at 35 days, which is within target. During the month of December there were 4 admissions and 2 discharges. Both discharges in December were below the 42 days.</p> <p>The average length of stay is affected by those in a STAR Bed, who's circumstances have changed, and they are now awaiting a long-term care home placement within a care home of their choice with a suitable vacancy, which may not have a suitable vacancy or capacity to accept admission into their care home from the STAR bed placement.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Short Term Assessment & Review Team (START)	42 Days	Aug-18	51	Nov-23 
<p>The START service is delivered by Fife Health & Social Care partnership Home Care service. The average length of stay within Start can fluctuate on a number of factors. Services are normally provided for 6 week (42 days target) but this can extended depending on someone's needs/abilities.</p> <p>In November 2023, START recorded 51 days for an average period of support to individuals who finished their involvement with the service, which is slightly above the service expectation.</p> <p>The demand has continued to rise which impacts on the ability of assessors to complete the final review at the 6-week point.</p> <p>If continuing care and support is required then transferring from Start to an ongoing support provider, either internal or external, also requires their capability of providing more support to service users and the capacity to do so when again demand is increasing month on month.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Interim Placements	56 Days	Nov-23	47	Nov-23 
<p>Interim Placements are to support individuals who require a limited period within a care home setting for 6 to 8 weeks until their care at home service has been sourced. Interim Placements are to support enablement and confidence to maintain daily living skills to support a return to their own home.</p> <p>Average Length of Stay on discharge at 31 November 2023 was recorded at 47 days, which is below the target. This is however based on only one discharge during the month of November. There were no placements during November, and a total population of 6 individuals in Interim Placements at the month end</p> <p>The average length of stay is affected within an interim bed placement awaiting to return to their own home due to availability of a suitable care at home service to allow a safe return to the individuals own home. Reviews of those in an interim placement are completed on a regular basis, and regular contact is made with both HSCP and external care home providers to source suitable care at home service.</p>				


LDP Standards


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Delayed Discharge (% of Bed Days Lost)	5%	Jun-23	7.1%	Dec-23 
<p>Reduce the hospital bed days lost due to patients in delay, excluding code 9, to 5% of the overall beds occupied.</p> <p>The percentage of Bed Days lost to 'Standard' delays decreased to 7.1% between November and December 2023. This has been maintaining above the 5% target since July 2023, however in the previous 2 years we have been continually above the target.</p> <p>The number of Bed Days lost to 'Standard' delays in December decreased by 100 compared with the month previous (-4.7%). The number of Bed Days lost to 'Code 9' delays in December increased by 5 compared with the month previous (<1%).</p> <p>Comparing year-on-year, the overall numbers in delay at census point were less for December 2023 (98) than the same month in 2022 (108).</p> <p>Community saw 50% less 'Code 9' delays than the year previous (similar numbers of 'Standard' delays); and MH/LD saw 7 more 'Standard' delays (+100%) and 7 more 'Code 9' delays (+70%).</p> <p>The most recent monthly publication from Public Health Scotland, for data up to end of November 2023, showed that NHS Fife remains in the mid-range for Standard Delays at Census by Local Authority of Residence.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
CAMHS Waiting Time	90.0%	Mar-23	60.8%	Nov-23 
<p>At least 90% of clients will wait no longer than 18 weeks from referral to treatment.</p> <p>Monthly performance decreased from 74.3% in October 2023 to 60.8% in November.</p> <p>For the first time since November 2022 young people are having to wait more than 35 weeks for treatment (2, both booked December 23) whilst the number of those waiting between 19-35 weeks decreased from 87 in October to 49 in November.</p> <p>The percentage of those waiting less than 18 weeks increased from 67.9% in October to 78.6% in November.</p> <p>The number of referrals received in November was 289, a 40.9% increase from October, the highest figure since March 2023.</p> <p>The overall waiting list saw a decrease (271 in October compared with 238 in November).</p> <p>Work on the longest waits is ongoing with evening clinics continuing, and of the 87 waiting over 18 weeks, 55 have appt booked. Overall, the number on the waiting list has reduced.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Smoking Cessation	473	N/A	77	Aug-23 
<p>In 2023/24, we will deliver a minimum of 473 accumulated days post 12 weeks smoking quits in the 40% most deprived areas of Fife.</p> <p>There were 13 successful quits in August 2023, which is 26 short of the monthly target and 4 less than was achieved in August 2022. Achievement against trajectory is 39.1%, which is 1.4% less than was achieved in July 23.</p> <p>Specialist service provision has increased to 37 clinics Fife wide; these are 27 community-based and 10 GP based clinics; There has been a marked decrease in referrals and signposting from GP and other health professionals. To address this, we have ongoing Very Brief Advice (VBA) stands within GP practice and health centre locations.</p> <p>Regular visibility has supported increased engagement with the service: 287 appointments have been offered Fife wide in November, with 72 of these being DNA status. Service continues to utilise the mobile unit, accessing various communities and supporting local groups or events; we have worked with 3rd sector organisations and attended the Poverty Action Community events to offer VBA and raise awareness of the service and support available, we have attended 18 events in November and undertaken 226 VBA contacts. Following on from the positive work carried out with Fife maternity services we are now receiving early referrals for maternity clients at first point of contact with a midwife for those who report to be smoking as an opt out basis. This is positive progress, as being able to support women earlier, means early intervention can make a significant difference to baby and mothers health, with the aim to quit smoking prior to 16 weeks of pregnancy. We look forward to seeing the success of this work with improved 12 weeks quits early in the new year.</p> <p>Staffing capacity remains in deficit: Two staff are at varying stages of completing their specialist training to complete the Smoking Cessation Competency Framework; one advisor is on maternity leave, and we have 0.8 WTE vacancy in the team. Issues with Public Health Scotland data base (ISD) have yet to be fully resolved, impact remains as to accuracy of records and reporting on a local and national level.</p> <p>Plan for a targeted and coordinated approach to address smoking prevalence at in-patient sites for visitors, patients, and staff, is at final stages, alongside work to promote service.</p> <ul style="list-style-type: none"> - Engage with people who are smoking and raise awareness of the temporary abstinence model and/or to provide smoking cessation support on site. - Increased presence on primary care sites to encourage health professionals to use appropriate referral pathways. - Attend GP protected learning time sessions to discuss support and QYW service available. - Work underway to support respiratory clinics to have an opt out referral pathway to QYW (mirroring our maternity referral pathway). 				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Drugs and Alcohol Waiting Times (21-day RTT)	90.0%	Mar-23	89.3% Sep-23	
<p>90% of patients to commence treatment within 3 weeks from referral.</p> <p>Performance in September was 89.3 % the highest level in the last 4 months, 0.7% below the 90% target.</p> <p>Over the past 2 years, NHS Fife Addiction Services, along with colleagues in partner organisations, have been working hard to implement the Scottish Government's Medication Assistance Treatment (MAT) Standards, aimed at delivering evidence-based interventions to address the high prevalence of drug related deaths in Scotland. Since implementation of MAT. An unintended consequence to MAT implementation is that alcohol-related referrals were not subject to similar structures implemented as for drug-related referrals. NHS Fife currently employs 6.6 WTE (7 nursing staff) to treat patients with alcohol problems. (One staff member is new into post and not yet fully trained in this is area of work). There are currently 354 active patients with alcohol problems in the service – shared amongst the 6.6 WTE.</p> <p>NHS Fife Addiction Services is overall under-resourced to deliver to the expected standards (MAT standards and additional ADP priorities) – West Fife in particular is subject to a higher shortfall of WTE, compared to WBH and Cameron Hospital.</p> <p>Moving staff from addressing drug-related problems to addressing alcohol-related problems, is not a viable solution, as it will result in MAT standards not being met.</p> <p>Out of the 84 referrals in the last quarter not meeting the wait time target, 37 had been offered an appointment within the wait time period but 'did not attend' (DNAs) their first appointment. A further 9 had been offered an appointment within the wait time period but 'could not attend' (CNAs) their first appointment.</p> <p>NHS Fife Addiction Services would be more likely to meet the target of initiating treatment within 3 weeks from referral for 90% of cases if DNAs & CNAs were reduced. Further analysis is required to consider potential reasons for DNAs & CNAs.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Alcohol Brief Interventions	80.0%	Jun-23	125.5%	Sep-23 
<p>Alcohol Brief Interventions in priority settings for quarter ending September 2023 has exceeded planned trajectory for the second quarter in a row with 125.5%.</p> <p>There was a clear increase in ABIs post COVID-19 pandemic for several possible reasons. Firstly, the returning to a more "normal" service provision whereby restrictions were lifted allowing GPs to start seeing patients face to face again, would have created opportunity for more alcohol screening and subsequent ABIs to be carried out. This is likely to have also caused increases at other locations including A&E, maternity services and also within the ADP's statutory and commissioned services. Additional commissioning and provision of further services prompted by increases in funding has also increased opportunity for further ABI delivery at sites not previously accessed such as prison and police custody suites. This can also be seen in the tracking data where the steady increase spikes significantly in line with that. The ADP support team has also encouraged all services to increase opportunity for ABI delivery within its six-monthly performance monitoring framework. Anecdotally the volume increase in ABI delivery could be explained by increases in alcohol consumption during and post pandemic though this can only be confirmed by further analysis.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Psychological Therapies Waiting Times	90.0%	Feb-20	64.0%	Nov-23 
<p>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</p> <p>The number of patients who waited less than 18 weeks was 478, from a total of 747 who were treated in October 2023. Monthly performance therefore decreased from 66.8% in October 2023 to 64.0% in November. This is below target and out with control limits.</p> <p>Increased activity associated with additional posts from FHSCP and SG investment is resulting in continuing progress in reducing the waiting list, as can be seen in the reduction in the overall waiting list. However, the Service is not currently in balance, due to ongoing recruitment issues. This means that the numbers waiting will continue to increase if referrals remain stable, and longer-term analysis shows that referral rates for PT remain high, despite monthly variation as shown in the September to October figures.</p> <p>Increased activity is leading to more people being taken off the waiting list, and we are offering more first therapy appointments year-on-year. However, because most of the people being offered first therapy appointments have waited more than 18 weeks, this results in reduced performance against the PT target. This will continue until the waiting list is reduced to the point that most new therapy starts are within 18 weeks.</p>				

Management Performance Indicators

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Complaints and Compliments	80%	Mar-21	58%	Nov-23 
<p>80% of Complaints responded to within statutory timescales</p> <p>During November 2023 the Partnership closed 40 complaints. This included 10 complaints closed by Social Care, and 30 complaints closed by NHS Fife. Of these, 21 (53%) were identified as Stage 1 complaints, and 19 (47%) were classified as Stage 2 complaints. In November 2023, 58% of complaints were responded to within the statutory timescales.</p> <p>Following a drop in performance during 2022. Steps have been taken to introduce additional resource to support the complaints process with a view to improving performance data and sustaining improvements going forward.</p> <p>During the coronavirus outbreak the Partnership has followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This has involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety.</p> <p>In September 2021 NHS Fife introduced temporary changes to their complaints process that enable colleagues to focus on clinical priorities. This has reduced the number of complaints closed by NHS Fife. The number of complaints and enquiries received by the Partnership continues to increase. This is likely to impact on future performance, particularly response timescales.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Information Requests	80%	Sep-23	89%	Oct-23 
<p>80% of Complaints responded to within statutory timescales</p> <p>During October 2023, the Health and Social Care Partnership closed 27 information requests, of these 24 (89%) were responded to within required timescales.</p> <p>In comparison, during 2022 the Partnership closed an average of 29 information requests each month, this is an average of 13 NHS Fife, and 15 Social Care, requests each month. The IJB closed 12 information requests during 2022.</p> <p>Overall performance for 2023 is 76%, this is below the target of 80% of requests responded to within required timescales.</p>				



Meeting Title: Integration Joint Board

Meeting Date: 2 February 2024

Agenda Item No: 7.3

Report Title: IJB Strategic Risk Register

Responsible Officer: Nicky Connor, Director of Health and Social Care

Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

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

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

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

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

2 Route to the Meeting

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

- Senior Leadership Team.
- Audit and Assurance Committee – 19 January 2024 where members approved submission to the Integration Joint Board.

3 Report Summary

3.1 Situation

As required by the Integration Scheme and set out in the IJB Risk Management Policy and Strategy (RMPS), the IJB has in place a Strategic Risk Register which highlights the key risks to delivery of the Strategic Plan. The risks on the IJB Strategic Risk register are managed by the Senior Leadership Team (SLT).

3.2 Background

The IJB Strategic Risk Register was last presented to the Audit and Assurance Committee at its meeting of 19 January 2024.

3.3 Assessment

The risks on the IJB Strategic Risk Register were last reviewed by risk owners in December 2023. All risks are being presented to the two other Governance Committees in this committee cycle, along with a deep dive risk review on risk 19 – Demographic/Changing Landscapes. Risk 15 - Participation and Engagement is proposed for closure and this will be considered by Quality and Communities Committee at their meeting scheduled for 17 January 2024. All other risks have remained at the same scoring level.

The target risk scoring date for risks 19 (Demographic/Changing Landscapes) and risk 20 (Transformation/Change) has been amended to March 2026.

The current four high-level risks are as follows:

	Risk	Residual Risk Score
3	Finance - There is a risk that the financial resources available to the IJB may not be sufficient to deliver the integrated services as set out in the Strategic Plan	HR (16)
26	Primary Care Services There is a risk that the funding and resourcing of the Primary Care services is insufficient to provide a sustainable service and ensure delivery of quality services and the outcomes of the Strategic Plan.	HR (16)
7	Workforce - There is a risk that the delegated bodies and partners across the system are unable to deliver some elements/aspects of the Workforce Strategy & Action Plan 2022 - 25. This risk may arise as a result of a wide range of internal and external factors; the challenge of retaining and recruiting staff across the system; the impact of a changing age demographic on the people of Fife and our workforce; the impact of the increased pressure across the workforce on mental health and wellbeing; challenges around leadership capability and impact on organisational culture. The impact of this risk may be an inability to deliver the objectives of the Strategic Plan due to reduced levels and quality of service, low staff morale and impact on our financial strategy.	HR (16)
19	Demographic/Changing Landscape Impacts – There is a risk that the IJB will not be able to deliver the outcomes of the Strategic Plan due to the impact of demographic changes, population growth, financial pressure and the changing landscape of Health and Social Care.	HR (16)

The Strategic Risk Register is shown at Appendix 1. This report shows the risk, risk scores, relevant governance committee(s) and last date the risks were submitted to that committee. The report also gives the trend in terms of the residual risk score over the last two reviews.

The following shows the risk profile of the IJB, using the individual risk reference numbers, as of December 2023, and January 2023.

December 2023

				3, 19, 26, 7	
		1	9, 11, 20, 21, 27		
		15	24	12, 10	
Likelihood					
	Consequence				

January 2023

			3, 21, 26, 27, 7		
		1, 15	9, 19, 11, 20		
			24	12, 10	
Likelihood					
	Consequence				

The risk matrix is shown at Appendix 2.

3.3.1 Quality / Customer Care

The existence of an IJB Strategic Risk Register will support quality and customer care issues.

3.3.2 Workforce

No direct workforce implications for the risk register report but there are individual risks that have workforce implications.

3.3.3 Financial

No direct financial implications for the risk register report but there are individual risks that have financial implications.

3.3.4 Risk / Legal / Management

The IJB and its governance committees need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan. The Audit and Assurance Committee, in its meeting of 19 January 2024 had a discussion on the appropriateness of the target dates and scores, and these were felt to be reasonable and realistic. The Committee noted that the Quality and Communities Committee had approved the closure of risk 15 – Participation and Engagement at their meeting of 17 January 2024.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

There are no direct environmental or climate change impacts

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

Consultation has taken place with members of the Health and Social Care Partnership Senior Leadership Team and the risk register was discussed at the Audit and Assurance Committee in its meeting of 19 January 2024

3.4 Trend Analysis

The chart below shows the trajectory of risk scores from November 2020 to the target date of March 2025. On the current trend we have met the target ahead of time for Participation & Engagement as well as Governance, however, there are concerns that within the timescale remaining we may not reach our target for Primary Care Improvement Programme (PCIP), now Primary Care Services, Clinical & Care Governance as well as Governance Arrangements – Protection of Adults & Child Protection. These are the 3 with the largest gap from the current score.



4 Recommendation

- **Assurance** – This report is presented for assurance that risks continue to be managed by the relevant risk owners.
- **Discussion** – Members are asked to discuss the IJB risk register and whether any further information is required.
- **Decision** – Members are asked to approve the risk register.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – IJB Strategic Risk Register December 23

Appendix 2 - Risk Assessment Matrix

6 Implications for Fife Council

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place.

7 Implications for NHS Fife

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place.

8 Implications for Third Sector

Not applicable.

9 Implications for Independent Sector

Not applicable.

10 Directions Required to Fife Council, NHS Fife or Both

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

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Risk Register

IJB Strategic Risk Register - as at 01/12/23

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Actions		Risk Ownership								Trend since Jun 23	Trend since Sep 23					
							Internal Controls	SMART Actions	Residual Likelihood	Residual Consequence	Target Risk Grade	Target Risk Date	Accountable Officer	Managed by	Next Review Date	Review Results			Date last reviewed	Risk Status	Relevant Performance Information	Latest Date	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
3	IJB Strategic Risk Register	May-15	Finance - There is a risk that the financial resources available to the IJB may not be sufficient to deliver the integrated services as set out in the Strategic Plan	Almost certain (5)	Extreme(5)	HR (25)	Regular Tripartite Meetings with Partners to discuss funding and implications of funding assumptions including inflation pressures. Balanced budget, set March 2022. Medium Term Financial Strategy in place Regular budget monitoring in place Regular financial reports to Finance and Performance Committee and IJB. Financial Recovery Plan required in an overspend position Project Management Office Transformation Change Programme in place Financial Governance Group Revised Financial Regulations and Scheme of Delegation in place Projecting reserves of £8M to be carried forward into 24/25	Grip and Control process to be rolled out across HSCP as part of the budget process by March 2024 Robust scrutiny around the business case deliverables to ensure savings will be generated to close the budget gap by November 2023 - COMPLETE Benefits tracking in relation to all other savings to close the budget gap will continue to March 2024 Recovery actions being considered due to predicted overspend. This will be reported back in September 2023 - COMPLETE up to September but further recovery action required to March 2024 . Work has begun on refreshed budget gap for 24/25 to 26/27 - This will culminate in production of budget for 24/25 in March 2024	Likely (4)	Major (4)	HR (16)	MR (12)	31/03/2025	Director of Health & Social Care	Chief Finance Officer	Feb-24	Risk reviewed and score remains at 4 x = 16. However, we need to continually monitor the situation to ensure we achieve financial balance. Target score remains at 12 due to the uncertainties over the economic position over the next two years. This will remain under review and be revised as required. Relevant completed actions are noted as internal controls.	Nov-23	Active	Over/Under spend monitoring Act v Budget Balanced Budget	Finance, Performance and Scrutiny - 12/05/23 - Deep Dive Review		
26	IJB Strategic Risk Register	Jan-20	Primary Care Services There is a risk that the funding and resourcing of the Primary Care services is insufficient to provide a sustainable service and ensure delivery of quality services and the outcomes of the Strategic Plan.	Likely (4)	Major (4)	HR (16)	Primary Care Governance and Strategy Oversight Group is in place. This brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst overseeing critical aspects of governance. It provides assurance to NHS Fife and the IJB through the appropriate sub-committees. A Primary Care Improvement Plan in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government. Review of models of care incorporating the learning from the pandemic is complete	A Primary Care Strategy is in development and will be presented to commissioners in Feb 23 and then via committees for approval in July 2023 - Complete Development of a Performance and Assurance Framework, for all component parts of Primary Care Services, covering qualitative and quantitative performance will provide robust reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to the committees quarterly by January 2024 Following approval of the Performance and Assurance Framework an annual report will be presented to Committees/IJB by July 2024 Review of leadership, management and governance structure which has been jointly commissioned by DMD and HOS with recommendations expected in November 2023 A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. This will be progressed via committees for approval and move to implementation in January 2024 . Second workshop on the refreshed PCIP to be held by November 2023 (Agreed to move to January 2024 to review and agree priorities PCIP 24/25) Remodelling and recruitment of workforce action plan resulting from earlier Committee report will be progressed as part of the refreshed PCIP by September 2023 - COMPLETE Work is progressing on the development of risk registers for the four independent primary care components - Ongoing Further guidance from SG April 2023 means risk remains high and there is a risk to patient safety due to a lack of clarity of areas of responsibility following this guidance, however local negotiations are now in place to agree transitional payment process in line with MOU2 and priorities still to be fully delivered. As part of these negotiations further clarity will be laid out to ensure patient safety and quality service delivery at this time of transition .These will be completed with plan agreed via governance structure. November 2023 - local negotiations complete and agreement reached and implemented. PCIF slippage will host costs of transitional payments in line with direction from Scottish Government Memorandum of Understanding 2 (MOU2) – in line with the direction of MOU2, the focus for the PCIP remains to be delivery of a complete CTAC and Pharmacotherapy, This programme of work will be underpinned by the PCIP 2023-2024 with regular monitoring and oversight by the GMS groups and the governance structures of the IJB. This will be reviewed - April 2024 The PCIP 2023-2024 will focus on consistency, continuity of service and communication to develop a 52 week model of service delivery for the priorities of MOU2 and continue to sustain service delivery in line with the priorities of MOU including MSK, mental health practitioners, urgent care in hours and community link workers - March 2024 Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024	Likely (4)	Major (4)	HR (16)	MR (8)	31/03/2025	Director of Health & Social Care	Head of Primary and Preventative Care	Feb-24	Risk reviewed. Actions updated. Scoring remains the same.	Nov-23	Active	PCIP Programme timeline - monitoring of progress Performance and Assurance Framework for Primary Care Strategy	Finance, Performance and Scrutiny - 15/09/23 - Deep Dive Review Quality and Communities - 07/09/23 - Deep Dive Review		

1	2	3	4	5	6	7	Management Actions		10	11	12	13	14	Risk Ownership				18	19	20	21	22	23	24
							Internal Controls	SMART Actions						Residual Likelihood	Residual Consequence	Target Risk Grade	Accountable Officer							
7	IJB Strategic Risk Register	Jan-19	Workforce - There is a risk that the delegated bodies and partners across the system are unable to deliver some elements/aspects of the Workforce Strategy & Action Plan 2022 - 25. This risk may arise as a result of a wide range of internal and external factors; the challenge of retaining and recruiting staff across the system; the impact of a changing age demographic on the people of Fife and our workforce; the impact of the increased pressure across the workforce on mental health and wellbeing; challenges around leadership capability and impact on organisational culture. The impact of this risk may be an inability to deliver the objectives of the Strategic Plan due to reduced levels and quality of service, low staff morale and impact on our financial strategy.	Likely (4)	Major (4)	HR (16)	Workforce Strategy & Plan 2022 - 2025. Year 1 Action Plan 2022 - 23. OD & Culture Specialists employed to Lead this work. Leads identified in the Year 1 Plan for each action. NHS Workforce Planning Team / Fife Council Workforce Planning system. Regular Workforce Strategy Group meetings - ensuring all key stakeholders are involved in the oversight of delivery of the Strategy & Plan. Ensure alignment with the Scottish Government's National Workforce Strategy and the Five Pillars. Three times annually reporting to SLT Assurance meetings. Annual review of Strategy. Annual refresh of the Action Plan. Annual reporting to IJB, LPF and Committees. Annual report to Scottish Government on any refresh to the Strategy. Senior & Extended Leadership Team Development sessions. Coach Approach is in place, supporting managers across the HSCP. iMatters annual improvement plan	Second year 1 update report on SMART actions to be completed by June 2023 - COMPLETE . Year 2 plan in development. This will be presented to Committees/IJB along with year 1 report and summary of short term actions, in the November 2023 cycle - COMPLETE . Extra capacity provided to collate and analyse real time workforce data for the third and independent sector. This will help to gain a broader and more accurate picture across the HSCP workforce. Arrangements are in place with the independent and third sector to collate relevant data. This work is supported initially to February 2024 . We will establish the first H&SCP Care Academy with Fife College - Updates are provided to SLT and LPF - This work will continue until April 2024 . The first Systems Leadership Programme (Senior managers) begins in March 2023 running to November 2023 - COMPLETE . New leadership programme (Team managers/supervisors) being established for delivery to begin in October 2023 - ongoing to March 2024 . Mission 25 recruitment campaign underway - running to March 2024 . iMatter improvement plan in place for 2023 - COMPLETE with record uptake - Move to internal controls as an annual action Wellbeing Strategy Group pulling together a framework and resources for staff support, supported by an OD specialist for wellbeing, who is in post for two years, by April 2024. Integration Leadership Team established May 2023. Work ongoing to develop to 2025 with annual reviews. A Primary Care Workforce strategic oversight group is being established as part of the Primary Care strategy to focus on improved sustainability across all sections of the primary care workforce by July 2024	Likely (4)	Major (4)	HR (16)	MR (12)	31/03/2025	Director of Health & Social Care	Principal Lead for Organisational Development and Culture	Feb-24	Risk reviewed and checked against the recent Audit report. Risk score remains the same but target has been increased to reflect the external factors impacting on this risk. It is unlikely the risk will reduce until more of the workforce action plans have been completed. Monitor closely over the next few months. A deep dive is to be undertaken in January 2024	Nov-23	Active	Action Plan monitoring	Finance, Performance and Scrutiny - 17/03/2023			
19	HSCP Annual Report 2016-17	Oct-17	Demographic/Changing Landscape Impacts - There is a risk that the IJB will not be able to deliver the outcomes of the Strategic Plan due to the impact of demographic changes, population growth, financial pressures and the changing landscape of Health and Social Care	Likely (4)	Major (4)	HR (16)	Current Strategic Plan 2023-2026 is in place and actions are monitored through the Strategic Planning Group and the Strategic Plan Framework Performance Reporting. Annual Report completed each year to highlight progress made with the Strategic Plan. Medium Term Financial Strategy aligned to Strategic Plan - updated annually. Regular budget monitoring will highlight any pressures. Strategic Needs Assessment completed to influence Strategic Plan	Transformational Change Programme of work aligned to the Strategic Plan- Time line to March 2026 . Delivery Plan is regularly monitored. Annual refresh of MTFS to take account of external factors (cost of living/fuel crisis etc), plus annual allocations of funding from Partner Bodies and the new Strategic Plan by March 2023 - COMPLETE . Performance Framework currently being reviewed and will be brought to IJB via SLT by September 2023 - COMPLETE . Development of an Annual Strategic Overview report, including a forward review and horizon scan, by June 2024 . Development of the Prevention and Early Intervention strategy by March 2024 (Linked to NHS Population Health and wellbeing strategy) . Following the implementation of the performance framework we will put in place a Performance Oversight Board to review and scrutinise performance by March 2024	Likely (4)	Major (4)	HR (16)	MR (12)	31/03/2026	Director of Health & Social Care	Chief Finance Officer Head of Strategic Planning, Performance and Commissioning	Feb-24	Risk reviewed. Scoring remains the same risk due to financial uncertainties. Three actions have been added. The first action is on track. The target date has been extended to March 2026.	Nov-23	Active	Performance Report linked to the Performance Framework (Includes localities) Monitoring of Transformation Programme. Workforce data Locality planning – performance reports – linked to the Prevention and Early Intervention Strategy	Finance, Performance and Scrutiny - 17/03/23 Quality and Communities - 30/06/23			
21	IJB Strategic Risk Register	Oct-17	Contractual /Market Capacity There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures and cost of living and fuel cost pressures	Likely (4)	Major (4)	HR (16)	Ongoing robust market and relationship management with the 3rd and independent sector and their representative groups. Market facilitation programme and contract monitoring process. Continued creation of capacity and capability to manage and facilitate the market. Provider Forums to support relationship and market management. SG funding toward the Living wage agreed and applied. Maximisation of internal services as necessary. Commissioning Strategy approved. Strategic Planning Group. Care at Home Collaborative is now up and running and being supported by Scottish Care. Care Home Contract agreed and in place	Reimagining the Voluntary sector programme is due to commence. This is scheduled for completion by 30/06/23 - COMPLETE . Additional deep dive into the specific recommendations of the Reimagining the Voluntary sector programme to June 2024 - This is now stage 2 of the programme to be taken forward over the next two years . Work underway to support private sector to develop using a range of opportunities. This is a programme of work which will be developed over the next year - Care Home Collaborate is in development - this will be ongoing - plan to be in place by 31/03/24	Possible (3)	Major (4)	MR (12)	MR (9)	31/03/2025	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Feb-24	Risk reviewed. Scoring remains the same. Actions on track	Nov-23	Active	Hours delivered by external providers	Finance, Performance and Scrutiny - 17/03/23 Quality and Communities - 30/06/23			

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Actions		Risk Ownership								Trend since Jun 23	Trend since Sep 23					
							Internal Controls	SMART Actions	Residual Likelihood	Residual Consequence	Residual Risk Grade	Target Risk Grade	Target Risk Date	Accountable Officer	Managed by	Next Review Date			Review Results	Date last reviewed	Risk Status	Relevant Performance Information	Relevant Committee Latest Date
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
27	IJB Strategic Risk Register	Dec-21	Whole System Capacity - There is a risk that there may be insufficient capacity across Fife's Health and Social Care system to allow enough flexibility to meet the requirements of patients/service users and the organisation and support timely discharge/flow. This could lead to an increased delay position, sub-optimum use of beds and impact on admissions. This in turn may impact on person centred care, delivery of Strategic Plan outcomes and potentially presents reputational exposure.	Likely (4)	Major (4)	HR (16)	Whole system capacity and modelling tool across the Acute and HSCP system is enabling the identification of capacity and providing early intelligence where action can be taken to mitigate capacity risks. Ongoing daily interrogation of the official delay position Daily H&SC capacity and flow huddle. Weekly MDT/whole system verification meeting Timely social work assessments to expedite discharge to interim placements. Ongoing recruitment to Care at Home Service. Pathfinder site - "Planned date of discharge". Ongoing messaging to staff - "Discharge planning from admission" Consistent approach to implementing the "Moving On" guidance and choices. Daily Bronze Control meetings. Daily Workforce hub huddles. Daily Updates to Chief Officer Attendance/absence management. Additional staff recruitment All care packages have been reviewed by June 2022 STV Advertising campaign launched 1 July 2022 to attract carers Posters developed for local advertising to attract carers Scottish Government Annual Delivery Plan submission Home First and Prevention models now in place Rapid action plan to ensure readiness for winter in place	Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty by Feb 2024 Further recruitment campaigns via Mission 25 work underway to 31 March 2024 Discharge without Delay: Planned Date of Discharge (PDD) goals in community hospitals; by September 23 - complete Transforming roles / skill mix by September 23 - complete Digital Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care by Dec 24 Hospital based assessors and social workers in every ward by Dec 23	Possible (3)	Major (4)	MR (12)	MR (8)	31/03/2025	Director of Health & Social Care	Head of Community Care Services	Feb-24	Risk reviewed - new SMART action added. Risk score remains the same.	Nov-23	Active	Number of people in delay Associated bed days lost. Delay performance rate per 100K population Weekly return to SG	Quality and Communities - 30/06/23		
9	IJB Strategic Risk Register	May-15	Strategic Plan- ability to deliver service change and reinvestment: There is a risk that the effect of our strategic plan will be limited by capacity, engagement and decision making which will impact on our ability to achieve change. This will be compounded, both financially and operationally, by the impacts of cost of living pressures and capacity of workforces to deliver.	Possible (3)	Extreme (5)	HR (15)	Current Strategic Plan 2023-2026 is in place and actions are monitored through the Strategic Planning Group and the Strategic Plan Framework Performance Reporting Annual Report completed each year to highlight progress made with the Strategic Plan Commissioning strategy approved. Strategic Planning Group Participation and Engagement Team in place Senior Leadership Team reporting to Quality and Communities Committee	Revised Commissioning strategy is being developed. Out to consultation to end March 2023. Due for completion by 30/06/23 - COMPLETE Annual report to 2023 due to complete in July 2023 - COMPLETE easy read version being developed. Monitoring of the supporting strategies through the Strategic Planning Group - 2026	Possible (3)	Major (4)	MR (12)	MR (8)	31/03/2025	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Feb-24	Risk reviewed. Risk score remains the same. Additional action added.	Nov-23	Active	Performance Report	Finance, Performance and Scrutiny - 17/03/23		

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Actions		Risk Ownership								Trend since Jun 23	Trend since Sep 23					
							Internal Controls	SMART Actions	Residual Likelihood	Residual Consequence	Residual Risk Grade	Target Risk Grade	Target Risk Date	Accountable Officer	Managed by	Next Review Date			Review Results	Date last reviewed	Risk Status	Relevant Performance Information	Relevant Committee Latest Date
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
11	IJB Strategic Risk Register	May-15	Clinical and Care Governance - There is a risk that the IJB does not receive sufficient assurance to enable it to fulfill its statutory duty for C&CG, leading to negative impacts on the delivery of care to individuals, the Strategic Plan and damage to the reputation of the partner organisations and the IJB.	Possible (3)	Major (4)	MR (12)	Qualities and Communities Committee is now in place. The Quality Matters Assurance Group reports to SLT Assurance. Governance framework is in place Systems and processes in place at all levels to provide assurance reports on a regular basis. Working towards full compliance. Qualities and Communities Committee provides oversight of all activity Quality Matters Assurance Group to enable the assurance and reassurance or escalation of Q&C matters to the IJB or partner bodies. Bi-Weekly quality huddle looking at a weekly dashboard of information. Leadership walkabouts in place Governance arrangements in Primary Care are strengthened. (Cross reference to Primary Care Services risk) Governance arrangements in Complex and Critical Care have been strengthened	Principal Social Work Officer, Deputy Medical Director and Director of Nursing to co-produce a clinical and care governance framework for the HSCP to be reported to Q&C Committee in Jan 2024 As part of the development of the C&CG Strategic Framework the issues highlighted in the recent internal audit report will be considered alongside the Blueprint for Good Governance so that assurances are linked to relevant risk, streamlined (no omission and no unnecessary duplication) relevant, reliable and sufficient. This will include documenting the assurance routes for Adult and Child Protection to the relevant committees and groups in the 3 partner bodies. To be completed by March 2024. (Audit Rec 1) Development of reporting to Q&CC and QMAG in order to link performance data to the risks to allow members to determine the impact of risk mitigations on the management of the risk by 31 March 2024 (Audit - Rec 2)	Possible (3)	Major (4)	MR (12)	LR (6)	31/03/2025	Director of Health & Social Care	Associate Medical Director Associate Nurse Director Principal Social Work Officer	Feb-24	Risk reviewed. Scoring remains the same. Further actions reflecting the recent Clinical and Care Governance audit recommendations have been added.	Nov-23	Active	Quality and Performance Report	Quality and Communities - 30/06/23		
20	HSCP Annual Report 2016-17	Oct-17	Transformation / Change There is a risk that the transformation change programmes do not meet the desired timescales or achieve the required outcomes which may impact on the quality and sustainability of services to meet the needs of the people of Fife	Possible (3)	Major (4)	MR (12)	Chief Finance Officer is named Transformation Lead Development of a Programme Management Office (PMO) and Team. Standard documentation and templates Alignment to Strategic Plan and Medium Term Financial Strategy Transformation Board established Digital Programme Manager appointed Continual review of transformation programmes and regular reporting to SLT Strategic	Transformational Change Programme of work aligned to the Strategic Plan- Time line to March 2026 . Refresh of transformation priorities in line with Strategic Plan and creation of a project dossier that defines change, redesign and transformation by 30/06/2022 - COMPLETE in relation to the project dossier - work to integrate with Strategic Plan delivery plan will follow that timetable to June 2023 - COMPLETE	Possible (3)	Major (4)	MR (12)	LR (4)	31/03/2026	Director of Health & Social Care	Chief Finance Officer	Feb-24	Risk reviewed. Scoring remains the same. Target time line extended to 2026	Nov-23	Active	Benefits realisation. Risk registers Quality and financial outcomes	Finance, Performance and Scrutiny - 17/03/23 Quality and Communities - 30/06/23		
12	IJB Strategic Risk Register	May-15	Resilience - There is a risk that the IJB is unable to fulfill its statutory role as a Category 1 responder under the Civil Contingencies Act 2004, and link appropriately with partner bodies and multi-agency partners to ensure the ability to maintain critical HSCP services and provide support to the wider Fife Community	Unlikely (2)	Extreme (5)	MR (10)	IJB's are Category 1 responders and are therefore included in Local, and National Resilience arrangements Collaborative working with Fife Council and NHS Fife Resilience Teams Monitoring and regular updating of BC plans for partner bodies. HSCP Resilience Framework Regular training and exercising of plans with partners HSCP Resilience Assurance Group set up and TOR agreed	Review of resilience arrangements to incorporate learning from Covid and development of a HSCP Resilience Framework to be completed by 30/09/23 - COMPLETE Creation of Action plan to ensure IJB is able to meet its new Statutory Responsibilities under the Civil Contingencies Act by 31/07/2022 - Action Plan created - work will continue to complete all actions by March 2024	Unlikely (2)	Extreme (5)	MR (10)	MR (8)	31/03/2025	Director of Health & Social Care	Head of Community Care Services	Feb-24	Risk reviewed. No change to risk score.	Nov-23	Active	BC Assurance. Annual Report - planning, responses and lessons learned Incident mgt	Quality and Communities - 30/06/23		

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Actions		Risk Ownership								Trend since Jun 23					
							Internal Controls	SMART Actions	Residual Likelihood	Residual Consequence	Residual Risk Grade	Target Risk Grade	Target Risk Date	Accountable Officer	Managed by	Next Review Date		Review Results	Date last reviewed	Risk Status	Relevant Performance Information	Relevant Committee Latest Date
10	IJB Strategic Risk Register	May-15	Adult and Child Protection - There is a risk that the IJB does not receive sufficient assurance to enable it to fulfill its statutory duty for Adult and Child protection, leading to negative impacts for individuals and for multi-agency working and damage to the reputation of the partner organisations and the IJB.	Possible (3)	Extreme (5)	HR (15)	<p>Chief Officer attends the Chief Officers Public Safety Group</p> <p>Identified SLT leads for Adult and Child Protection.</p> <p>Participate in multi-agency working.</p> <p>Lines of professional accountability to the AMD, AND and CSWO.</p> <p>Annual Child Protection Report</p> <p>Annual Adult Protection Report</p> <p>Established quality improvement processes and learning culture in relation to adverse events and near misses.</p> <p>Established reporting to IJB committees on Adult and Child protection.</p> <p>Recent positive Adult Protection audit</p> <p>Regular reporting of NHS ASP activity, practice issues and assurance into QMAG on a quarterly basis.</p> <p>Enhanced working with Executive Director of Nursing/NHS Fife in relation to the imminent NHS Public Protection Framework, which will deliver positive impacts for Multi-agency working</p> <p>The Executive Director of Nursing has asked the Child Protection team to contribute to an assessment of readiness for the Public Protection Assurance Framework</p> <p>Child Protection team have appointed a learning and development co-ordinator to oversee training needs assessment and delivery of single agency and multi agency training</p> <p>Head of Service chairs the NHS - Adult Support and Protection Steering Group, which incorporates all HSCP delegated services</p>	<p>Completion of re-run of interagency ASP internal audit by September 2022. - COMPLETE for the period Jan 2021 - Dec 2021. This provides the benchmark. A further audit covering the period January 2022 - Dec 2022 will take place in the first quarter of 2023. This was delayed due to the roll out of Liquidlogic and will now progress through to October 2023 - COMPLETE - This will lead to an outcome report with actions required following review. This will be presented through the governance routes in in the first half of 2024</p> <p>Deliver the improvements in the Adult Protection Audit Plan by September 2022. - COMPLETE except for the actions relating to the LiquidLogic roll out. These are expected to complete in Dec 2023 - Complete in terms of roll out. Improvement actions are ongoing.</p> <p>Gap analysis of current process/practice underway as a self evaluation against the NHS Public Protection Framework. Report from Executive Director of Nursing to be brought forward in due course by the end of December 2023</p> <p>The Child Protection Committee report is scheduled for September 2023 - COMPLETE</p> <p>Reporting of Social Work ASP activity, practice issues and assurance into QMAG is in development - updates on timescales will be provided at the next review</p> <p>The Q&CC and the IJB will receive regular and timely assurances on controls in place to manage this risk in line with the following: Explicitly linked to to the relevant risk with an explicit conclusion from the responsible officer; streamlined so there is no duplication or omission, relevant, reliable and sufficient by 31 March 2024 (Audit - Rec 3)</p> <p>Fife MAPPA Annual report to be scheduled on the Q&CC and IJB workplans at a time to allow consideration prior to concluding year-end assurances by 1 March 2024 (Audit - Rec 3)</p> <p>Regular reporting on Adult and Child Protection to the Fife Council People and Communities Scrutiny Committee and the IJB's Q&CC and SLT Governance and Assurance will be put in place by 31 March 2024 (Audit - Rec 4)</p>	Unlikely (2)	Extreme (5)	MR (10)	LR (5)	31/03/2025	Director of Health & Social Care	Principal Social Work Officer Associate Director of Nursing Head of Complex and Critical Care	Feb-24	Risk reviewed. Scoring remains the same. Further actions reflecting the recent Clinical and Care Governance audit recommendations have been added.	Nov-23	Active	Audits Self assessments	Quality and Communities - 30/06/23	
1	IJB Strategic Risk Register	May-15	Information Governance and Digital Transformation - There is a risk the information governance systems and arrangements of the IJB and partner bodies are inadequate which may lead to a negative impact on the pace of the digital transformation change agenda and information governance	Possible (3)	Moderate (3)	MR (9)	<p>The IJB Records Management Plan (RMP) was approved by the Keeper of National Records Scotland (NRS) in September 2019. This sets out the Information Governance structure for the IJB to manage records and information collected, created and held by the IJB, including policies and procedures that are created and maintained by the partner bodies. For example, Information Security policies and record disposal procedures.</p> <p>Training on Information Governance (Records Management, Data Protection and Freedom of Information) was provided to IJB members at development sessions</p> <p>Information Sharing Agreements and Data processing agreements are in place with the partner bodies</p> <p>SharePoint Site for IJB now operational</p> <p>Digital Programme Manager appointed</p>	<p>Development of the IJB's digital strategy by 31/03/24 (Aligned to timescales for workforce strategy)</p> <p>IJB Records Management Plan - 3 year improvement plan actions to be delivered by March 2024</p>	Possible (3)	Moderate (3)	MR (9)	LR (6)	31/03/2025	Director of Health & Social Care	Chief Finance Officer	Feb-24	Risk reviewed. Risk score remains the same.	Nov-23	Monitoring of the IJB Records Management Plan Monitoring of the Digital Strategy delivery Plan	Finance, Performance and Scrutiny - 17/03/23 Quality and Communities - 30/06/23		

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Actions		Risk Ownership														
							Internal Controls	SMART Actions	Residual Likelihood	Residual Consequence	Residual Risk Grade	Target Risk Grade	Target Risk Date	Accountable Officer	Managed by	Next Review Date	Review Results	Date last reviewed	Risk Status	Relevant Performance Information	Relevant Committee Latest Date	Trend since Sep 23	Trend since Jun 23
24	IJB Strategic Risk Register	Jul-18	Governance - There is a risk that the Governance arrangements, for the IJB and partner bodies, including the issuing and carrying out of Directions, are not clearly defined and collectively understood and may not produce sufficient assurance in terms of operational delivery, meeting key targets, and the aligning of services to strategic intentions, leading to concerns over delivery of the Strategic Plan outcomes, governance breaches, non-compliance issues and impact on the reputation of the IJB. There is an additional risk that governance arrangements may be impacted by the creation of the new National Care Service	Likely (4)	Major (4)	HR (16)	Integration Scheme in place Public Consultation of review of Integration Scheme complete Programme of Development sessions for IJB members is ongoing Regular audit action monitoring Governance Manual with all Governance Documentation completed and agreed Continual review of SLT governance arrangements. Extension of compliance team. Regular monitoring of the MSG actions	Annual Governance Statement to be refreshed and relevant actions to be added by July 2023 - COMPLETE Actions highlighted within Annual Governance Statement to be completed by March 2024 (For example - refresh of Directions Policy)	Unlikely (2)	Major (4)	MR (8)	MR (8)	31/03/2025	Director of Health & Social Care	Chief Finance Officer	Feb-24	Risk reviewed. Scoring remains the same and is on target but consider potential for NCS implications. Continue to monitor	Nov-23	Active	Management, Internal and External audits	Finance, Performance and Scrutiny - 17/03/23		
15	IJB Strategic Risk Register	Oct-17	Participation and Engagement - There is a risk that the IJB may not effectively communicate and engage with key stakeholders in developing the vision and plan for Health and Social Care Services in line with the values of the IJB, leading to the inability to influence models of care and inappropriate use of limited resources	Possible (3)	Moderate (3)	MR (9)	7 Localities Groups are in place with action plans. SLT member supports each Locality with Head of Strategic Planning, Performance and Commissioning having the overall lead Participation and Engagement (P&E) team has been expanded SBAR Template sets out clear participation questions. Qualities and Communities Committee (Established within the new Integration Scheme arrangements) will have a focus on P&E and membership will include non-voting members of the IJB. Carers Strategy Group in place	Carers strategy is being reviewed. It is anticipated this will be out to consultation by 30/06/23 - COMPLETE Refresh of P&E network by 30/09/23 - Incorporated in to the operating model P&E have an operating model. This will be reported to Q&C on a regular basis from August 2023. - COMPLETE	Unlikely (2)	Moderate (3)	LR (6)	LR (6)	31/03/2025	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Close risk?	Risk reviewed. Actions complete. Scoring reduced to 6 which is in line with the target and therefore recommend closing this risk.	Aug-23	Active	Level of consultation responses	Quality and Communities - 30/06/23		

Risk Assessment Matrix

Figure 1

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

In terms of grading risks, the following grades have been assigned within the matrix.

■	Very Low Risk (VLR)	(1) - (3)
■	Low Risk (LR)	(4) - (6)
■	Moderate Risk (MR)	(8) - (12)
■	High Risk (HR)	(15) - (25)

Likelihood of Recurrence Ratings

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Consequence Ratings

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
Complaints / Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim

Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry



Meeting Title:	Integration Joint Board
Meeting Date:	2 February 2024
Agenda Item No:	8.1
Report Title:	Board Self-Assessment & Draft Action Plan
Responsible Officer:	Audrey Valente, Chief Finance Officer
Report Author:	Vanessa Salmond, Head of Corporate Services

1 Purpose

This Report is presented to the Board for:

- Discussion
- Approval

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

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

This Report Aligns to these Integration Joint Board Key Priorities:

- Outcomes
- Sustainable
- Integration

2 Route to the Meeting

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

- IJB Development Session, August 2023
- Audit and Assurance Committee, September 2023;
- Audit and Assurance Committee, November 2023

3 Report Summary

3.1 Situation

This report presents findings and draft actions associated with the recent Board self-evaluation.

3.2 Background

A revised approach to Board and Committee Self-Assessment process was agreed by the Integration Join Board in September 2023.

Following agreement on approach, Corporate Services sent out an invitation to all IJB Board and Committee members to complete an electronic based questionnaire.

3.3 Assessment

A total of 12 questionnaires were completed by IJB Board members.

The self-assessment was structured on a thematic basis. An overview of results are summarised below:-

Theme	Strongly Agree/Agree	Strongly Disagree/Disagree
Board Focus	90.9%	9.1%
Board Management, Support & Information	76.1%	23.9%
The Role and Work of the Board	82.5%	17.5%
Board Leadership	94.3%	5.7%
Board Engagement	88.2%	11.8%

The highest rated statements are listed below:-

- The Board has been provided with sufficient membership, authority and resource to perform its role effectively.
- Members provide real challenge, they do not just seek clarification and /or reassurance.
- The Board's agenda is well managed and ensures all statutory topics within the Integration Scheme are appropriately covered.
- The Chair allows full discussion on the relevant topic/agenda item and does not assert their own view too strongly.
- Board members contribute regularly to the issues discussed.
- The Board is clear about its role in relationship to Governance Committee's and Groups.

The lowest rated statements are listed below:-

- Information and data included within Board papers is sufficient and not too excessive, so as to allow members to reach and appropriate conclusion.
- At the end of each Board meeting, members reflect on decisions and discuss what worked well, not so well etc.

- The Board has made a conscious decision about the information it would like to receive.

Additional context from members included:-

Board Focus - *“Difficulty of balancing information (too much briefing versus not enough)”, “Full reports being attached perhaps not needed”, “Finding ways to more meaningfully involve the Board in setting strategies - as opposed to signing off lengthy documents”, “I am thoroughly impressed by the level of detail and comprehensive content of the reports that Board Members are presented with prior to meeting”.*

Board Management – *“Papers are extensive and there is insufficient time to fully read them”, “More focussed, shorter papers might allow the board to focus its discussions on where strategic direction or challenge is needed”, “I think there is opportunity to do a 5 minute menti survey at end of each board/ committee meeting about what went well and what could be done better”.*

Role of the Board – *“I don’t think Board has made conscious decision as to information it wants to receive”, “I would like an insight into how material comes to be in front of the Board and what material might have come but didn’t”.*

Board Engagement – *“Development sessions are utilised well. Performance is a key feature. Representation is strong”, “I would like to see more input from Non voting board members in terms of chairing standing committees”.*

A draft action plan has been developed following initial analysis of the results from the Board self-assessment questionnaire.

It is proposed that members discuss the results and agree the draft action plan. Corporate Services will work with members to progress these actions. A progress report will be presented for members consideration in September 2024, prior to the next cycle of self-assessment.

Similar draft actions plans for each Governance Committee have been developed and will be reported to each individual Committee during the next cycle, scheduled for March 2024.

3.3.1 Quality / Customer Care

Provides assurance to the public that the IJB is working effectively.

3.3.2 Workforce

Provides assurance that members are acting in accordance with local governance arrangements.

3.3.3 Financial

There are no financial impacts associated with any recommendations in this report.

3.3.4 Risk / Legal / Management

There are no specific risks to be raised or addressed.

3.3.5 Equality and Diversity, including Health Inequalities

N/A

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

This paper and draft action plan was discussed at the Audit and Assurance Committee on 19th January. Members were supportive of the proposed actions and welcomed the anticipated improvements to Board/governance arrangements.

4 Recommendation

- **Discussion** – It is recommended that members of the Integration Joint Board discuss and agree the draft action plan (Appendix 1).
- **Decision** - It is recommended that the Integration Joint Board agree to work with Corporate Services to implement the suggested improvements and review progress/impact in September 2024.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – IJB Self-Assessment Draft Action Plan

Report Contact

Author Name: Vanessa Salmond

Author Job Title: Head of Corporate Governance

E-Mail Address: Vanessa.salmond@fife.gov.uk

IJB - Self-Assessment Action Plan 2023-24

2023-24							
Theme	Subject / Statement	Desired Outcome	Action Required	Progress	Responsible Owner	Timescale	Notes
Board Management, Support & Information	Information and data included within Board papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion	Information provided to Board Members is succinct but also contains sufficient detail to enable informed decision making.	Review reporting template (SBAR) and accompanying guidance to ensure relevant information is captured on SBAR rather than being appended to full reports. Reduce full reports being appended and use hyperlinks (reduce meeting paper length and printing where required).		Head of Corporate Governance	Sept 2024	
	Papers are provided in sufficient time prior to the meeting for all members to effectively scrutinise and challenge the assurance given	Board papers are received in a timely manner.	Review submission dates deadlines for papers. Reinforce submission time deadlines for reports to ensure compliance with agreed dates for disseminating meeting papers. Circulate draft minute of meeting in a timely manner.		Director of H&SCP Head of Corporate Governance H&SCP SLT	April 2024	Dates for submission are quite tight for reporting e.g., financial deadlines etc. However it is envisaged following implementation of Action 1 will help reduce the volume of papers.
	At the end of each Board meeting, members reflect on decisions and discuss what worked well, not so well etc.	Maximise effectiveness of Board meetings.	Add as a standing Agenda item to each Board meeting. Feedback recorded (menti) actions raised, allocated and implemented		Board Chair IJB members	March 2024	
	Additional Comment: - Strengthening Induction for Members	Comprehensive induction for members	Review induction pack and process for new IJB Members providing full understanding of expectations around role and responsibilities as a member.		Head of Corporate Governance	June 2024	Currently exploring an e-learning type induction pack which provides an overview of H&SCP, roles and responsibilities of Members and link to relevant source e.g. Standards Commission

Fife Health & Social Care Integration Joint Board

Supporting the people of Fife together



IJB - Self-Assessment Action Plan 2023-24

2023-24							
The Role and Work of the Board	The Board has made a conscious decision about the information it would like to receive	Information presented to IJB is relevant and strengthens governance arrangements	Review previous years IJB workplan to identify any gaps and emerging issues. Chair's to collaborate on workplans and workflow from Committees to IJB. Create an IJB workplan for following fiscal year containing both statutory and other business items.		IJB Members Head of Corporate Governance	Sept 2024	



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	2 February 2024
Agenda Item No:	8.2
Report Title:	Inspection Oversight Report
Responsible Officer:	Nicky Connor, Director of Health and Social Care
Report Author:	Fiona McKay, Head of Strategic Planning, Performance and Commissioning. Rona Laskowski, Head of Complex and Critical Care

1 Purpose

This Report is presented to the Board for:

Assurance on progress and discussion in relation to the actions and next steps of the inspections carried out across the Partnership.

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

- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 7 People who use health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

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

Local
Sustainable
Wellbeing
Outcomes
Integration

2 Route to the Meeting

This report was considered by the Quality and Communities Committee on 17 January 2024. Scottish Care representative, Paul Dundas highlighted that in general the Care Inspectorate gradings were a good picture across Fife with most providers scoring good or above and that the work undertaken across the sector with the collaborative has been seen as a positive approach to support providers.

The Mental Welfare Commission report was welcomed there was feedback on the positive improvements at Lynebank hospital and comments on the proposed refurbishment at Queen Margaret Hospital which will seek to further enhance patient experience.

3 Report Summary

3.1 Situation

This report highlights a number of external inspections from the Care Inspectorate and the Mental Welfare Commission is brought to the Integration Joint Board after discussion at the above committee for assurance.

3.2 Background

The Mental Welfare Commission (MWC) or the Commission was initially established in 1960 as a statutory body under the Mental Health Act and are accountable directly to Ministers at the Scottish Government. Their statutory functions include monitoring the care and wellbeing of people subject to mental health legislation, and ensuring they are receiving the treatment they need. One of the ways in which the MWC fulfils this function is through visits, including visits to hospitals. Throughout 2023 there were 13 individual ward scrutiny visits across the Mental Health and Learning Disability inpatient services.

The Care Inspectorate in Scotland are in place to provide public assurance around the quality of social care, social work and early learning services, promote innovation and drive continuous improvement. They will collaborate and take action where experiences and outcomes are not meeting individual needs.

3.3 Assessment

The Mental Welfare Commission have inspected 13 wards across the hospital settings and have made comments and recommendations for each of the visits.

The following detail was presented to the Qualities and Communities committee which detailed a significant improvement with action plan highlighting a RAG status with minimal requirements.

Of the nine recommendations broken down into specific 28 actions

23 actions are rated as green with five amber with an action plan to move to green.

Across all of the Mental Welfare Commission visits during 2023 the inspectors reported significant improvements to care standards, recording processes, environments and multi-disciplinary working and communication practice in comparison to visits in previous years. The Commission specifically noted the following:

Patient Participation, with evidence of engaging, compassionate and ward relationships with staff.

MWC acknowledged the work staff had undertaken to improve patient's experience and also the willingness of staff to promote rehabilitation and recovery

for the patient population. The MWC reported that teams were motivated and determined to work with their patients using a multidisciplinary, trauma-informed model.

The obvious therapeutic benefits enjoyed by patients in the areas where activity co-ordinators have been introduced.

They commended the local leadership at each site for their direction and development of staff groups and for engaging in improvement work where it was within their scope to influence.

The Commission also acknowledged the developments that were underway to improve the ward environments across all sites.

The key recurring themes that were identified for ongoing improvement service wide are:

- An acknowledgement that the recruitment challenges and significantly reduced substantive staffing numbers is having a detrimental impact on patient-centred care due to necessary use of bank and agency staff.
- The physical environment of the mental health wards was recognised as an area that still required significant development.
- The need to ensure dedicated activity provision is consistently available across all inpatient sites in order to provide opportunities for recreational and therapeutic engagement.
- The importance of embedding regular and systematic audit and governance processes to ensure care planning, documentation and record keeping is maintained at high standard.
- Recognition of the continued high levels of bed numbers in the acute wards particularly, and the risk of detrimental impact on therapeutic care due to the exceptionally busy nature of the wards and competing needs of patients within same.

Care Inspectorate

The Care Inspectorate inspect on the following standards which are underpinned by five principles; dignity and respect, compassion, be included, responsive care and support and wellbeing.

The Standards are based on five headline outcomes:

- I experience high quality care and support that is right for me.
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me.
- I have confidence in the organisation providing my care and support.
- I experience a high-quality environment if the organisation provides the premises.

The Care Inspectorate grades on the following six-point scale set.

Grade 6 - Excellent Outstanding or sector leading.

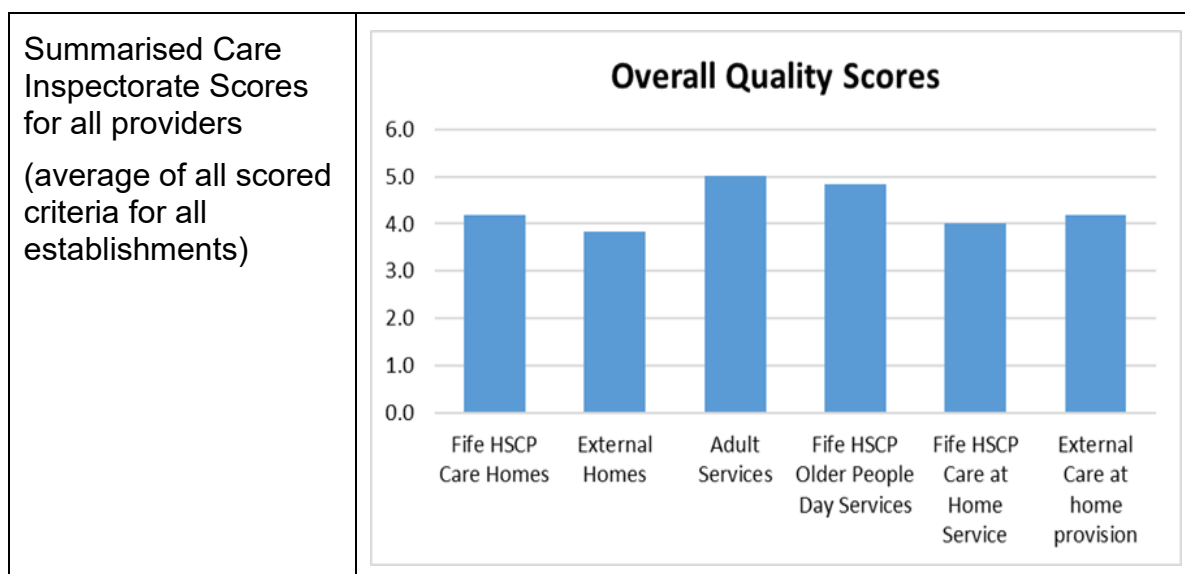
Grade 5 - Very good Major strengths.

Grade 4 - Good Important strengths, with some areas for improvement. Grade 3 - Adequate Strengths just outweigh weaknesses.

Grade 2 - Weak Important weaknesses – priority action required.

Grade 1 - Unsatisfactory Major weaknesses – urgent remedial action required.

The table below highlights at a glance the position in Fife with our internal and external services:



Of the 141 providers graded by the Care Inspectorate, 94% of providers have all five criteria graded adequate or better. Over two thirds (68%) had more than half of their criteria achieving at least good with important strengths and over a quarter (27%) had all criteria in the good or better category. Four providers achieved the sector leading or excellent outstanding rating in at least one criteria and one achieved this in 3 criteria.

While most are performing well above the adequate level, 9 providers had a less than adequate score for at least one criteria. Of providers 11.7% of external providers and 3.6% of External Care at home providers had at least one less than adequate criteria score, all other providers had none. Scoring across criteria tended to be similar across Fife with “How good is our setting?” being slightly the best scoring.

3.3.1 Quality / Customer Care

The continued dedication of the workforce and leadership across the Mental Health and Learning Disability service has affected a significant improvement in the relationship with the Commission.

There is consistently affirmation from the Commission with the staff teams across sites recognising the work, passion and commitment of the service to deliver improvement in the patient experience on a continuous basis.

3.3.2 Workforce

Key to delivery of the outcomes of Inspections is to acknowledge fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care

workforce we will simply not be able to deliver on our ambitions for integration.

It is noted that the continued national challenges with recruitment are impeding the consistent delivery of high-quality therapeutic services in both health and social care.

3.3.3 Financial

The aim for integration has been to create a system through Integration Joint Boards to enable health and social care in which the public pound is always used to best support the individual at the most appropriate point in the community care system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service.

3.3.4 Risk / Legal / Management

No risks are identified but for the external providers delivering services the ongoing support and management of the services is important to ensure any legal challenges or risk to services users is managed, this is monitored via the contractual arrangements in place.

3.3.5 Equality and Diversity, including Health Inequalities

The quality impact assessment is included within both transformation plans and strategic plans that are associated with the delivery of these indicators. Examples include the Health and Social Care Strategic Plan, the Participation and Engagement Strategy, The carers strategy etc.

3.3.6 Environmental / Climate Change

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.

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

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

The inspections have direct correlation to and requirement to engage, consult and communicate with a wide range of stakeholders. This includes patients, carers, families, workforce and communities.

4 Recommendation

The Board are asked to take assurance that inspections and reporting is monitored on a regular basis.

5 List of Appendices

None.

6 Implications for Fife Council

No additional implications.

7 Implications for NHS Fife

No additional implications.

8 Implications for Third Sector

No additional implications.

9 Implications for Independent Sector

No additional implications.

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

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

Report Contact

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Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	2 February 2024
Agenda Item No:	9.1
Report Title:	Chief Social Work Officers Report 2022-2023
Responsible Officer:	Christine Moir, Head of Children and Families and Justice Services and CSWO
Report Author:	Christine Moir, Head of Children and Families and Justice Services and CSWO

1 Purpose

This Report is presented to the Board for:

- Assurance

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

- 1 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 2 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 3 People who use health and social care services are safe from harm.
- 4 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 5 Resources are used effectively and efficiently in the provision of health and social care services.

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

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

2 Route to the Meeting

This is the annual CSWO report which is a statutory report prepared for the Scottish Government. This report has been shared at Fife Council People and Communities Scrutiny Committee on 16th November 2023.

The report was also presented for noting at Quality and Communities Committee on 17th January and Finance, Performance and Scrutiny on 18th January.

3 Report Summary

3.1 Situation

An annual report by the Chief Social Work Officer (CSWO) has been presented annually to a committee of the Council from 2009. The current report follows a standard template issued by the Scottish Government for the purpose of ensuring comparison of these reports across Scotland. The report is designed to provide an overview of social work services within Fife and reflects the formal statutory responsibilities held by the role undertaken by the Chief Social Work Officer.

3.2 Background

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

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

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

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

3.3 Assessment

3.3.1 Quality / Customer Care

At Quality and Communities Committee, members noted that the report provides oversight on ethical and collaborative commissioning, and the responsibilities of commissioning, however, does not reference size, scale and complexity. Members were advised that as this is a statutory reporting requirement, much of its contents are prescriptive, however noted that the Principal Social Work Officer will be involved in shaping this report going forward.

3.3.2 Workforce

N/A

3.3.3 Financial

Members of the Finance, Performance and Scrutiny Committee noted the report at their meeting on 18 January.

3.3.4 Risk / Legal / Management

None arising from this report

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

There is no resource implication arising from this report.

3.3.8 Communication, Involvement, Engagement and Consultation

Nil

4 Recommendation

The attached report is submitted to the Scottish Government as part of the statutory responsibilities of the role of the Chief Social Work Officer and provides members with an overview of key aspects of social work provision in Fife.

Members will note the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the authority and by the Health and Social Care Partnership.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 – The 2022/23 Chief Social Work Officer Report.

6 Implications for Fife Council

7 Implications for NHS Fife

8 Implications for Third Sector

9 Implications for Independent Sector

10 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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Chief Social Work Officer Report

2022 to 2023



Foreword

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The role of the CSWO is to provide professional governance, leadership, and accountability for the delivery of social work services, not only those provided directly by the Council or from within the integrated Health and Social Care Partnership (HSCP), but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value. The purpose of this report is to provide information on the statutory work undertaken on the Council's behalf during the period 1 April 2022 to 31 March 2023 as well as outline the associated challenges within the context of the current climate within public services. This reporting year, post pandemic, has presented both ongoing opportunities and ongoing challenge.

Our highly committed staff have not been immune to the challenges faced. The safe space between home and work life was recognisably compromised at times during the pandemic and many staff, whilst welcoming a 'return to normal' had developed home working solutions and the service is continuing to work towards reaching a balance which supports both the work and needs of staff.

Over this last year we have continued to strengthen the established partnerships in Fife and pursue opportunities to develop our respective and collective contributions to effecting positive change within a reform agenda. Keeping connected was a key feature of the 'pandemic' and in many ways this has become more pronounced as we begin to better understand the longer-term impact on individuals and communities, exacerbated by the changing economic climate and increasing poverty. Despite increasing challenges, the context, and the significant uncertainty facing the sector, our social work and social care workforce, our carers and other partners across all services have remained committed to providing services that empower, support and protect local people. As ever, my appreciation goes to everyone who works in social work and social care, and those who otherwise support this important work, for all that they have done in the last year for children, young people, adults, and families.

I would like to acknowledge all the colleagues who have supported the production of this report and the associated relevant material for inclusion.

This report will be posted on the Council website and will be shared with the Chief Social Work Advisor to the Scottish Government.

Introduction and Background

In Fife, the Chief Social Work Officer (CSWO) is responsible for monitoring Social Work activity across the Council and within the Fife Health and Social Care Partnership (HSCP) to ensure that agreed targets are being met and that professional standards are maintained. Operational management responsibility for service delivery rests with relevant management arrangements in those services where the CSWO has no operational management responsibility and reporting arrangements are in place.

The CSWO also has a role to play in specific advisory bodies such as the Chief Officer Public Safety Group and in advising the Council in relation to matters affecting social work services arising from community planning and other partnership bodies. The CSWO also has access as required to the Council's Chief Executive and elected members.

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

The wide reach of the role of the CSWO across the entirety of the profession is nationally recognised as comprehensive and vital to the safe delivery of the social work and social care functions carried out on behalf of the local authority and in Health and Social Care Partnership's. To support the CSWO in Fife a new post has been created and will be recruited to during 2023. The Principal Social Work Officer (PSWO) sits within the HSCP and holds delegated accountability for CSWO functions within Adult, Older Adult and social care services. The PSWO directly reports to the Director of Health and Social Care and provides accountability to the CSWO of the social work and social care functions carried out by the workforce in the Health and Social Care Partnership.

Further information about Fife Council Social Work Services is available on our websites: www.fife.gov.uk and www.fifehealthandsocialcare.org.

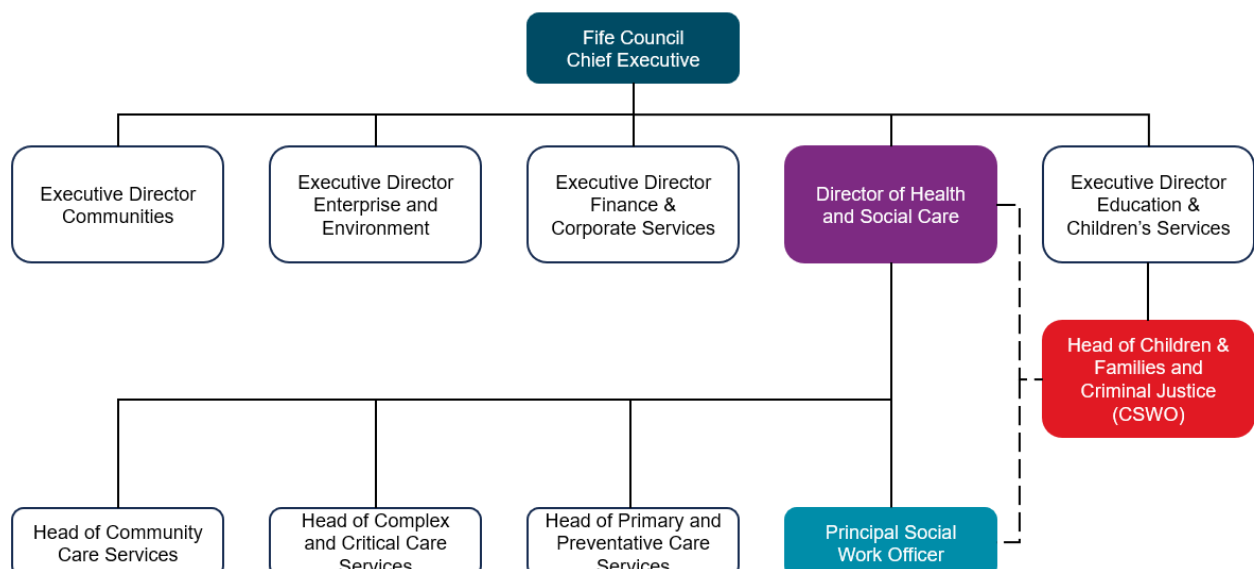
Governance and Accountability

Fife Council Political Structure

There are 22 electoral wards in Fife and each ward has three or four councillors who have been elected by the people of that ward to represent them. In total, there are 75 councillors. They are responsible for setting policy for the Council and may sit on various committees where they can vote on a range of matters from local planning to decisions on welfare or education.

Breakdown by political groups	
Scottish National Party	34
Scottish Labour Party	18
Scottish Labour and Scottish Co-operative Party	2
Scottish Conservative and Unionist Party	8
Scottish Liberal Democrat Party	13
Total	75

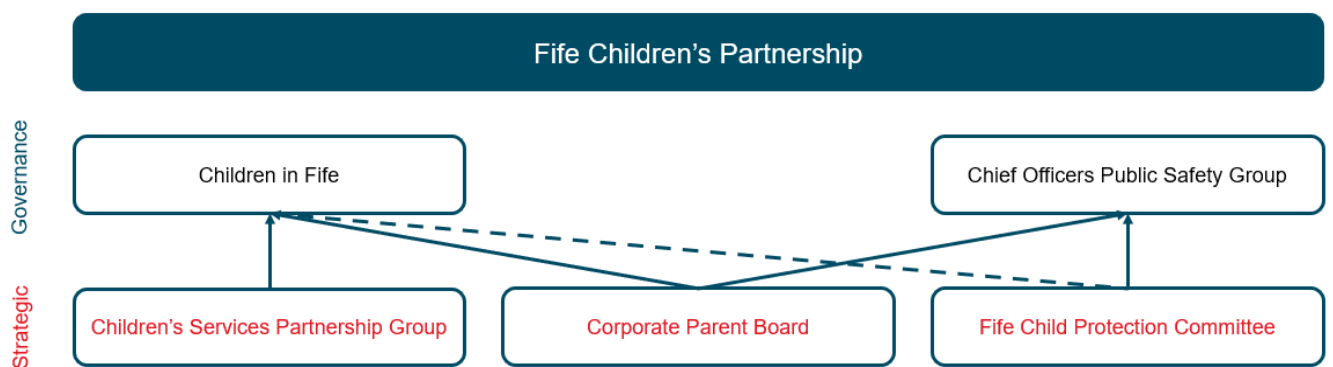
Fife Council Governance Arrangements with Fife Health and Social Care Partnership 2022-2023



In accordance with the Public Bodies (Joint Working) Scotland Act 2014 and the agreed Scheme of Delegation, Fife's Adult and Older Adult Social Work Services,

along with the provision of social care through Care at Home, Care Homes, and Adult Residential and Community Services, are delegated to Fife Health and Social Care Partnership. The above diagram reflects the governance arrangements for Fife Council functions and details how the Chief Social Work Officer aligns to this to enable the role to continue to retain oversight and accountability in the social work and social care practices within the H&SC partnership.

Fife Council Children and Justice Strategic Governance and Accountability

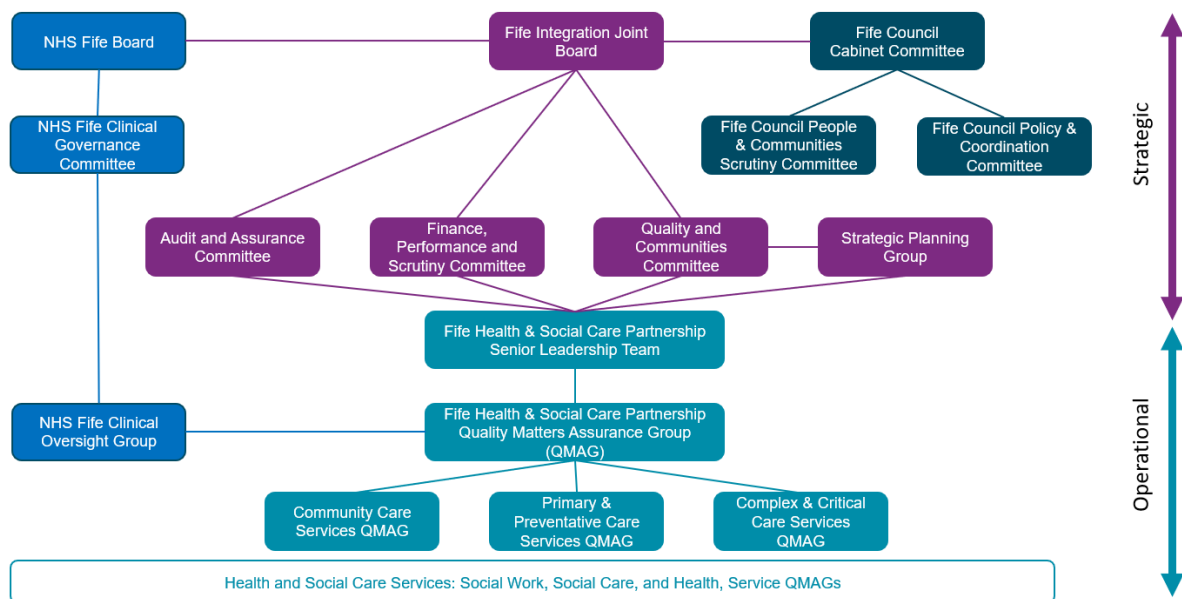


The partnership between services for Children in Fife is well established at both a strategic level and across local areas. The responsibility for the Children's Services Plan (2021-2023) is held by the Fife Partnership, represented by the Children in Fife Group. This partnership binds Fife Council,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

The Children's Services Plan is nested within Fife's Community Plan, in particular the following outcomes:

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

Fife Council Social Work Governance Arrangements: Health and Social Care



The above arrangements help ensure effective management of performance throughout partnership social work services in Fife. The Senior Leadership Team below the Director of Health and Social Care/Chief Officer role, comprises of operational business managers, a role that does not require the individual to hold a social work degree or registration and currently none of these posts is occupied by a registered social worker.

The role of Principal Social Work Officer has been introduced into the Partnership as part of the Senior Leadership Team, holding delegated CSWO duties for professional social work functions, to support service delivery, design and development in line with Social Work legislative, policy, guidance and professional standards and expectations.

The Principal Social Work Officer, while directly reporting to the Director/Chief Officer, retains a close link in reporting to the Chief Social Work Officer to provide reassurance that effective social work practices are carried forward in line with the delegated functions of the role.

Service Quality and Performance

Children and Families

The following pages provide an overview of the primary functions of the Children and Families service delivery in Fife. Key challenges in service delivery across all teams in Fife has been the increasing volume and complexity of referrals into social work. Covid recovery, recruitment and retention, and significant budget challenges, have been a challenge on our teams. While commitment to core social work values and legislative duties are central to the work undertaken across Fife, creativity and flexibility are required to meet the needs presented when engaging with individuals and their families.

Belonging to Fife

The Belonging to Fife strategy provides the vision, governance and direction for our work with children and families. The strategy is underpinned by the following principles:

- The needs, views and wishes of children and young people are at the centre of all planning and decision making.
- Partnership understanding that children have a right to live within their own communities, with their siblings and where possible within their own family.
- Outcomes Focused/Strength based planning reflecting the strengths and capacities of the young person and their family while recognising and managing any risk.
- Recognition that for some children remaining at home or returning home would be unsafe and not in their best interests.
- Residential care is a short-term care option for a period of three to six months (unless there are exceptional circumstances).
- A whole system approach is required, as keeping children in Fife and keeping The Promise necessitates a commitment from all services: Education, Health, Police Scotland and third sector providers.
- A practice focus on the importance of making and sustaining relationships with children and young people.
- A practice focus on maintaining children at home with their parents, recognising and balancing the risks and impact on children life long, if they are removed from parental/family care.

Early Intervention

The Children and Families Contact Centre operates as the “front door” for the service and continues to manage initial referrals from partners and families. The planned development of a Multi-Agency Improvement Team (MAIT) using Whole

Family Wellbeing Funding, will support earlier and more effective screening of referrals received from Health and Education. Further, we anticipate the MAIT will support improvement work within our own service relating to how we intervene with families. This new development is part of a range of initiatives to support transformational change in respect to systems, processes and practice. The focus on earlier intervention within communities has been piloted through a Community Social Work approach initially in Kirkcaldy and more recently Cowdenbeath. This has offered an opportunity to test out earlier connections and conversations on an informal and non-stigmatised basis through a presence in local access points for adults, children, young people and families. i.e., libraries, Schools, The Wells, nurseries, GP practices etc. The learning from this work will contribute to wider whole system change as part of Fife Council reform in respect of a No Wrong Door approach to supporting people and their families with a focus on People and Place. Other whole family wellbeing funded initiatives include a focus on the workforce through multi -agency practice development sessions; early intervention in Schools involving Social Work Senior Practitioners; enhanced support to the Emergency Support Team; embedding of a range of evidence based group work for example Incredible Years and Mellow programmes; co-production with families led by the Third sector and further development of commissioned services evidencing impact through an earlier intervention approach to supporting families.

Family Support

Demand remains high relating to referrals for Family Support. The service's Performance Framework supports an approach to continuous improvement, for example the embedding of practice tools such as the Family Star and My Star, which underpin the strength-based model to engagement with families whilst supporting a co-production approach. A key component of the model is the active involvement of children, young people and their families in the review of support plans ensuing they are central to agreeing and planning the support in place. The service has developed a range of simple feedback mechanisms for families to ensure the right support is available and accessible at the right time. In 2022/2023 new group work opportunities have been delivered across the 3 Family Support Teams, this has been shaped and influenced by a review of data and themes including the active involvement of young people in the detail of the components of the group work programmes.

In 2022, a quality assurance programme of work was completed involving a review along with staff on the support plans in place for all families open to the service, considering the quality of the interventions and partnership working.

Whole Family Wellbeing

The Scottish Government's focus on Whole Family Support has provided the opportunity to further develop and enhance family support services, considering areas of improvement through self-assessment using the "How Good is Our Family Support" Framework. A number of strands of work are underway across the continuum of need and targeted at our most vulnerable children and young people through enhancement of the Emergency Support Team resource, practical support through Homemakers and a focus on streamlining systems and access routes to services.

Children and Families Area Teams

During the reporting period, we have recorded a marginal increase in the number of open cases within our Area Teams and our knowledge of service provision would suggest that our numbers have stabilised after a reduction during the pandemic. The last year has evidenced an ongoing commitment and ability to respond to the Setting the Bar report and average caseloads within our 13 front line teams have been significantly reduced and this number sustained at between 12 and 17 children per worker. The development of two permanence teams has allowed staff to focus on both earlier and crisis intervention for children at the edge of care.

Relationship based, trauma-informed practice is central to how we engage with children and their families. Earlier this year, we launched our new Participation and Engagement Strategy with (Area) Team Managers – this document reinforces and consolidates our commitment to relationship-based practice and the importance of upholding/promoting children's rights.

In addition to our Area Teams, we have several Fife-Wide and specialist Teams, and these include:

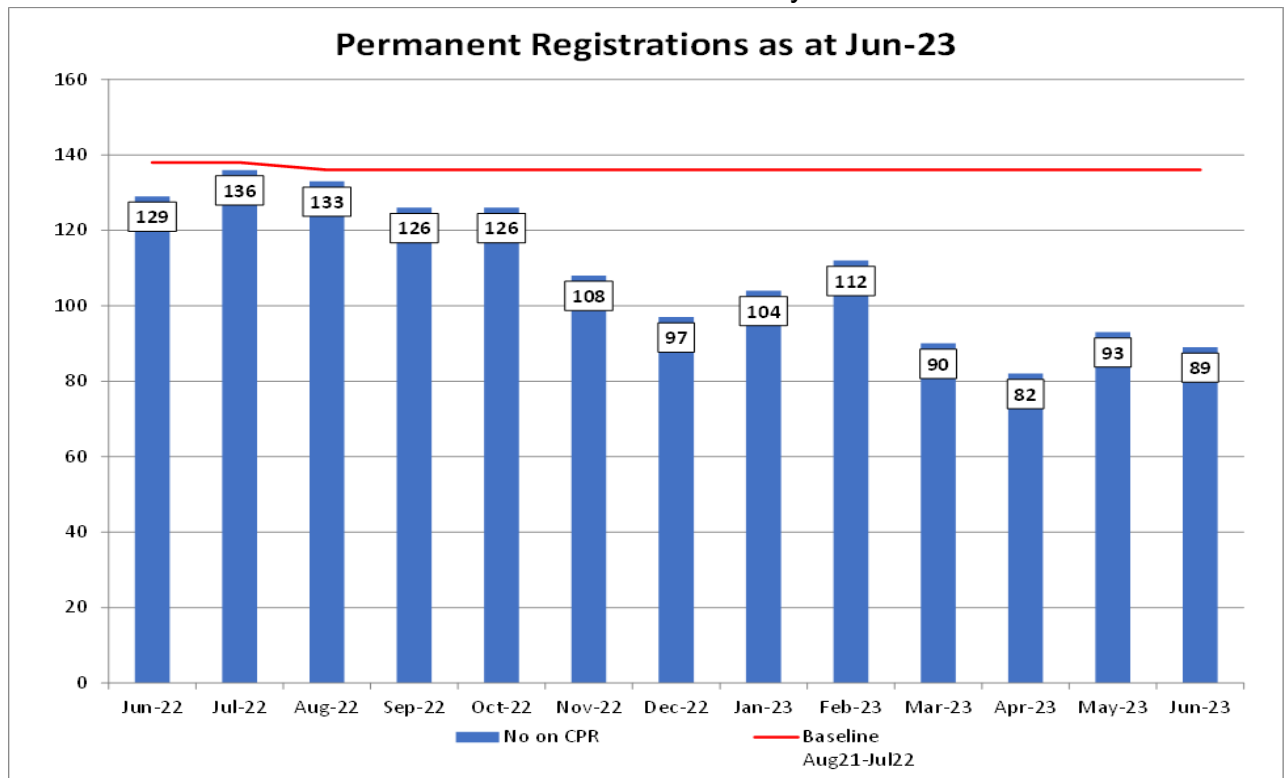
- Children affected by Disability Team
- Child Protection Team
- Close Support Team
- Emergency Support Team
- Multi-systemic Therapy Team
- Two Permanence Teams
- Young People's Team
- Reviewing Service
- Quality Assurance Team
- Residential Services
- Fostering Team
- Kinship Team

- 3 family Support Teams
- Community Social Work team (Test of Change pilot)

Child Protection

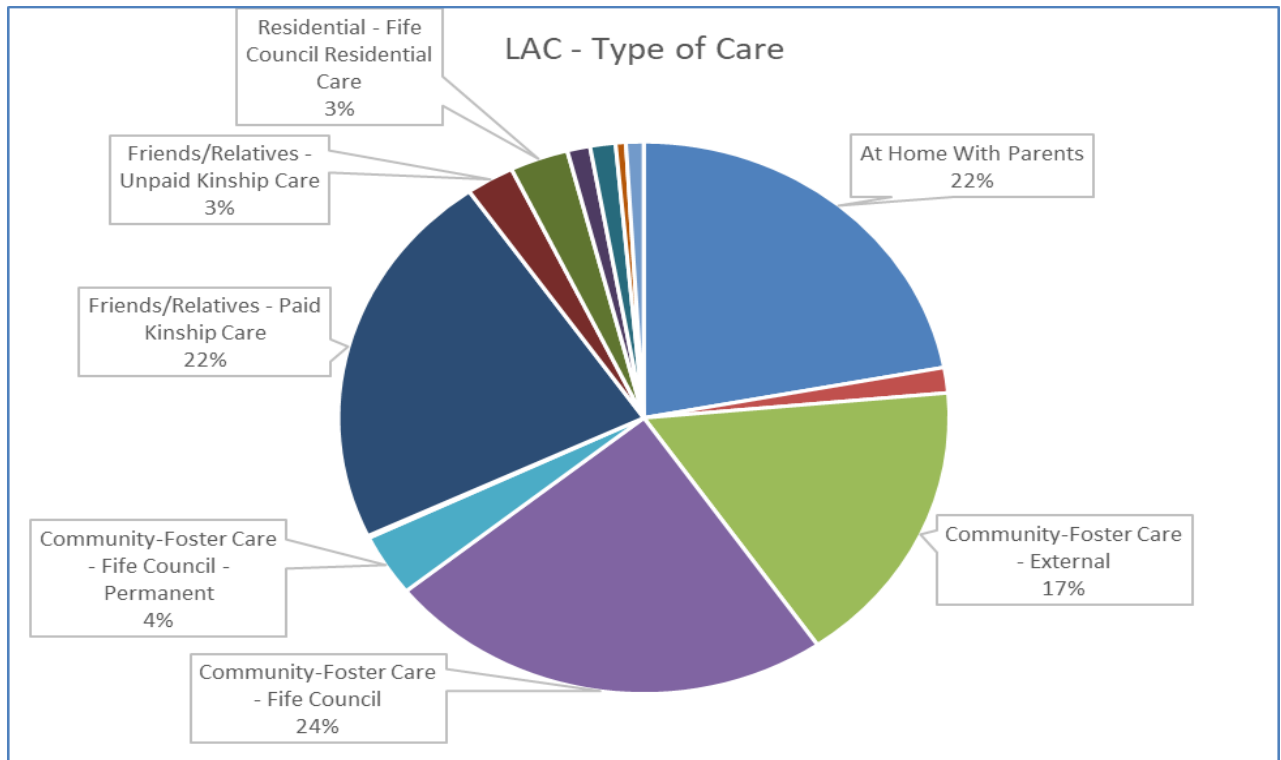
The number of children and young people subject to child protection registration in Fife continues on a downward trend – see below. We recognise that this trend is mirrored across the country, nevertheless, we commissioned our Quality Assurance Team to evaluate: the decision-making relating to a sample of children who were referred to conference and not registered and a sample of chronologies relating to children who were registered. Both exercises are near completion, and we anticipate that the findings will support us in understanding why some children are registered, why some aren't and the journeys that children and families go on before being referred to a child protection case conference.

The Child Protection team have completed SCIM training during the reporting period and data shared mid 2023 stated that all child interviews now follow this new methodology. Reports considering the quality of SCIM interviews, the difference between this methodology and JII and the impact on children have been shared within the Social Work Service and with the Child Protection Committee ensuring we are keeping children and their needs at the centre of our improvement activity. Those who are involved in IRD activity continue to review their work to identify themes and areas for learning and this work will become more established when the New National Guidance for Child Protection is more fully embedded.



Looked After Children

As of June 2023, there are 743 looked after children in Fife. The overall size of our Looked After population has remained at or below the Scottish average. The graphic below provides a breakdown of the placement status of the overall number:



Residential Care

The number of children and young people in high-cost residential placements (HCRP) continued to decrease during the reporting period - reduced by 28% in the last year. We have capacity in our internal residential homes to offer residential care when this is assessed as the most appropriate (short term) care setting for a young person and the data above indicates that these internal resources are being used to support children to remain in Fife allowing these children and young people to sustain relationships with family, friends and education provision. This increased capacity, as well as a clear focus on assessing kinship carers prior to receiving a child into care has reduced the number of newly looked after children coming into HCRP to six over the course of 2022-2023.

In May 2022 we successfully opened our own residential resource for children affected by disability and were able to support 3 young people 'home to Fife' with significant benefits for their families who are able to visit far more easily due to locally based care.

Our emergency provision (STEPP) offers a 12-week assessment package with a clear focus on family strengths and supporting children whenever possible to return to family care. We are working to develop additional supports to STEPP in relation to offering increased one-to-one support, outreach and potentially group work.

There is a need to continue to evaluate any gaps in our own residential provision to ensure that future commissioning and the development of our internal resource provision reflects need. Gap analysis over the last two years directly led to the development of a specialist provision for children affected by disability, a home for primary school aged children and a specific residential home for young people leaving care which is registered as an adult resource.

We are aware that 2023-2024 will be a year of some additional challenge as nationally there is a recognition that there are fewer available placements and there is an impact on capacity relating both to cross border placements and our commitment to supporting unaccompanied children and young people (UASC).

Fostering

Despite our ongoing strenuous efforts to recruit, we have seen an overall decline in our number of foster carers. Nevertheless, our data does evidence a declining trend in the use of foster care which can be explained by the increasing use of kinship care but also by effective family strength-based intervention and flexible and immediate support to families at the time of the crisis.

Our scope to reduce the number of purchased placements is limited by the reality that approximately 60% of those placements are permanent care arrangements for children and young people. There has been a reduction from our 2021 data which reflects, children 'aging out' of the system but also reflects some placement breakdowns and changing birth family circumstances which have supported positive rehabilitation.

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

Kinship Care

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

The redesign of our Kinship Team has resulted in a significant and sustained increase in the number of kinship arrangements.

The increase in kinship care arrangements coupled with legislative changes has led to a significant reduction in unpaid kinship care arrangements and a reduction in the use of family support arrangements.

Fife were successful in a funding bid from CORA which was centred on understanding 'the system' and partners attitudes to Kinship Care and everyone's contribution to improving outcomes for children and young people in Kinship Care arrangements. An independent review of Kinship Care was commissioned using the funds with a report produced suggesting a number of partnership improvements which is now being taken forward across the partnership, led and reviewed by the multi-agency Kinship Steering Group.

Home-Based Compulsory Supervision Orders (CSOs)

Our Belonging to Fife strategy promotes the use of home-based CSOs. However, likely as a consequence of our Child Wellbeing Pathway and the use of a Child's Plan, we have not seen an increase in the number of children looked after at home. It is difficult to benchmark this data against other local authorities due to the specific local nature of the Child Wellbeing Pathway in Fife.

We continue to monitor our rates of referral to the Children's Reporter, ensuring that our Social Workers are referring in a timely manner when compulsory measures of care need to be considered. However, this needs to be carefully balanced through professional assessment and judgement in line with the minimum intervention principle.

Fife's Children's Hearing Improvement Partnership, CHIP, continues to consider referral rates from all services and offers challenge to partners relating to early and effective intervention and the appropriate use of legislative powers.

Aftercare

There has been a significant increase in the number of carers recruited to offer a supported lodgings provision. The Government's ambition to support UASC is having an impact on placement availability as, in Fife we have agreed that these

vulnerable and displaced young people become “looked after” by supported lodgings carers to ensure they have a family and community care setting personalised to meet their needs. However, as noted, this is impacting on young people moving on from care in Fife and children coming into care in Fife as additional demand is exceeding placement availability.

Our partnership work with The House Project has also allowed 18 young people to move into supported tenancies to progress towards independent living within a secure and supported environment. A further 10 young people (cohort 3) are moving in the next few months (April-June 2023) with planning about to begin to identify cohort 4.

In common with colleagues across Scotland, the council works hard to provide care and homes for UASC. The challenges of this work are well known but in the last year Fife has been able to maintain a commitment to home these displaced and vulnerable young people largely within supported lodgings care although we had a number, we were able to secure within Kinship arrangements and 2 younger children in fostering arrangements. The service successfully recruited 2 additional workers based in the Young People’s Team whose work will primarily be to support this cohort of young people, building expertise in relation to their specific needs.

The service is also benefiting from the recruitment of a senior mental health nurse who is also based in the Young People’s Team which has allowed easier and more timely access to support for some of our young people whose mental health needs or experience of trauma requires support. This post is funded through our partners in Health and is a joint initiative from Adult Mental Health and CAMHs with the worker being supervised in a matrix manner with Social Work and health participation.

Fostering, Permanence, Kinship and Supported Lodgings Panel

In the last year, a total of 140 Panels were arranged, this included: 74 Fostering Panels; 31 Permanence Panels; 26 Kinship Panels and 9 Supported Lodgings Panels.

A full-time Panel Chair was appointed in September 2021. The Panel Chair provides consistency across all four panels and has oversight on all matters relating to: recruitment, training and appraisal of panel members.

In July 2022 it was agreed that all new approvals would return to face to face panels – this was a move welcomed by panel members, social workers and applicants alike.

Quality Assurance and Development

Our newly recruited Quality Assurance and Development Team will become increasingly central to supporting our improvement agenda and as such, the primary duties/responsibilities of the team include:

- Undertaking audit activity to monitor compliance with policy, legislation and practice standards.
- Supporting improvement activity through joint working and ongoing review of action plans in partnership with Senior Management Team
- Supporting and developing the work of the Corporate Parenting Board and The Promise
- Leading the work relating to our People with Lived Experience Groups: Embrace
- Supporting the use of MOMO to ensure we are hearing from children.
- Horizon scanning around new policy, legislation and learning across Scotland and wider to share new developments and practice improvement with the service
- Undertaking audit, evaluation or improvement activity identified through service wide learning or other sources as agreed by the Senior Management Team. The first of these activities involved a review of 160 files from across the service and the learning from the work was shared across all teams with areas for improvement and areas of good practice highlighted. The positives included quality of relationship-based practice, timely recording and an understanding of practice framework with areas of improvement being around the detail of what needs to be recorded. The QA Team will carry out a similar audit in early 2024

The Quality Assurance and Development Team work closely with our Reviewing Team and there is a circularity of learning from practice embedded between the two teams.

Strategic Commissioning

Fife families continue to benefit from a wide range of third sector provision both at an early intervention and intensive level from the numerous partners providing support across the council.

Work completed in 2021 shaped the commissioning of services for children through the development of new service briefs. These will be due for review later in 2023 and the Children's Services Strategic Commissioning Group retain an overview of this work and continue to focus on: monitoring and evaluation processes; governance arrangements; locality-based commissioning models and the experience of families to help support co-development and co-design.

Adult and Older Adult Social Work and Social Care

Fife's Health and Social Care Partnership (HSCP) deliver social work functions for adults and older adults. The Partnership operates across seven locality areas to support the highest quality of service delivery within these areas. The HSCP Strategic Plan 2019 to 2022 was refreshed and updated during 2022, and the new Strategic Plan for Fife 2023 to 2026 was approved by Fife Integration Joint Board in January 2023. This Chief Social Work Officer (CSWO) Report includes elements from both of the Partnership's Strategic Plans.

The CSWO retains overall accountability for the whole of social work and links are in place to ensure professional governance supports this. The Principal Social Work Officer (PSWO) role will ensure that professional standards are maintained through assurance reporting to the CSWO and the Director of Health and Social Care.



Locality Planning

Locality core groups were remobilised in May 2022, after an abeyance due to Covid 19. While continuing to mature as collective spaces, the benefit of the groups has enabled planning based in user experience and will draw on the knowledge of those working within the area. Tests of change are underway in Levenmouth and North East Fife:

Levenmouth Locality "*Public Health Policing*" - A collaboration between Police Scotland, Fife Council, NHS Fife (A&E), Community Mental Health, Scottish Ambulance Service, Alcohol and Drugs Partnership and Scottish Association of Mental Health, to address an increase in mental health related calls. A mobile triage car is used in Levenmouth to provide a multi-agency approach to supporting timely access to specialist mental health care and assessment in the community, avoiding unnecessary conveyance to A&E. North East Fife Locality are developing a single point of access for community led support for people living with long term conditions. Working collaboratively with the Psychology Service and The Well the aim is to help people experiencing long-term conditions, and those important to them, to access the physical, psychological, social and practical supports that are available in their local community.

Key Processes

The HSCP has an embedded governance process to enable scrutiny, identification of good practices, and areas for learning across its system. The PSWO role has been designed to ensure social work governance is in place to offer reassurance within the Partnership to the Director/Chief Officer and the CSWO of practices in line with functions carried forward. The PSWO will have a team in place to support this work later in 2023. An early priority for the PSWO will be to develop Professional Assurance and Care Governance Frameworks to assist in providing a framing for professional accountability. In addition to this, a refreshed performance framework will be introduced over the coming year as a key part of the H&SC improvement drive.

Adult and Older Adult Social Work Teams

Services are provided across twelve teams, six covering older adults (over 65) and six covering adults (from 16 – 65 years of age). Referrals into social work come through Fife's Social Work Contact Centre (SWCC), who triage approximately 200 referrals per week. In 2022/23 locality Social Work Teams received 9915 involvement requests from our Social Work Contact Centre and from this, have completed 4525 outcome focused assessments. In addition to the above, a dedicated Hospital Discharge Social Work Team supports rights-based assessments for those leaving hospital who require support, and there is a dedicated MHO Team to carry forward functions under relevant protective legislation to ensure rights-based practices for those with a mental disorder.

Key challenges in service delivery across all teams in Fife has been the increasing volume and complexity of referrals into social work. Covid recovery, recruitment and retention, and significant fiscal challenges, have been a challenge on our teams. While commitment to core social work values and legislative duties are central to the work undertaken across Fife, creativity and flexibility are required to meet the needs presented when engaging with individuals and their families.

Integrated approaches to considering complex situations are carried forward through our Complex Case review meeting, which involves social work, health and council colleagues to support integrated approaches to meeting complex needs in the community. We are also taking an integrated approach to our development of GIRFE as a pathfinder area, taking forward our development of a model of practice to support our complex transitions.

Adult Services were inspected in June 2022 through the Joint Inspection of Adult Services by the Care Inspectorate (published November 2022).

Priority areas for improvement

Key area	Priority for improvement
1 - Key performance outcomes	<ul style="list-style-type: none"> The partnership should continue to develop and refine its processes for capturing robust data on outcomes and ensure that this drives targeted efforts to improve outcomes for people and carers.
2 - Experience of people who use our services	<ul style="list-style-type: none"> The partnership should make sure that it has an integrated approach to providing information and advice, so that people understand their condition and are supported to make informed choices about their care and treatment.
5 - Delivery of key processes	<ul style="list-style-type: none"> The partnership should improve how it responds seamlessly from the point of view of people and carers by developing a model of integrated practice, with defined processes for its core services. The partnership should improve its processes for anticipatory care planning, including monitoring the number of plans completed and how effectively they support positive outcomes.
6 - Strategic planning, policy, quality and improvement	<ul style="list-style-type: none"> The partnership should consistently monitor performance and outcomes at a locality level to balance responding to local needs with a consistent response across localities.
9 - Leadership and direction	<ul style="list-style-type: none"> Leaders should continue to evaluate the effectiveness and impact of their approaches to organisational development as it is rolled out across the wider workforce, including understanding staff experiences of change and of continuing increases in demand.

The quality and delivery of our services was noted to be good, with the people we support reporting feeling listened to and their needs met. Improvement activity to support our development in areas of improving outcomes for the people we serve, integrating our services, and improving our processes around anticipatory care planning are all underway.

Social Work Hospital Discharge Team

Fife have two Social Work Hospital Discharge Teams working in a multidisciplinary way to provide person-centred assessments to individuals in hospital. Both teams work collaboratively with NHS, Fife Council, HSCP colleagues and the third/independent sector to support individuals leaving hospital. Our Front Door Discharge Planning model is a successful integrated health and social work team approach. The social workers on the team ensure that social work assessments can

be provided at the earliest point for individuals, advocating on behalf of people – not patients - preventing unnecessary admissions into hospital and supporting and planning for those ready to be discharged from hospital to their home.

Mental Health Officer (MHO) Team

Fife's MHOs provide a service to individuals who are experiencing mental disorder and may require support to protect their health, safety, welfare finances and property. They strive to balance the need for compulsory treatment or intervention while promoting the rights and needs of people who have mental illness or who lack capacity. Fife "in hours" MHO Service comprises of the MHO dedicated Team and MHO's practicing out with that team. In recognition of the vital role MHO's play in ensuring people in hospital have access to appropriate assessment timeously, the HSCP secured investment to create an additional eight senior practitioner MHO posts in the dedicated MHO Team.

All MHOs in the dedicated team are senior practitioners in recognition of their advanced practice experience and the role they undertake in mentoring and supporting other MHOs across Children and Families, Adult, and Justice Social Work. They support the training of up to six Fife MHO trainees each year, from application preparation through to provision of a practice placement, additionally acting as practice assessors. This year the team supported five candidates to successfully achieve their MHO award.

However, it is fair to reflect that Adult social work has also experienced a challenge in recruiting MHOs and in identifying workers to train as MHOs, the effects of which led to increased pressures on existing MHOs to complete statutory work that is vital to keep people safe in our communities.

This recruitment issue has an impact on our Emergency Out of Hours service which continues to strive to offer an MHO provision, but this is an identified area of challenge for Fife and during 2023 will continue to be a focus for improvement.

Technology (Near Me Video Consultation)

Fife are considering their approach to incorporating technology into Social Work through the addition of Near Me technology. This has enabled teams across Fife Social Work Services to make use of the Near Me video consultation technology when offering engagement with the people we support and those calling into the HSCP for additional information. Training commenced throughout 2022 and by March 2023, 157 practitioners had been trained in the use of the technology. In common with other areas in Scotland, Social Workers are holding professional

discussions around the use of technology to enable best outcomes for the people we engage with.

Deaf Communication Service (DCS)

Fife's Deaf Communication Service work in partnership with teams across Fife to provide advice, information and translation support to ensure D/deaf and Deafblind people have clear pathways which are person-centred to improve their quality of life. They support delivery of the See Hear Strategy and Fife's BSL Plan. The team provide early intervention through the provision of Hearing Screening within our older adult residential homes, screening for individuals with complex needs, and hold monthly clinics in NHS Fife Audiology to offer support and information to people at point of diagnosis.

In November 2022, as part of the See Hear Strategy Action Planning, the team worked alongside Scottish Mental Health Service for Deaf People (SMHSDP) to hold Scotland's first Deaf Mental Health Conference. The conference drew in over 200 delegates with representatives from across Scotland in attendance, including Deaf professionals representing a variety of areas. The creative methods of communicating information about mental health through BSL were reported to be exemplary by those in attendance.

Short Breaks

The Short Break Team provide information to supported adults and their families/carers to assist them to access creative and innovative short break provisions. The team work creatively with individuals and their families to identify if alternative models of service delivery can be provided which will allow the individual to benefit from the break as well as providing their family member with a break from their caring role. This approach supports adults to achieve their outcomes by promoting choice.

The Well

The Well is an excellent example of our commitment to meeting people where they are. Social Work Teams support each of the Wells within Fife to offer a localised service and signpost individuals and professionals to services / supports within their communities. The Well allows individuals to speak to health, social work, and social care professionals and discuss what's important regarding their health and wellbeing. The Well offers a place in communities where



people can drop-in, both in person and online, and find out the information they need to help them stay well and independent.

During 2022/23 1192 individuals engaged with The Well. We currently offer nine physical wells throughout Fife, operating 18hrs per week. The top three enquiries for The Well have been around “Mental Health”, “Community Support” and “Financial Support”.

Self-Directed Support (SDS) Team

The SDS Team review Fife’s processes and procedures in line with legislation and guidance. The new Self-Directed Support Statutory Guidance, the National Framework of Standards, and the proposed Scottish Government Self Directed Support Improvement Plan are key areas of work. The team have been involved in the national consultation with SDS Scotland to shape and develop guidance and standards that will support implementation of best practice, working creatively to engage Social Work Teams in the implementation of national learning by delivering on-line, lunch time sessions.

Adult Support and Protection (ASP)

Adult Support and Protection activity within Fife is led by fully trained Council Officers (Social Work Professionals), based within our SWCC and Locality Social Work Teams. Council Officers take the lead for progressing all ASP duties under the legal framework, from Inter-agency Discussion (IRD) through to Case Conference and Review. Inter-agency partners are fully engaged in this process and contribute to enquiries, investigations and case conferences.

Over the last year the Partnership received 2782 Adult Support and Protection referrals. Of this number 352 progressed to Investigation. While the volume of referrals is aligned to that of the previous year, frontline practitioners have indicated that the complexity of cases taken through ASP has grown. There has been an increase in Large Scale Investigation (LSI) activity over the most recent reporting period (2020-2022) from the previous period.

ASP Interagency practice is audited annually for quality and improvement activity is identified and carried forward specific to Social Work Services. A key improvement action progressed over this year has been the addition of an LSI Audit to the improvement calendar. This has helped to identify single and multi-agency quality in practice and learning to develop a programme of activity for the workforce. In addition to this, core groups have developed into practice to support ongoing activity during an LSI which has enhanced multi agency working on quality services delivered when addressing harm in institutions.

Priority improvement actions for the coming year in ASP include embedding the changes in practice and terminology aligned to the new National Minimum Data Set; the development and roll out of electronic IRD across Social Work Services within Fife; and embedding the use of core groups within our ASP practice.

Care at Home

In June 2021 Fife HSCP initiated engagement with care at home providers across Fife, resulting in the creation of the Care at Home Collaborative. The Collaborative is made up of 16 provider organisations who deliver over 90% of externally commissioned care at home services. During 2022 to 2023, the Collaborative continued to form and develop, and each Collaborative Member regardless of size or scale, had an equal voice in shaping the priorities of the Collaborative and in designing the shape and delivery of care response to meet demand, addressing Fair Work principles, strengthening resilience in current and future care supply.

Fife's Care Homes

Older People's, Residential and Day Services provide care and support to older people in eight resources across Fife from Dunfermline in the West of Fife, Anstruther in the East and Cupar in the Northeast. Two of the Care Homes form part of care villages and provide mixed accommodation alongside opportunities for intergenerational work. The resources offer residential, respite, and short-term assessment and reablement services (STAR). Post covid, day services have reopened and through consultation services are now provided by the voluntary sector. Governance of social work functions within care homes was undertaken across the year with the Chief Social Work Officer participating in the Directors weekly care home assurance meeting supporting oversight of local authority and independent sector care homes.

One of the biggest challenges in the homes has been with recruitment. As experienced elsewhere across the social care sector, there has been a reliance on agency workforce to meet staffing gaps where increased demand has arisen. The main area of vacancies within our homes is for care assistants, who provide a vital level of personal care and support to the people who live in our homes. Recruitment campaigns have been centralised for the Partnership, enabling care homes to streamline resources and meet vacancies, supporting our continually developing approaches to increasing interest in this important area of social care applicants. Over the next year there will be a review of staff vacancies and agency spend across the service to realise maximum benefit for the residents.

Accommodation with Care and Support

Adult Services Resources – Accommodation with Care and Support provides a service to 188 adults with learning disability, physical disability, mental health issues living across Fife. With a staff team of 647, support is provided over 60 Core and Cluster, Housing Support, Group Homes, Single Tenancies and Respite Services. Support can range from a few hours a week to 24 hours a day. The service delivers a person-centred, outcomes focused provision of care and support.

The service has experienced on-going staff recruitment and retention challenges, which has been common within services across the social care sector. However contingency plans are in place to ensure people's critical care and support needs are met in the event of severe staff shortages. The Flexibility Works pilot programme was introduced early 2023 to look at how the service could develop greater flex for frontline staff. This included testing assumptions around advanced notice for shifts, predictable shift patterns, easy shift swaps including flexible hours and developing greater awareness about existing flexible working options and wellbeing benefits. Plans to develop this initiative further will include reviewing the effectiveness of recruitment adverts, promotion of regular discussions about working patterns and considering how staff can input to rotas will feature at a service development meeting in October.

Fife Community Support Services

This service supports adults with learning disability to engage within their communities and to make lasting friendships. Peace of Mind, a Social Enterprise Company, have established self-sustaining friendship groups across Fife for adults with disabilities. Initially part of a programme of activity post Covid as we sought new ways to remobilise after the pandemic, the group is now open to all people with learning disability in Fife. The team current supports approximately 50 adults.

One member of the group has been supported to volunteer in a café in their local community and has developed the confidence to do this without support. The group also have a closed Facebook page which provides a safe, private, online space where group members and carers can share their ideas, news, and interest in forthcoming events.

Justice Services

Priorities and Challenges for Fife Justice Social Work Service

As part of the annual Performance Improvement Framework in 2022-23, Fife Justice Social Work Service identified six areas for improvement. These areas were highlighted as part of the self-evaluation activity throughout the year and remaining cognisant to change in guidance and legislation at a national level.

1. Continue to embed robust Performance and Quality Improvement processes within Fife Justice Service

This area for priority focused on the development and embedding of Quality Improvement with Fife Justice Social Work Service. The initial implementation had taken place in the months before, however initial feedback from auditing managers had been positive. The creation of a Service Manager for Quality Improvement ensured dedicated management overview and dedicated resource to ensure the continued prioritisation of Quality Improvement work within the Service. The development of a new file audit and performance analysis increased the awareness and knowledge of this work across the wider practitioner group. Crucially, the evidence base for service improvement and organisational change was enhanced with the addition of Quality Improvement work throughout the Service.

2. Establish services for Diversion/Structured Deferred Sentence and Enhanced Supervised Bail

Building upon the success of the Enhanced Bail Supervision Service, which was created in April 2021, the decision was made to extend the welfare-based ethos of the national award-winning Enhanced Bail Supervision Team to encompass other early interventions such as Diversion and Structured Deferred Sentence. This resulted in the team working in a pro-active, welfare-oriented way with those who are deemed to require lower-level intervention and supervision by Justice Social Work.

3. Developing Youth Justice Services

In April 2022, Fife Justice Social Work Service assumed responsibility for all 16–17-year-olds involved in the Justice System. This involved the recruitment of staff who possessed skills and experience in delivering age specific interventions and also manage third sector provisions to create appropriate interventions for young people made subject to Diversion from Prosecution.

4. Enhancing the service delivered to Dundee Sheriff Court and North-East Fife

This area for priority focuses on the current delivery of services in the North-East Fife area, acknowledging the additional challenges of delivering services across a wide geographical area, often working in isolation due to the lack of offices and resources in North-East Fife. The staffing complement within the team was increased and discussions in terms of delivering services such as Enhanced Bail Supervision to ensure equity across the Local Authority was explored, with negotiations still ongoing regarding the best approach to delivering these services to external Courts.

5. Improve delivery of Throughcare Services

A full review of current throughcare services was carried out prior to the development of recommendations which identified that the delivery of Throughcare Services in Fife was lacking in terms of pre-release and post release support. Having identified that a significant number of service users are returned to custody in the initial weeks after being released, it was identified that additional resource was required to increase monitoring and support for the individuals during this period. In addition to this initiative, the staffing complement in both Throughcare East and West teams was increased to acknowledge the increasing complexity of throughcare work for example, the increase in the number of Oral Hearings.

6. COVID-19 Recovery Plan

COVID-19 Consequential Funding from Scottish Government provided the opportunity to build resilience within the Service to ensure the ability to manage any increase of work which was created as a result of the Court Closures during COVID-19 pandemic. This funding has allowed for the recruitment of staff on longer term contracts, until 2027 which has supported staff retention in the Service against a backdrop of recruitment challenges nationally. The COVID-19 recovery plan remains in place, ensuring that adequate resource can be deployed as and when required.

Service Quality and Performance

Following on from the success of the Performance Review and Improvement Plan 2022-2023, the Service recently published the 2023- 2024 edition which reviews the above priority areas alongside setting out now objectives for the year ahead. The Plan aims to highlight the strategic priorities for the Service, however, also aims to showcase the work undertaken by frontline practitioners and evidence positive outcomes through the use of service user feedback and case examples.

The areas of priority for 2023-24 are as below:

- Throughcare – pre-release support service
- Liquid logic Implementation
- Development of Unpaid Work
- Employability, Tackling Poverty and Preventing Crisis
- Community Engagement
- Women’s Services

To ensure self-evaluation and scrutiny of practice, the Service also established a Significant Review Group which has a range of practitioners from across the Service who review cases which meet the criteria to be reviewed by the Care Inspectorate. The self-evaluation model has been commended by the Care Inspectorate and provides valuable learning Service-wide.

Our Justice Social Work Service was delighted to win at the COSLA Excellence Awards in May 2022. The team came out on top in the Tackling Inequalities and Improving Health category for the work they do with TURN, a programme set up for male service users. The group promotes further education as a way to gain new skills and knowledge to open up paid or voluntary employment, and other opportunities to get involved in their communities. In addition to this accolade, the service was delighted to share the news that Vicki Lorimer, a Social Worker in the Women’s Justice Team was shortlisted for Social Worker of the Year in the Scottish Social Service’s Awards 2022.

Organisational Structure

Since the creation of the Early Intervention Service (EIS) in April 2022, all early intervention work including Enhanced Bail Supervision, Diversion, Structured Deferred Sentence has been undertaken within the team, creating a single point of contact for stakeholders involved in these processes. The team operate across different geographical ‘patch’ areas, delivering interventions with knowledge of local resources. Management of 16–17-year-olds involved in the justice system is also overseen by EIS which is ensuring that sentencing guidelines are adhered to in terms of consideration of alternative measures which divert young people from the adult justice system.

Alongside EIS, there are five Community Payback Area Teams which are set up to deliver Services across Fife:

- Dunfermline
- Cowdenbeath
- Kirkcaldy
- Levenmouth
- Glenrothes

Drug Treatment and Testing Orders are now distributed across Community Payback Area Teams who deliver specialist interventions to those subject to the Order alongside linking them into local resources.

Specialist teams include Throughcare Services, Unpaid Work Team, Groupwork Services Team and Women's Justice Team who work across Fife, also delivering services in geographical 'patch' areas. Voluntary groupwork opportunities are also delivered to both men and women through our bespoke 'TURN' and 'Fife Connect' services respectively.

Workforce

Children and Families

With Children and Families Social Work, Fife mirrors the national picture as set out in the "Setting the Bar" report (Social Work Scotland 2022). This report identifies a challenge with social work retention and recruitment, a reduction of business support, an increase in the complexity and volume of referrals and an ever-changing policy and legislative landscape. The concern from these pressures is that staff will likely feel overwhelmed – this in turn may lead to reduced work quality, excessive hours worked, reduced wellbeing and people subsequently leaving the profession.

Workload pressure is further impacted by changing demographics, the geography of Fife, the hybrid working environment as a consequence of covid, pressures/capacity issues in partner resources and poverty, this all reflects the national picture.

We have responded to these challenges by:

- reconfiguring the staffing structure
- reducing caseloads within front line teams and reviewing these regularly
- front loading services to deal with initial referral demands
- developing a social work qualification pathway for social work assistants
- introducing quality assurance posts
- reviewing and updating supervision and personal development planning
- training and development around leadership
- creating additional permanent posts across teams using re-investment money sufficient to staff 2 permanence teams
- utilising whole family wellbeing money to enhance support at both an early intervention level but also increased posts to offer intensive wrap around support
- ensuring our recruitment campaigns highlight the ability to work flexibly

The service has worked hard not to employ agency staff – our objective is to build in sufficient tolerance to manage the impact of longer-term vacancies and absence.

Adult and older adult Social Work and Social Care Workforce

The Health and Social Care Partnership Workforce Action Plan 2022 - 2023 seeks to "develop career pathways that support improved succession planning for our workforce", and the progress to date is the development of the Care Academy Model with focus on supporting the workforce to access funding, opportunity, and lifelong learning ambition. The Plan also includes the Flexibility Works pilot to explore options for improved flexibility for all staff groups which was trailed within Accommodation and Support Services and will consider how to implement the recommendations in the year two plan. Other key work is the 'Prepare for the impact of staffing requirements in the 'Setting the Bar' report from Social Work Scotland', and progress to date is centred on analysing the workforce data and setting out further recommendations to ensure compliance.

Fife Justice Service

Fife Justice Service continue to invest in the development of staff through learning and development. Ensuring staff have the appropriate learning and experience to support service users is an ongoing priority for the Service. Working in conjunction with HR Workforce Development and Strategy, a training plan was created, including core training required as a baseline for those working in Justice Services. With most of the training arranged centrally through colleagues at Community Justice Scotland this collaboration ensures that Fife Justice staff have access to the key training to undertake their role.

In addition to core training, Fife Justice Service prides itself in developing a training plan which is based around the needs of the workforce, with bespoke training developed around what staff would identify as gaps in learning or would support their understanding and implementation of practice. For staff who have joined the Service, the New to Justice forums are service specific sessions to allow the opportunity to network with others and receive inputs from a range of services which are useful when working with this service user group.

Practitioner groups are invaluable at highlighting and addressing key issues impacting on the workforce. Through shared decision-making forums such as the practitioner groups, staff can raise issues which the management team may not have been aware of. Being part of creative and effective problem solving also ensures that staff feel part of the decision-making process for the service and that their voices are heard.

Training, Learning and Development

The Human Resources Workforce Development Team continues to work collaboratively with Childrens' Justice and Adults' Social Work and Social Care Services, and multi-agency partners, to provide effective and meaningful workforce development opportunities to all workforce colleagues. This work is underpinned by Fife Health and Social Care Partnership's Strategy and Action Plan, Childrens Services and Justice Services Plan and correlates with a number of national developments, including the national Health and Social Care Workforce Strategy, The Promise, the National Trauma Informed Practice agenda, the Scottish Services Council (SSSC) Newly Qualified Social Worker (NQSW) supported year activity and SSSC registration changes.

Ongoing developments re: the National Care Service, National Social Work Agency and revised Health (Staffing) (Scotland Act 2019) will be monitored and inform the work that takes place.

Fife has strengthened its development and career pathways and is funding six places on the Social Work Advanced Degree programme and five places for the Diploma in Higher Education.

Discussions are taking place in further enhance the offering in relation to Leadership Development, with Coaching, Good Conversation and the Solihull approach to supervision training and postgraduate courses already a part of the annual development programme. Across the Health and Social Care Partnership there are specific leadership development opportunities including a Systems Leadership Programme aimed at senior managers, and an additional Leadership Programme aimed at middle managers due to start in October 2023.

A range of SQA (Scottish Qualifications Authority) activity is in place to ensure registration needs are met including succession planning modelling and that Fife harnesses the skills and talents of young people who undertake programmes such as Foundation and Social Care Apprenticeships and Modern Apprenticeships.

Single and multi-agency child protection and adult protection activity continues while offering courses to the wider corporate workforce. Specific learning resources are currently being developed in this context. Fife continues to develop and enhance the existing Trauma Informed Practice resources to align with the Scottish Government's National Trauma Training Programme.

CALM theory training provides an understanding and problem-solving approaches to managing aggression and violence and has specialist courses for staff who work within health and social care and Education and Children's Services. While Fife has provided specific support for a number of years to NQSW, the SSSC Supported Year Programme has provided funds and an opportunity to enhance this support and an

18-hour workforce development post is being created, for one year, to progress this agenda.

Within Children's Services, Solihull training has been on offer. Community Mental Health funding has supported the training of the whole workforce including foster carers. Multi-agency Practice Development Sessions have been taking place across all localities focussing on the Whole Family Wellbeing Programme, as part of The Promise. We continue to support NQSW and Early Career Social Workers through forums and targeted training and are keen to develop training that will focus on assessment, risk, child protection and parenting assessment. Integral to all sessions would be the use of judgement, knowledge, and authority to intervene.

A number of post graduate qualifications are offered, and interest always exceeds the offer in relation to supervision and management, practice educators, child protection and permanence qualifications.

Within Adult Services, a number of post graduate qualifications (Dementia, Autism, and Mental Health Officer) continue to be on offer, alongside a range of training that meets service specific needs. Within Justice Services, Working with Interpreters, Motivational Interviewing and Trauma Specialist courses form part of the established programme of training.

The Workforce Development Team works closely with our colleagues in the Digital Skills and Organisational Development Team to provide guidance and resources to ensure the models of delivery for all training are accessible across the services.

Challenges and Improvements

Within Children and Families Social Work, the highest priority is to protect children who have suffered harm or may be at risk of suffering harm. When those children cannot live at home safely, our focus is on providing the best quality of care away from home. To achieve this goal, we work in partnership with other agencies, ensuring that families receive an integrated and co-ordinated response that seeks to meet the range of complex needs that families experience.

Ensuring the views, wishes and contributions of children, young people and their families are reflected in service development, design and delivery is a key priority for us in the forthcoming 12 months.

The challenges facing the Children and Families workforce have been well-documented and subject to national coverage – those challenges remain very relevant in Fife and include:

- The legacy of the COVID-19 pandemic for vulnerable and disadvantaged families.
- Poverty and the cost-of-living crisis.

- Retaining and recruiting qualified and experienced social workers.
- Austerity measures facing local authorities.
- The shortage of resource relating to residential and foster care placements.
- Responding to and implementing the, at times, overwhelming tide of new policy and legislation.
- The impact of increasing numbers of UASC requiring care.

Despite the context described above, we continue to report:

- A reduction in the number of children and young people subject to statutory measures of care.
- A reduction in the number of children and young people being placed in high-cost residential placements and.
- An increase in the number of children living in Kinship arrangements.

The lack of suitable foster or residential placements for children or young people who require to be looked after away from home is a significant challenge and is worthy of further description. This challenge is particularly evident relating to children aged 10-14 years – the pool of foster carers offering a home to children within this age range is diminishing and this has resulted in several children being placed in residential care. We have employed a range of strategies in attempt to attract carers willing to care for older children – to date, these have been met with limited success. A new recruitment and retention strategy for foster carers is written and will be implemented later in 2023 with an increased focus around offering fostering for teenagers requiring care. This will predominantly be centred around advertising on Facebook as local evidence tells us this has yielded the most success. There is an increased offering of training and support to foster carers who do or would offer care within the older age group. An increased focus on scaffolding foster placements for the older age group with intensive support being offered from our Emergency Support Team and the Springfield Service who continue to offer consultation for carers.

Social Work and Social Care in Adult and Older Adult Services has been equally challenged and across all teams in Fife there has been an increasing volume and complexity of referrals. Workforce capacity to meet demand has been a challenge with the demand continuing to stretch our resources. This demand has placed significant pressure on finances, and while the budget for services has not reduced this complexity has required services to strictly adhere to eligibility criteria, increasing the threshold for accessing resources, making creativity and flexibility a requirement when seeking to meet the needs presented by the people we engage with. This has in turn impacted on social work professionals who have to balance these organisational demands alongside the professional values requirement to be person centred and rights focussed.

Social Care Service provision within the HSCP and with voluntary, third and independent sector colleagues enables the delivery of high quality and supportive services to the people we work with. Fife's Care at Home Teams, Care Homes, and Adult Resources, provide support and short breaks to those individuals and families living at home or in one of our Care or Residential Homes.

It is however recognised that demand outweighs capacity and there are waiting lists within our services for young people transitioning from child care or school provision and for adults awaiting care services following hospital discharge. Our Adult social work services have experienced an increasing demand to assess and provide packages of care to enable hospital discharge and the capacity of the social workers in teams has been stretched to its limit to meet this need. The ability to recruit and retain the necessary care at home and care home support required for individuals has been increasingly challenging, with resources stretched and not able to cover all the need identified.

In Justice Services, priorities continue to be clearly focussed on a social justice, rights-based approach, valuing individuals whilst ensuring public protection at the acute end in relation to managing individuals who present significant risk.

Fife Justice Service continues to utilise the COVID-19 consequential funding in terms of additional staffing to meet the increasing demands as a result of COVID-19 related court closures. Despite there not being the backlog of cases originally forecast by the Scottish Government, there has been a steady increase of business, moving back to pre-COVID levels. Increasing the duration of fixed term contracts to 2027 has supported the recruitment and retention of staff in the service.

With a 'flatline' budget for Justice Social Work Services nationally, the challenge to continue delivering good quality services is significant as staffing costs increase. As a Service, actions have already been enacted to reduce any costs wherever possible, however it is a concerning position as we move forward.

The Year Ahead

Across all of Fife Council Social Work, there have been many positive and encouraging developments during the last year and these have included: a focus on developing trauma informed service delivery and listening to the voices of those with lived experience.

A key emphasis in the delivery of Social Work Services going forward into 2023/24 will be continuing to recover from the wide-ranging impact of the coronavirus pandemic - this will remain a significant piece of work over the few next years, which will require flexibility and close collaboration with our partners to address:

- Increased complexity in need and demand for specialist services

- Overall increase in psychological and social support needs across all areas of society impacted by loneliness, wellbeing, and mental health as well as physical health and poverty.

These challenges must be considered against a backdrop of:

- Staff resilience.
- Recruitment and retention of staff.
- Managing capacity, demand and pressures across services within budget constraints.
- Demographic and socio-economic pressures including food and fuel poverty and loss of income.
- Service transformation and the implementation of new legislation and policy including the National Care Service.
- National lack of capacity in resources to meet the needs of those with complex and challenging behaviours

The uncertainty relating to the future delivery of social work requires our workforce to be agile, flexible and resilient whilst always retaining a focus on meeting local needs in our communities by engaging with individuals and families to drive forward improvement.

We will continue to take forward the key priorities identified across Justice and Children's Services and the Health and Social Care Partnership.

For Children's Services, these priorities are established in the Children's Services Plan, Child Protection Committee and Corporate Parenting Plans which set out long-term aspirations and priorities for children, young people and their families. These include:

- Our approach to implementing The Promise
- Hearing and responding to the voices of our children and their families.
- An increased focus on preventative and whole family support service design and delivery.

For Justice Services, our Service Plan and Performance Improvement Framework are informed by the key aims set out within The Scottish Government's Vision for Justice in Scotland 2022:

- Feeling safe is fundamental for individuals and communities to thrive. We will continue to work closely with partners to promote a society in which people feel safe in their communities.
- We will work in collaboration with partner agencies to address the underlying causes of crime and support individuals to live full and healthy lives.
- Our services will be person-centred and trauma informed.

For adult and older people social work services our priorities include:

- ensuring that the conditions are in place to maximise social work and social care professional leadership and voice across the integrated system, supporting the rights based and person-centred approach to practice that remains core to our work.
- Continued development of a sustainable, skilled workforce, supporting career choices and advanced practice opportunities.
- Nurturing our organisational culture in parallel with transformation in systems, processes and structures, and a commitment to integrated working and wellbeing support.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	2 February 2024
Agenda Item No:	9.2
Report Title:	Director of Public Health Annual Report 2023
Responsible Officer:	Lisa Cooper, Head of Primary and Preventative Care Services, Fife Health & Social Care Partnership
Report Author:	Dr Lorna Watson, Deputy Director of Public Health, Child Health Commissioner, NHS Fife Heather Bett, Senior Manager, Children's Services, NHS Fife

1 Purpose

This Report is presented to the Board for:

- Discussion

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

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

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

- Wellbeing.
- Outcomes.

2 Route to the Meeting

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

- Public Health Senior Leadership Team 13 June 2023.
- NHS Fife Executive Directors Group 22 June 2023.
- NHS Fife Public Health & Wellbeing Committee 03 July 2023.
- NHS Fife Clinical Governance Committee 07 July 2023.
- Fife NHS Board 25 July 2023.
- Fife HSCP Quality and Communities Committee 17 January 2024.

3 Report Summary

3.1 Situation

The Director of Public Health annual report provides a mechanism to present the key issues relating to health and wellbeing for local areas and enable more targeted local responses to be developed. This year's report is focussed on 'Children and Young people in Fife- the Building Blocks for Health.'

3.2 Background

The Report has two sections- a text section, with chapters and topic specific summaries, and an information supplement. These are available at <https://www.nhsfife.org/services/support-services/public-health/director-of-public-health-report-2023/>

The Report highlights the importance of the UNCRC and children's rights across all services, not just children's services; The Promise to care experienced children and young people; inequalities in health outcomes and in health behaviours; the social determinants of health, including poverty, housing, diet, exercise and mental health; and the early impact of the pandemic.

3.3 Assessment

UNCRC and The Promise

The United Nations Convention on the Rights of the Child (UNCRC) Scotland Act was given Royal Assent on 16 January 2024, and the provisions will be in force on 16 July 2024. This is a landmark for children's rights, which applies up to the age of 18, and recognises the impact of decisions across public services which may impact on children directly or indirectly. Similarly, implementing the recommendations in The Promise to care experienced children and young people requires a fundamental rethink in how public services are delivered to this group to improve outcomes.

Population

The Report shows that the number of under 18s in Fife is currently declining, with 71,746 estimated in 2021, 19% of the population in 2021. Children aged 0-4 contributes most to this reduction. The proportion of children recorded as having additional support needs in

Fife has increased, and meeting the needs of those with disability and Neurodiversity is central to realising children's rights.

Maternal health and births

The birth rate in Fife declining, in a similar pattern to Scotland, with 3157 births in 2021. Aspects of maternal and reproductive health impact on the mother, but also on child health outcomes in the longer term. This applies for example to smoking, obesity and alcohol use in pregnancy. There are marked inequalities in health behaviours such as smoking and breastfeeding between areas of most and least deprivation. Smoking in pregnancy at maternity booking in Scotland is among the highest in Europe, and Fife has one of the highest rates in Scotland, although these are declining over the whole of the country.

Child poverty

Child poverty rates in Scotland and Fife have risen recently from 17% in 2020 to 23% in 21/22 before housing costs. This rate varies across Fife from 11% to 35.9%, and many of the health indicators in the report show variation with deprivation and poverty.

Fife action on child poverty is reported annually, focussing on six priority groups which comprise 90% of families with child poverty: *lone parents, families affected by disability, mothers under 25, children under one, more than 3 children and ethnicity*. Actions for the NHS include income maximisation and Anchor institution ambitions around employment, for example.

Other aspects relevant to health include housing and food insecurity. 390 were children living in households in temporary accommodation in Fife at 31st March 2022, and according to the Trussell Trust, in Fife 5,506 foodbank parcels were given out to children in 2021/22, a reduction on the previous year.

Child development and wellbeing

Preventive and mitigating action around adversity childhood experiences (ACEs), and trauma informed approaches are important protective interventions that can strengthen the impact of services in meeting needs of the population. Prevention of factors associated with abuse and neglect, including domestic abuse, and appropriate responses when this is identified is crucial for child wellbeing.

The Heckman curve demonstrates the cost effectiveness of interventions in early life and is highlighted to demonstrate the known importance of investment early in the life course, tying in with the science of child development. Bonding, social connection and environment shape long term future physical and mental health and wellbeing.

Mental health and wellbeing in children and young people has been a concern before the pandemic, but this has been exacerbated by withdrawal of usual activities and support at that time. In Fife the Our Minds Matter Framework aims to implement the vision of supports available from universal to specialist level.

Alcohol and drug related admissions for young people in Fife are higher than the rate in Scotland, an indicator of serious harm. Children and young people also experience significant harms through

loss of a parent to drug deaths, as well as risk to their own health in the short and long term, including fetal exposure. Tackling these requires specific preventive measures, but also universal measures tackling poverty, housing, education and employment, as well as specialist services to support those with greater or more complex needs.

Service aspects

Across health and partnership agencies, universal and targeted approaches are in place and are being developed further, for example in immunisation and dental health. Examples of good practice include perinatal mental health, the Family Nurse Partnership, and the work being undertaken through the Whole Family Wellbeing Fund. Positive areas for promoting wellbeing include access to green space, the contribution of the third sector and Youth Work.

The Fife Children and Young Peoples' Health Survey took place in Fife schools in March 2023, and results will be available later in the year. This will help describe the views of children and young people themselves about their health and inform service planning across agencies.

The Fife partnership Children Services Plan sets out the multiagency aims and objectives to address the concerns identified through both the Director of Public Health report and the survey.

3.3.1 Quality / Customer Care

The Report highlights many areas of good practice in NHS Fife, Fife Health and Social Care Partnership, and partnership working more broadly. It also highlights areas for concern which may impact on future care needs as a result of the impact of poverty and adversity on the development of children and young people.

It was presented to the Qualities and Communities Committee of the IJB who discussed the content of the report. The committee was assured that the Children's Services Plan led by the Children in Fife Partnership covers most relevant areas. It was agreed that the annual report for this plan will be brought to the Committee within the next cycle for information, as part of agreed governance routes.

3.3.2 Workforce

The Report notes the importance of staff and staffing, and attracting, valuing and retaining staff working with children at all levels and in all levels, in line with the Population Health and Wellbeing Strategy 2023-2028.

3.3.3 Financial

There are no direct financial impacts as a result of this report however; the report highlights the very real benefits of early intervention and longer-term cost effectiveness and savings from preventive work in early years.

3.3.4 Risk / Legal / Management

There are no direct risks associated with the report, however there are emerging concerns about some of the building blocks for health in the early years due to the pandemic and which pose a risk to current and future wellbeing of children and young people. Risks are managed within specific managed services. UNCRC incorporation means that it will be possible to challenge public services if rights are not being upheld.

3.3.5 Equality and Diversity, including Health Inequalities

The Report seeks to promote the UNCRC and children's rights, and highlights inequalities in health relating to poverty and deprivation. It also highlights disability and neurodiversity, aspects of sexual and reproductive health affecting girls and women, refugee and asylum-seeking children and young people, and LGBT aspects relating to health. Work to address child poverty links to Anchor Institution ambitions, including employment, procurement and income maximisation. A Stage 1 Equality Assessment demonstrated positive impacts and no further action required.

3.3.6 Environmental / Climate Change

The report highlights the impact of Climate on children and young people, and is being produced electronically, rather than on paper.

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

3.3.7 Other Impact

None identified.

3.3.8 Communication, Involvement, Engagement and Consultation

A working group has met to produce the report over the last six months, including members from public health, Children's Services within Fife HSCP, and Health Promotion. Relevant staff members were identified to draft sections within their areas of expertise. There were regular meetings with Fife Council Education staff, and the Child Health Management Team in HSCP has been kept updated of progress. Engagement with young people in Fife College and the third sector was part of the process.

A formal launch event took place on 12th September in Viewforth High School in conjunction with Fife Council Education and Children's Services. The Fife Children and Young People's Health and Wellbeing Survey took place in Fife schools in March 2023, and preliminary results were presented at this event, with more information to follow.

4 Recommendation

The IJB are asked to **note** the detail within the report and that much of the work is covered within the Children's Services Plan 2023-26 with further reporting coming through the agreed governance routes. There will be implications beyond services solely for children and young people.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Director of Public Health Annual Report 2023 (PDF)

Appendix 2 – DPH Annual Report Information Supplement Final (PDF)

6 Implications for Fife Council

The report has been discussed at Fife Partnership Executive Group and Children in Fife group, as there are wider impacts as well as those for services aimed solely at children and young people.

7 Implications for NHS Fife

The report has been shared with the Board, recognising wider implications as well as those for services who work directly with families.

8 Implications for Third Sector

Representatives of 3rd sector partners are part of Children in Fife, and the report may be helpful in planning services.

9 Implications for Independent Sector

In the Family Life section there are recommendations for employers for family friendly employment practices.

10 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	No Direction Required	x

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Children and young people in Fife

The building blocks for health



Acknowledgements

I am grateful to my colleagues within our Public Health Department and from our colleagues and partners within Health Promotion Service, Fife Health and Social Care Partnership, Fife Council and the third sector for their significant contributions to this report. We are all part of the Fife public health team, and it is good to see examples of this work throughout the report.

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Introduction



Public health can be defined as *'what we as a society do collectively to assure the conditions in which people can be healthy'*. It therefore must be concerned with broad aspects of our lives and environment, and the obligation to address inequality for those who face most challenges in realising their potential to participate in society.

This year I have chosen to focus the Annual Report and Information Supplement on children and young people. Clearly there are major health issues and pressures for all age groups, and these were covered more fully in last year's report. These broader issues will be reviewed again in two years time. Childhood has a large influence on our health as adults. There are messages within this report relevant for everyone, as actions impacting on children and families benefit the wider adult population, and vice versa.

It is timely to consider children and young people for four reasons:

- the United Nations Convention on the Rights of the Child (UNCRC) which is expected to become incorporated into law in Scotland this year
- Scotland's Promise to care experienced young people 'You will grow up loved, safe and respected. And by 2030, that promise must be kept.'
- the strong and developing evidence base about the importance of attachment and social connectedness for babies, children and young people, the effect of adversity on early brain development, and the economic case for investing early in the life course
- the impact of COVID-19 and associated measures on children and young people, and the impacts, some ongoing, of the associated withdrawal of usual activities, services and supports, followed by the cost-of-living crisis.

It is impossible to cover every aspect of child health and care services in this report, and the Information Supplement provides further detail where this is available. The voice of children and young people is particularly important going forward to implement the UNCRC.

I would like to thank all the dedicated health and social care staff and carers, as well as those in Education, partner agencies and the third sector for their work with children and families in Fife. There are key messages and recommendations to consider, to give the next generation the most positive start possible.

Feedback on the report is welcome and will be used to help plan for future years. [see link in website]

Dr Joy Tomlinson,
Director of Public Health

[Preface - The Future of the Public's Health in the 21st Century - NCBI Bookshelf \(nih.gov\)](#)

https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf

[Tackling Inequalities Trauma and Adversity across the Lifespan \(improvementservice.org.uk\)](#)

[Home - The Promise](#)

Key recommendations

The science of connection shows that nurture in early life is crucial for brain development and for lifelong health and wellbeing, and investment in early years has the greatest economic impact on human development.

The UNCRC should help ensure the issues and concerns affecting children and young people are considered in decision making at all levels, and that different groups of children and young people are given a chance for their voices to be heard to improve their health and life chances.

Tackling child poverty through increasing incomes, reducing costs and maximising benefits can make a huge difference to children and families, and the focus should be on the six priority groups as described in Best Start Bright Futures.

Strong connections are needed throughout pregnancy and childhood, and support for families in the community, access to good quality childcare, neighbourhood and community events, and support in education can support positive mental wellbeing. Access to more specialist services is important where needed.

Implementing The Promise is a major challenge and may require a culture change in how families, care experienced children and young people are regarded and supported.

Family support, youth work and third sector work plays a central role in supporting children and families and providing positive activities for young people, recognising the impact of disability and the role of unpaid carers.

Policy and action relating to health behaviours such as smoking, obesity, diet, alcohol and drugs need to take more account of the damaging reproductive effects and impact on children.

Addressing structural issues such as housing and environment will help create positive places for families now and for the next generation, taking into account inclusion and diversity.

Across a range of services, staff and the relationships they build are crucial to give the best support to families. Valuing, attracting and retaining staff working with pregnant women, children and families is important at all levels, from social carers and support staff through to expert professionals.

General



Population

Why is this important?

Understanding changes in the number of children and young people under the age of 18 and their characteristics is essential to help in planning services for children and families.

Background

At June 2021 an estimated 71,746 children aged under 18 lived in Fife. Within the age group 0-17 there were more males than females, 51% versus 49%. Of these children 17,300 or 24% were pre-school aged, 29,350 or 41% were aged 5-11 years and 25,096 or 35% were aged 12-17 years.¹

Children aged 0-17 years account for 19.1% of the total population of Fife, a little above the national average of 18.7%. Within Fife, Dunfermline HSCP locality has the largest proportion of the total population aged under 18 at 20.9% and North East Fife the lowest at 15.6%. In the last 10 years the number of children aged 0-17 years estimated to be living in Fife fell by 1.8%, compared to the population aged 18 and over which grew by 3.2%. The largest fall has been seen in children aged 0-4 (24%) and then in children aged 5-11 (7%) which will in part be due to declining birth rates.

The most recent 2018 based population projections available for Fife estimate that by mid-2028 the total population of Fife, compared to 2018, will be a similar size with a 0.1% decrease in the total population and by 2043 will be 2.1% smaller. In comparison the population aged under 18 is estimated to be 6% smaller in 2028 compared to 2018 and 16% smaller by 2043.²

At the 2011 Census the under 16 population of Fife was predominantly of white ethnicity 96.9%, with 1.7% Asian ethnicity and 1.4% of children being from other minority ethnic groups.³ The 2022 Fife Council pupil census reported that 5.7% of Fife school pupils were from a minority ethnic group.⁴ The findings from the 2022 Census will provide us with a greater insight into the diversity of our child population in Fife.

Summary

The proportion of children and young people as part of the overall population in Fife is currently reducing in line with the patterns seen across Scotland.

Find out more

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021>

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections>

<https://www.scotlandscensus.gov.uk/search-the-census#/search-by>

<https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

UNCRC – United Nations Convention on the Rights of the Child

Why is this important?

The UNCRC (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020. While aspects of the Bill were challenged by the UK government, work is progressing and it is expected that new legislation will be passed in 2023.

Background

The UK signed up to the United UNCRC which came into force in January 1992 and is the global gold standard for children's rights. The 54 UNCRC articles set out the multi-factorial rights that all children are entitled to. The articles are wide-ranging and cover a number of areas including health, education, leisure and play, social security, child labour, children in care and juvenile justice. The new law may make it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights. An example is article 27: Every child has the right to a good enough standard of living to meet their physical and social needs including a proper house, food and clothing.

Modifiable factors/local actions

Realising rights is a theme in the Fife Children's Services Plan, which covers partnership organisations in Fife. Organisations including NHS Fife are preparing to ensure processes and actions are compatible with the UNCRC. This affects services delivered to the wider population, and not just those aimed directly at children and young people.

Senior leaders are engaged in understanding the implications of the UNCRC and working on undertaking Children's Rights Impact assessments by public bodies where appropriate.

Work is ongoing to better listen to the voice of infants, children and young people as well as families to improve services and better meet their needs.

Summary

Rights based approaches should change existing services to better realise all rights, including the right to health of the most disadvantaged children and young people.

Find out more

[United Nations Convention on the Rights of the Child implementation: introductory guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations/web_accessible_documents/2023-09-27-UNCRC-Implementation-Introductory-Guidance.pdf)

[socrr23 final.pdf \(togetherscotland.org.uk\)](https://togetherscotland.org.uk/wp-content/uploads/2023/09/socrr23_final.pdf)

[UNCRC Articles Archive - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://www.cypcs.org.uk/uncrc-articles-archive)

Factors affecting child development

Why is this important?

Understanding the importance of early child development and the impact of life circumstance is constantly evolving. Attachment theory highlights the importance of a child's emotional bond with their primary caregiver. Disruption to or loss of this bond and accumulation of early adversity can affect a child emotionally and psychologically into adulthood, and can have an impact on their future relationships, social and health outcomes.

Background

In international comparisons, the UK does not do particularly well on measures of child health, and inequalities in health in later life. The Heckman curve, Figure 1 shows the economic benefits of investing early in the life course. This is drawn from evidence of economics across numerous countries and is compatible with scientific evidence of the critical windows for development in early childhood, starting with pregnancy.

Quality of relationships with family, peers and community are important at any point in childhood and can be strained in times of family or community stress or disruption. Supporting child development can have a lifelong impact.

Modifiable factors/local actions

Investment in family support and anti-child poverty measures can help support positive development in the critical early years. Prevention of adversity impacts on longer term outcomes for the next generation, for example measures to reduce domestic abuse, parental addiction and mental health issues in the adult population directly benefits children.

Maternal, perinatal and infant mental health is particularly important to promote positive bonding at the start of life. In Fife in addition to universal services there is tiered specialist support where needed from the Community Perinatal Mental Health team, Infant Mental Health team, and the Maternity and Neonatal Psychological Intervention team.

Child development and attachment informed policy and practice is particularly important in family, childcare and education arenas.

Summary

The rapidity of early brain development and sensitivity to quality of nurture means that early life has a profound effect on the future life course.

Find out more

<https://developingchild.harvard.edu/re-envisioning-ecd/>

<https://heckmanequation.org/resource/the-heckman-curve/>

<https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-early-childhood>

<https://stateofchildhealth.rcpch.ac.uk/evidence/nations/scotland/>

<https://developingchild.harvard.edu/re-envisioning-ecd/>

<https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-early-childhood>

<https://stateofchildhealth.rcpch.ac.uk/evidence/nations/scotland/>

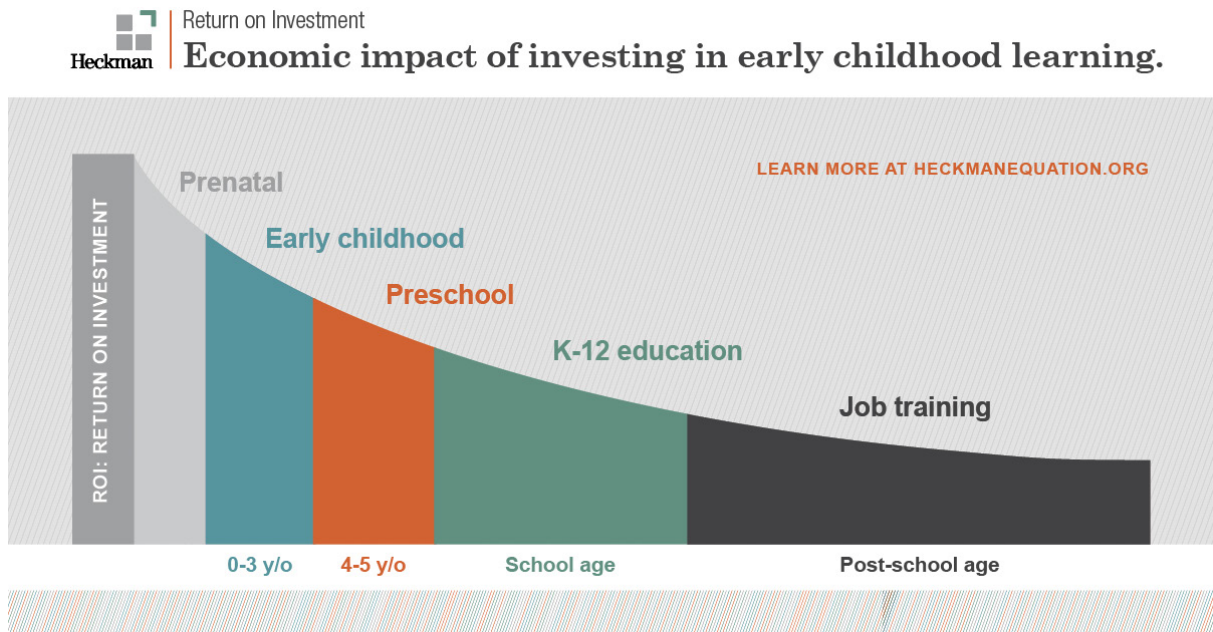


Figure 1 source: <https://heckmanequation.org/resource/the-heckman-curve/>

ACE exposure and trauma

Why is this important?

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” In 1998 a landmark study by Felitti and colleagues was published demonstrating a link between cumulative exposure to ACEs with long term outcomes for adults including mental and physical health and leading causes of death.

Background

In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having four or more ACEs. Childhood trauma can affect individuals’ wellbeing across the lifespan, impacting on physical health, mental health and relationships. Being ‘Trauma Informed’ means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm, and recognises and supports people's resilience.

Modifiable factors/Local actions

Since 2016, NHS Education for Scotland (NES) has developed training to promote trauma informed practice, to support children and young people who have experienced trauma or ACEs. NHS Fife has developed four half day trauma informed modules on: Why trauma matters; Psychological Impact of trauma; Relationships and Recovery; Compassion Fatigue and Self-care.

These have been adopted and promoted via NES and are being delivered locally to a wide range of multiagency staff, including Family Support Service, social work staff, education staff and school nursing. There is also an enhanced module for staff working directly with children and young people who have experienced trauma. These modules have been delivered to staff working in CAMHS, child psychology and the DAPL school counselling service.

Trauma informed practice is also relevant for many adult services, and more broadly, consideration of prevention of ACEs is relevant in wider policy on inequalities including for example, criminal justice.

Summary

To improve outcomes for those who have experienced trauma, we need a trauma informed workforce who can understand their needs and respond appropriately.

Find out more

[Understanding trauma and adversity | Resources | YoungMinds](#)

[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

https://know.fife.scot/_data/assets/pdf_file/0027/177507/ACEs-in-Fife-Exposure-and-Outcomes-Profile-Oct-2018.pdf

[National Trauma Training Programme - Home \(transformingpsychologicaltrauma.scot\)](#)

[Home \(beaconhouse.org.uk\)](#)

[UKTC \(uktraumacouncil.org\)](#)

<https://www.gov.scot/publications/understanding-childhood-adversity-resilience-crime/pages/2/>

COVID-19: Impact on children and young people

Why is this important?

While direct health effects of COVID-19 had less impact on children than adults, the associated lockdown measures had a profound effect on usual socialisation, support, learning and activities, and services, adversely affecting aspects of child development.

Background

School closures, lockdown measures and withdrawal of services to essential levels impacted the whole population, with particular effect on children and young people as usual activities, milestones and events had to be cancelled or curtailed. With adults under stress, this impacts on quality and quantity of interactions with children vital for language and development. The level of screen use in children increased significantly due to loss of usual activities.

While some families reported positives of having parents at home and less travel, many found the experience difficult, and women were disproportionately affected due to caring roles. At pre-school reviews, higher proportions of children have had developmental concerns post pandemic, 18.7% at 27-30 month review in 2021, compared to 14.6% prior to the pandemic for Scotland. Literacy and numeracy data were lower for Scotland in 2020/1 indicated an impact on learning. Parent-reported lower mental health and wellbeing scores in younger children were lower in 2020, and survey data indicated that families affected by disability had particular loss of services during the pandemic, with reduction in respite and social support. The proportion of Scottish children at risk of overweight or obesity increased in 2020/1. Demand and waiting times for many types of care were affected by the pandemic.

Modifiable factors/local actions

Focus on connectedness and wellbeing of families, neighbourhoods and communities, as there may be a longer term cohort effect where supportive networks take time to re-establish.

Ensure services for families affected by disability, mental health issues and poverty are strengthened going forward to mitigate the impacts on disadvantaged groups.

Summary

The pandemic and associated measures have had a major impact on children and young people, particularly those already in situations of disadvantage.

Find out more

https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf

Family life

Why is this important?

The family is the basic building block of society, and the expectations and structures around it change over time. This has implications for connectedness, and support in times of adversity, whether social, financial, physical or mental health related.

Background

In the Growing Up in Scotland study, 27.3% of 14 year olds had at least one parent who lived elsewhere. Over half 57.5% saw this parent once a week or more, whilst 15.1% said they never saw this parent. Disabled young people were more likely to say they have at least one parent who lived elsewhere 35.2%, compared with 25.9% of non-disabled young people. There was an increase in single adult households in Scotland, with figures from the Labour Force Survey estimating that these accounted for 36% of all households in 2022. 23% of households in Scotland comprised adults and dependent children, less than one in four of all households. 5% of all households comprised a single parent and dependent children: 13% a small family, 5% a large family, an increase in the proportion with single parents over time.

There have also been significant changes to working patterns of parents in the UK, for example with more non standard working hours, particularly for lower paid workers. Some aspects such as unpredictable work schedules have been linked to lower parental wellbeing, however there is evidence to suggest access to flexible working patterns and the four day working week may reduce stress within families. The use of formal childcare has increased over time, however, availability and cost can limit options for families.

Modifiable factors/local actions

Promote policies which support families with children, in particular families with disabled children, and encourage community support for families through intergenerational support, third sector, and volunteering, which also supports connectedness and positive wellbeing.

Promote a child and family focus in design of homes, work, communities and services, with accessible provision of high quality childcare.

The Workplace Team, Health Promotion Service in Fife actively promote a range of initiatives to Fife workplaces to encourage good and fair work, including family friendly policies, flexible working and intergenerational working, and promotion of the Healthy Working Lives programme in Fife.

Summary

Promoting connected communities with the needs of children and families in mind will help the next generation flourish.

Find out more

<https://www.gov.scot/publications/life-age-14-initial-findings-growing-up-scotland-study/>

[Chapter 2 - The Composition and Characteristics of Households in Scotland \(www.gov.scot\)](#)

<https://www.nrscotland.gov.uk/files/statistics/old/he-05-table5.pdf>

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2021>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8651235/>

<https://www.weforum.org/agenda/2023/03/surprising-benefits-four-day-week/>

[10.1080/13668803.2022.2077173](https://doi.org/10.1080/13668803.2022.2077173)

<https://workingfamilies.org.uk/wp-content/uploads/2022/11/Working-Families-Benchmark-Report>

<https://www.nhsfife.org/workplace>

Disability and neurodiversity

Why is this important?

Difference is part of what makes us human, and also how we care for less able members of our society defines how we view ourselves as a civilised society. People with disability can face a number of barriers to inclusion and preventable adverse health outcomes.

Background

The current rate of pupils in Fife assessed or declared as having a disability is 26.2 per 1000 pupils. Disability may relate to physical or learning ability or both, and may overlap with some chronic physical or mental health conditions, and sensory impairments. Disabilities may be classed as mild, moderate, severe, and in some cases, complex or exceptional where there are a number of conditions, or a mix of physical and learning disability leading to a need for complex care. The social model of disability recognises that people can be disabled by barriers in society such as absence of a wheelchair ramp, and is focussed on assets rather than impairments or deficits. The bio-psychosocial model incorporates the biomedical model with other perspectives and underpins person-centred care.

A learning disability is generally defined by lower intellectual ability, significant impairment of social or adaptive functioning, and onset in childhood. Some neurodevelopmental disorders may be associated with learning disability, including autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

Neurodiversity is a broader term relating to differences in brain processing, which is more variably defined and often includes ASD, ADHD, dyscalculia, dyslexia and dyspraxia. It is estimated around one in seven people in the UK is neurodivergent. Additional support needs is the term used in schools for children who require any additions to the educational provision that is usually provided, which can be due to the conditions above.

Recognising these conditions has important implications across the life course, in how to realise rights and advance equality of opportunity, provide reasonable adjustments and inclusion in society such as access to work, leisure and culture. As with adults, a higher proportion of disabled children live in areas of deprivation, and they are less likely to go to a positive destination after leaving school. Disabled people and their carers had a particularly difficult time during the COVID-19 pandemic for a variety of reasons including isolation and reduction in services. Unpaid carers have a vital role and there is a need to recognise, value and raise awareness of carers and their rights and whole family wellbeing.

The UN report on the implementation of the UNCRC in the UK highlights disability as a particular area for action. Stigma, fear of harassment and hate crime are prevalent and there are basic accessibility challenges for homes, public buildings and spaces. Rates of mental health issues are higher in disabled children and adults, and there can be barriers to accessing high quality health care.

Modifiable factors/local actions

There should be increased recognition of the role of disability and caring roles in understanding and addressing health inequalities, and preventable premature mortality in Scotland.

There is work ongoing in health and education in Fife to improve access to support, advice and assessment to meet individual needs in relation to and reduce impact of neurodevelopmental disorders. Allied health professionals have an important role in advising and supporting families.

There is unmet need to support families caring for children with learning disabilities and the most complex mental health needs, with access to respite and multi-agency intensive support to prevent family breakdown or the need for alternative placements.

Transition from child to adult services for those with disability can be difficult to navigate, and is crucial to achieve the best long term outcomes. Key principles include person-centred planning, with planning starting early and continuing up to the age of 25.

Summary

A core value of the UNCRC is non-discrimination, and responding to the experience of families and children is central to addressing barriers for those with disability or neurodiversity to realise their potential into adult life.

Find out more

[Scotland's Wellbeing: national outcomes for disabled people - gov.scot \(www.gov.scot\)](#)

[Definition | Background information | Learning disabilities | CKS | NICE](#)

[The Impact of Disability on the Lives of Young Children: Analysis of Growing Up in Scotland Data - gov.scot \(www.gov.scot\)](#)

[Celebrating neurodiversity in Higher Education | BPS](#)

[What are learning disabilities - report \(sldo.ac.uk\)](#)

[The biopsychosocial model of illness: a model whose time has come - Derick T Wade, Peter W Halligan, 2017 \(sagepub.com\)](#)

[UK Disability Survey research report, June 2021 - GOV.UK \(www.gov.uk\)](#)

[National carers strategy - gov.scot \(www.gov.scot\)](#)

[Findings from LeDeR reviews 2015-2020 | School for Policy Studies | University of Bristol](#)

[Principles-of-Good-Transitions-3.pdf \(arcscotland.org.uk\)](#)

<https://www.gov.scot/publications/scottish-allied-health-professions-public-health-strategic-framework-implementation-plan-2022-2027/pages/4/>

Voice of children and young people

Why is this important?

Linking to the UNCRC Article 12, participation and engagement with children and young people is being recognised as being integral in planning services to meet their needs, just as coproduction and working with communities is integral to wider service planning.

Background

The Fife Children & Young People's Health & Wellbeing Survey was completed in schools in March and April 2023. The survey has been designed so that children and young people can tell us about their experiences and contains questions on a wide range of topics including: Physical Activity, Health, Emotional Wellbeing, Eating Habits and Social Media Use.

Gathering this information, at this time, was especially important to help to form an accurate picture of children and young people's wellbeing after the pandemic and to help to plan to support their recovery.

The results from the survey, available in summer 2023, will help us to understand the wellbeing and needs of children and young people in Fife. This will inform the work that partnership organisations are doing to improve services for children and families.

In preparing this report, feedback was obtained from Fife College students on topics most important to them. The Voice of children and young people, and working on young people's health priorities came top, followed by The Promise and Adversity priorities.

Local actions/modifiable factors

There are many examples in Fife of good practice for engagement with children and young people, these include:

- The 'Voice of the infant' tool used within the Health Visiting and Family Nurse Partnership services.
- Following engagement with young people about their needs, NHS Fife School Nursing Service launched a text messaging service, launched in November 2022.
- In Education, local engagement work, as well as larger scale surveys such as SHINE and the Health and Wellbeing Survey are used to help plan services.
- Research undertaken with young people will inform Youth Work service priorities going forward.

Summary

Information from larger scale surveys but also targeted work with specific groups of young people in Fife will help with designing appropriate services to meet their needs.

Early years and building blocks for health



“Much is made of the need for more police on the streets. But while this would undoubtedly reduce violent crime in the short term, in the long term 1000 health visitors would be more effective than 1000 police officers.

Early years education and support is key to reducing violence in the long term.”

Detective Chief Superintendent John Carnochan,
Head, Violence Reduction Unit of Scotland 2008



Child poverty and cost of living

Why is this important?

Child poverty affects opportunities for health, learning and development from pregnancy onwards, which can have lifelong consequences. The Child Poverty (Scotland) Act 2017 places duties on public authorities to take action to reduce and mitigate child poverty. The current cost of living crisis has made it more difficult for many families.

Background

Almost one in four children in Fife live in poverty before housing costs. There are six child poverty priority groups which cover 90% of families with children in poverty: *lone parents, families affected by disability, children under 1 year, mothers under 25 years, ethnicity, families with >3 children*. The Policy document Best Start Bright Futures describes three drivers of child poverty: income from employment, cost of living, income from benefits.

Poverty rates are also higher in some parts of Fife than others, generally following patterns of deprivation. Poverty can be linked to increased family stress, and reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

Modifiable factors/local actions

Fife has published several Local Child Poverty Action Reports as required by the Act. The report for 2023 will be part of the overall Tackling Poverty and Preventing Crisis report. Key areas for action focus on the three drivers and targeting the six priority groups:

- Income maximisation, with the successful MoneyTalks offer of referral for welfare checks in maternity and health visiting, and the Boosting Budgets programme in Education, and possible expansion of these.
- Reducing additional costs of the school day, and working to improve access to childcare.
- Anchor Institution actions, to ensure employment is accessible to priority groups where possible, and procurement can benefit local communities.
- Ensuring voice of those with lived experience is part of planning and feedback.
- Support action to explore better access to child maintenance payments and tackle young parent poverty.

Summary

Poverty is a stressor which can be highly detrimental to all aspects of child and family wellbeing. Public services can take both preventive and mitigating action, in line with UNCRC articles 26 and 27.

Find out more

<https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/pages/3/>

<https://our.fife.scot/plan4fife/tackling-poverty-and-preventing-crisis/tackling-poverty-listing/tackling-child-poverty>

https://our.fife.scot/data/assets/pdf_file/0021/250248/Plan-for-Fife-2021-24-23-Aug.pdf

<https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

<https://cpag.org.uk/scotland/child-poverty>

<https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/local-child-poverty-action-reports>

Births and maternal health

Why is this important?

Potentially modifiable factors affecting a mother's health before and during pregnancy can have a major impact on the mother and baby's wellbeing and some complications associated with pregnancy and childbirth. Some factors can influence the child's health in the longer term.

Background

The birth rate is declining in Fife, in a similar pattern to Scotland, with 3157 births in 2021. Age at first birth is increasing, which has positive aspects, however fertility reduces with age and after age 35, the rate of pregnancy complications, and chance of some genetic conditions in the baby increase.

In Fife around 5% of singleton births have low birth weight, similar to the rate in Scotland. Low birth weight is caused by intrauterine growth restriction, prematurity or both. As well as immediate health care needs, it contributes to a range of longer term health outcomes. There are evidence based actions which can reduce the chance of low birth weight, these include: reducing smoking and reducing exposure to environmental tobacco smoke, alcohol, and illicit drug use. Low body mass index and anaemia are also risk factors so a healthy diet before and during pregnancy is important. Other factors include younger and older ages during pregnancy, time between births, infections including those which are sexually transmitted and exposure to domestic violence.

There were 11 stillbirths in Fife in 2021, and as a rate this was similar to Scotland. Stillbirths may have an identified cause but many are unexplained. There are also risk factors for stillbirth include smoking, obesity, poor nutrition, drug and alcohol use. One area of concern is that the percentage of women classified as overweight or obese at maternity booking in Scotland has been gradually rising. In Fife this was 60.4%, above the Scottish average.

Fife has one of the highest rates of current smokers at maternity booking in Scotland. In 2021/22, 16.7% of women self-reported as current smokers, compared to 11.8% for Scotland. Women who live in areas most affected by deprivation have the highest proportion of current smokers. Smoking is also associated with a wide range of harms including: increased risk of miscarriage, some congenital defects and learning difficulties, including attention deficit hyperactivity disorder. It may also cause genetic damage to be passed to the next generation. Smoking in the home is a significant risk factor for sudden infant death, as well as respiratory problems in children.

There are well understood risks during pregnancy from alcohol. Drinking alcohol during pregnancy increases the chance of fetal alcohol spectrum disorder (FASD) which is the commonest cause of non-genetic learning disability in the Western world. Importantly, damage may occur before a woman is aware of the pregnancy. It can be difficult to diagnose and symptoms include: difficulty processing information, memory and attention deficits, cognitive and behavioural problems. Early identification and support can improve outcomes.

Maternal deaths are fortunately now rare, however the Confidential Enquiries into Maternal Deaths 2022 showed stark inequalities with women from some ethnic backgrounds and women experiencing greater levels of deprivation more likely to be affected.

Modifiable factors/local actions

Some actions that improve the health of the whole population such as increasing smoke-free environments will also directly benefit mothers and children. However, delivery of high-quality reproductive health care throughout a woman's life is also important for positive health outcomes for mothers and babies. While much is delivered in primary care, the ACORN project in Sexual Health Fife is an example of good practice which is designed to enhance access for women facing particular challenges who may not otherwise access services.

Maternity services in Fife provide person-centred care, with specific projects for some women, including the VIP project for those with alcohol and substance misuse problems, Family Nurse Partnership for younger first-time mothers, Family Health Midwives for those with complex challenges, and support for women with obesity in pregnancy. Translation services in maternity care are particularly important due to higher risks associated with some ethnicities. Areas for development include:

- Preconception health advice for all women, but especially for women with pre-existing conditions such as heart disease.
- Increasing access to reproductive health options such as long acting reversible contraception to women, including following birth.
- Reducing rates of smoking and obesity in the population, and exploring ways of increasing smoking quit rates in pregnancy including incentives.
- Supporting population health measures to reduce exposure to alcohol, including in pregnancy.
- A stronger focus on preconception and child health in general health policy.

Summary

Improving preconception and maternal health will help reduce inequalities and improve outcomes for mothers and babies in Fife.

Find out more

[Maternal and fetal risk factors for stillbirth: population based study | The BMJ](#)

[Fetal alcohol spectrum disorders: a guide for healthcare professionals \(exlibrisgroup.com\)](#)[Low birth weight \(who.int\)](#)

[Reducing low birth weight: prioritizing action to address modifiable risk factors | Journal of Public Health | Oxford Academic \(oup.com\)](#)

[Tobacco use in pregnancy | ASH Scotland](#)

[Smoking, Pregnancy and Fertility - ASH](#)

[Financial incentives for smoking cessation in pregnancy: randomised controlled trial | The BMJ](#)

[MBRRACE-UK Maternal Report 2022 - Lay Summary v10.pdf \(ox.ac.uk\)](#)

[Women's health plan - gov.scot \(www.gov.scot\)](#)

Infant feeding

Why is this important?

Breastfeeding provides the best start to life as breastmilk contains hundreds of components that cannot be artificially replicated including viral fragments, antibodies and immunoglobulins, hormones, stem cells, complex sugars and essential fats.¹ In addition to nutrition and immunity, the closeness of breastfeeding helps develop the infant microbiome and builds a strong bond between the mother and infant. This relationship can aid brain development and potentially influence life-long learning, development and social interactions.

Background

Scotland has invested money to support breastfeeding initiatives over the last few years. As a result, the rate of any breastfeeding at 6-8 weeks in NHS Fife has increased from 33.7 % in 2012 to 41.9 % in 2022.² There continues to be a sharp drop in the number of women who start breastfeeding to those who continue to do so at 6-8 weeks, and having timely, skilled support is key to ensuring women get advice and support where needed.

Additionally, all maternity, neonatal and health visiting services across Scotland are accredited as “Baby Friendly” – a global initiative jointly developed between WHO and UNICEF to provide standards of care to improve breastfeeding support.³

Modifiable factors/local actions

NHS Fife community successfully became “Baby Friendly” in 2014 and successfully reaccredited in January 2023 with outstanding results. The next steps to embed standards in practice include ensuring strong leadership, fostering a culture for staff learning and feedback, ensure a robust monitoring system to ensure standards remain consistently met to a high standard and developing innovations to improve services.⁴ This includes access to breastfeeding support and advice from midwives, health visitors (or family nurses), the breastfeeding support team or one of the infant feeding advisors.⁵

Families can also get help with costs through Best Start grants and Best Start foods to help make sure infants and young children have access to food.⁶

Summary

Actions to promote and support breastfeeding where possible remains an important health outcome, while sensitively supporting all families regardless of feeding methods.

Find out more

[DPH Report 2023 - Draft Master V2 24.05.2023.docx \(sharepoint.com\)](#)

[Infant feeding statistics - Financial year 2021 to 2022 - Infant feeding statistics - Publications - Public Health Scotland](#)

[Learn more about the UNICEF UK Baby Friendly Initiative](#)

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/>

[Breastfeeding support | NHS Fife](#)

[Best Start Grant and Best Start Foods - mygov.scot](#)

Health visiting pathway and Family Nurse Partnership

Why is this important?

Universal services in pregnancy and from birth into the early years are essential to ensure early intervention and prevention and identify those requiring additional or intensive support. Midwives, health visitors and family nurses are the core staff groups involved in pregnancy and following birth health visitors and family nurses are the key staff.

Background

The Universal Health Visiting Pathway provides a core programme of 11 home visits to all new families, covering the first year to preschool, building relationships, providing support and including the Named Person function.

Development checks are captured in the Child Health Surveillance Programme national information system. In 2021/22 in Fife there was a fall in the proportion of eligible children reviewed at both 13-15 month review and 27-30 month review, to 83% and 90%. The percentage of children reviewed with developmental concerns at both reviews increased, to 18% and 19% respectively. This increase was noted across Scotland and further work is underway to investigate further.

The FNP programme is now available to all first time mothers aged 20 and under. This is a recent expansion from 19 years old and under and provides regular intensive home visits and support in pregnancy until the age of two according to an evidence based framework. This has been shown to improve a range of maternal and child outcomes.

Modifiable factors/local actions

Full implementation of the Health Visiting pathway has been challenging due to staffing pressures in the last four years. A workforce strategy is in place covering recruitment, training and supervision which will bring long term stability to teams and support full delivery of the pathway.

Further consideration will be needed to meet the stretch aim to have the FNP programme offered to those aged 21 and under, and 25 and under for care experienced young people.

Summary

Universal and additional support is essential to support families in the early years adapt to the changes and potential challenges in the early years.

Find out more

[Early child development statistics - Scotland 2020 to 2021 - Early child development - Publications - Public Health Scotland](#)

<https://www.gov.scot/policies/maternal-and-child-health/family-nurse-partnership/>

[Perinatal and early years - Mental health - gov.scot \(www.gov.scot\)](#)

[Perinatal mental health - ScotPHO](#)

Play and physical activity

Why is this important?

Movement is essential for life. It provides the building blocks for development, physical and mental health as well as social and academic progress. Play is well documented for its benefits at all life stages from infancy to older adults. Taking part in activity increases confidence, self-esteem, as well as reduces stress, the effects of depression and improves our physical health.

Background

Physical activity guidelines for children state that they should engage in moderate to vigorous activity for at least 60 minutes each day. In 2021 the Scottish Health Survey reported that 71% of children aged 2-15 years had achieved this recommendation which included activity at school. This is an increase from 69% in 2019. However more boys than girls meet the recommendation.

Participating in sport and physical activities such as walking, ball sports, dance or yoga creates an opportunity to develop skill mastery. This then can lead to lifelong participation in a range of activities. Tackling inequalities and barriers to activity from an early age will help to increase activity levels, create good habits and improve life chances into adulthood.

Modifiable factors/local actions

The ability to swim and ride a bike by the time a child leaves primary school are two 'life skills' measures Fife Council is working hard to impact, through provision of activity and interventions to tackle the barriers to participation.

Fife Sport and Physical Activity Strategy is a Fife wide commitment to improving opportunities for people of all ages, abilities, and localities in Fife to participate in sports and physical activities. Working in partnership with stakeholders Fife Council Active Communities is committed to increasing the variety and availability of activities, from walking in the community to supporting clubs and groups who are working to change people's lives through sport, including those with disabilities.

Additional funding will increase the ability to create and improve access to activity across Fife. Reducing barriers to activity' costs, facilities and perceptions continues to challenge all initiative and projects. Ongoing work to understand the needs of our communities, individuals and families assists with planning programmes, taking into account any impact from COVID-19 in changing how people play, participate and exercise.

Summary

Play and physical activity is essential for healthy development in children and contributes to lifelong physical and mental health and wellbeing.

Find out more

[Active Fife - leisure hub](#)

[Physical activity overview - Physical activity - Health topics - Public Health Scotland](#)

Housing

Why is this important?

Housing has a vital role to play in promoting child development by providing a safe and secure place for children to grow, play and learn in a homely and nurturing environment.

Background

In 2021 the Scottish Government set out its vision for the Housing Sector in its 'Housing to 2040' Strategy.¹ This was in the context of an emphasis on preventing homelessness. Homelessness prevention duties on all public bodies are widely expected to form part of a forthcoming Housing Bill.² Pressure on housing services continues to be affected by the impact of the COVID-19 pandemic. In Fife the number of homeless applications and households in temporary accommodation remains higher than pre-pandemic.³

Scottish Government data 2020-2021 shows that within Scotland Fife has amongst the highest number of homeless households.³ Homeless households with children spend on average longer in temporary accommodation than those without. The Draft Fife Local Housing Strategy 2022-2027 states that 22% of homeless households in Fife are single parents and 24% of homeless assessments include dependent children.⁴

Modifiable factors/local actions

Housing and homelessness issues are entwined with other aspects of inequality such as employment and poverty. Fife's Local Housing Strategy includes actions to address the housing needs of populations where children and young people may be most at risk.⁴ This includes those experiencing domestic abuse or with no recourse to public funds, care experienced young people, children in temporary accommodation, and closer working with child health and maternity services.

In Fife the Rapid Rehousing Transition Programme (RRTP) Board will establish a multiagency Homelessness Prevention Task Force. It will also work with the Centre for Homeless Impact to develop a local framework in line with the SHARE tool that aims to achieve the following: 'Scotland will be a society in which homelessness is prevented whenever possible or otherwise will be rare, brief and non-recurring'.^{5,6,7}

Summary

Housing provision and the prevention of homelessness need to take account of children's rights-based approaches in line with the UNCRC.

Find out more

<https://www.gov.scot/publications/housing-2040-2/documents/>

<https://www.gov.scot/publications/prevention-homelessness-duties-joint-scottish-government-cosla-consultation-analysis-consultation-responses-final-report/>

<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2021/06/homelessness-scotland-2020-2021/documents/homelessness-scotland-2020-21/homelessness-scotland-2020-21/govscot%3Adocument/homelessness-scotland-2020-21.pdf>

<https://www.fife.gov.uk/kb/docs/articles/housing/local-housing-strategy>

<https://www.homelessnessimpact.org/share-tool>

<https://www.scotpho.org.uk/wider-determinants/homelessness/key-points/>

https://scotland.shelter.org.uk/housing_policy/homelessness_in_scotland

Greenspace and wellbeing economy

Why is this important?

Greenspace Scotland outlines research demonstrating how greenspace can give children the best start in life and act as an outdoor classroom.¹ Greenspace provides places for children to play and promotes their social, emotional, intellectual and physical development. Wellbeing and sustainability can be seen as a children's rights issue due to the impact on future generations.²

Background

The Place and Well-being Collaborative have recently developed a set of Place and Well-being outcomes for Scotland.³ This work reflects the well acknowledged important effect the kind of the place in which we live, work and play has on our health and well-being. Issues of place are entwined with sustainability and the nature of economic development. Scotland is part of the OECD Wellbeing Economy Governments Group exploring wellbeing and economics, and meeting UN Sustainable development goals.³

Modifiable factors/local actions

Targets and indicators for place and well-being are being developed at national level and will inform further development of actions covered in Fife strategies on Transport, the Climate Emergency, Sustainability and Greenspace.^{4,5} This links to the Play Strategy for Scotland which has the ambition for all children and young people to enjoy outdoor free play in stimulating spaces with access to nature on a regular basis, and in Fife the Play Spaces Strategy provides a plan for upgrading play facilities across Fife.^{6,7}

Fife has been part of a Scottish Government pilot programme supporting local areas to build capacity for community wealth building, now embedded as part of the Plan for Fife Recovery and Renewal review. Other collaborative projects in Fife are in progress which will contribute to the joint priorities of community wealth building and developing a green and sustainable environment to benefit future generations. These include: establishing a Green Health Partnership, the River Leven Programme and the work of partner organisations to develop their role as Anchor institutions.⁸

Summary

The priorities of place-making, community wealth building, and sustainability are shared by partners across Fife and is evident already in work to address these areas. The rights, voices and best interests of children and families should be taken into account in these initiatives.

Find out more

<https://www.greenspacescotland.org.uk/Pages/Category/greenspace-delivers>

<https://childreninscotland.org.uk/economy-must-be-redesigned-to-focus-on-wellbeing-and-environmental-sustainability/>

<https://www.gov.scot/groups/wellbeing-economy-governments-wego/>

<https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/planning-for-place-programme/place-and-wellbeing-outcomes>

<https://www.fife.gov.uk/kb/docs/articles/roads,-travel-and-parking/local-transport-strategy>

<https://www.nhsfife.org/about-us/sustainability/sustainability-and-environmental-reporting/>

Climate

Why is this important?

The climate crisis is particularly relevant for children and young people, as they will be exposed to it for longer, and so will benefit most from harm reduction. This includes improving air quality and averting ecological changes such as extreme weather events.

Background

NHS Scotland published its Climate Emergency and Sustainability Strategy last year, which sets out plans for NHS Scotland to reduce its greenhouse gas emissions and impact on the environment, adapt to climate change and to better contribute to the United Nation sustainable development goals. This acknowledges how we need to change the ways we work to avert and deal with the consequences of climate change, and the need for a change in our culture to support this.

It is important that changes in response do not exacerbate inequality and follow the principles of a 'just transition', taking account of the effect on different groups and generations. The impact of climate change can be hardest on those who are already worse off. This affects children and young people in particular because altering where they live or their health can affect their opportunities for the rest of their life. Research shows they are also most affected by anxiety about ecological issues and so addressing the climate crisis may help improve mental wellbeing.

Modifiable factors/local actions

Organisations and communities in Fife can work to address climate change through:

- listening to and involving children and young people in solutions, to promote a sense of positive agency locally for sustainability while accepting some levers lie at global level
- changing the ways that large organisations work through Anchor Institution principles
- helping all staff and communities to understand and respond to sustainability
- sharing resources, for example looking into how green space in NHS sites can be used by other groups and organisations
- working with local partners such as the Green Health Partnership and Fife Conference of the Partners.

Summary

The climate crisis will affect the lives of today's children and young people as well as future generations, and their voices are integral to working towards solutions

Find out more

[NHS Scotland climate emergency and sustainability strategy: 2022-2026 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/nhs-scotland-climate-emergency-and-sustainability-strategy-2022-2026/pages/1-introduction.aspx)

[Mission and Goals | International Institute for Sustainable Development \(iisd.org\)](https://www.iisd.org/)

[The NHS as an anchor institution \(health.org.uk\)](https://www.health.org.uk/news/articles-and-opinions/the-nhs-as-an-anchor-institution)

[https://doi.org/10.1016/S2542-5196\(21\)00278-3](https://doi.org/10.1016/S2542-5196(21)00278-3)

<https://www.penumbra.org.uk/climateanxietyandyoungpeople/>

The promise and adversity



The promise and care experienced children and young people

Why is this important?

In 2020 Scotland made a promise to care experienced children and young people: You **will** grow up loved, safe and respected. And by 2030, that promise **must be kept**.

Background

The Independent Care Review (ICR) 2020 listened to 5,500 care experienced infants, children, young people and families who shared their experiences. The ICR identified that many did not feel loved, safe or respected. The conclusions and recommendations from the ICR shaped The Promise Action Plan (2021-2024). Longer term outcomes for those who are care experienced have been shown to be adverse compared to other groups, including health and educational outcomes. Those who have been in looked after can also experience stigma as a result.

Becoming looked after involves a formal supervision order following a Children's Panel Hearing and reasons include lack of parental supervision or exposure to harm. Children can be looked after at home, in kinship care, fostering, or in residential accommodation. Fife currently has 165 children looked after at home and 578 children looked after away from home from period 9th March 2023 until 5 April 2023.

Modifiable factors/local actions

The Promise is an identified priority area within Fife Children's Services Plan (2021-23) and there is a commitment from Fife's Children's Services Partnership to collectively deliver the Promise to improve the experiences and outcomes of: those who experience care, those who may be described as on the 'edge of care', and those who have a requirement for additional services to support them to live safely at home.

Currently, there is mapping activity being undertaken across all sectors in Fife for partner agencies to identify how they are meeting the priorities highlighted within the Promise. This will inform gaps that need addressed, including support into young adulthood. A recently established working group within Fife Children's Services will explore means to increase awareness of the Promise and build capability across the workforce in social work, health, education and other agencies to embed the Promise into everyday practice.

Summary

The promise is hugely important, in aspiring for more child-centred and systemic support for children, young people and families when they encounter services, leading to better experiences and long term outcomes.

Find out more

<https://thepromise.scot/what-is-the-promise/independent-care-review>

[Fife-CS-Plan-2021-23-v2.pdf](#)

[Fife-CS-Plan-2021-23-v2.pdf](#)

<https://doi.org/10.23889/ijpds.v7i3.2020>

Domestic abuse

Why is this important?

The Domestic Abuse Scotland Act (2018) outlines that domestic abuse has a significant impact on babies, children and young people. This may be through direct experience, witnessing abuse to a parent or family member, or being present in a family environment where domestic abuse is taking place.

Background

During 2021-22, 782 children in Fife were discussed at a multi-agency risk assessment conference, or MARAC - an indicator of the number of children living within high-risk domestic abuse settings. 461 children were supported by Fife Women's Aid. 57 children and 41 mothers were supported by CEDAR Plus, a programme which helps recovery.

Fife has a slightly higher rate of reported domestic abuse incidents than Scotland as a whole, with the gap increasing in the last few years. Data may be an underestimate due to the impact of COVID-19 restrictions during this reporting period and the hidden nature of domestic abuse.

Modifiable factors/local actions

Actions and supports are outlined in the Fife Violence Against Women Action Plan 2020-22:

- Free telephone support line for children; Children and Young People Counselling; Join the Dots programme providing one-to one support, family support and Primary and Teen groupwork support. (Fife Women's Aid).
- CEDAR Groupwork (Children Experiencing Domestic Abuse Recovery) for 4 to 16-year-olds and their mothers; EYDAR Groupwork (Early Years Domestic Abuse Recovery) for mothers with children 0-4 years (Family Support Service, Fife Council).
- Safe & Together training is mandatory for Children & Families staff, focussing on keeping children safe with the non-offending parent within a domestic abuse situation.

Summary

Domestic abuse can cause a variety of social, emotional and educational disadvantages, including attachment issues, therefore preventive work and adequate support services are necessary to support children and young peoples' development into adulthood.

Find out more

[CEDAR Plus \(domestic abuse\) | Fife Council](#)

[Services for Children & Young People - Fife Women's Aid \(fifewomensaid.org.uk\)](https://www.fifewomensaid.org.uk)

[Fife Violence Against Women Partnership | Fife Council](#)

[Scotland's Programme for Government Commits to Safe & Together Model - Safe & Together Institute \(safeandtogetherinstitute.com\)](https://www.safeandtogetherinstitute.com)

Neglect and child protection

Why is this important?

Neglect is a failure to meet a child's basic physical and/or psychological needs and is likely to result in the serious impairment of the child's health or development. It can arise in the context of systemic stresses and has major long term health consequences. Other forms of maltreatment include physical, emotional and sexual abuse.

Background

Neglect can occur both pre- and post-natally. It may involve failing to: provide adequate food, clothing, or shelter; protect the child from physical/emotional harm or danger; respond to essential emotional needs; seek consistent access to appropriate medical care; and ensure the child receives an education. This can co-exist with other difficulties such as domestic abuse, parental substance use, parental mental health problems.

42% of children in Scotland who were on a Child Protection Plan or on the Child Protection Register had an indication that neglect was a concern. Neglect was identified as a common concern in most Initial Case Reviews in Scotland by the Care Inspectorate. In July 2022 the rate of Child Protection Registrations in Fife was 2.1 per 1000, relating to 136 children, a reduction since 2021, and similar to the rate in Scotland. There is increasing evidence of a causal link between child abuse and neglect, with later poor health and premature death.

Modifiable factors/local actions

Fife has strong multi-agency working led by the Child Protection Committee with a focus on continuous improvement and keeping children safe. A supportive and early intervention approach to families in distress is important. NHS Fife is also implementing the Graded Care Profile 2 (GCP2), a tool that improves the assessment of quality of care being given and identification of when a child is at risk of harm/neglect. This is for core staff teams such as health visitors.

While many factors play a part, poverty has an association with levels of child abuse and neglect in contributing to family stress, therefore anti-poverty measures may reduce levels of neglect.

Summary

Measures to support families to prevent neglect and abuse, early identification, support and intervention, will have lifelong consequences for health outcomes and future costs to society in terms of crisis or late intervention and care.

Find out more

[Getting it right for every child \(GIRFEC\) - Statutory Guidance - Assessment of Wellbeing 2022 – Part 18 \(section 96\) of the Children and Young People \(Scotland\) Act 2014 - gov.scot \(www.gov.scot\)](#)

[Child Protection | Care Inspectorate Hub Children's Social Work Statistics Scotland: 2021 to 2022 - gov.scot \(www.gov.scot\)](#)

https://www.fife.gov.uk/_data/assets/pdf_file/0021/401565/CPC-Annual-Report-2020-21-FINAL-Academic-year.pdf

<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>

[The serious health consequences of abuse and neglect in early life | The BMJ](#)

Young carers

Why is this important?

The Carers (Scotland) Act 2016 gives rights to carers including young carers, who can face hidden social, emotional and educational disadvantages as a result of caring for a family member with a long-term health issue or disability.

Background

There is no definitive number of young carers in Scotland and it is acknowledged that numbers reported in formal surveys may be an underestimate. In 2021 in Scotland 2% of children aged 4-15 years old reported providing any regular help or care for any sick, disabled, or frail person, this was a decrease from the 4% reported in 2019 when the full Scottish Health Survey was carried out. For young people aged 16-24 years old, 9% reported carrying out regular help, an increase from 7% in 2019. In Fife this equates to around 1000 children and 3,500 young people. However in a Fife Education survey in 2018 over 6000 children and young people in school identified themselves as a young carer.

Young carers are more likely to be female and more likely to live in areas of deprivation, and are twice as likely to report a mental health problem including stress, anxiety and depression. A higher level of physical health issues has also been described. Their caring role may limit social activities and contribute to social isolation; however, there can also be benefits in the caring role, such as responsibility and maturity.

Modifiable factors/local actions

The 'Getting it Right for Young Carers in Fife' strategy (currently being updated) reflects the partnership work of all Children's Services, working together to support young carers in Fife. Fife Young Carers enable young carers to meet regularly in supportive social groups across Fife. They also provide direct support to schools to help raise awareness of the issues Young Carers face, and to support the Young Carers Champions identified in each school.

From consultation with young carers the following areas have been identified as important:

- Further awareness raising in schools and support to access help
- Support to access activities and opportunities in the communities
- Support with transitions into adulthood
- Support with mental health, especially during school holidays

Summary

Providing support for young carers is important to realise their potential and reduce health inequalities.

Find out more

[Young-Carers-Guide-2018_V4.pdf \(fifehealthandsocialcare.org\)](#)

<https://www.fifeyoungcarers.co.uk>

[Young carers: review of research and data - gov.scot \(www.gov.scot\)](#)

[National Strategic Education Project | Carers Trust Scotland](#)

Refugee and asylum seeking children and young people

Why is this important?

It is a human right to be able to seek asylum in another country. Children and young people usually come as part of a family unit, but unaccompanied young people are a particularly vulnerable group.

Background

Fife's Resettlement Core Group oversees approaches to support urgent resettlement and displacement programmes. Close partnership working has been crucial and health responses vital in meeting urgent needs and pathways to early integration. The response has evolved significantly in the last three years, and countries of origin include Syria, Afghanistan and Ukraine, under a variety of different programmes. This is a dynamic community and young people have been supported in the Afghan bridging hotel, the Homes for Ukraine sponsorship scheme, the Super Sponsorship scheme and Welcome Accommodation (hotels) providing interim sanctuary.

There can be significant social, physical and mental health needs, and there may be barriers in terms of language, culture, finance, and stigma which can impact on access to health and other services. Many families may have experienced psychological trauma as part of their journey.

Key health aspects for children include age appropriate health care, which includes prevention, such as ensuring immunisations are up to date, and access to relevant health services such as primary care and maternity care. Integration into education and the wider community can positively support ongoing child development.

Modifiable factors/local actions

There are challenges in some services to meet the needs of this group for example, with finding suitable longer term housing options for some families, as young people and families in temporary accommodation may not be able to benefit from normal family life and opportunities a settled home provides, and uncertainty for the future can affect wider wellbeing.

Summary

Support for children, families and young people who are refugees or asylum seekers to access healthcare and other services is essential to meet their needs.

Find out more

[Refugees and asylum seekers - gov.scot \(www.gov.scot\)](https://www.gov.scot)

[Refugee and asylum seeking children and young people - guidance for paediatricians | RCPCH](#)

Living well



Food and diet

Why is this important?

A healthy diet brings a wide range of benefits for physical and mental health. Poor diet and nutrition is a major 'downstream' cause of ill-health, chronic disease, and premature death in Scotland. A healthier diet with a higher proportion of fruit and vegetables can substantially reduce the risk of many chronic diseases including the two leading causes of death in Scotland - coronary heart disease and cancer.

Background

In Fife, 77.3% of children measured in Primary 1 have a healthy weight. Children in Scotland report eating on average 3 portions of fruit and vegetables per day, compared to the recommended 5 or more portions. Children tend to consume foods and drinks that are high in fat and/or sugar more often than adults, and those in more deprived areas are more likely to eat no portions of fruit and vegetables than other areas. There is higher prevalence in obesity in the most deprived areas of Fife compared to least deprived. In Scotland 7% of families with children are classed as food insecure. Foodbank use is significant with over 5,506 parcels given out to children specifically in 2021/22 in Fife.

Modifiable factors/local actions

Multiple factors influence our diet including knowledge, skills, affordability, accessibility, marketing and energy density of food. To improve the diet of Fifers we need to build capacity and resilience within individuals, families and the communities in which they live, and tackle food insecurity. This includes:

- The Child Healthy Weight Programme in Fife, Fife Loves Life, supports positive family friendly lifestyle changes, including eating well and physical activity.
- Early years funding has been secured for training the trainer HENRY Core Training, in partnership with NHS Lothian and Fife Council Early Years Education. The HENRY approach is designed to build the skills of practitioners to provide effective support for families and children in achieving a long-term healthy lifestyle.
- Fife Food Champions are a network of trained individuals who have a remit for food in their job/volunteer profile. They are trained to enable them to deliver key messages around eating well and cooking workshops in communities.
- The Food4Fife Partnership is about people in Fife (individuals, communities and businesses) coming together to work across all aspects of the food system to help address health, environmental and economic challenges by creating a sustainable food culture for a healthy Fife via a strategy and action plan.

Summary

Children, young people and families need to be supported in the early years and beyond to establish lifelong healthy eating habits, and in the longer term reduce health inequalities in avoidable diseases and complications.

Find out more

[Fife's Food Strategy Consultation - Food from Fife](#)

[Obesity Action Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland](#)

[Healthy weight - Diet and healthy weight - Health topics - Public Health Scotland](#)

Smoking and children and young people

Why is this important?

Health Inequalities are apparent from an early age, and are exacerbated by avoidable harms such as smoking. Smoking is more prevalent in the most deprived areas in Fife. The younger the age of uptake of smoking, the greater the harm is likely to be; early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.

Background

Cigarette smoking during childhood and adolescence causes significant health problems among young people including an increase in the number and severity of respiratory illnesses, decreased physical fitness and potential effects on lung function. Longer term smoking leads to many health risks including lung disease, oral and lung cancer and circulatory problems.

Smoking prevalence increases significantly between the ages of 13 and 15 years and continues to rise steadily into early adulthood. In 2018 rates were higher in Fife than the national average: 2% of 13 year olds and 8% of 15 year olds smoke in Fife, and 17% of 13 year olds and 41% of 15 year olds believe that it is 'ok' to experiment with tobacco, a key risk factor for future tobacco dependence. Babies, children and pregnant mothers are particularly vulnerable to the effects of second hand smoke within enclosed spaces such as the home environment, and in Scotland the rate of child exposure to smoking in the home has fallen significantly over the last 10 years.

E-cigarette use or vaping was also higher in Fife than Scotland, with 41% of 15 years olds reporting trying this. While less harmful than smoking, adverse effects may include addiction and exposure to chemicals in the e-liquids.

Modifiable factors/local actions

Local actions look to promote a culture where young people are not tempted to experiment with smoking, encourage each other to avoid smoking and have an active voice in health policy and practice by:

- raising awareness of the impact of smoking on children and young people, peer influences and tobacco industry tactics through school based and further education programmes
- developing smoke free environments for children and young people through our Smoke Free Homes programme and promote smoke free school gates and play parks
- working with partners to identify ways in which they can contribute to the tobacco prevention and early intervention agenda with the aim of supporting Fife to achieve the aspirational goal of a Smokefree generation by 2034.

Summary

Tobacco control measures are a key part of reducing health inequalities and cancer prevention. The aim is to cultivate an environment where all children and young people view non-smoking as the social norm.

Find out more

[Tobacco prevention and protection | NHS Fife](#)

[Raising Scotland's Tobacco-free Generation: Our Tobacco-Control Action Plan 2018 \(www.gov.scot\)](#)

[Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\) - gov.scot \(www.gov.scot\)](#)

Mental health and wellbeing

Why is this important?

The Scottish Government's Community Mental Health & Wellbeing Supports & Services Framework (CMHWSS Framework) states that every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing. Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. This support will be available in the form of easily accessible support close to their home, education or community

Background

Children's emotional and mental health and wellbeing is just as important as physical health. Risk factors for mental disorders are not fully understood, however genetic factors play a part, and childhood adversity or abuse is recognised as associated with increased likelihood of some conditions in later life. Family, peer and school relationships are crucial in emotional wellbeing, and disability, physical health conditions and the experience of discrimination are associated with an increased likelihood of mental health disorders. Some evidence suggests that prenatal and maternal health can also be relevant.

Evidence from a number of collated studies showed that the global onset of the first mental disorder occurs before age 14 in one-third of individuals, age 18 in almost half (48.4%), and before age 25 in over half (62.5%), with a median age at onset of 14.5/18 years across all mental disorders. While many childhood problems will resolve, prevention and early intervention in children and young people in the community is of major importance for the entire life course.

The prevalence of poor mental health and emotional wellbeing across Scotland's children and young people has incrementally increased over the past five years, with services supporting children and young people experiencing year on year increases in presentation and complexity.

Between April and June 2021, 7,522 Fife young people took part in the SHINE mental health survey, key themes from the data indicates that in Fife young people are struggling with self-confidence, loneliness, poor body image and maintaining positive peer relationships. Levels of wellbeing in girls in secondary school age are of particular concern, and this has been noted nationally for some time.

Specialist referral data indicates that many young people who are referred to CAMHS do not meet the criteria for their service, and therefore alternative support in the community may be more appropriate.

Child and Adolescent Mental Health Service

In addition to the objectives set out in the CMHWSS Framework, the Child and Adolescent Mental Health Services (CAMHS) NHS Scotland National Service Specification articulates the role and function of CAMHS services across the country and how it should link with wider service providers in order to achieve these objectives.

Key aims within this are the Scottish Government's CAMHS 18 week Referral to Treatment Target (RTT), reduction in waiting times, the recruitment, retention and development of a skilled workforce, and the provision of high quality, evidence-based care that is informed by the views, experiences and rights of children, young people and parents/carers.

Within Fife approximately 3,000 children per year are referred to Fife CAMHS with a spectrum of mental health issues ranging from short term emotional difficulties through to severe mental illness that requires intensive intervention and occasionally inpatient care.

Modifiable factors/local actions

The CMHWSS Framework was implemented across Fife in 2021 with the aim of enhancing and extending community supports and services that target mental wellbeing and emotional distress. It supports an approach based on prevention and early intervention, enhancing provisions of additional (targeted) supports for young people aged 5-24 (up to 26 if care experienced), and their families to support their mental health and wellbeing, reducing the need for intensive interventions from specialist services.

Fife CAMHS carried out a gap analysis of the current provision mapped against the National Specification and from this has been working to an agreed improvement plan. Improvements have focussed upon:

- Increasing the provision of early intervention and promoting meaningful signposting to the range of mental health supports available across the community.
- Reducing waiting times and ensuring timely access: Fife's waiting list has reduced from 482 in Dec 2021 to 203 in Dec 2022 with only 15 children waiting more than 18 weeks compared to 165 in Dec 2021.
- Enhancing services that provide intensive and unscheduled care: CAMHS Intensive Treatment Service (ITS) and Urgent Response Teams (CURT) have both increased in staffing capacity between 50-80%.
- Developing and enhancing services that support the most vulnerable children in our communities: development of a CAMHS Kinship Team, expanding CAMHS Looked after Children's services and introducing a Transitions specialist to support young people as they move between support providers.

Summary

Supporting positive relationships in families and the community is essential for emotional wellbeing. Every child and young person in Fife should be able to access help with their mental health and emotional wellbeing, when they need it and from people with the right knowledge and skills to support them.

Find out more

[Mental health - CAMHS services in NHS Fife | NHS Fife](#)

[Young People Looking for Support - Worried About Someone's Mental Health? | Fife Council](#)

https://www.fife.gov.uk/_data/assets/pdf_file/0026/193382/Our-Minds-Matter-Framework.pdf

<https://doi.org/10.1038/s41380-021-01161-7>

<https://doi.org/10.1002/wps.20894>

<https://www.gov.scot/publications/factors-affecting-childrens-mental-health-wellbeing-findings-realigning-childrens-services-wellbeing-surveys-2015-2017/pages/6/>

<https://wakelet.com/wake/uahrJazimikLPbzVlpGeX>

<https://wakelet.com/wake/hsMfBQBdo5-VsAWzJ00jK>

Impact of alcohol and drugs

Why is this important?

In young people alcohol and drug use can cause serious harms such as poisoning and overdose, poor mental health and wellbeing, as well as contribute to accidents and other risk taking behaviours. In the longer term consumption increases the risk of cancers, and at higher levels, addiction, brain and liver damage. Substance misuse within the family can also seriously affect children and young people's wellbeing and health, and contribute to trauma which can have lifelong implications.

Background

Evidence shows that use of substances like alcohol and drugs in our youth can influence our life long habits, with early substance use associated with longer term misuse, which cuts short lives.

Total alcohol consumption amongst young people has been declining but hazardous and harmful drinking is highest in the 16-24 age group. Children and young people's drinking behaviours are influenced by the availability and marketing of alcohol in their communities and social networks, and unhealthy social norms around alcohol in society.

Drug use is generally more common among younger people than older age groups, decreasing with age. Estimates of problem drug use involving opioids and benzodiazepines from 2015/16 indicate that problem drug use is less common in young people compared to people 25 and over, but we know that problematic drug use is associated with early drug use initiation.

In Fife there is a high alcohol related admission rate for 11-25 year olds with an annual average of 252 admissions in the previous three years, an indicator of serious harm from alcohol affecting some of our young people.

In Fife admissions due to drug use in young people have been increasing, and are higher than Scotland overall, with 144 admissions on average in each of the last three years. An increasing number of people aged 18-25 are sadly dying of a drug related death in Fife.

Family drug and alcohol misuse can significantly affect children and young people before birth. Just over 1 in 30 people in Scotland are estimated to be affected by fetal alcohol spectrum disorder caused by alcohol exposure in pregnancy.

Growing up with a parent with substance misuse problems can contribute to distressing childhood trauma. For example 97 children in Fife were subject of child protection case conferences due to parental drug or alcohol misuse in 2020 and many more young lives have been affected by a drug-related death of a parent.

Modifiable factors/local actions

Factors which increase the risk of harms from drug and alcohol misuse for young people are complex and interrelated. Socioeconomic factors are thought to influence higher risk of alcohol and drug related harms in the longer term, through more exposure to risk factors for drug misuse and less to protective factors like education, secure housing, employment and recovery support. This contributes to inequalities in harms associated with drugs and alcohol. Experience of adversity in childhood and family and peer relationships (including parental substance misuse) are thought to be important. At an individual level early age at initiation, poor mental health and motivation for substance misuse are associated with higher rates of harm.

Positive interventions:

- **A range of interventions to support children and young people are available in Fife** – including services for children affected by parental substance use service; Youth friendly drug/alcohol support and information service for young people under 25 and kinship care investment.
- **Our minds matter mental health framework** – providing early intervention and prevention to support mental health resilience and support including peer to peer mentoring and crisis support for early signs.
- **Joint commissioning for whole families approach to substance misuse** – this work aims to increasing coverage for Fife families of proactive support and care.

Areas for action:

- **Structural determinants of substance misuse** – local policies should seek to undo, prevent and mitigate against the circumstances which increase the risk of alcohol and drug misuse including poverty, education, employment and housing.
- **Whole system prevention and early intervention** – need for system wide prevention and early intervention including universal and targeted education, early years support for women- and families with complex needs and substance use; and removing stigma and shame associated with drug use.
- **Trauma informed support** - for complex drug and alcohol misuse in children and young people (including appropriate and stable housing with support/residential support).

Summary

Alcohol and drug misuse causes much direct and indirect harm to children and young people and policies must take account of these effects on inequalities and the next generation.

Find out more

[Publications | FifeADP](#)

[Scottish Health Survey 2019 - volume 1: main report - gov.scot \(www.gov.scot\)](#)

[A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland \(www.gov.scot\)](#)

[Prevalence of Problem Drug Use in Scotland \(isdscotland.org\)](#)

[Developments in Fetal Alcohol Spectrum Disorders – a UK perspective \(shaap.org.uk\)](#)

[ScotPHO profiles \(shinyapps.io\)](#)

[A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland \(www.gov.scot\)](#)

Sexual health and child sexual exploitation

Why is this important?

Action to promote healthy relationships, prevention of unintended pregnancies, sexually transmitted infections and transmission of blood borne viruses is important to address health inequalities. There is a disproportionate impact of these public health challenges for children and young people especially girls. Healthy relationships also lay the foundations for the parents and families of the future.

Background

Whilst teenage pregnancy rates (births, stillbirths and abortions) among under 18s in Fife have been falling in line with national trends, Fife rates are higher than the Scottish average, and are significantly higher in the most deprived areas. Early sexual activity is often regretted, particularly by girls and pregnancies are more likely to end in termination. The rate of intimate partner violence is reported to be high in teenage relationships, and rates of diagnosed sexually transmitted infections are highest in people aged under 25.

Modifiable factors/local actions

There is a renewed focus following the pandemic to work across agencies to promote positive relationships and sexual health and wellbeing, recognising the additional challenges faced by underserved groups, such as care experienced young people, those with mental health or addiction issues, and diversity including LGBT young people.

The national educational resource on Relationships, Sexual Health and Parenting was launched in 2019. Work is underway to increase capacity and confidence of practitioners to develop and deliver age appropriate learning session using the tools included in the resource pack. This links to aspects of staying safe, including online, to prevent and address child sexual exploitation.

Access to high quality information for young people, their parents and carers, as well as appropriate support and health services is important, based on understanding of the experiences and pressures faced by young people today.

Summary

Supporting good outcomes for young people in relationships and sexual health and wellbeing will need a renewed focus on tackling inequity affecting young people in underserved localities and groups.

Find out more

[Reset and Rebuild - sexual health and blood borne virus services: recovery plan - gov.scot \(www.gov.scot\)](#)

[Pregnancy and Parenthood in Young People Strategy - gov.scot \(www.gov.scot\)](#)

[Pregnancy and parenthood in young people: second progress report - gov.scot \(www.gov.scot\)](#)

[Relationships and sexual health - Health and Wellbeing Census Scotland 2021- 2022 - gov.scot \(www.gov.scot\)](#)

[The FSRH Hatfield Vision - Faculty of Sexual and Reproductive Healthcare](#)

Digital environment

Why is this important?

Digital technology has transformed our society in the last twenty years, including work, leisure, culture, social interactions and networks. The long term effects on development of children and young people, both positive and negative, are not yet fully understood.

Background

Survey data from Ofcom indicates that in 2022 66% of children aged 3-17 in Scotland owned a mobile phone, 96% use video streaming platforms, 65% use social media and 32% had seen something worrying or nasty online.

There are many positive impacts from digital technology including communication, learning and accessibility. Lack of access to devices or reliable internet, or literacy to interact with the digital world can result in exclusion from the benefits including education and services. The more negative aspects, especially from overuse, can include isolation and displacement of more active, social activities which are known to be positive for health; not being able to switch off; sleep disturbance; bullying; exploitation; gambling; concerns around data security and privacy; exposure to violence in video games. There is particular evidence around concerning levels of children being exposed to pornography, often depicting violence against women and girls, which could influence actual sexual behaviour and practices.

Harms may be reduced by adults setting a good example, setting boundaries and keeping open communication with young people about screen use. Adults being excessively distracted by devices could result in impaired quality of interaction with infants, children and young people.

Modifiable factors/local actions

Positive actions include:

- Listening to the views and experiences of young people, ensuring accessibility of digital information and use of technology to support those with additional needs.
- Promoting intergenerational learning where young people can share skills with adults.
- Supporting parents and carers with information about managing screen use and avoiding harms across relevant settings.
- Positive use of digital platforms for health such as the Fife Health and Social Care Partnership Shout text service, for mental health and wellbeing.
- Support regulation at national level to reduce the likelihood of children and young people being exposed to harmful material.

Summary

The principles of protection of children from harm and promoting wellbeing should apply in the digital environment, just as in the physical environment.

Find out more

<https://www.childrenscommissioner.gov.uk/resource/pornography-and-harmful-sexual-behaviour/>

<https://www.childrenssociety.org.uk/information/professionals/resources/young-peoples-digital-lives-and-well-being>

[https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(20\)30029-7/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30029-7/fulltext)

Services and support



Immunisation

Why is this important?

Delivery of effective immunisation programmes is an NHS Scotland priority. They aim both to protect the individual and to prevent the spread of disease within the wider population. Immunisation is a global health success story, saving millions of lives every year. Vaccines are critical to the prevention and control of many communicable diseases and therefore underpin global health security.

Background

The World Health Organisation (WHO) target is for 95% coverage of the childhood vaccination programme. Uptake at 12 months of the 6-in-1 infant vaccine, 3 doses offered at age 8, 12 & 16 weeks, was 94.6% in Fife in 2022 and 95.7% in Scotland. Uptake has declined in Fife over the last 10 years and at 12 months there are differences in uptake of the 6-in-1 vaccine between those in the most deprived SIMD quintile: 91.3% compared with the least deprived 97.7%. By 5 years of age, uptake of the first dose MMR, offered just after 1 year, is above 95% in Fife. However, uptake of the second dose is 88% compared to 90.5% for Scotland, below the WHO target. Inequalities are even wider in the teenage programme. For example, in Fife in the 2021/22 school year uptake at S3 of the teenage booster protecting against tetanus, diphtheria, and polio was 55.1% for the most deprived quintile and 81.8% for the least deprived.

Modifiable factors/local actions

The Fife Immunisation Strategic Framework 2021-24 sets out a vision for “A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course”. It identifies four strategic priorities and key actions for each of these. This includes the development of a comprehensive equality impact assessment and inclusion action plan. Quality Improvement project work focussed on specific parts of the programme is in progress, e.g. pre-school MMR uptake. A strategic review of the delivery and outreach model for the children’s programme is also being undertaken.

Summary

Ensuring high and equitable vaccine uptake rates throughout childhood and teenage years is essential for protecting the population of Fife against Vaccine Preventable Disease.

Find out more

<https://www.nhsfife.org/services/all-services/immunisation/>

<https://www.nhsinform.scot/healthy-living/immunisation>

<https://www.publichealthscotland.scot/our-areas-of-work/immunisations/>

<https://www.who.int/health-topics/vaccines-and-immunization>

Pregnancy and newborn screening programmes

Why is this important?

As well as clinical tests during pregnancy, there are a number of national screening programmes covering tests offered to women and their babies to potentially identify health conditions early.

Background

Pregnancy screening covers:

- Infectious diseases (Hepatitis B, syphilis and HIV);
- Haemoglobinopathies (sickle cell and thalassaemia);
- Down's syndrome, Edwards' syndrome and Patau's syndrome.

The Newborn Bloodspot test is carried out at about five days old which can identify babies who may have rare but serious conditions including Phenylketonuria; Congenital Hypothyroidism; Cystic Fibrosis; Sickle Cell Disorder and others. Newborn screening also covers Universal Newborn Hearing Screening which is carried out in hospital or at outpatients in the first month.

Modifiable factors/local actions

Each screening test has an associated pathway with further tests and access to clinical services where relevant, and each part needs to communicate smoothly across the whole.

Monitoring data is very complex for these programmes as a range of professionals are involved. Screening information is held on a number of different clinical systems. National and local work is aimed at improving this.

Summary

Pregnancy and newborn screening covers a diverse range of health conditions and gives the possibility of early identification and intervention as appropriate.

Find out more

<https://www.pnsd.scot.nhs.uk/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/pregnancy-screening/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/newborn-blood-spot-screening/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/universal-newborn-hearing-screening/>

Dental health

Why is this important?

Good dental health in childhood is critical to a child's overall health and wellbeing, and to their school readiness. Children experiencing toothache may experience pain, infections, and sleepless nights and may find eating and socialising difficult. They risk missing school as a result of toothache or needing treatment. Poor dental health is linked through common risk factors including diet to a number of other health conditions, including obesity, diabetes and cardiovascular disease, and is almost entirely preventable.

Background

As of 30th September 2022, 86.6% of Fife's children were registered with an NHS dentist, compared with 92.6% in 2019. The proportion of children seeing an NHS dentist for examination or treatment within the two preceding years was 66% as of 30th September 2022, compared with 85.7% in 2019. There is a growing inequality gap in attendance between the most and least deprived children, from a gap of 6.7% in 2019 to 18.1% in 2022. Nationally, registration levels for 0 to 2-year-olds have dropped to 25% since the pandemic.

In Fife, the estimated rate of children with no obvious decay experience was 70.9% in 2022, down from 73.1% in 2020. The estimated rate of children experiencing severe decay or abscess was 11.7%, up from 3.4% in 2020; this compares to an increase for Scotland from 6.65% to 9.7% in 2022. The increase can be partly attributed to the impact of the pandemic.

Inequalities remain, with 58.1% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 83.4% in the least deprived areas (SIMD 5). In 2022, 743 children in Fife received dental treatment under general anaesthetic, down from 920 in 2019.

Modifiable factors/local actions

Local priorities align with national policies aimed at increasing registration and participation, preventing disease and reducing inequalities.

Scotland's national oral health improvement programme for children, Childsmile, has now fully remobilised in NHS Fife. Application of fluoride varnish has resumed in Primary 1 to Primary 4 children, with the intention to extend this up to Primary 7 after the summer.

Summary

Given the preventable nature of most dental disease, we should emphasise prevention at every possible opportunity across health and social care to improve health and reduce persisting inequalities.

Find out more

[Dental statistics - NHS registration and participation 24 January 2023 - Dental statistics - registration and participation - Publications - Public Health Scotland](#)

[Recovery of NHS dental services inquiry | Scottish Parliament Website](#)

[National dental inspection programme - National dental inspection programme - Publications - Public Health Scotland](#)

[Childsmile – Improving the oral health of children in Scotland \(nhs.scot\)](#)

[Oral health improvement plan - gov.scot \(www.gov.scot\)](#)

Child death reviews

Why is this important?

In 2014 the Scottish Government published the findings of the Child Death Review Working Group. It found that Scotland had a higher mortality rate for the under 18s than any other Western European country, and it was estimated that around a quarter of the deaths recorded could be prevented.

Background

A national system has been set up following this report to review and learn from all child deaths, similar to the system in place in England. The Fife Children & Young People Deaths Review Commissioning Group was set up in October 2021. The commissioning group's core membership is multi-disciplinary and multi-agency. This collaborative approach is central to achieving the requirements of the national guidance in delivering a high quality review which supports learning and improvement, both locally and nationally, from every child or young person's death in Scotland. Within scope are all deaths of children and young people up to their 18th birthday and also those up to their 26th birthday if they continue to receive aftercare or continuing care at the time of their death.

Substantive funding provided by NHS Fife led to the establishment of a dedicated Child Death Review Team, and this has allowed reviews of all board area child deaths in 2022. The main causes include prematurity and complications, genetic and lifelimiting conditions including cancer, along with unexpected deaths. Family support following bereavement and support for families is part of the process.

Modifiable factors/local actions

There has been a significant amount of work developing the team and processes in Fife. Further actions include:

- Engaging families to the full capacity outlined in the national requirements
- Ongoing work to share learning about the process across all partner agencies and linking with other processes for review of deaths from specific causes
- Contributing to the system of national data collection and opportunities for national learning.

Summary

Child death reviews can identify areas of good practice and learning for the future to identify opportunities for prevention.

Find out more

<https://www.gov.scot/publications/child-death-review-report-scottish-government-child-death-review-working-group/>

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/deaths_of_children_reviews.aspx

<https://www.gov.scot/publications/child-death-reviews-scottish-government-steering-group-report/>

Family support

Why is this important?

A focus on whole family wellbeing is a key principle in 'The Promise' following the Independent Care Review, which confirms families need to have access to adaptable and flexible services to ensure children and young people can live safely at home and in their community. Funding from the Scottish Government for 2022-26 for Whole Family Wellbeing provides an opportunity to redesign and reshape services across the whole system in Fife on a partnership basis. A long term aim of the fund is realigning local investment towards prevention.

Background

The Fife Children's Services Partnership has developed a plan for change using this funding to help develop holistic family support in communities across Fife, which will focus on early support and prevention as well as targeted support to families. The first year will test out new approaches so families experience services which are accessible, flexible, and adaptable. A key focus is the involvement of families to understand barriers to access and help inform or 'co-design' services going forward. Plans are based on a self-assessment of family support in Fife at leadership level and views from staff and families are also being sought.

Modifiable factors/local actions

The plan for action includes developing a number of strands of work including:

- A focus on co-production with families led by Fife Voluntary Action
- Local practice development sessions across the children's services partnership workforce
- Enhancing crisis support and early support to pregnant women and mothers with children under 4 years
- Establishing group work opportunities across communities in Fife for parents/care givers

Details of all the work underway are outlined in the link below.

Summary

This funding is supporting early intervention and prevention to change how services work together and support families when they need it.

Find out more

[Whole Family Wellbeing Funding - Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations/web_publications/whole-family-wellbeing-funding-getting-it-right-for-every-child-girfec/)

<https://sway.office.com/zGdmTAXRwEBiUzHa?ref=Link>

Youth work

Why is this important?

Youth work has a significant impact on improving the life chances of Scotland's young people. The National Youth Work Strategy (2014-2019) developed jointly by Youth Link Scotland, the Scottish Government and Education Scotland, set out to improve a range of outcomes for young people.

Background

Youth work is an informal education practice that supports young people's social, emotional, and educational development. Youth work can be adapted across a variety of settings, and typically engages with young people within their local community. Youth work opportunities and learning programmes for young people, and communities are developed based on the guiding principles of:

Personal and social development: Participation and active involvement; Equity, diversity, and inclusion; Partnership with others

The National Youth Work Strategy (2023-2028) currently sits with Scottish Government and is awaiting publication. This builds on the previous strategy, sets out the wider policy context for youth work and, once finalised, will set out key ambitions for the future. Youth Work is a key part of the Fife Community Learning and Development Plan, and there is close working with Local Area Partnerships, Education, Fife College, and other partners including the voluntary sector e.g. Youth 1st, YMCA.

Modifiable factors/local actions

Across Fife delivery of youth work is focused on 11–21 year olds and includes youth clubs and youth centres, youth cafes, community groups, focused projects, street work, youth action, youth voice and participation groups. Over the year 2021/22 approximately 4000 young people engaged in youth work activity and although this is a reduction since pre-covid, numbers are starting to increase again.

In Fife we have also undertaken a research project that has focused on the impact of COVID-19 on young people and youth work. The research was developed using a participative approach and key issues starting to emerge from the research include mental health and wellbeing, relationships, places, and spaces to go, youth voice, money, and security. The research findings when published, coupled with the new national strategy, will support in identifying key youth work priorities and future development of our youth work provision.

Summary

Youth work has a key role in addressing inequalities, developing positive skills and relationships, and improving long term outcomes for young people. It also seeks to promote the voice of young people.

Find out more

[CLD plan 2021 - Final sept 21.pdf \(fva.org\)](#)

[National Youth Work Strategy \(2023-2028\) | YouthLink Scotland](#)

Third sector role

Why is this important?

It is important to have independent autonomous organisations to support children and young people in Fife so they have opportunities to thrive no matter what their circumstances. A multi-agency mixed market of service providers gives families a choice of where to go. Third sector services specialise in early intervention and prevention services reducing the number of families that need to access statutory services, through to focussed intensive support services.

Background

Fife has many hundreds of voluntary sector organisations delivering services to children, young people and families across every community. The sector delivers a broad range of services from very targeted, complex, rights-based services through to universal support services.

Children and young people are supported through a wide range of needs such as reducing isolation, improving social skills, supporting mental health and wellbeing, supporting them through trauma, substance misuse and domestic abuse and being part of the team around the child once they become Looked After (LAC).

The availability of collated data in the voluntary sector is a challenge – with some public sector bodies collating output and outcome data for the services they fund, but many voluntary sector services are funded and sustained through other routes.

Modifiable factors/local actions

Local organisations work very well with their colleagues in the sector and within their localities to ensure children and young people are supported and receive the best possible outcomes. Funding pressures and increasing demand, as well as more complex issues, has created pressure across the system and across sectors, with the need to focus resources on key priorities whilst maintaining critical early intervention and prevention services.

Strategic commissioning work in recent years is helping to realign commissioned services to local priorities. Going forward, work is being done on embedding The Promise and GIRFEC, capturing and valuing the contribution the sector makes to the outcomes of children and families, and building sustainability and resilience in funding.

Summary

The third/voluntary sector plays a significant and growing role in supporting children and families, helping to build resilience and improving outcomes.

Find out more

https://www.fva.org/childrens_services_forum.asp

One hundred years ago

Annual reports on the health of the public were produced by County Medical Officers of Health, appointed under the provisions of the 1897 Public Health (Scotland). Boundaries in Fife have changed relatively little over time, and Fife Council Medical Officer of Health Reports are available online. This provides an opportunity to reflect on the many changes which have led to improvements in maternal and child health and services over this time.

In 1920 the total population was 113,177 and there were 3138 births, high following the end of the First World War. There were 253 deaths of children under age one, an infant mortality rate of 80.62/1000, noted to be the lowest recorded at the time. Causes of deaths were:

- Congenital debility, prematurity, malformation 42%,
- Diarrhoea, enteritis 12%,
- Bronchitis, pneumonia and whooping cough are among the next most common causes.

Unsafe storage of cow's milk before refrigeration was noted to be a factor in enteritis, and overcrowding a factor in spread of respiratory infections.

It was noted there were nine health visitors across the county, who could reach only 12-14% of women, and their duties included visiting tuberculosis cases. From 1915-20 there were 84 maternal deaths, including from puerperal sepsis and complications of pregnancy. There is comment on the difficulties of attracting suitably trained midwives.

In 1923, measles and whooping cough were responsible for 52 child deaths in total, nearly all under 5 years of age, including 15 deaths of infants.

In 1930, 699 families received grants for additional nourishment, via Welfare Nurses, for expectant and nursing mothers, and young families. Maternity and child welfare centres had been established, and dental clinics for expectant and nursing mothers and preschool children, as well as eye clinics for preschool children. Ultra violet ray treatment was used for a wide range of child health conditions including rickets.

Source: [Fife Medical Officer of Health Reports/Catalogue Search/Wellcome Collection](#)

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:

fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

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www.nhsfife.org

-  facebook.com/nhsfife
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-  linkedin.com/company/nhsfife

Children and young people in Fife

Information Supplement
2023



Introduction

This document has been produced to accompany the Director of Public Health Annual Report 2023 and contains information relating to topics in the chapters of the report. Information has been presented for Fife where possible and in instances where Fife level data is not available Scotland figures have been used.

The data used in this supplement was the most up to date available at the time of writing (between February and May 2023). More recent data may have become available, and this can be found through the links to the sources of data referenced at the end of each section. Technical information relating to the definitions, sources and presentation of the data used in this document is available at the end of each section.

Information relating to the content of the chapters was not sufficient in quantity or available for all the chapters in the report and as such this information supplement only covers certain topics. For ease of reference the sections in this document are titled and ordered to match the chapters in the main report.

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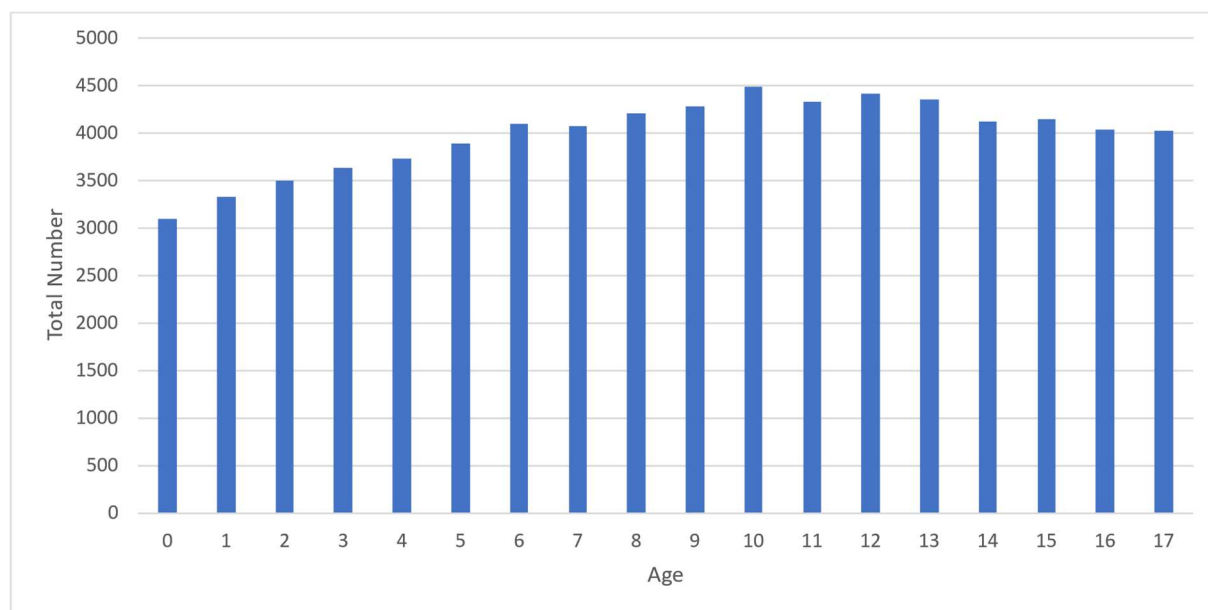
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Population

Fife under 18 total population

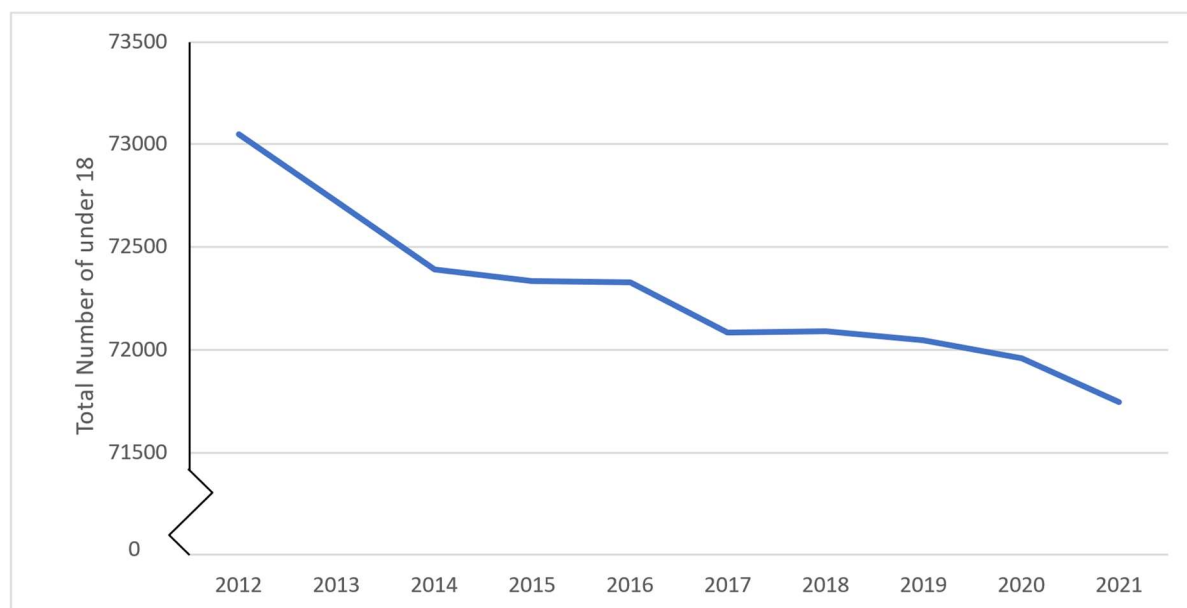
The total number of children aged under 18 in Fife was estimated to be 71,746 in 2021¹. Figure 1 shows that there are smaller numbers of children in the ages up to and including 5 years in Fife than in older age groups. The lowest number is in the under 1's at 3,102 and greatest in age 10 at 4,486.

Figure 1: Under 18 population by single year of age; Fife 2021 (Source: NRS)



The number of children living in Fife has steadily declined since 2012 when the total was 73,047 (Figure 2). This represents a 1.8% decrease in the child population in 10 years².

Figure 2: Under 18 population; Fife 2012 to 2021 (Source NRS)



Fife under 18 population by key age groups and sex

In 2021 there were estimated to be a total of 17,300 children aged 0 to 4 years (pre-school) in Fife, 29,350 children aged 5 to 11 years (primary-school aged) and 25,096 12- to 17-year-olds (secondary-school aged). Primary school aged children were the largest group of children in Fife, accounting for 41% of all children aged under 18 years (Table 1).

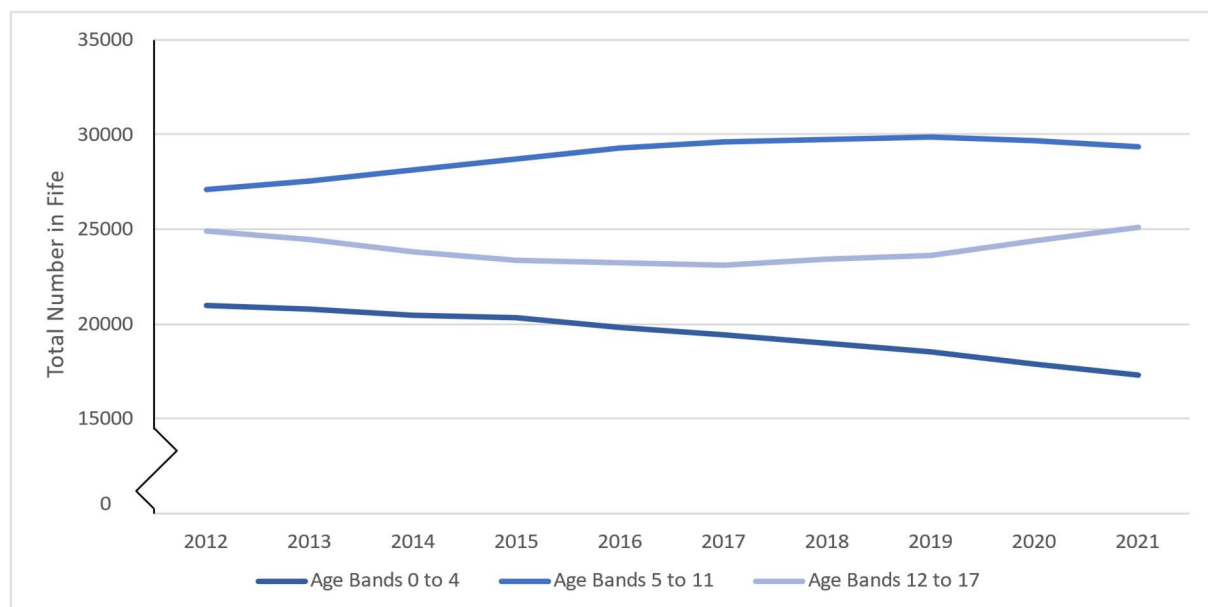
Across all the key age groups there were a slightly lower number and proportion of females compared to males in 2021 (Table 1). This is consistent sex ratio at birth for the United Kingdom of 105.4 males to 100 females³.

Table 1: Under 18 population by key age group and sex; Fife 2021 (Source: NRS)

Age Groups	0 to 4		5 to 11		12 to 17		Under 18	
Male	8949	51.7%	15,108	51.5%	12,799	51.0%	36,856	51.4%
Female	8351	48.3%	14,242	48.5%	12,297	49.0%	34,890	48.6%
Total	17,300		29,350		25,096		71,746	
% Of under 18 Total	24%		41%		35%			

Since 2012 there has been a steady decline in the number of children in Fife who are pre-school aged, from 21,002 to 17,300 in 2021 (Figure 3). The number of school-aged children has been more variable. Primary school aged children showing an increased in number from 2012 to 2019, before falling by 2021. The number of high school aged children fell from 2012 to 2017 but increased after this time.

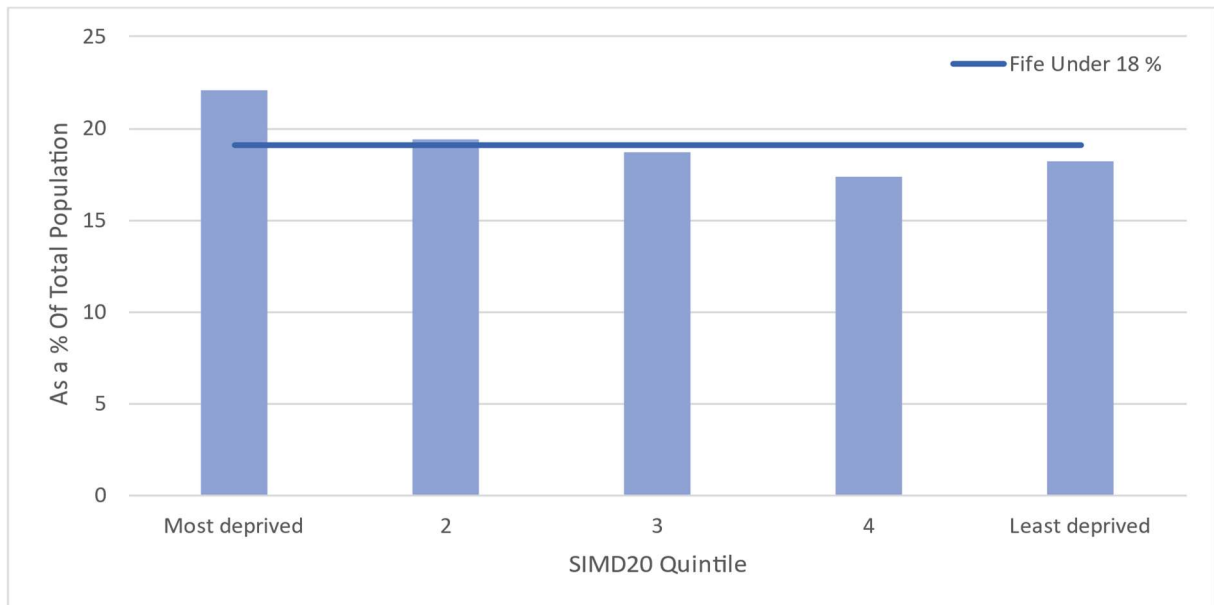
Figure 3: Key age groups in under 18 population; Fife 2012 to 2021 (Source NRS)



Fife under 18 population by SIMD quintile

The most deprived areas in Fife had the largest proportion of their total population aged under 18 (Figure 4). 22.1% of the population living in the most deprived quintile were aged under 18 compared to the Fife average of 19.1%. The least deprived areas of Fife have a lower under 18 population, 17.4% in quintile 4 and 18.3% in the least deprived.

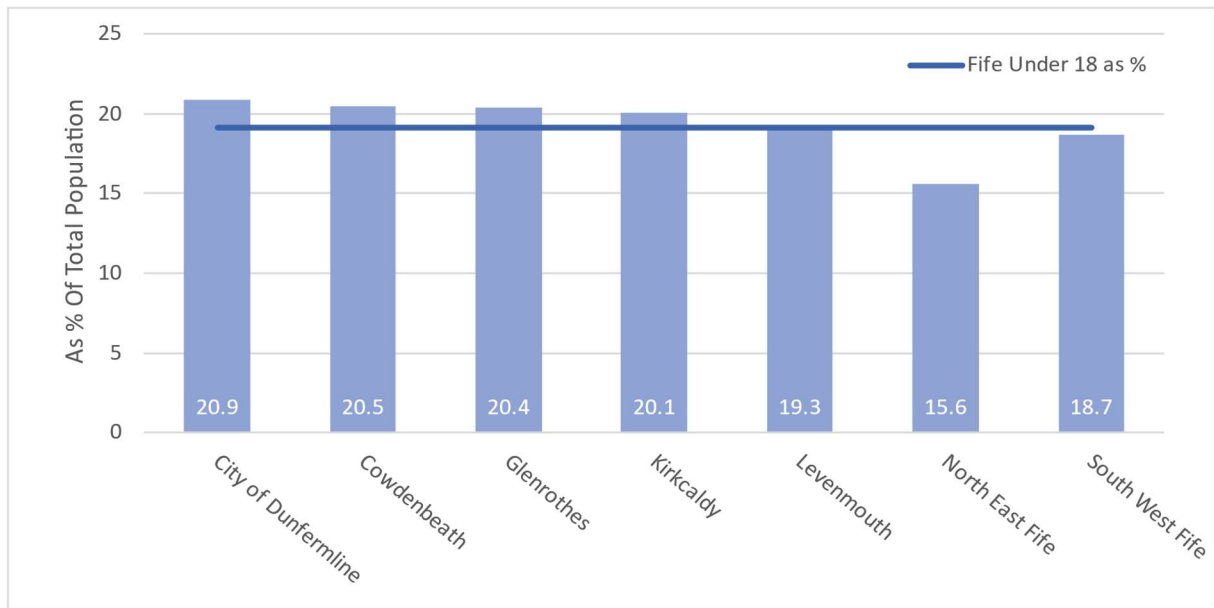
Figure 4: Under 18 population as a % of total population by SIMD20 Quintile; Fife 2021 (Source NRS/Public Health)



Fife under 18 population by localities

Five of the seven localities in Fife have a greater proportion of their population aged under 18 than the Fife average (Figure 5). City of Dunfermline locality has the largest proportion of children at 20.9% but North East Fife is significantly lower at 15.6%.

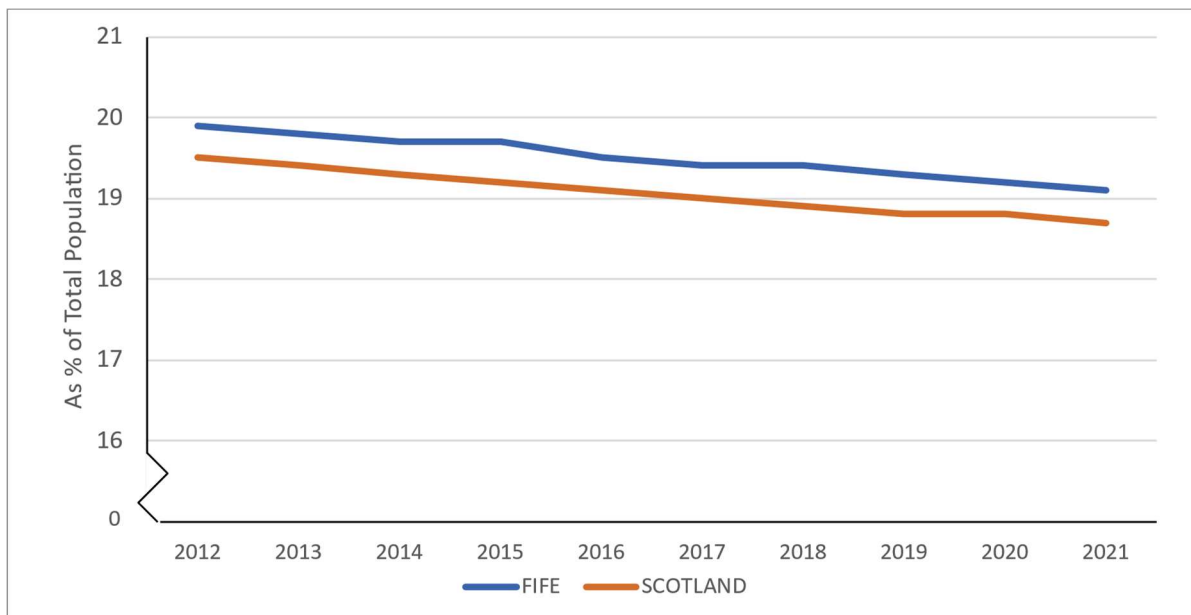
Figure 5: Under 18 population as a % of total population by locality (Source: NRS)



Fife under 18 population compared to Scotland

The under 18 population as percentage of total population for both Fife and Scotland has gradually fallen from 19.9% for Fife and 19.5% for Scotland in 2012 to 19.1% for Fife and 18.7% for Scotland in 2021, with Fife showing a consistent trend of having a slightly larger proportion of its population under 18 than the national average (Figure 6).

Figure 6: Under 18 population as % of total population Fife vs Scotland (Source: NRS)



Technical Information

Data relating to the size and age structure of the population in Fife are produced annually by National Records of Scotland (NRS). The annual mid-year population estimates are based on the 2011 Census and are updated each year with elements of population change to produce an estimated figure of the population of Fife¹.

Breakdowns of the population projections have not been included as they have not been updated since 2018 and are not estimated to be updated until 2024 following publication of the 2022 Census. Similarly, detailed data on ethnic group has not been included as the new Census data is not yet available.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD quintile is derived from the child's home postcode.

¹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates>

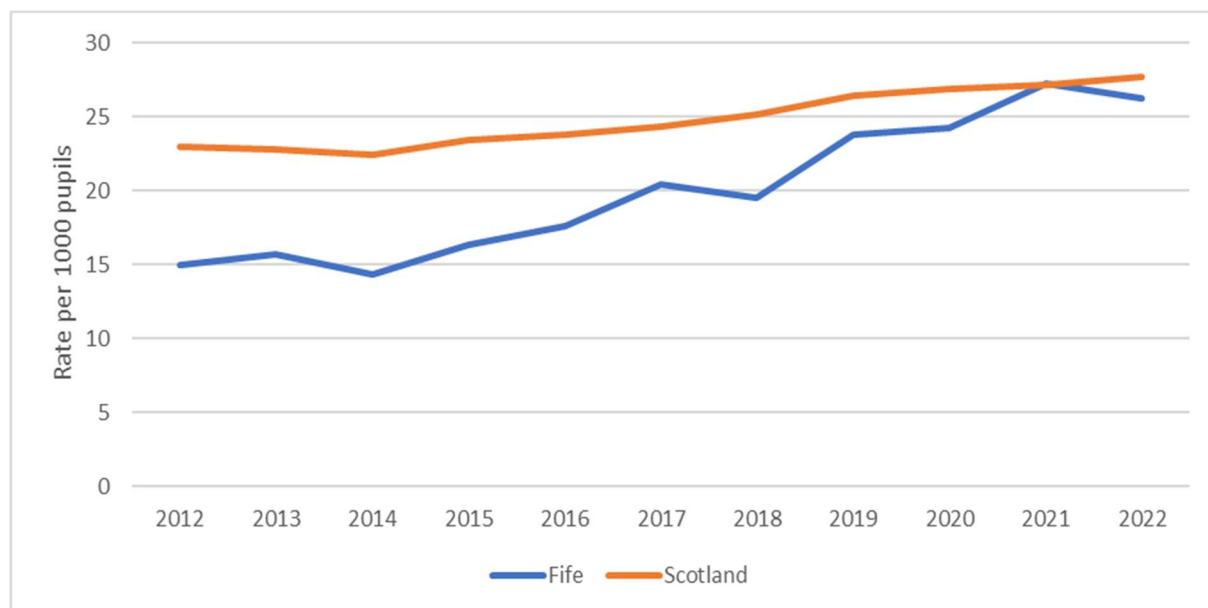
² [Fife Council Area Profile \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates)

³ [Sex ratios at birth in the United Kingdom, 2016 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/sex-ratios-at-birth-in-the-united-kingdom-2016-to-2020)

Disability and Neurodiversity

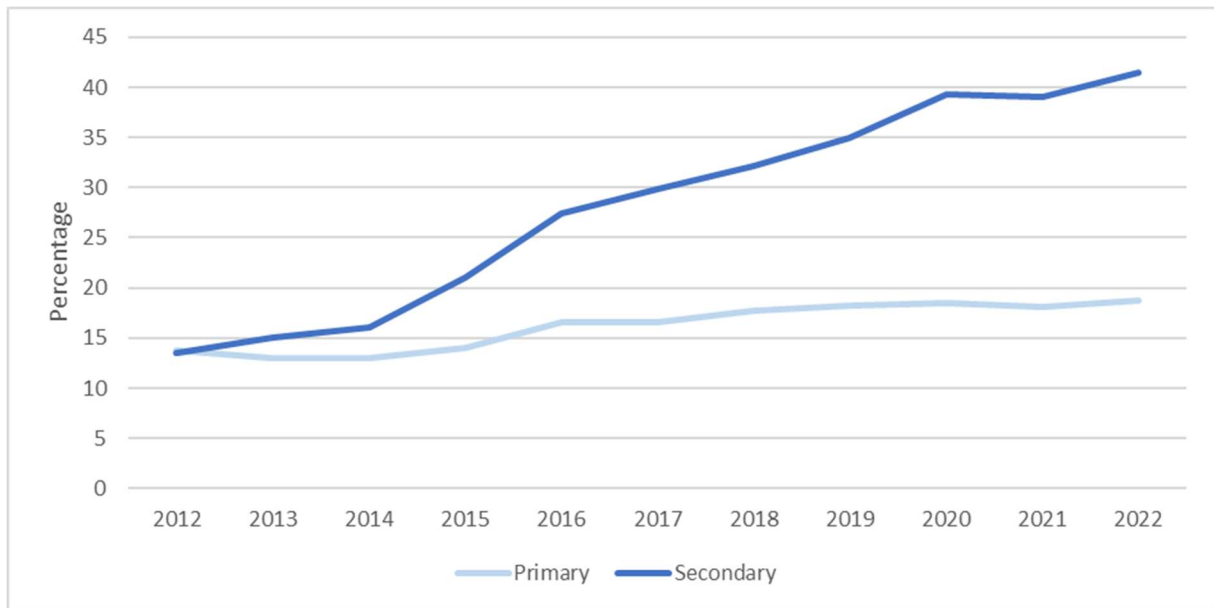
The number of pupils assessed or declared as having a disability in Fife is currently 26.2 per 1000 pupils, this is a slight drop compared to 2021 where it was 27.3 per 1000. The current rate in Fife is below that of Scotland, which is currently 27.7 per 1000 pupils¹. The rate in both Fife and Scotland has increased since 2012.

Figure 1: Rate of assessed and/or declared as having a disability per 1000 pupils in Fife and Scotland (Source: Pupil Census).



The percentage of children with an additional support need (ASN) in Fife has increased significantly and is currently 18.7% of primary school pupils and 41.5% of secondary school pupils. This increase is more prominent in secondary school pupils where the percentage of children with an ASN has more than doubled since 2015.

Figure 2: Percentage of pupils in primary and secondary school with an additional support need in Fife (Source: Pupil Census)



The Pupil Census asks pupils with an ASN for the reason for support, 1.7% of all pupils in Scotland reported that their ASN was due to a learning disability. In Fife 170 pupils in primary school (0.6%) and 364 pupils in secondary school (1.6%) reported that their ASN was due to a learning disability. In special schools 83% (132 pupils) had ASN due to a learning disability¹.

Technical Information

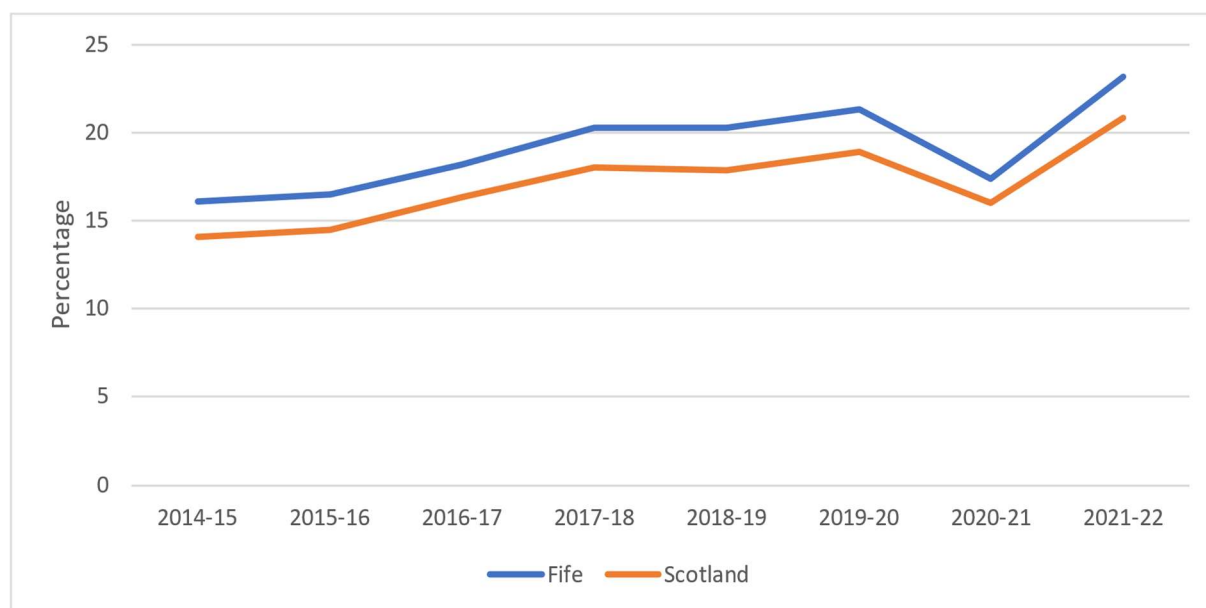
The Pupil Census gathers information on pupils who require additional support to access education, and the reason for that support. Additional support need was defined as per the Education (Additional Support for Learning) Scotland Act 2004 (as amended).

¹ [Pupil census supplementary statistics - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Child poverty

At the end of the financial year 2021/22 the reported proportion of children aged under 16 who were living in relative poverty before housing costs in Fife was 23.2%, this was an increase from 17.4% in the financial year ending 2020¹. The proportion in Fife in 2021/22 was higher than the 20.8% across Scotland. Data after housing costs is not available at Fife level.

Figure 1: Percentage of children (aged under 16) in relative poverty before housing costs in Fife and Scotland financial years to 2021/22 (Source: DWP)



Child poverty across Fife

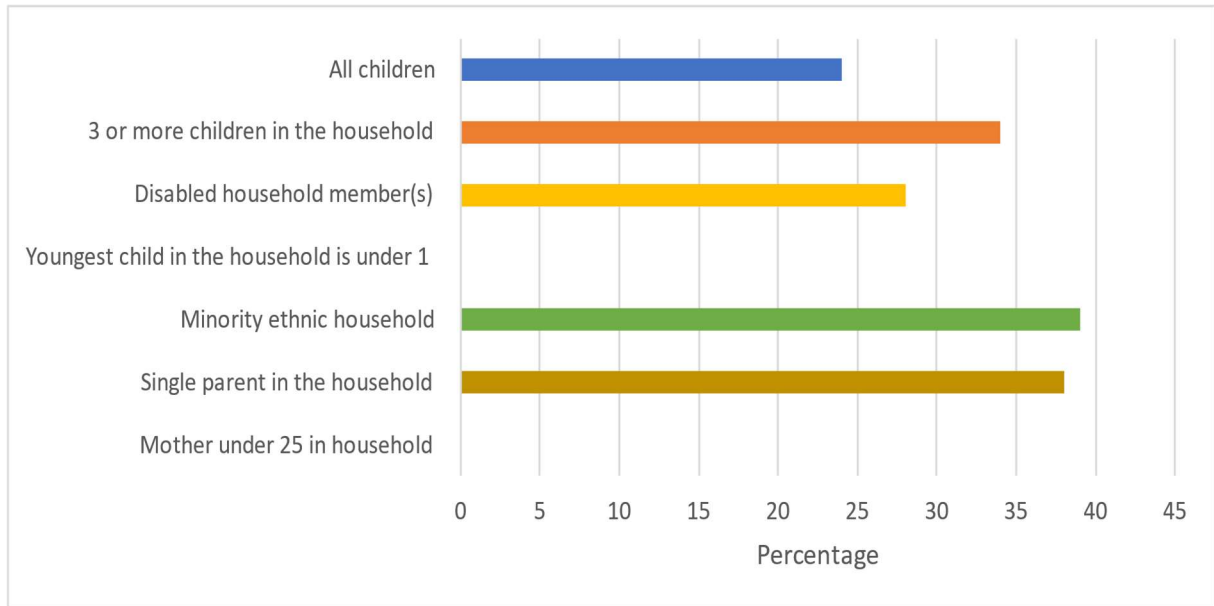
Different areas in Fife have varying levels of child poverty. In 2021/22 at electoral ward level relative child poverty, before housing costs, was highest in Kirkcaldy Central (35.9%) and lowest in St Andrews (11%), further details are available from the KnowFife website².

Priority groups

Almost 90% of all children in poverty in Scotland live within six family types, with many families falling into more than one group (Figure 2)³. In 2019 to 2022 each group was more likely to experience poverty than all children in Scotland (24%) and households which do not have any of the six family type characteristics (10%). Data at Fife level is not available. Two groups are not shown in Figure 2 as there was insufficient survey data for the period measured⁴.

Earlier survey data from 2017 to 2020 suggested that 34% Families with children under 1 were in relative poverty after housing costs and 55% of Families with younger mothers. The numbers are small, however, so the data needs to be treated with caution⁵.

Figure 2: Proportion of children in relative poverty after housing costs in Scotland 2019 to 2022 average (Source Family Resources Survey)



Technical Information

Please see the guidance notes in the *Children in low income families* report for details as to how the statistics have been collated¹. Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. Income is Before Housing Costs (BHC) and is equalised to adjust for family size and composition.

Comparison of relative poverty in children before and after housing costs at Scotland level can be found in the Scottish Government report⁴.

¹ [Children in low income families: local area statistics 2014 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2022)

² [Fife-Findings-Children-in-low-income-families-2022.pdf](#)

³ [Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026 \(www.gov.scot\)](https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-2026/pages/19/) (page 19)

⁴ [Poverty and Income Inequality in Scotland 2019-22 \(data.gov.scot\)](https://data.gov.scot/dataset/poverty-and-income-inequality-in-scotland-2019-22)

⁵ [Tackling child poverty priority families overview](#)

Births and maternal health

Births

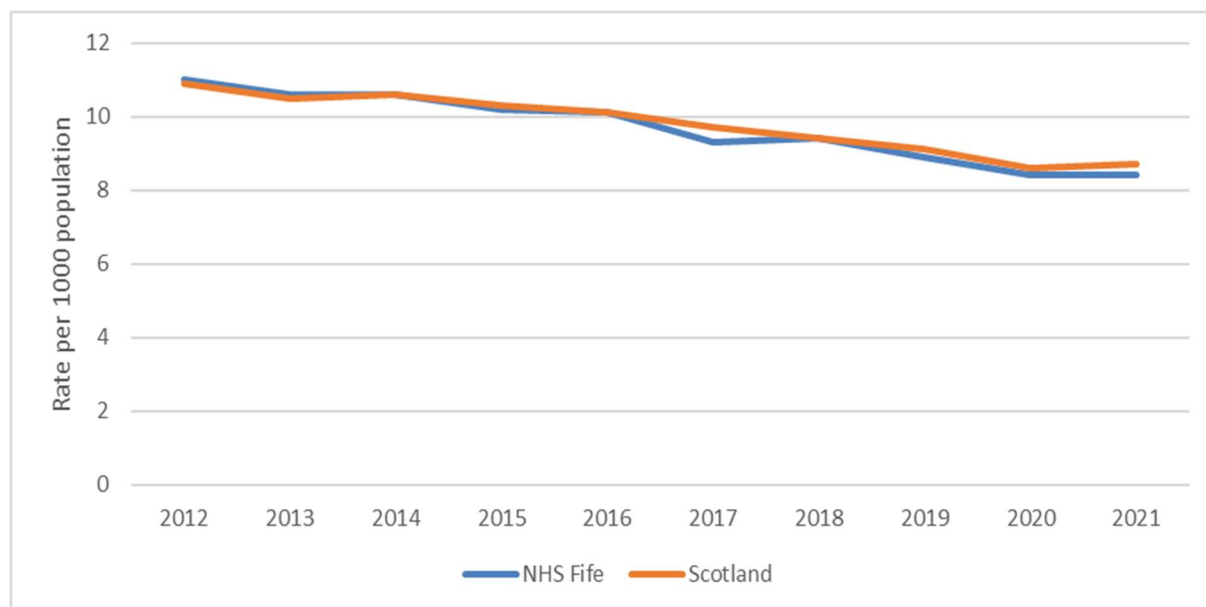
Births: Fife and Scotland

In 2021 there were 3,157 live births in Fife, a small increase on the number in 2020 but the second lowest number in the last 10 years (Table1). Overall birth rates are declining in Fife 8.4 births per 1000 population in 2021 compared to 11.0 in 2012¹. Scotland shows a similar pattern, 8.7 births per 1000 population in 2021 compared to 10.9 in 2012 (Figure 1)¹.

Table 1: Live births NHS Fife (Source: NRS)

Year	Live births
2012	4,019
2013	3,872
2014	3,889
2015	3,755
2016	3,739
2017	3,465
2018	3,479
2019	3,325
2020	3,144
2021	3,157

Figure 1: Fife and Scotland birth rates, overall rate per 1000 population (Source: NRS)



Maternal age at first birth

Age at first birth has been gradually increasing over time with the 2021/22 figures for Fife showing the lowest number of first births of women aged under 25 (27%) and the highest over 35 (14%) (Table 2) in the 10 years reported. This is a similar pattern to Scotland where in 2021/22 22% of women giving birth for the first time were under 25 and 16% over 35.

Table 2: Fife Maternal age at first birth (Source: PHS opendata)

Financial Year	%Under 25	%25-34	%35 and over
2012/13	39.8%	49.8%	10.3%
2013/14	37.0%	52.5%	10.5%
2014/15	37.3%	52.2%	10.5%
2015/16	35.8%	51.9%	12.3%
2016/17	33.5%	52.8%	13.8%
2017/18	34.6%	53.6%	11.8%
2018/19	30.2%	56.5%	13.3%
2019/20	30.6%	57.1%	12.3%
2020/21	31.8%	56.3%	11.9%
2021/22	26.7%	59.3%	14.0%

Low birthweight (<2500g) babies

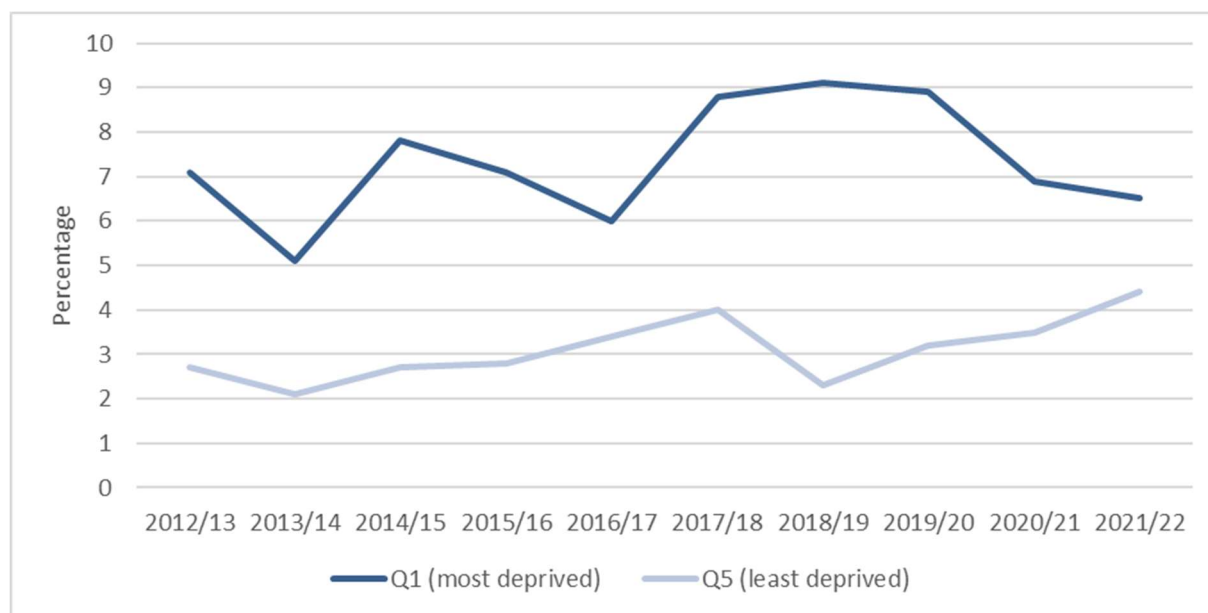
In 2021/22 4.9% of live singleton babies in Fife had a low birthweight (Table 3). This is comparable with Scotland at 5.2% for the same year. The approximately 5% proportion has persisted for many years in both Fife and Scotland.

Table 3: NHS Fife % Low birthweight singleton babies (Source PHS opendata)

Financial Year	LBW	NonLBW
2012/13	5.3%	94.6%
2013/14	4.4%	95.5%
2014/15	5.6%	94.4%
2015/16	5.5%	94.4%
2016/17	5.2%	94.8%
2017/18	6.2%	93.8%
2018/19	5.1%	94.9%
2019/20	5.8%	94.2%
2020/21	5.7%	94.3%
2021/22	4.9%	95.0%

Low birthweight in babies is associated with deprivation with a higher proportion of low birthweight babies in the most deprived areas (6.5% in 2021/22) compared to the least deprived areas (4.4% in 2021/22). This has not changed significantly over time (Figure 2).

Figure 2: Fife percentage low birthweight singleton babies by most and least deprived SIMD quintiles (Source: PHS opendata)



Stillbirths

There were 11 stillbirths registered in Fife 2021². This number can vary significantly between years, Table 4 shows five-year averages and rates compared to Scotland³ for the last 10 years. In general Fife has a very similar stillbirth rate to Scotland.

Table 4: Stillbirth five-year average rates NHS Fife and Scotland

Five-year average	Stillbirths Rate*		
	Fife	Scotland	Difference
2012-16	4.4	4.2	0.2
2013-17	3.9	4.1	-0.2
2014-18	4.0	4.0	0.0
2015-19	4.1	3.9	0.2
2016-20	4.5	4.0	0.5
2017-21	4.2	3.9	0.3

*Stillbirths, rate per 1,000 live and still births. Source: NRS

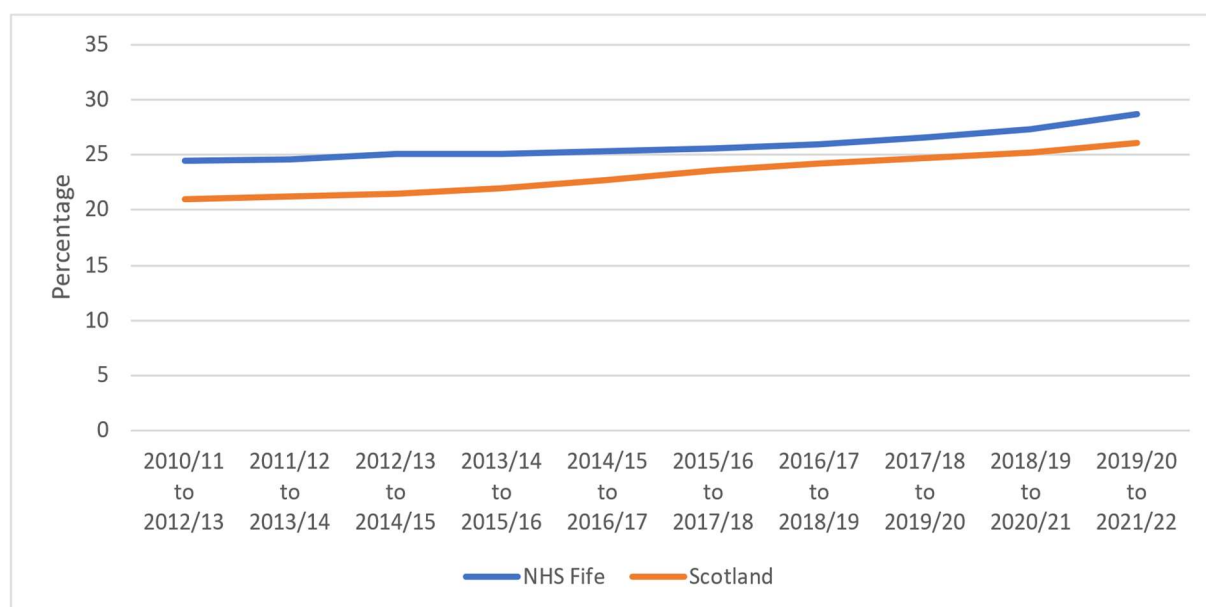
Maternal Health

Body Mass Index (BMI) at antenatal booking

Maternal BMIs have been rising in Fife and Scotland for some years (Figure 3). In Fife during 2021/22 2.2% of women were underweight, 37.5% a healthy weight, 29.8% overweight and 30.6% obese. Fife has a lower proportion of healthy weight bookings compared to Scotland (40.9%) and a higher proportion of obese mothers (Scotland 27.3%). These figures exclude bookings where the BMI was not recorded.

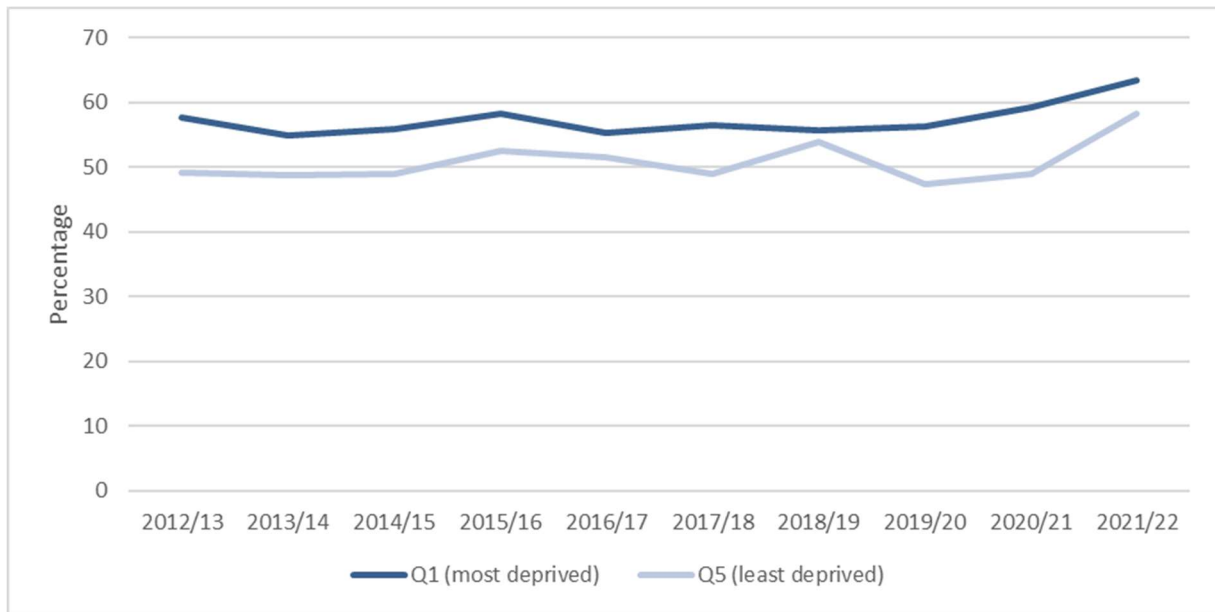
In 2021/22 Fife had the fourth highest level of overweight and obese BMI at booking compared to other Health Boards in Scotland at 60.4%. Fife does have a high proportion of unrecorded BMIs at booking in the SMR02 data (over 10% Not Known in 2018/19 to 2020/21 and 8.5% in 2021/22) this makes direct comparison to Scotland-level and other Health Board figures more difficult (Scotland, Not Known 1.7% for 2021/22).

Figure 3: Percentage maternities with BMI recorded as obese at booking, financial years, three-year rolling averages (Source: ScotPHO)



Deprivation increases the likelihood of obese and overweight BMI's at booking (Figure 4). In 2021/22 64.3% of bookings from the most deprived areas (SIMD quintile 1) in Fife were classed as overweight or obese compared to 61.1% in the least deprived areas. In both areas proportions of obese and overweight bookings appear to be increasing over time with the values in 2021/22 the highest in both areas in the last 10 years.

Figure 4: NHS Fife Maternities BMI group at booking by most and least deprived SIMD quintiles
(Source: PHS opendata)

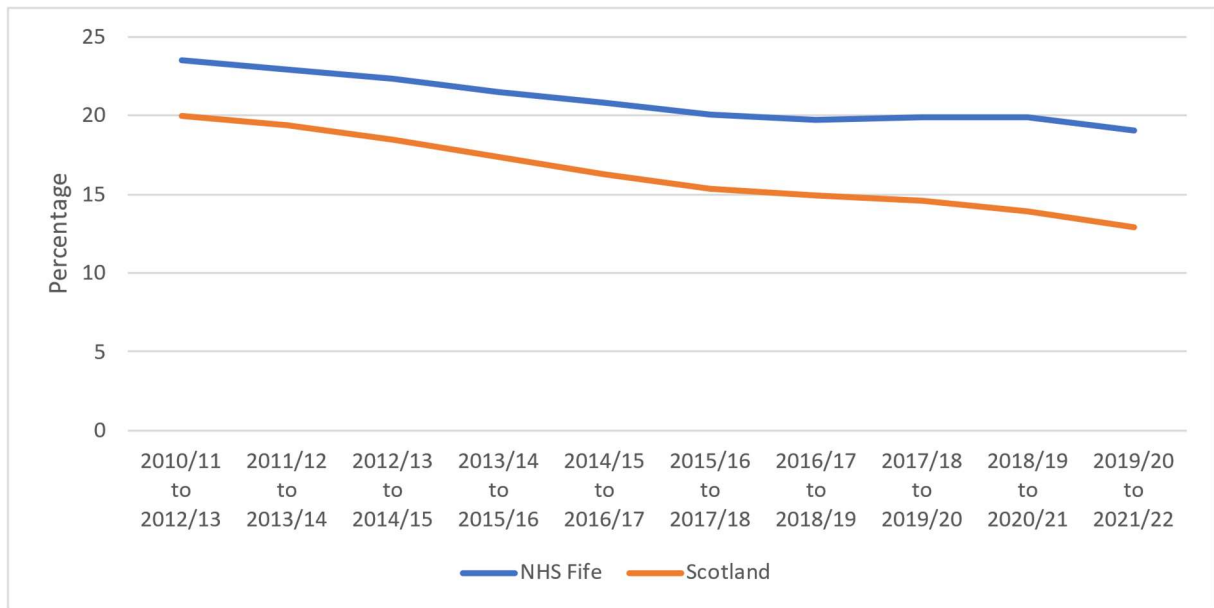


Maternal age also affects the likelihood of obese and overweight BMIs at booking. In 2021/22 around 64% of bookings with a maternal age of over 35 were overweight or obese in Fife, somewhat higher than Scotland (58.3%).

Smoking at booking

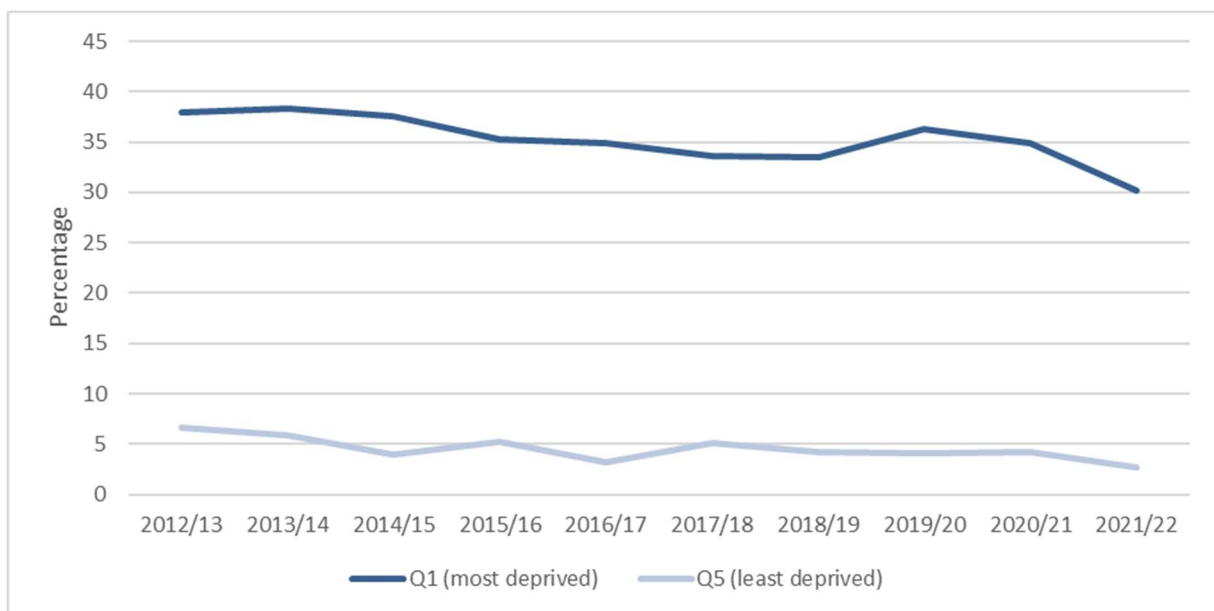
Fife has one of the highest rates of current smokers at booking in Scotland. In 2021/22 this was 16.7%. This is higher than Scotland (11.8% for 2021/22) and the second highest of health boards in Scotland. This pattern has not markedly changed over time (Figure 5). The proportion of women smoking at booking has decreased over time in all areas of Scotland, including Fife, and is currently at its lowest since data has been available (1997/98). Most years the proportion of unrecorded smoking statuses in Fife has been around 1% (0.7% in 2021/22) but were higher between 2017/18 and 2020/21 (3-6% unrecorded).

Figure 5: Percentage maternities recorded as current smoker at booking, financial years, three-year rolling averages (Source: ScotPHO)



Rates of smoking during pregnancy in the most deprived areas in Fife are also slowly decreasing over time but were still significantly higher than rates in the least deprived areas (Figure 6) at 31% in 2021/22 compared to 3%.

Figure 6: NHS Fife Current smokers at booking by most and least deprived SIMD quintiles (Source: PHS opendata)



Maternal deaths

Data at Scotland or Fife level is not available, but a recent study⁴ indicated that 229 women in the UK died during or up to six weeks after the end of pregnancy in the years 2018-20, or 10.9 per 100,000

women, 24% higher than 2017-19. The study removed deaths from Covid from the 2018-20 figure the rate was still 10.5 per 100k or 19% higher than 2017-19.

Technical Information

The stillbirths data used is based on year of registration and is taken from the Vital Events Reference tables and time series data from NRS. The NRS data for 2022 death registrations is not finalised at the date of writing so complete data is only available up to 2021. Annual files were aggregated manually.

NRS defines⁵ a stillbirth as: *“Stillbirths - Section 56(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965 defined a stillbirth as a child which had issued forth from its mother after the 28th week of pregnancy and which did not breathe or show any other sign of life. The Still-Birth (Definition) Act 1992, which came into effect on 1 October 1992, amended Section 56(1) of the 1965 Act (and other relevant UK legislation), replacing the reference to the 28th week with a reference to the 24th week.”*

Most of the maternities data in this report comes from PHS's “Births in Scotland⁶” open datasets and covers the most recent 10 complete financial years. All percentages reported exclude unknown values unless explicitly stated. The measures of deprivation used are taken from the open datasets and are the appropriate SIMD quintiles for the years analysed. Trend comparisons with Scotland are taken from ScotPHO.

The open datasets are based on the SMR02 record of maternity contacts with acute services. NHS Fife presently has less completeness in the SMR02 record, compared to NRS birth registrations, in comparison to the rest of Scotland⁷. Smoking at booking data is currently transitioning from the SMR02 record to the ABC dataset. PHS publish the ABC data in their report on antenatal booking⁸ as well as the SMR02 data in the open data used in this report. We do not have access to the ABC dataset at present and the figures do appear slightly different (also different time period is being used).

¹ <https://www.nrscotland.gov.uk/files//statistics/time-series/birth-21/births-time-series-21-bt.9.xlsx>

² <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-3.14.xlsx>

³ <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-4.xlsx>

⁴ [MBRRACE-UK Maternal Report 2022 - Lay Summary v10.pdf \(ox.ac.uk\)](https://www.mhri.org.uk/publications/mbrrace-uk-maternal-report-2022-lay-summary-v10.pdf)

⁵ [Stillbirths and Infant Deaths | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/stillbirths-and-infant-deaths)

⁶ [Births in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://www.nhs.uk/open-data/datasets/births-in-scotland)

⁷ [Births in Scotland \(publichealthscotland.scot\)](https://www.publichealthscotland.scot/publications/births-in-scotland) page 11

⁸ [Antenatal booking in Scotland - Calendar year ending 31 December 2021 - Antenatal booking in Scotland - Publications - Public Health Scotland](https://www.nhs.uk/publications/antenatal-booking-in-scotland)

Infant feeding

Breastfeeding at First Review

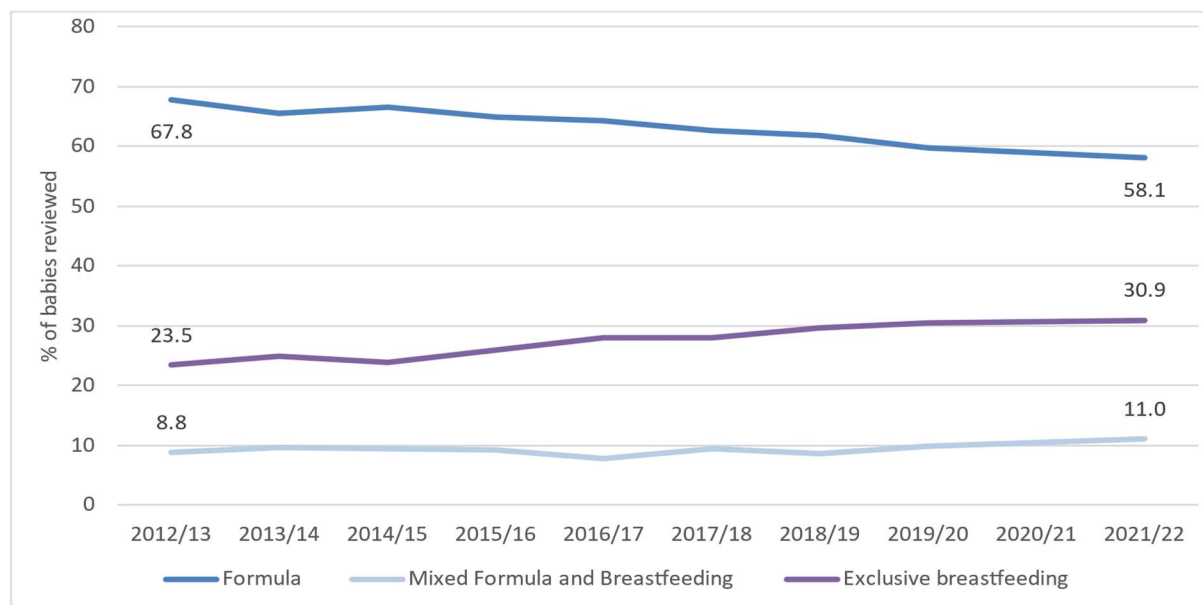
At 10-14 days of age the majority (53%) of babies reviewed in Fife in 2021/22 were being breastfed, with 38% were being exclusively breastfed and 15% were receiving mixed feeding (receiving both breast and formula milk). At a national level these figures were 38% and 17% respectively giving a slightly higher breastfed figure (55%) than that reported for Fife. The proportion of babies receiving any breastfeeding at 10-14 days has increased from 45% in Fife and from 47% in Scotland since 2012/13.

Breastfeeding at 6-8 weeks

In 2021/22, 41.9% of babies reviewed in Fife were currently being breastfed at the 6-8 week child health review. 30.9% were being exclusively breastfed and a further 11% were receiving mixed feeding. 58% of babies were being formula fed (Figure 1).

There has been an increase in both the proportion being exclusively breastfed and in babies receiving mixed feeding since 2012/13 and a corresponding fall in formula feeding (Figure 1). Exclusive breastfeeding showed that largest increase in the time period from 23.5% to 30.9%.

Figure 1: Infant feeding at 6-8 week review; Fife 2012/13 to 2021/22 (Source: PHS)



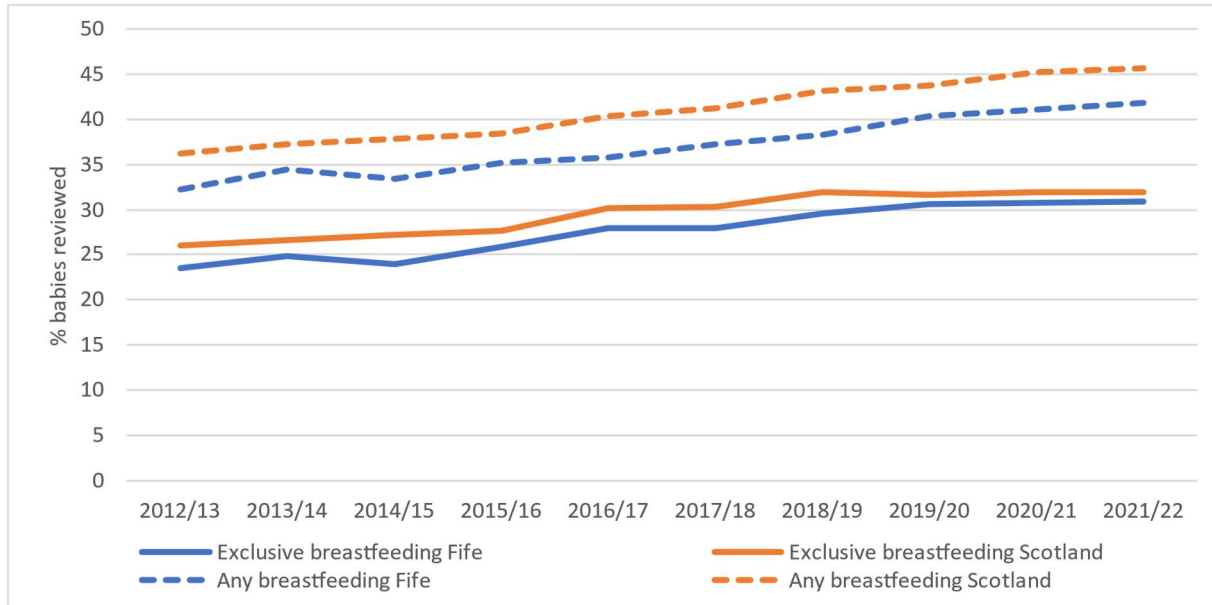
Breastfeeding at 6-8 weeks - Fife compared to Scotland and other Health Boards

In 2021/22, 41.9% of babies reviewed in Fife compared to 45.7% across Scotland were currently being breastfed at the 6-8 week child health review. The difference in rates of exclusive breastfeeding were smaller, 30.9% and 32% respectively.

The proportion of babies receiving any breastfeeding and being exclusively breastfed at 6-8 weeks in Fife has remained below the national average in the last 10 years (Figure 2). However, Fife has seen

a greater increase (23% to 31%) in exclusive breastfeeding than Scotland (26% to 32%) so the gap between Fife and Scotland has narrowed.

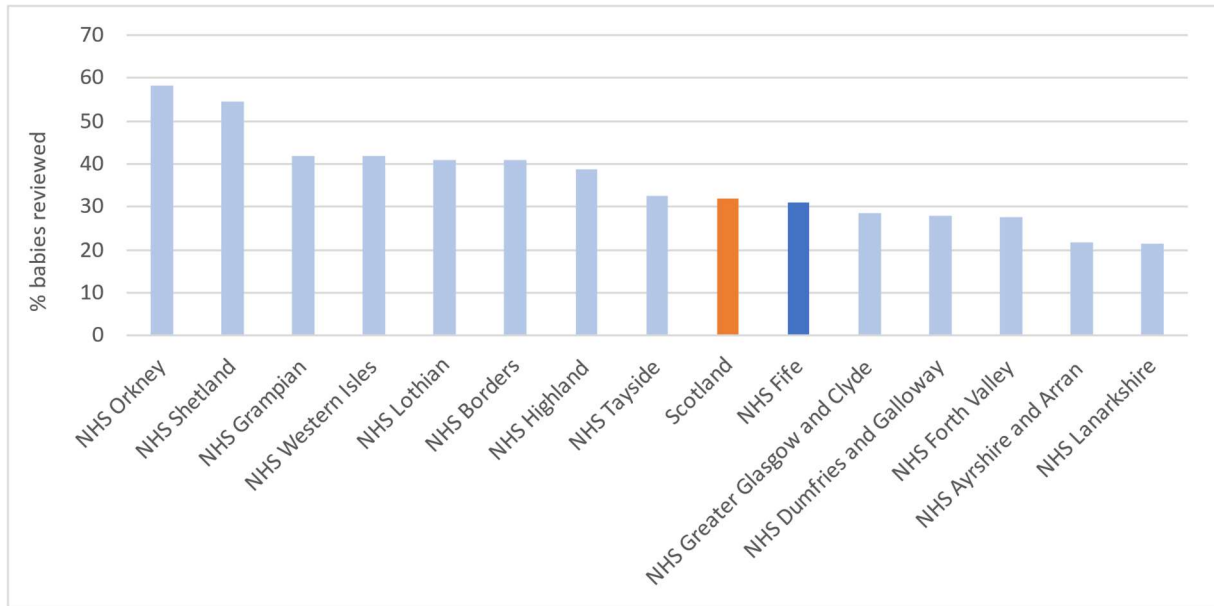
Figure 2: Percentage of babies breastfed at 6-8 weeks; Fife and Scotland 2012/13 – 2021/22 (Source: PHS)



In 2021/22 Fife was ranked 9th of 14 health boards (6th out of 11 mainland boards) in terms of the proportion of babies being exclusively breastfed at the 6-8 weeks review (Figure 3). Our position relative to other health boards has remained fairly consistent over time with Fife ranked 9th in seven of the last 10 years.

NHS Lothian, Borders and Grampian have higher percentages than the other mainland Board areas. All Health Boards have seen increases in proportions and the position of the Boards relative to each other has changed little in the last 10 years.

Figure 3: Percentage of babies exclusively breastfed at 6-8 weeks; Health Boards 2021/22 (Source: PHS)



Breastfeeding at 6-8 weeks – Inequalities

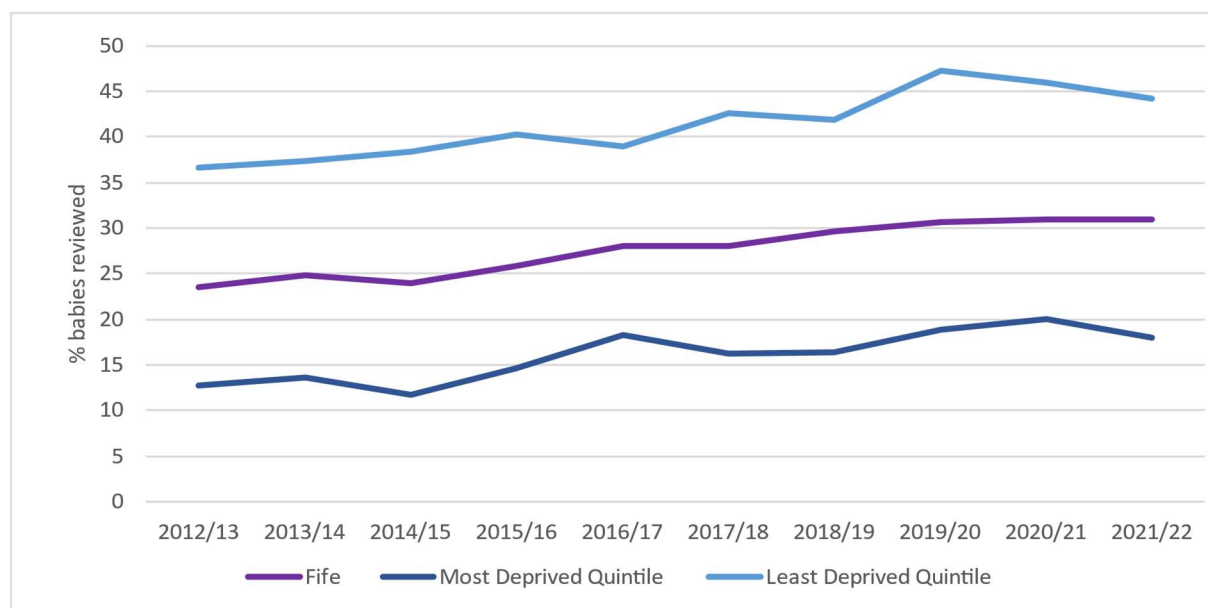
There continue to be marked inequalities in breastfeeding. Babies born to mothers in more deprived areas (SIMD20 quintile 1) in Fife are least likely to be currently exclusively breastfed at 6-8 weeks (19%) compared to those born in the least deprived areas (44%) and the Fife average (Figure 4).

Between 2012/13 and 2021/22 there was an overall increase in the proportion of babies being exclusively breastfed at 6-8 weeks among those living in the most deprived areas from 13% to 19%. Proportions also increased in the least deprived areas in the same time period, from 37% to 44%.

The gap between rates in the most and least deprived areas has fluctuated annually ranging from 3.1 times greater to 2.1 times greater in the least deprived areas across the 10 year period. The size of the gap in the average of the last three years (2.4) was lower than seen at the start of the 10-year period (2.7) and this is consistent with reports of a narrowing in the inequality in breastfeeding across Scotland².

The proportion of babies being exclusively breastfed at 6-8 weeks fell in the most deprived areas between 2020/21 and 2021/22 which was the first fall since 2017/18. Proportions have also fallen in the least deprived areas in the last two years (Figure 4)¹.

Figure 4: Percentage of babies exclusively breastfed at 6-8 weeks; Fife and Most and Least Deprived SIMD20 Quintiles 2012/13 to 2021/22 (Source: PHS)



Infant Feeding at 13-15 Month Review

At the time of the 13-15 month review, 7.5% of babies reviewed in Fife in 2021/22 were being exclusively breastfed for their milk feeds and a further 8.4% received mixed breast and formula feeding. This is lower than the national averages of 9.5% and 12.2% respectively.

Breastfeeding - changes in babies breastfed across reviews Fife and Scotland

63% of babies eligible for review in Fife in 2021/22 were “ever breastfed” defined as being breastfed for at least some period of time after their birth². However, reductions in the proportion of babies being breastfed, both by mixed feeding and exclusively, are seen across review periods as babies age.

The change in the number of babies being currently breastfed (any) at each review compared to those who were ‘ever’ breastfed are shown in Table 1. At first visit 15% fewer babies were being breastfed compared to those who had ‘ever’ been breastfed and by 6-8 weeks this was a third fewer. Fife had larger ‘drop off’ rates than Scotland at 6-8 weeks and 13-15 months in 2021/22.

Table 1: Drop off in breastfeeding by review; Fife and Scotland 2021/22 (Source: PHS)

Review	Fife	Scotland
At first visit	-16%	-15%
At 6-8 weeks	-33%	-29%
At 13-15 months	-75%	-67%

Technical Information

WHO and UNICEF recommend that children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life². Data is collected on infant feeding by Health Visitors at reviews of children at 10-14 days (first review), 6-8 weeks and 13-15 months of age. Data on rates of exclusive breastfeeding at 6-8 weeks is used as a high-level indicator of infant feeding and child health in a range of plans, tools and reports including ScotPHO profiles and the State of Child Health report. As such for this key measure more detailed analyses have been shown including comparisons are shown with Scotland over time, how these rates differ by deprivation and across Health Board areas.

Public Health Scotland publish this data annually for all Health Boards and produce a dashboard which allows analysis of Health Board data by key variables including deprivation². Data on exclusive breastfeeding at 6-8 weeks by Health Board, HSCP locality and intermediate zone is available on ScotPHO³.

¹ [Infant Feeding - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-analytics/scottish-health-and-social-care-open-data/)

² https://www.who.int/health-topics/breastfeeding#tab=tab_2

³ https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: babies exclusively breastfed at 6-8 weeks)

Health Visiting Pathway

13-15 month review

In Fife the proportion of eligible children reviewed by a health visitor at 13-15 months decreased from 93.8% in 2020/21 to 83.3% in 2021/22, which was lower than Scotland overall at 89.4%¹. Currently there are only five-year's worth of data, so a trend has not been shown for this measure. In 2021/22 the proportion of children with incomplete reviews or those with missing data was significantly lower than the previous year 6.4% compared to 13.1%.

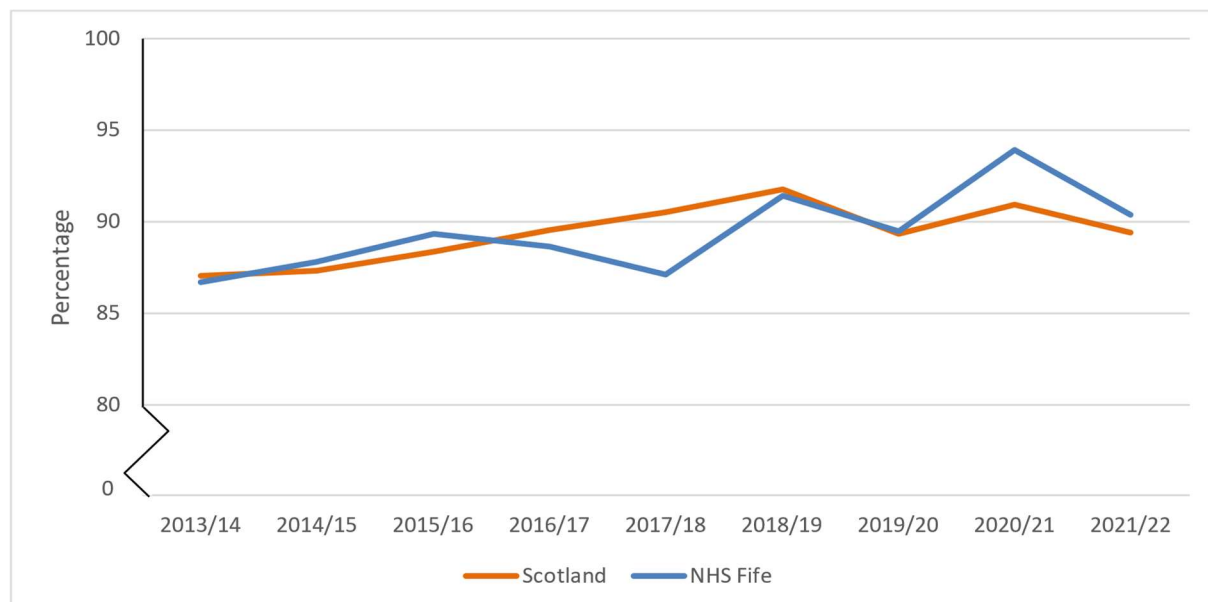
Some slight differences were noted due to inequalities (Scotland-level SIMD 2020) with the most deprived quintiles having a lower proportion of eligible children reviewed (92.6%) compared to the least deprived (95.1%)²; more years of data would be required to see if this trend continues, particularly as the review process was affected by COVID-19 in 2020/21.

The proportion of children recorded as having a developmental concern in any domain in Fife was 18.3% in 2021/22 an increase from 14.3% in the previous year.

27-30 month review

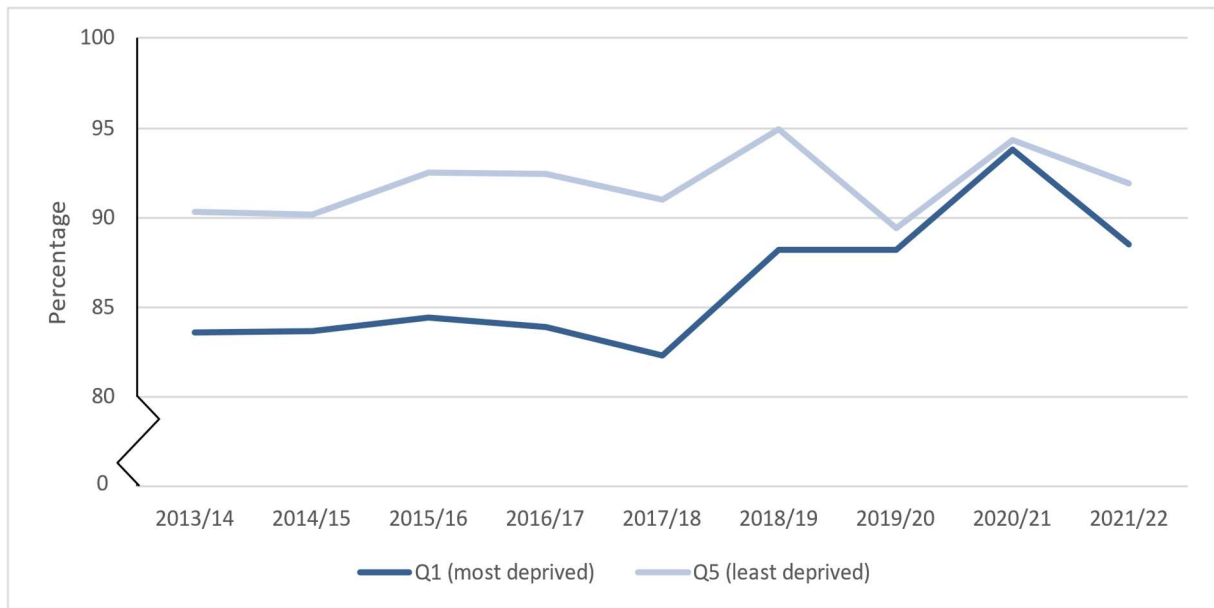
In 2021/22 the proportion of eligible children reviewed at 27-30 months decreased from 93.9% in the previous year to 90.4% (Figure 1) which was slightly higher than the Scottish average for 2021/22 of 89.4%. Differences have been seen between Fife and Scotland in several years in the available trend but the proportion of children reviewed has fluctuated over time².

Figure 1: Percentage of eligible children reviewed at 27-30 months, NHS Fife and Scotland (Source: PHS)



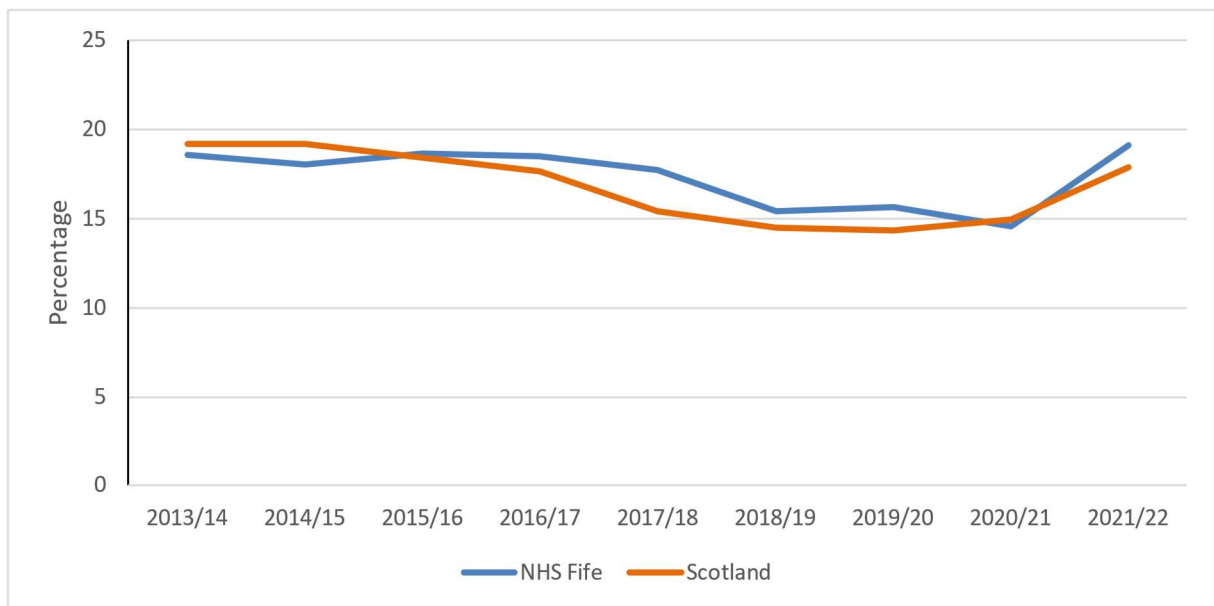
From 2018/19 to 2020/21 the gap between most and least deprived quintiles in Fife of the proportion of children reviewed at 27-30 months narrowed (Figure 2) however the gap has started to increase again in 2021/22. Further years of data will be required to see if this trend continues.

Figure 2: Percentage of eligible children reviewed at 27-30 months by most and least deprived Scotland-level SIMD quintiles, NHS Fife (Source: PHS)



The percentage of children reviewed where a developmental concern was noted increased in Fife in 2021/22 compared to the previous year, from 14.6% to 19.1%. This is higher than the Scottish average for 2021/22 (17.9%), Figure 3. This is consistent with national trends reported in the *Early Child Development* report from PHS¹ which reported increases of developmental concerns across all domains and at all review points in 2021/22 compared to the previous year.

Figure 3: Percentage of eligible children reviewed at 27-30 months with a developmental concern, NHS Fife and Scotland (Source: PHS)



4-5 year review

No data is presented for this measure as NHS Fife implement this review for children with an additional Health Plan Indicator (HPI) at present but full implementation is planned³. This means that the data cannot be compared with Scotland or other boards at present.

Technical Information

The data in this summary is taken from PHS publications listed in the sources below and is based on Health visitor assessments input into the Child Health Surveillance Programme-Pre-School national information system (CHSP-PS)⁴. Data on the 27-30 month review is available from 2013 and from 2017 for the 13-15 month reviews. All data is by financial year.

¹ <https://www.publichealthscotland.scot/media/19173/early-child-development-13-15m-tables-2023.xlsx>

² <https://www.publichealthscotland.scot/media/19174/early-child-development-27-30m-tables-2023.xlsx>

³ [Technical Report \(publichealthscotland.scot\)](#) page 6

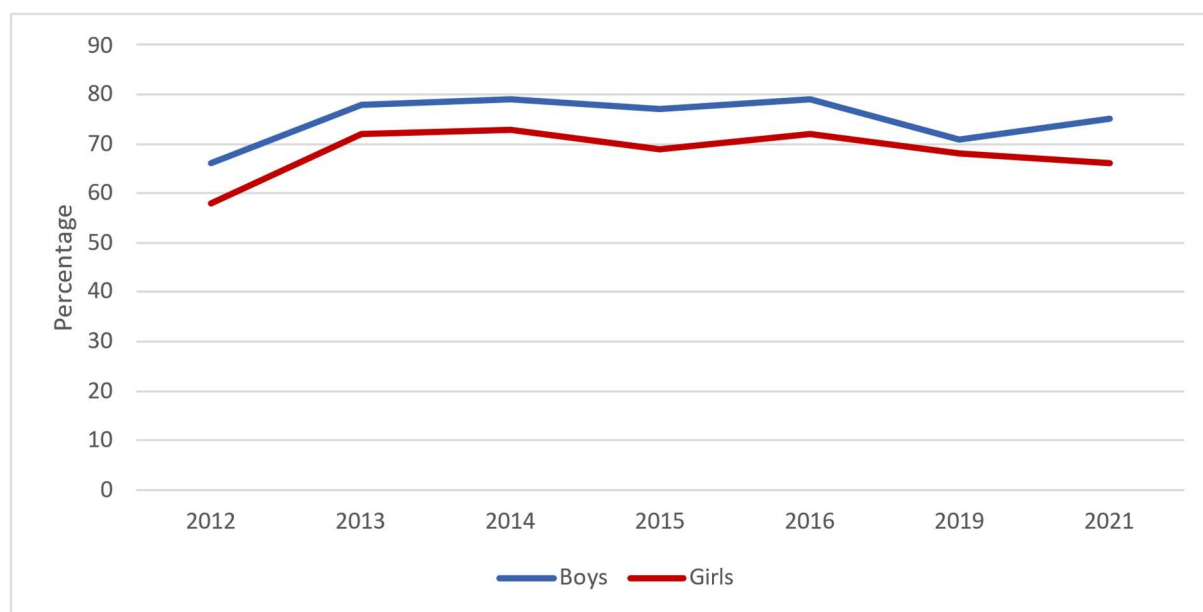
⁴ [Early Child Development Statistics 2021/22 - Technical Report \(publichealthscotland.scot\)](#)

Play and physical activity

At present we do not have data on physical activity in children at a Fife level but this will be available in late summer from the Fife Children & Young People's Health & Wellbeing Survey.

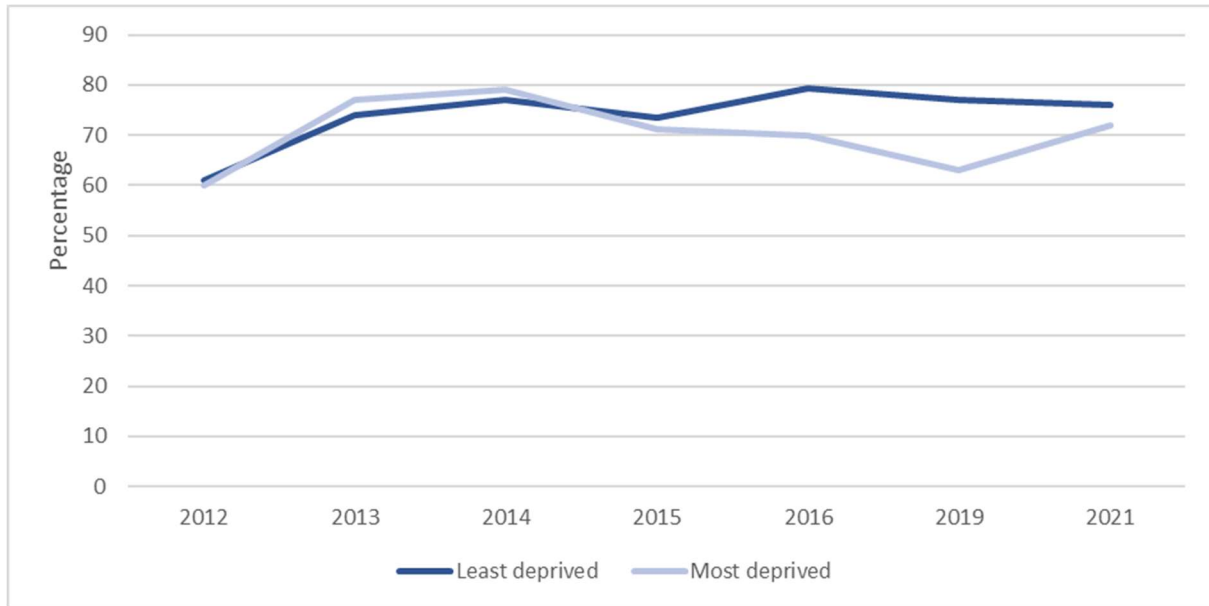
At a national level in 2021 the Scottish Health Survey reported an upwards trend in the percentage of children (aged 2-15 years) achieving the recommendation of at least 60 minutes of moderate to vigorous activity a day. A higher percentage of boys achieve the recommendation over girls, in 2021 75% of boys and 66% of girls met the recommendations¹.

Figure 1: Percentage of boys and girls meeting the recommendation of 60 minutes of activity a day (Source: Scottish Health Survey)



Since 2015 differences can be seen in activity levels of children living in areas of differing levels of deprivation. Those who live in the most deprived are less likely to achieve 60 minutes of physical activity a day compared to those living in the least deprived areas.

Figure 2: Percentage of children meeting the target by SIMD Quintile 1 (most deprived) and 5 (least deprived) (Source: Scottish Health Survey)



Technical Information

Children and young people are recommended to participate in moderate to vigorous physical activity for an average of at least 60 minutes a day². This can include school physical education activity, after school activities, active travel along with play and sporting activities. Guidelines on physical activity were revised by the four UK countries in 2011, therefore data is available from 2012 onwards. Physical activity questions were asked differently in 2017 and 2018. Questions used prior to 2017 were reinstated in 2019, data from 2017 and 2018 are therefore not included in trend analysis.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and Health Board are derived from the child's home postcode.

¹ [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io) (Indicator: Physical activity)

² [Physical activity guidelines: children and young people \(5 to 18 years\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Housing

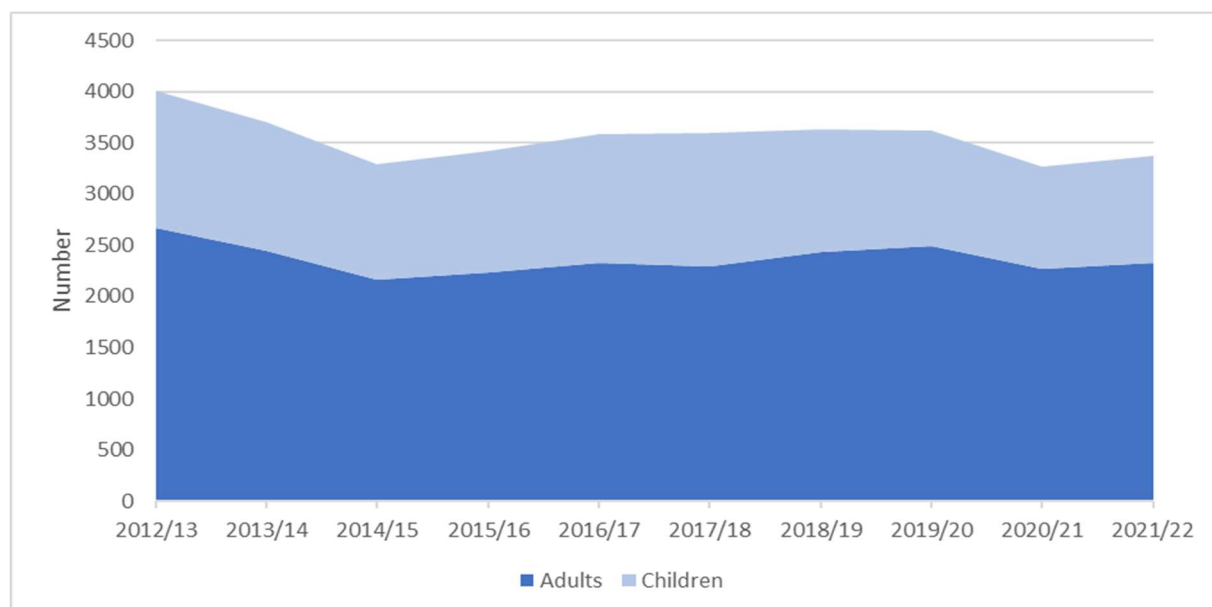
Households

The number of households in Fife in 2021 was 171,086. The number of households in Fife has grown each year since 2001 and is projected to continue to grow to reach an estimated 173,621 in 2028. Average household size in Fife has decreased from 2.28 people per household in 2001 to 2.14 in 2021, slightly above the national average of 2.12. Across Scotland in 2021 it was estimated that 23% of all households were one family with dependent children which would equate to about 39,350 households in Fife¹.

Homeless Households

There were 2,036 homeless households in Fife in 2021/22. These households contained a total of 3,373 people, of whom 2,323 were adults and 1,050 were children³. The number of adults and children in homeless households increased in 2021/22 from 2020/21 but the numbers are lower than reported between 2015/16 and 2019/20 (Figure 1).

Figure 1: Number of Adults and Children in Homeless Households; Fife 2012/13 to 2021/22 (Source: Scottish Government)



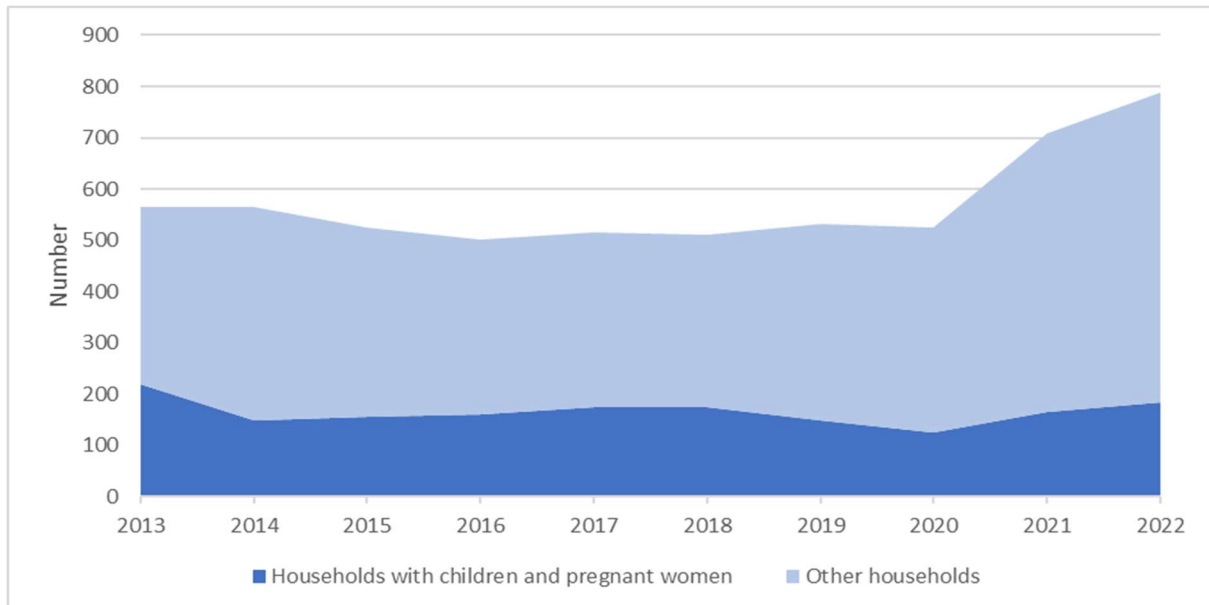
In 2021/22 Fife had the third highest number of homeless households of all local authorities in Scotland but as a rate per 100,000 population Fife was ranked 8th highest of the 32 areas. Fife had a higher rate of households assessed as homeless per 100,000 population than the Scottish average in 2021/22, 655 per 100,000 population compared to 634 in 2021/22.

Children in Temporary Accommodation

There were 787 households in temporary accommodation in Fife as at 31st March 2022. Of these households 185 were households with children or pregnant women. In 2022 the number of temporary households including those with children or pregnant women was the largest since 2013

(Figure 2). Fife reported the 5th largest number of households with children or pregnant women in temporary accommodation in comparison to other local authorities at 31st March 2022.

Figure 2: Households in temporary accommodation; Fife at 31st March 2013-2022 (Source: Scottish Government)



There were 390 children living in households in temporary accommodation in Fife at 31st March 2022. This was a 24% increase on the number reported at the same time in 2021 which was also an annual increase following three years when the numbers had decreased annually (Figure 3).

97% of children living in temporary accommodation as at 31st March 2022 in Fife were living in 'Local Authority Furnished' accommodation. In Fife 'other households with children' spent on average the longest time in temporary accommodation, 425 days. This was higher than the Scottish figure for the same type of household. Fife had lower lengths of stay than Scotland for 'single parent households' and 'couples with children' (Table 1).

Figure 3: Number of children in temporary accommodation; Fife at 31st March 2013-2022 (Source: Scottish Government)

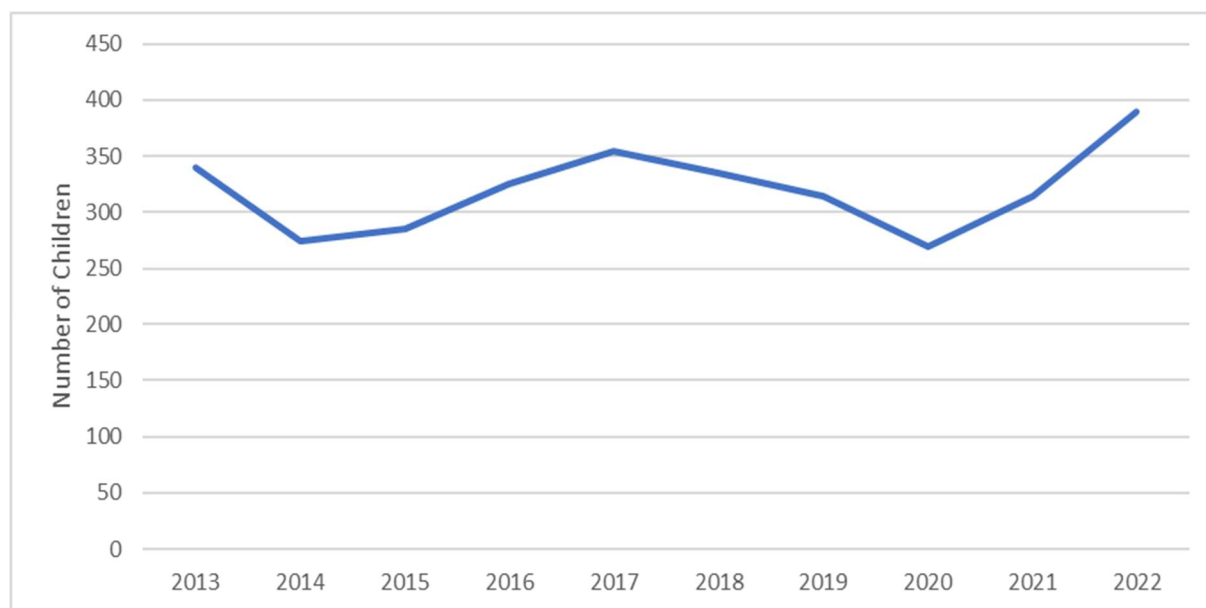


Table 1: Average total time (days) spent in temporary accommodation by household type; Fife and Scotland 2021-22 (Source: Scottish Government)

	Single Person	Single Parent	Couple	Couple with Children	Other	Other with Children
Fife	225	175	129	174	174	425
Scotland	193	234	204	343	212	291

Technical Information

The number and size of households across Scotland is published annually by National Records of Scotland². A range of administrative data is collected by local authorities during the course of their housing and homelessness activities and submitted to Scottish Government including the number of homeless households and households in temporary accommodation³.

In the ONS household data the following definitions are used³:

A family is a married, civil partnered or cohabiting couple with or without children, or a lone parent with at least one child. Children may be dependent or non-dependent.

Dependent children are those living with their parent(s) and either (a) aged under 16, or (b) aged 16 to 18 in full-time education, excluding children aged 16 to 18 who have a spouse, partner or child living in the household.

In the homelessness data the following definitions and caveats need to be considered:

Children are under 16 years of age. Households with children are based on the presence of children on the homeless (HL1) application and they may or may not be present in the associated

accommodation placements. Data is presented on homelessness in 16-17 year olds at a national level only⁴.

These figures are based on administrative data collected by local authorities and will not include households that are homeless who have not presented to local authorities, so the numbers do not necessarily cover the entire homeless population in Scotland.

Temporary accommodation data are presented as snapshots on a specific date so will not represent the total number who may have lived in temporary accommodation in any given time period.

The number of recorded homeless households and temporary accommodation over time can be affected changes to legislation, policy and practice and in 2020/21 the impact of the COVID-19 pandemic. Further details can be found in the report below².

¹ [Households by type of household and family, regions of England GB constituent countries](#)

² [Estimates of Households in Scotland](#)

³ [Homelessness in Scotland: 2021/22 report](#)

⁴ <https://www.gov.scot/publications/homelessness-scotland-2021-22/documents/>

Domestic abuse

Domestic abuse incidents reported to Police Scotland

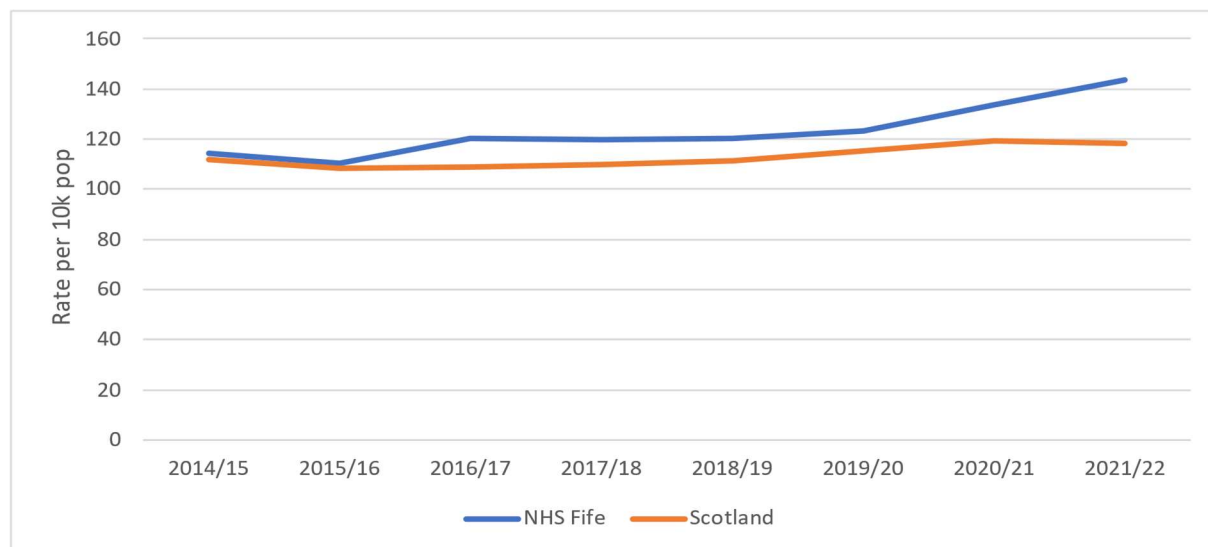
The data in this summary is taken from incidents recorded by Police Scotland. A new method of recording was introduced in 2014/15 so trend data will be shown for the 8 years of data available from this point¹. Data is not available for the number of children affected by domestic abuse incidents recorded by the Police.

Police Scotland reported that 64,807 incidents of domestic abuse were recorded in Scotland and 5,377 in Fife during 2021/22. 37% of domestic abuse incidents in Fife included the recording of at least one crime or offence, similar to the 39% reported nationally. The most frequently recorded crimes were common assault and threatening and abusive behaviour².

At Scotland level, Police Scotland report that 2,494 persons under 18 were victims of domestic abuse in 2021/22 (749 under 16). Of the under 18s reported as victims of domestic abuse 84% were female (74% of the under 16s), all ages 83% female³.

Fife has a slightly higher rate of (all ages) reported domestic abuse incidents per 10,000 population than Scotland, 143 per 10k population compared to 118 per 10,000 population in 2021/22; this gap has increased slightly in the most recent years (Figure 1)⁴.

Figure 1: Domestic abuse incidents reported to Police Scotland as crude rate per 10,000 population NHS Fife vs Scotland (Source: ScotPHO)



¹ [Domestic abuse: statistics recorded by the police in Scotland - 2021/22 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/) (Annex 2)

² [Domestic abuse: statistics recorded by the police in Scotland - 2021/22 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/)

³ <https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/> (Table 8)

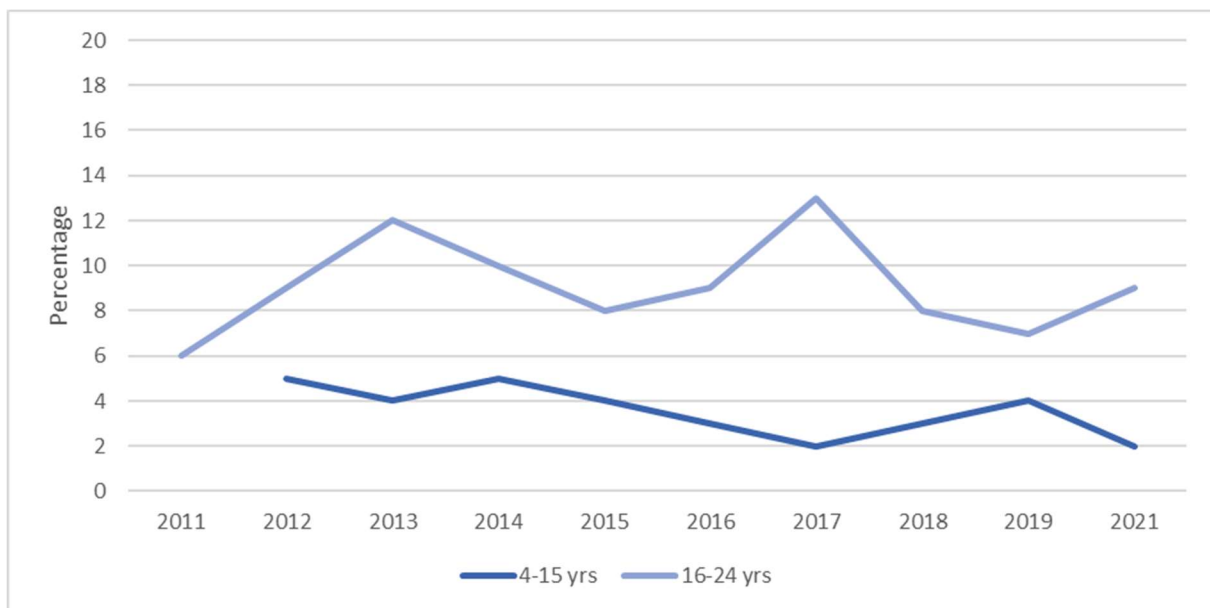
⁴ [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/) (indicator: domestic abuse)

Young carers

Across Scotland 28,000 children and young people aged 4-17 were estimated to be young carers at April 2022¹. The true number of young carers is not known and most data on or about young carers is currently available at a national level only.

Data from the Scottish Health Survey 2021, which asked children (4-15 years old) and young people (16-24 years old) if they provided any regular help or care for any sick, disabled, or frail person, showed a decrease in the percentage of children providing care at 2%, but an increase in young people (7%) providing care compared to 2019².

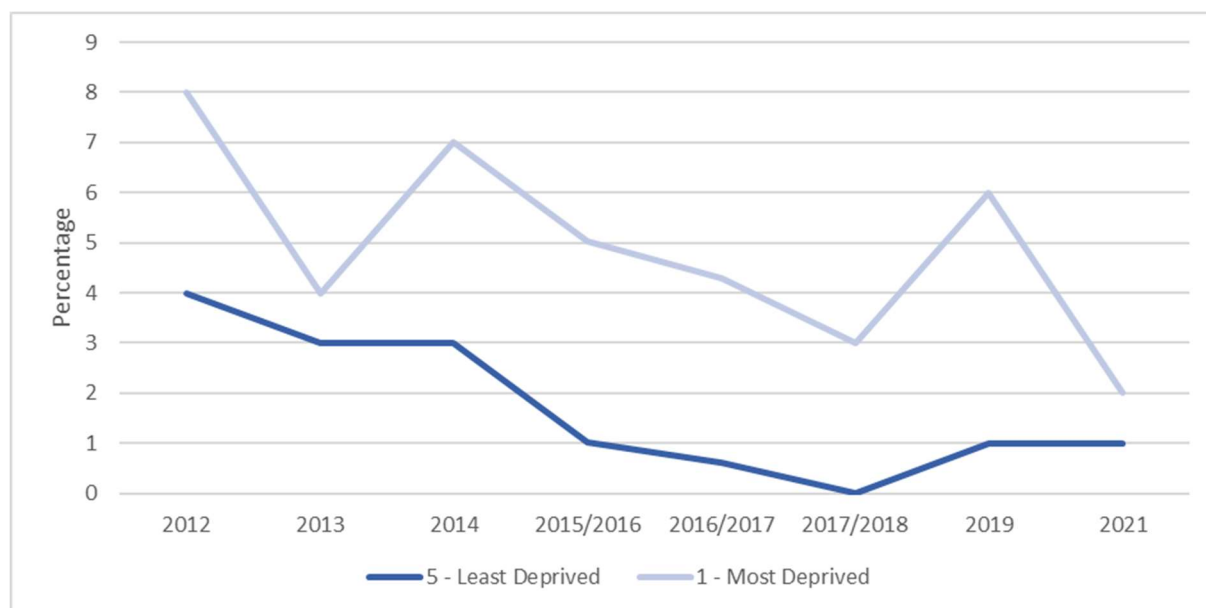
Figure 1: Percentage of children and young people providing any regular help or care for any sick, disabled, or frail person (Source: Scottish Health Survey)



(4-15yrs data for 2016 is combined 2015/2016, data for 2017 is combined 2016/2017 and data for 2018 is combined 2017/2018)

The percentage of children surveyed who were unpaid carers (aged 4 – 15 years) in the most and least deprived has fluctuated over time but has been consistently higher among those living in the most deprived areas (SIMD quintiles) than the least deprived areas¹.

Figure 2: Percentage of child unpaid carers (4-15yrs) by SIMD Quintile (Source: Scottish Health Survey)



The Carers Census, Scotland collects information from carers annually. In 2021-22 it collected data from 42,050 unpaid carers across Scotland, 13% (5,490) of whom were aged under 18 years old³. The Carers Census reported that 16% of young carers lived in areas within the most deprived SIMD decile compared to 4% who lived in areas within the least deprived SIMD decile compared to 11% and 7% of adult carers. It also reported that young carers were more likely to be female (52%) which has been the case since the Carers Census started in 2018. 69% of young carers reported that they provided between 0-19 hours of unpaid care each week. The most reported impact of caring by young carer's was on their emotional well-being (85% reported this).

Technical Information

In the Scottish Health Survey participants are asked if they provide any help or care on a regular basis to family members, friends, neighbours or others because of a long-term physical condition, mental ill-health or disability, problems with ageing. Since 2014 this explicitly excludes any paid caring work. This question has been asked to children aged 4 to 15 years old since 2012.

In the Carers Census a young carer (under 18 years) was included if they met the following criteria:

- had a Young Carer Statement (YCS) or review of their needs as a carer during the reporting period; or
- were offered or requested a YCS during the reporting period; and/or
- received a specified support service (including short breaks or respite) during the reporting period².

During the collection period for the Carers Census systems to record the above information were being set up, and as such some providers were unable to provide the required information. Therefore, it is suggested that the figures presented in the Carers Census may be an underestimate of the number of carers being supported by local services.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD quintile is derived from the child's home postcode.

¹ <https://www.gov.scot/publications/scotlands-carers-update-release-december-2022/>

² [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io) (Indicator: Provide any regular help or care for any sick, disabled or frail person)

³ [Supporting documents - Carers Census, Scotland, 2019-20 and 2020-21 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/supporting-documents-carers-census-scotland-2019-20-and-2020-21/)

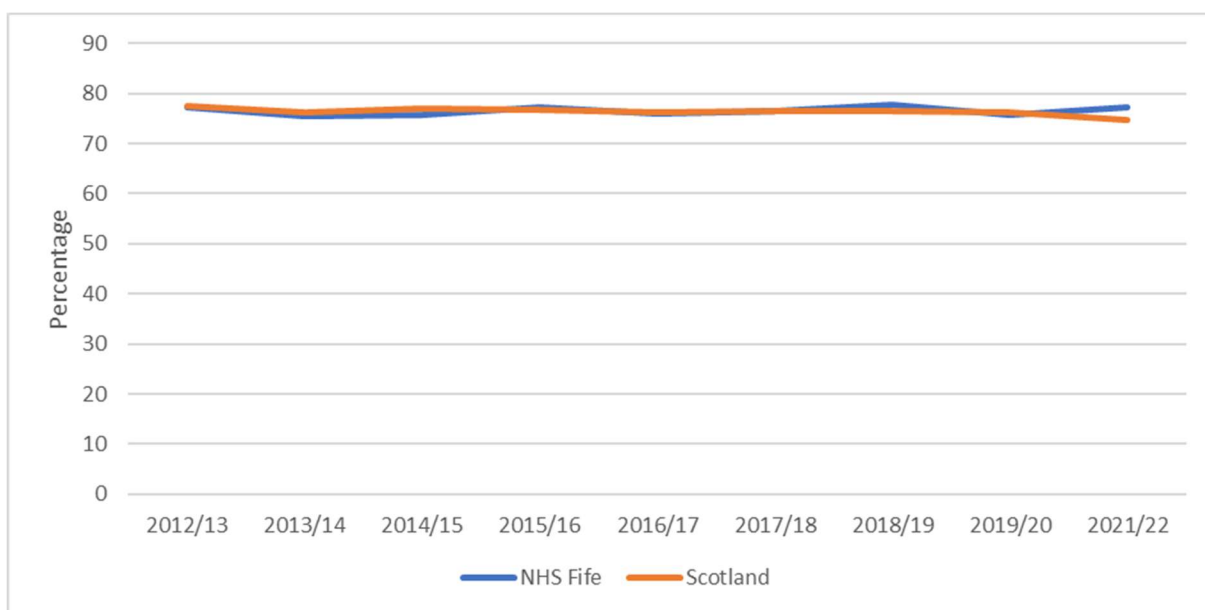
Food/Diet

Healthy weight

In Scotland a school-based review programme monitors the weight and height of children in primary 1(P1). This programme was impacted by the COVID-19 pandemic with fewer children being reviewed and as such 2020/21 figures are not available at a Fife level.

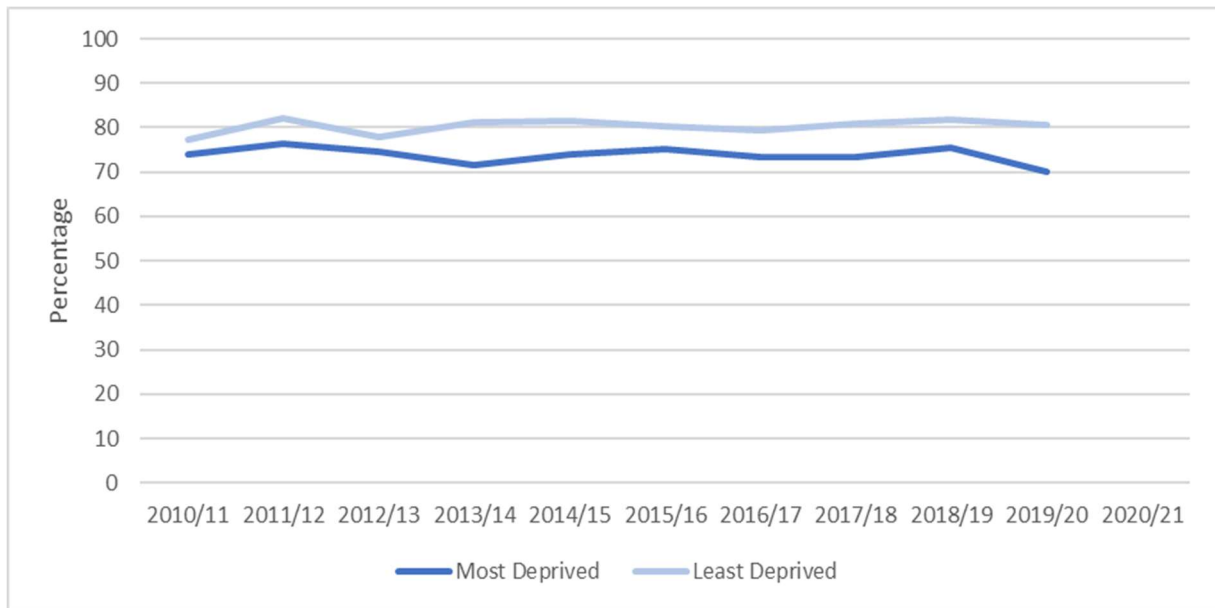
In 2021/22 77.3% of P1 children reviewed in Fife were a healthy weight (see technical information), this was slightly higher than Scotland (74.7%) and higher than the percentage from the last recorded year (2019/20 75.67%)¹.

Figure 1: Percentage of healthy weight children in P1 in Fife and Scotland (School year) (Source: ScotPHO)



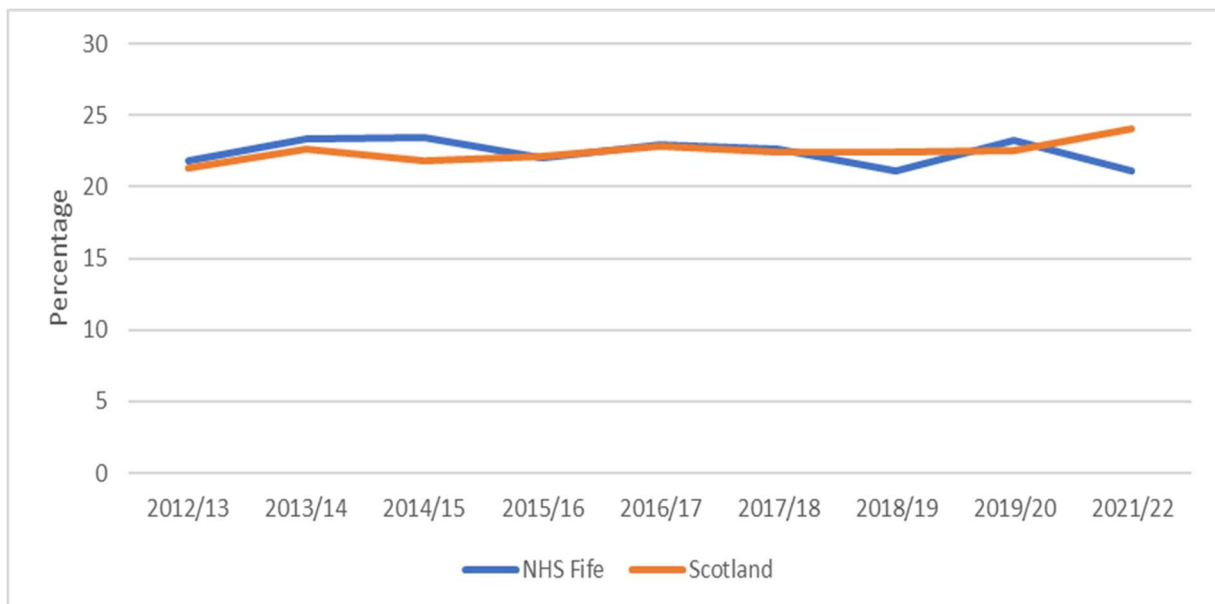
Healthy weight children are more likely to live in the least deprived areas (81.4%) of Fife than in the more deprived areas (74.7%), a consistent trend in the last 10 years².

Figure 2: Percentage of healthy weight children in Fife by SIMD quintile (Source: PHS Primary 1 BMI Statistics)



The percentage of children considered to be obese in Fife in 2021/22 is currently 21.1%, this is lower than the figure for Scotland (24.1%) and is also lower than the last recorded figure of 23.3% in 2020/21³.

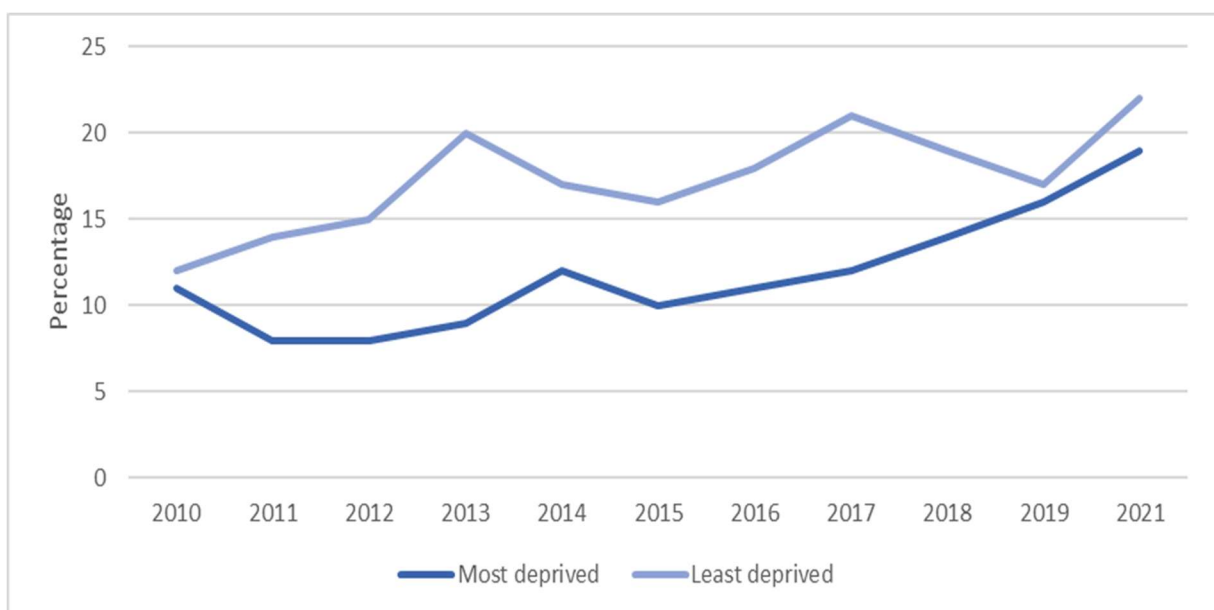
Figure 3: Percentage of obese children in Fife and Scotland (Source: PHS Primary 1 BMI Statistics)



Diet

Scotland's children are recommended to eat 5 portions of fruit or vegetables a day⁴. The average number of fruit and vegetable portions eaten by children in Scotland (Fife data not available) has increased to 3.4, from 2.8 in 2019 (no data is available for 2020 due to disruptions in data collection during the COVID-19 pandemic). Children living in more deprived areas are less likely to eat 5 or more portions of fruit or vegetables a day⁵. In the most deprived areas 19% of children meet the 5 a day recommendation compared to 22% in least deprived areas, however since 2015 there has been a consistent increase in the percentage of children meeting the recommendation in the least deprived areas and compared to 2015 (10%) the number has now nearly doubled.

Figure 4: Percentage of children consuming 5 or more portions of fruit and vegetables eaten a day by SIMD quintile for Scotland (Scottish Health Survey)

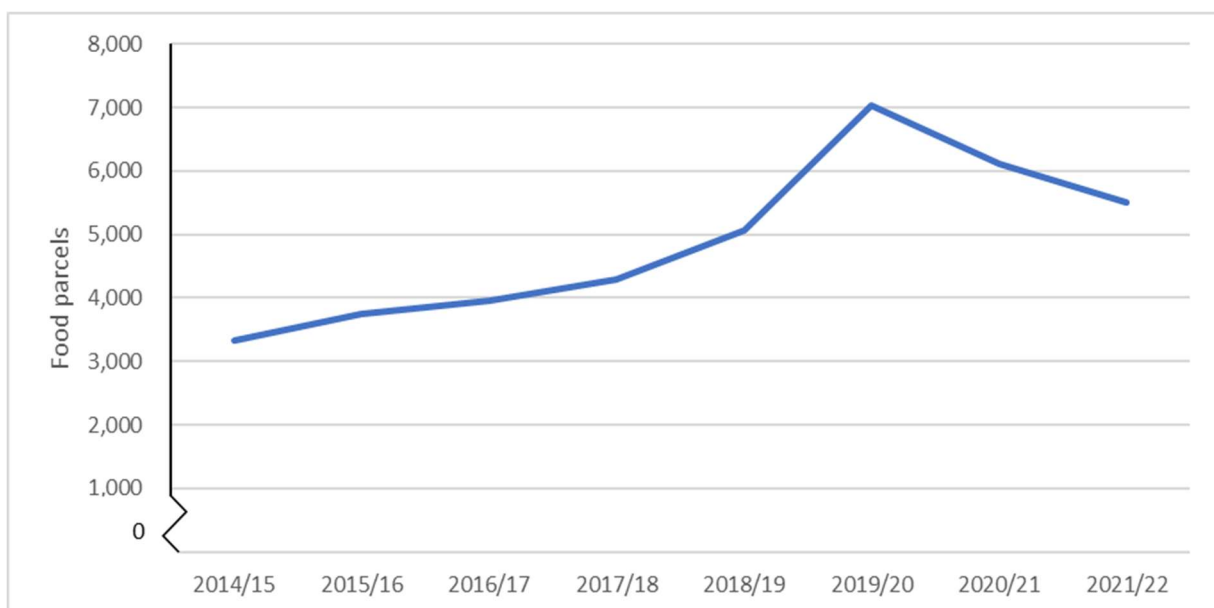


Food insecurity

In Scotland 7% of households have low food security, with 4% having very low security (2020/21). Across the UK 9% of households with children are food insecure compared to 6% of households without children⁶.

The Trussell trust published end of year statistics for foodbank use throughout the UK. The number of food parcels given out to children had been increasing year on year up to the financial year 2019/20 with 7,028 parcels given out to children in Fife (see technical information below). After this time the numbers have decreased, and in Fife for the financial year 2021/22 5,506 parcels were given out⁷. This trend is also seen across Scotland.

Figure 5: Number of food parcels given to children in Fife by financial year (Source: The Trussell Trust)



Technical Information

Data relating to healthy weight and obesity are reported using epidemiological thresholds which are used to monitor changes in the whole child population of the proportion of children who are at risk of an unhealthy weight. Figures for primary 1 are based on children with a valid height and weight record, and who's BMI is between 5% and 95% of the 1990 UK reference range for their sex and age.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD is derived from the child's home postcode.

Food security is a measure of whether households can have an active and healthy lifestyle based on the food they have. Questions are asked based on the 30 days prior to the interview.

The Trussell Trust records the number of food parcels given out. If a family of 2 adults and 2 children attend a food bank this would be recorded as 4 parcels: 2 for adults and 2 for children.

¹ [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/ScotPHO_profiles/) (Indicator: Child healthy weight in primary 1)

² [Primary 1 Body Mass Index \(BMI\) Statistics - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-statistics/datasets/primary-1-body-mass-index-bmi-statistics-datasets-scottish-health-and-social-care-open-data) (Table: Epidemiological BMI at deprivation at health board level)

³ [Primary 1 Body Mass Index \(BMI\) Statistics - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://nhs.uk/data-and-statistics/datasets/primary-1-body-mass-index-bmi-statistics-datasets-scottish-health-and-social-care-open-data) (Table: Epidemiological BMI at health board level)

⁴ [Situation Report - The Scottish Diet It Needs to Change \(2020 update\).pdf \(foodstandards.gov.scot\)](https://www.foodstandards.gov.scot/publications/situation-report-the-scottish-diet-it-needs-to-change-2020-update.pdf)

⁵ [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io/ScottishHealthSurvey/) (Indicator: Fruit and vegetable consumption (mean daily portions) children)

⁶ [Family Resources Survey - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/family-resources-survey)

⁷ [End of Year Stats - The Trussell Trust](https://www.trusselltrust.org/2020-21-end-of-year-stats/)

Smoking and Children and Young People

This local summary presents key findings from the 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) survey for S2 & S4 pupils attending schools in Fife Council area¹. The next update will be from the 2023 Fife Young People's Health & Wellbeing Survey.

Findings from the Health & Wellbeing (HWB) Census Scotland² (16 local authorities excluding Fife) on cigarette and e-cigarette use in S2 and S4 school pupils are included to give an indication of a more recent national picture.

Smoking prevalence in Fife

From the 2018 Scottish Schools Adolescent and Lifestyle Survey; 12 % of S2 pupils had tried smoking, 1% were occasional smokers (sometimes smoke cigarettes but less than one per week) and 2 % were regular smokers (usually smoking one or more cigarettes per week).

33% of S4 pupils had tried smoking which is 2% more than reported for Scotland, 6% were occasional smokers (sometimes smoke cigarettes but less than one per week) and 8 % were regular smokers (usually smoking one or more cigarettes per week) which is 1% more than reported for Scotland in 2018, Figure 1.

Findings from the Health & Wellbeing Census Scotland 2021/22 show smoking prevalence for both age groups dropped for occasional and regular smokers. 0.8% of S2 pupils and 2.4% of S4 pupils reported occasional use and 1.6% of S2 and 4.3% of S4 pupils reported regularly smoking, Table 1.

Figure 1: Smoking prevalence as % of pupils surveyed, Fife (Source: SALSUS 2018)

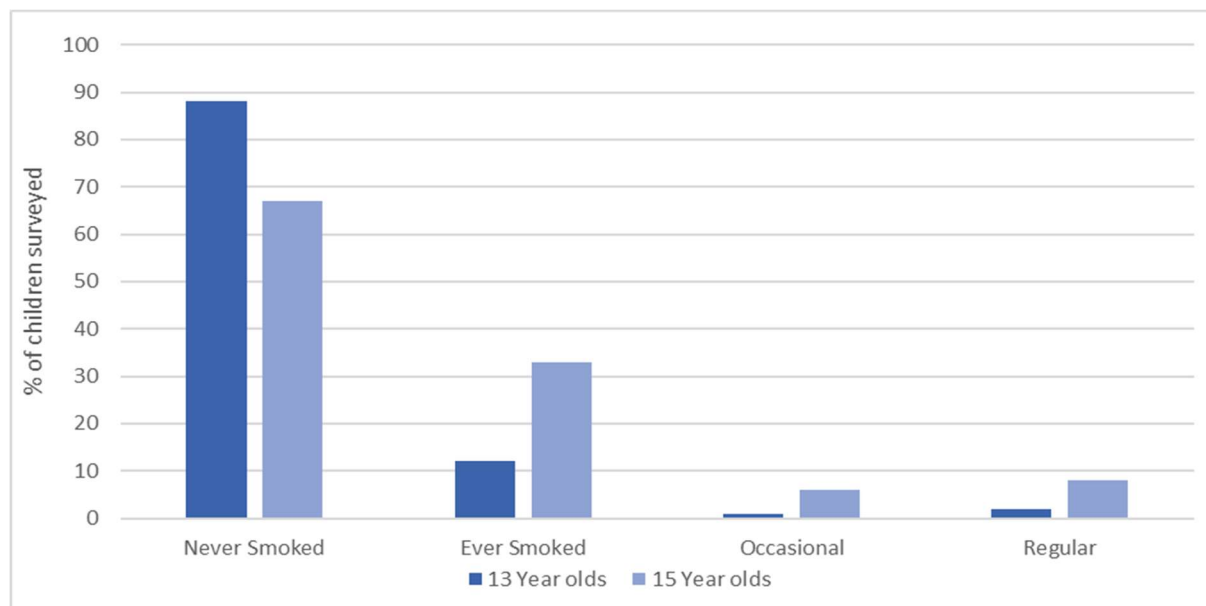


Table 1: Smoking prevalence, % in each pupil stage, Scotland (Source: HWB Census)

	S2	S4
Non-smokers	94.5%	89.4%
Occasional smokers	0.8%	2.4%
Regular smokers	1.6%	4.3%
Prefer not to say	3.1%	3.9%

Smoking prevalence by sex

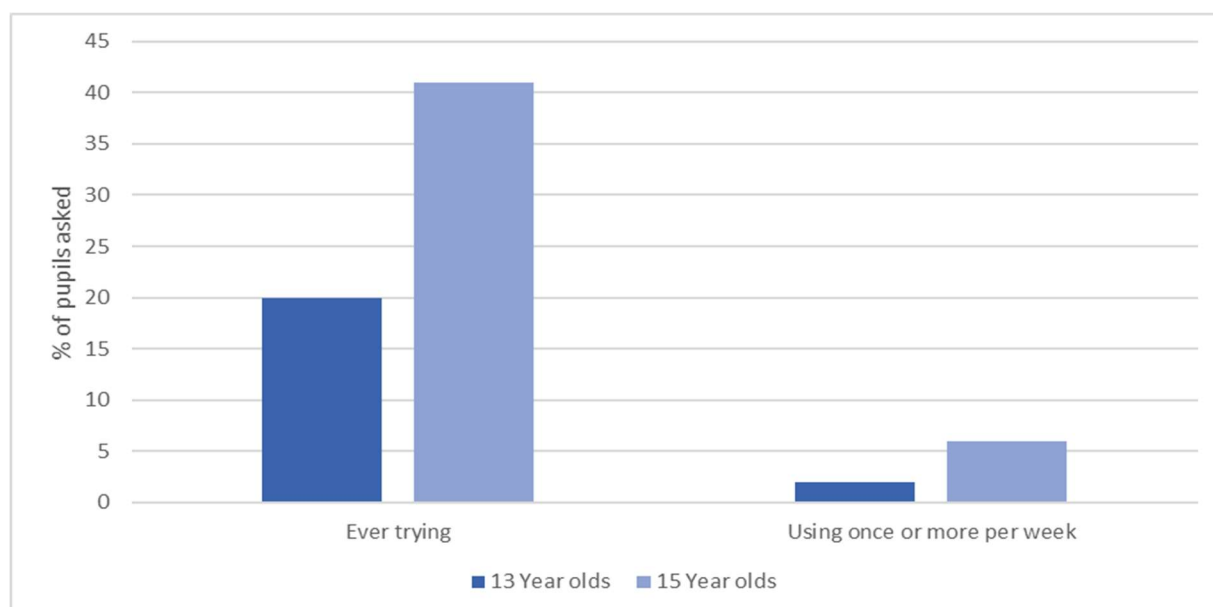
The HWB Census reported for Scotland the split by sex for S2 and S4 pupils who regularly smoked was 2.9% male, 2.5% female and 4.8% unknown. Occasional smokers across both age groups were 1.3% male and 1.7% female.

E-cigarette use

All pupils were asked about e-Cigarette use, in Fife 20% of S2 pupils (3% more than reported for Scotland) and 41% of S4 pupils (6% more than reported for Scotland) had reported trying e-cigarettes. 2% of S2 and 6 % of S4 pupils (2% more than Scotland) reported using e-cigarettes once or more per week¹.

The HWB Census reported for Scotland 6.8% of S2 pupils using e-cigarettes at present and 4.3% were regular vapers. This increased for S4 age group with 14.8% of pupils using e-cigarettes at present and 10.1% were regular vapers.

Figure 2: E-cigarette use in S2 and S4 pupils in Fife (Source: SALSUS 2018)



Cigarette and e-cigarette use by SIMD20, Scotland

Findings from the HWB Census for Scotland indicate a higher prevalence of use for both smoking and vaping in the most deprived areas, Table 2.

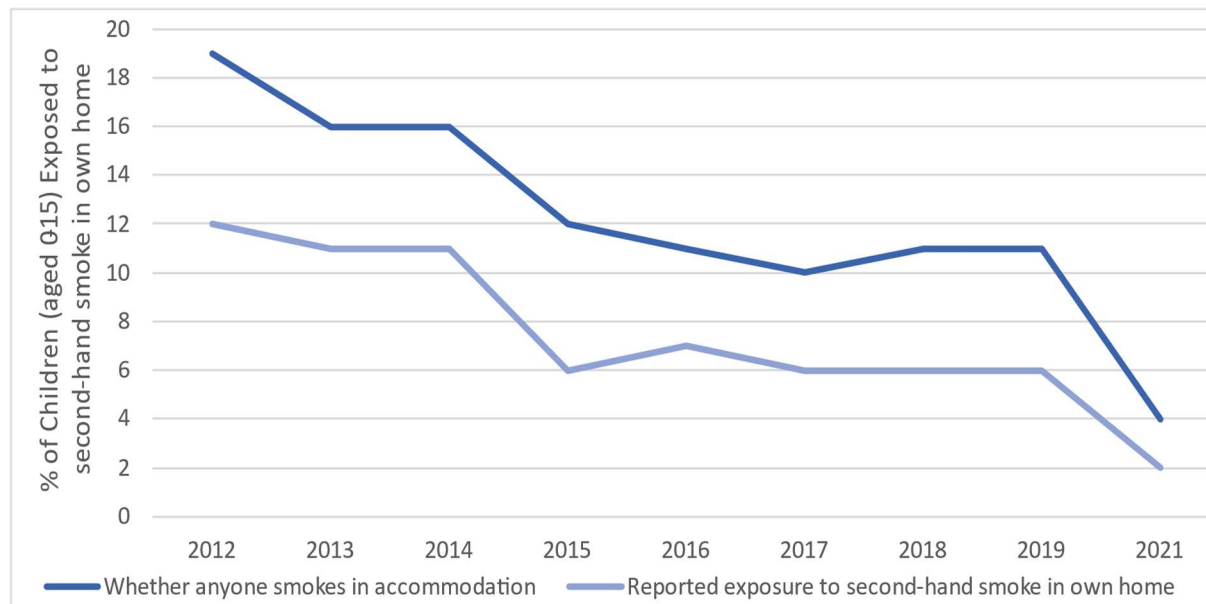
Table 2: Percentage Cigarette and e-cigarette use in S2 and S4 pupils Scotland (Source: HWB Census)

Response	SIMD 1 (most deprived)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (least deprived)	Unknown
Regular smokers	3.2%	3.4%	3.1%	2.5%	1.5%	4.2%
Occasional smokers	1.3%	1.7%	1.6%	1.6%	1.3%	[c]
Use of e cigarettes at present	11.3%	11.0%	11.1%	10.2%	7.7%	8.4%
Regular vaper	7.8%	7.8%	7.3%	6.6%	4.6%	4.7%

Exposure to second-hand smoke in own home, Scotland 2021

The number of children aged 0-15 years who are exposed to second-hand smoke at home in Scotland has reduced significantly since 2012 (Figure 3). For those reporting anyone smokes at home figures decreased from 19% in 2012 to 4% in 2021 and for those reporting children had exposure to second-hand smoke at home this reduced from 12% in 2012 to 2% in 2021.

Figure 3: Exposure to second-hand smoke in own home, Scotland 2012-2021 (Source: The Scottish Health Survey 2021)



¹ SALSUS 2018 [Summary findings for Fife Council \(www.gov.scot\)](http://www.gov.scot)

² [Health & Wellbeing \(HWB\) Census Scotland](#)

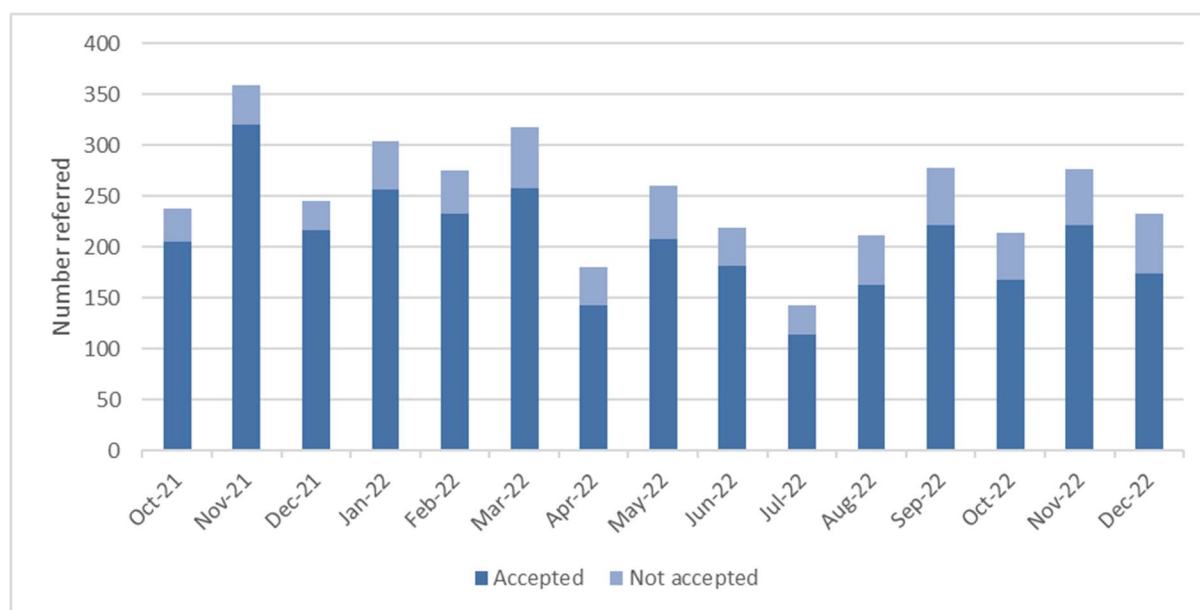
Mental Health and Wellbeing

Up to date data is limited on the wellbeing of children and young people in Fife until the results are available from the 2023 Fife Children & Young People's Health & Wellbeing Survey. It is anticipated that these results will be available from late summer.

Referrals

During 2022 2,910 children were referred to Child and Adolescent Mental Health Services (CAMHS) in NHS Fife, with 80.3% of these accepted for treatment¹.

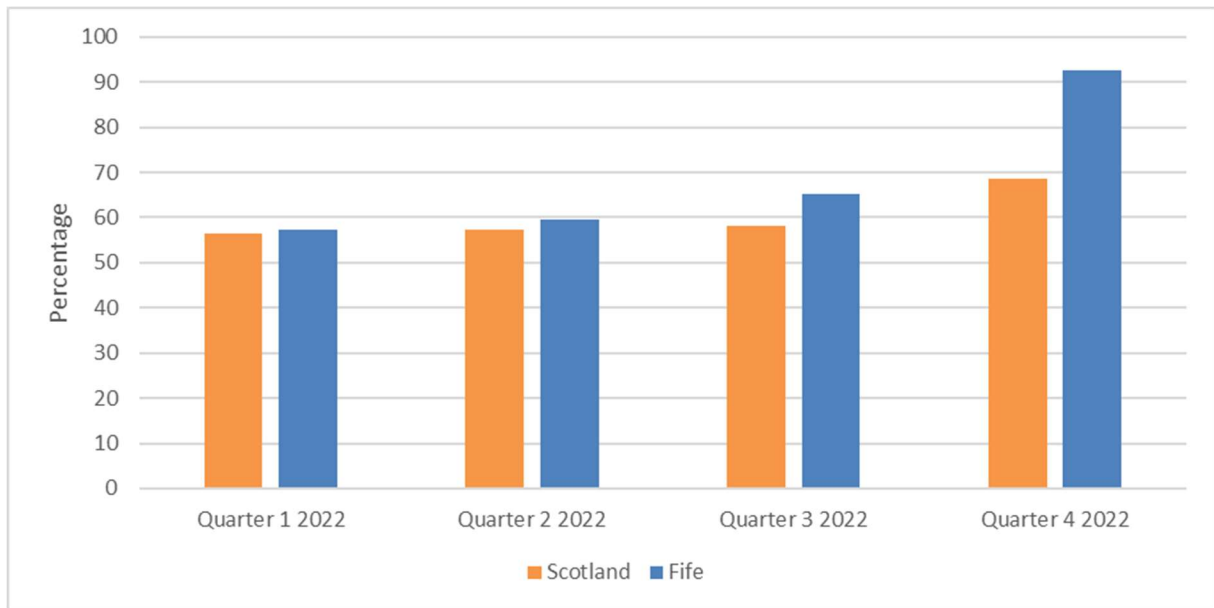
Figure 1: Number of children referred to NHS Fife CAMHS split by those accepted and not accepted for treatment (Source: PHS Child and adolescent mental health services (CAMHS) waiting times)



Waiting times

Throughout 2022 there has been an increase in the percentage of children meeting the Scottish Governments CAMHS 18-week referral to Treatment Target (RTT), in the last quarter of 2022 there was an increase from 68.6% in the previous quarter to 92.6%¹.

Figure 2: Percentage of children in 2022 meeting the 18-week Referral to Treatment Target in NHS Fife and Scotland (Source: PHS)



¹ [Dashboard - Child and Adolescent Mental Health Services \(CAMHS\) waiting times](#)

Impact of Alcohol and Drugs

Up to date data is limited on the use of alcohol and drugs in children aged under 18 in Fife until results are available from the 2023 Fife Children & Young People’s Health & Wellbeing Survey (please see technical information section below). As such this section uses Fife data from the 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) and headline findings from the Health & Wellbeing Census Scotland (16 local authorities excluding Fife) to give an indication of a more recent national picture

Alcohol

Alcohol Use

Findings from the SALSUS 2018 survey reported 6% of S2 and 24% of S4 pupils in Fife had drunk alcohol in the last week compared to 6% and 20% across Scotland.

More than two thirds of pupils in S2 and 41% of pupils in S4 in the national Health & Wellbeing Census from other areas in Scotland reported that they did not currently drink alcohol (Table 1). In both age groups the most commonly reported frequency of drinking alcohol was ‘a few times a year’. 10% of S4 pupils reported that they drank alcohol about once a week and also once a fortnight.

Table 1: Frequency of drinking alcohol; % in each pupil stage (Source: HWB Census)

	S2	S4
More than once a week	1.2	3.2
About once a week	2.3	9.6
About once a fortnight	2.6	9.7
About once a month	4.3	10.8
Only a few times a year	22.3	25.9
I never drink alcohol now	67.2	40.7

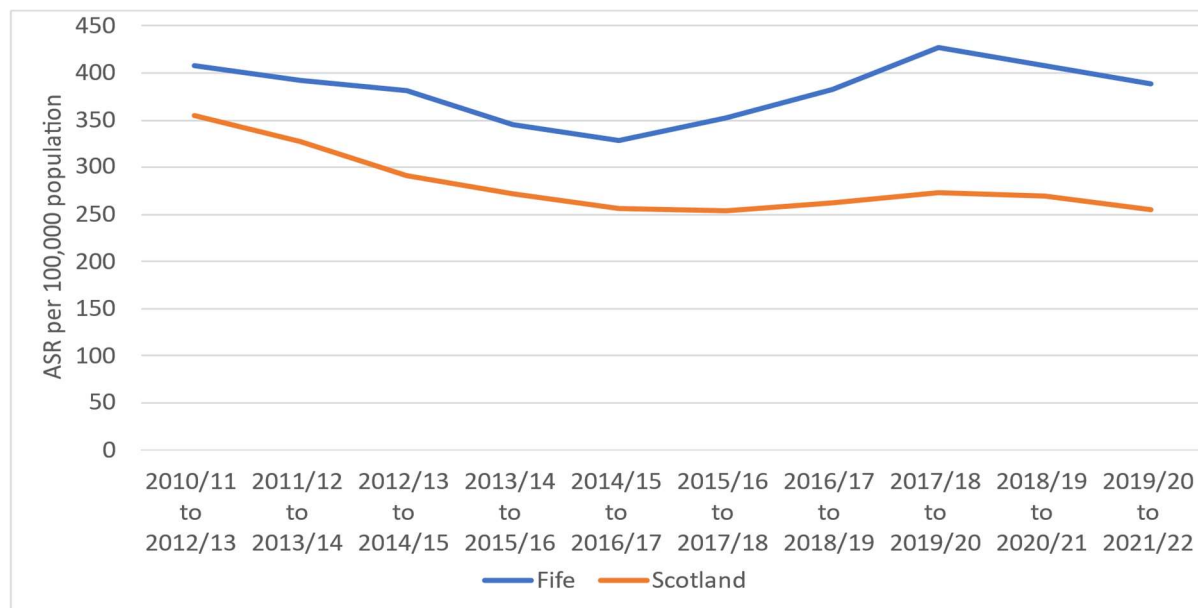
Alcohol-related hospital admissions

In the last three years there have been an annual average of 252 alcohol-related hospital admissions involving 11-25 years olds in Fife. This corresponds to a rate (age-sex standardised) of 389 per 100,000 population.

Figure 1 shows an increasing trend in rates of alcohol-related hospital admissions from 2014/15-2016/17 to 2017/18-2019/20 following a period of declining rates. Rates have fallen in the two most recent time periods but it is unclear what impact COVID-19 will have had on these figures but they are likely to be lower than would have been observed.

Fife has had consistently higher admission rates than Scotland in all time periods shown. The pattern of admissions has been similar, but Scotland did not see the large increase in admission rates so the gap between Fife and Scotland has widened.

Figure 3: Alcohol-related hospital admissions, aged 11-25 years Fife and Scotland; three-year average age-sex standardised rate per 100,000 population 2010/11 to 2012/13 to 2019/20-2021/22 (Source PHS)



Drugs

Drug Use

In the SALSUS 2018 survey 19% of S4 pupils in Fife reported they had 'ever' used drugs compared to 21% across Scotland.

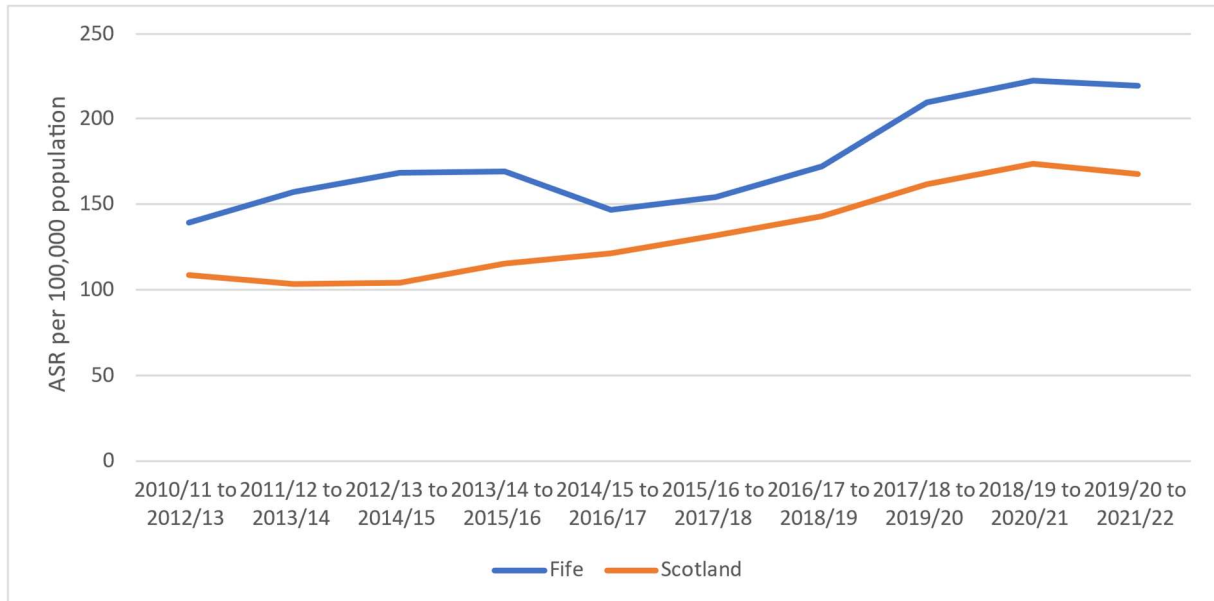
10% of pupils in S4 reported in the Health & Wellbeing Census that they had 'ever taken illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you'. Of those pupils who reported 'ever' drug use, 17% reported that they took drugs 'once or twice a month' and 19% reported taking drugs 'at least once a week or more'. The most reported type of drug used was cannabis which had been taken by 95% of the pupils who reported 'ever' drug use.

Drug-Related Hospital Admissions

In the last three years there have been an annual average of 144 drug-related hospital admissions involving 11-25 years olds in Fife. This corresponds to a rate (standardised) of 219 per 100,000 population which was higher than the Scottish rate of 168. Fife has had consistently higher admission rates than Scotland in all time periods shown.

Both Fife and Scotland show a trend of year on year increasing average rates of drug-related hospital admissions, from 2012/13-2015/16 in Scotland and two years later in Fife (Figure 2). Rates fell between 2018/19-2020/21 and 2019/20-2021/22 but it is unclear what impact COVID-19 will have had on these figures but they are likely to be lower than would have been observed.

Figure 2: Drug-related hospital admissions, aged 11-25 years Fife and Scotland; Three-year average age-sex standardised rate per 100,000 population 2010/11 to 2012/13 to 2019/20-2021/22 (Source: PHS)



Technical Information

Between 2002 and 2018 the SALSUS survey was the main source of substance use data in young people in S2 and S4 in Scotland¹. Questions on alcohol and drug use are now included in the new Health and Wellbeing Census which was given to S2 and S4 pupils in 16 local authorities (not Fife) across Scotland in 2020-2021². Data on these topics for Fife will be available from the Fife Children & Young People’s Health and Wellbeing Survey by late summer 2023.

Hospital admissions that are alcohol- or drug-related, defined as admissions with an alcohol- or drug-related code in any diagnostic position, are published annually on ScotPHO at health board level for 11-25 year olds but not for other age groups³. Public Health Scotland publish Scotland level admission rates for under 15s and 15-24 age group⁴.

¹ <https://www.gov.scot/collections/scottish-schools-adolescent-lifestyle-and-substance-use-survey-salsus/>

² <https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/>

³ <https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/>

⁴ <https://publichealthscotland.scot/publications/alcohol-related-hospital-statistics/alcohol-related-hospital-statistics-scotland-financial-year-2021-to-2022/>

<https://www.publichealthscotland.scot/publications/drug-related-hospital-statistics/drug-related-hospital-statistics-scotland-2021-to-2022/summary/>

Sexual Health

Data is limited on the of sexual health and wellbeing in children aged under 18 in Fife and across Scotland (see technical information below). This section will provide an overview of teenage pregnancy in under 18s and under 16s in Fife and a national overview of rates of sexually transmitted infections.

Teenage Pregnancies - Fife

In 2020 there were 95 teenage pregnancies in under 18s and 12 in under 16s in Fife. There has been a significant fall in the number of teenage pregnancies in both age groups in the last 10 years (Table 1).

Table 1: Teenage pregnancies by age group; Fife 2011 to 2020 (Source: PHS)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Under 16s	41	41	26	26	24	27	22	19	23	12
Under 18s	236	216	201	147	149	127	145	129	118	95

Teenage Pregnancies - Fife compared to Scotland and other Health Boards

Teenage pregnancy rates in both age groups in Fife and Scotland are currently at their lowest levels since reporting began in 1994. In the last 10 years rates in Fife have fallen by 55% in the under 18s and by 70% in under 16s. Reductions of 58% and 65% were seen nationally.

Among under 18s rates in Fife remain significantly higher than Scottish average, 16.6 per 1000 population compared to 12.8. Among under 16s rates in Fife were the same as those in Scotland in 2020 at 2 per 1000 population (Figure 1).

Figure 2 shows that in 2020 under 18 teenage pregnancy rates in Fife were the second highest of mainland health boards. Data is not available for all Health Boards for rates of pregnancy in the under 16s so figures are not presented.

Figure 1: Teenage pregnancy rates by age group; Fife and Scotland 2011-2020 (Source PHS)

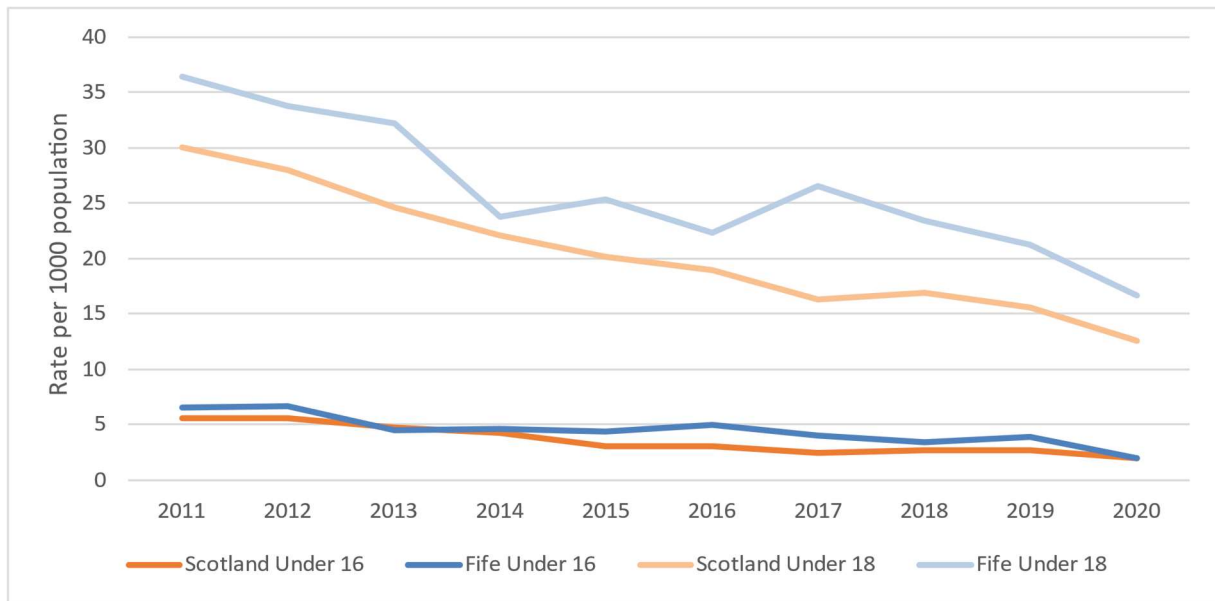
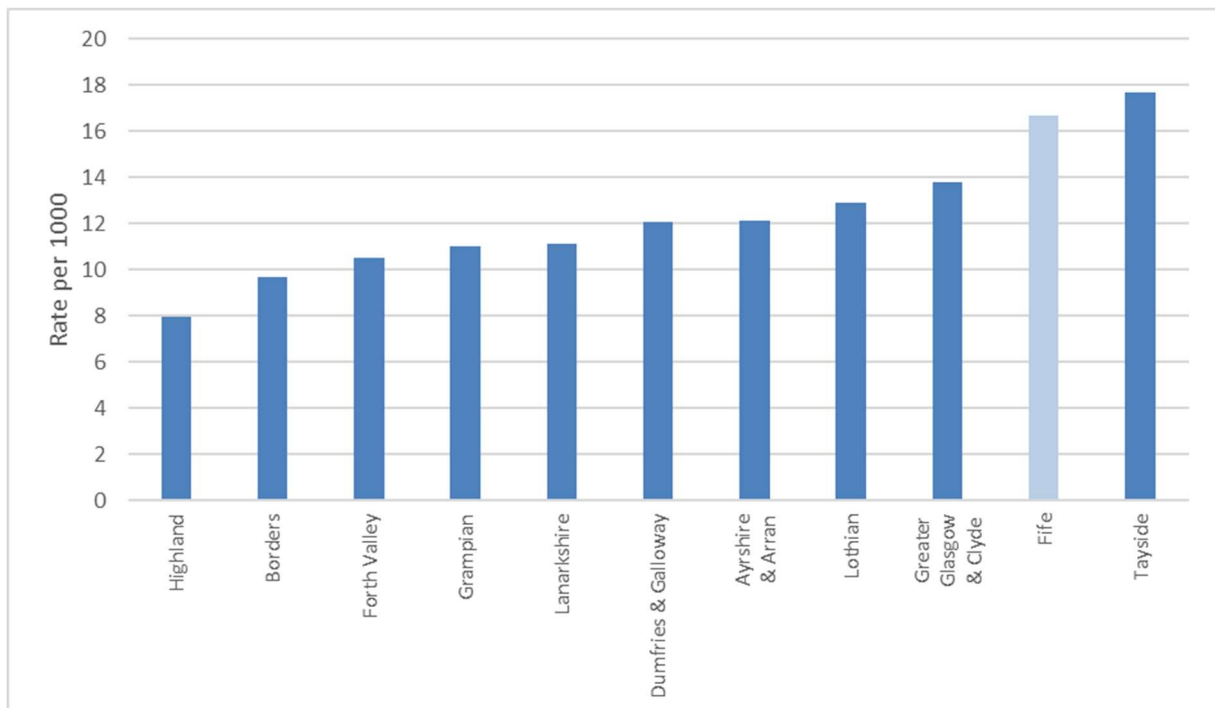


Figure 2: Teenage pregnancy rates in under 18s by Health Board (Source: PHS)

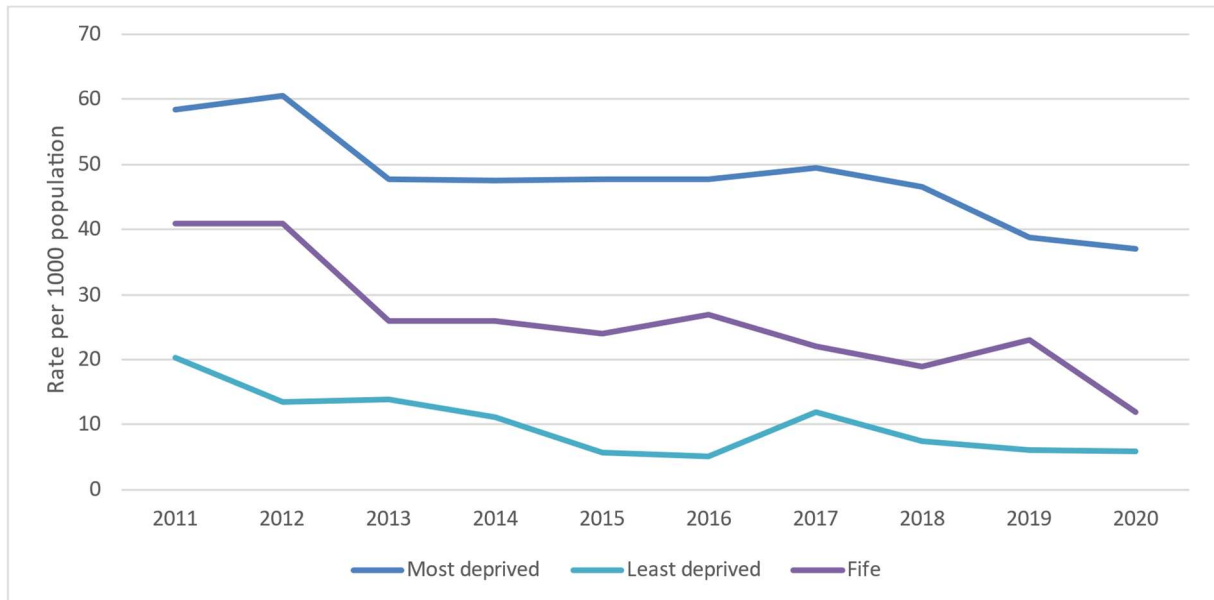


Teenage Pregnancies – Inequalities

Areas of highest deprivation (most deprived SIMD20 quintile) had under 18 pregnancy rates more than six times higher than those in the least deprived areas in 2020, 37 per 1000 population compared to 6 per 1000 (Figure 3). Across Scotland rates in the most deprived areas were five times greater than in the least deprived areas. Fife had higher rates than Scotland in both most and least deprived areas but the largest difference was in the most deprived areas 37 per 1000 population in Fife compared to 24 per 1000 population.

In Fife rates have reduced across all areas with differing levels of deprivation in the last 10 years (Figure 3). Rates have not reduced as much in the most deprived areas (-58%) compared to all other areas especially the least deprived areas where rates reduced by more than 200%. As such the gap between rates in the most and least deprived areas has widened (Figure 3).

Figure 3: Teenage pregnancy rates in under 18s by SIMD20 Quintiles; 2011 to 2020 (Source: PHS)



Sexually Transmitted Infections in Under 20s in Scotland

Data has recently been published on the number of laboratory confirmed diagnoses of gonorrhoea by age group and gender across Scotland and by Health Board for all ages. This data showed that there has been an annual increase in gonorrhoea diagnoses since 2013 (with exception of 2019 and 2020 where case detection fell due to COVID-19) with the numbers recorded in 2022 the highest ever recorded, 5,641 cases across Scotland and 334 cases in Fife³.

This increase has been observed across all age groups including among the under 20s (Table 2). In 2022, 37% and 12% of diagnoses in women and men in Scotland were in individuals aged less than 20 years respectively. Among women diagnosed with gonorrhoea since 2013, on average 72% of cases each year were in women aged less than 25 years. This is substantially higher than the annual average among men of 39%.

Table 2: Laboratory confirmed diagnoses of gonorrhoea in persons aged under 20: Scotland 2013-2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Men	141	134	174	163	190	279	264	166	112	468
Women	202	173	140	184	244	355	488	278	169	671

Technical Information

Public Health Scotland publish data annually on teenage pregnancies in the under 18s and under 16s and provide additional data tables which allow analysis of Health Board data by age and deprivation¹. Teenage pregnancy data counts the number of conceptions in individuals aged under 20 years of age and includes live births, still births and notifications legal abortions.¹

The new Health and Wellbeing Census Scotland collected information on sexual health perceptions and behaviours from pupils in S4 to S6 in 16 local authorities². Data on similar topics will be available from the Fife Children & Young People’s Health and Wellbeing Survey by late summer 2023. Data on selected sexually transmitted infections is published for the under 20s in Scotland and is not currently available for the under 18s³.

¹ <https://publichealthscotland.scot/publications/teenage-pregnancies/teenage-pregnancies-year-of-conception-ending-31-december-2020/>

² <https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/pages/relationships-and-sexual-health/>

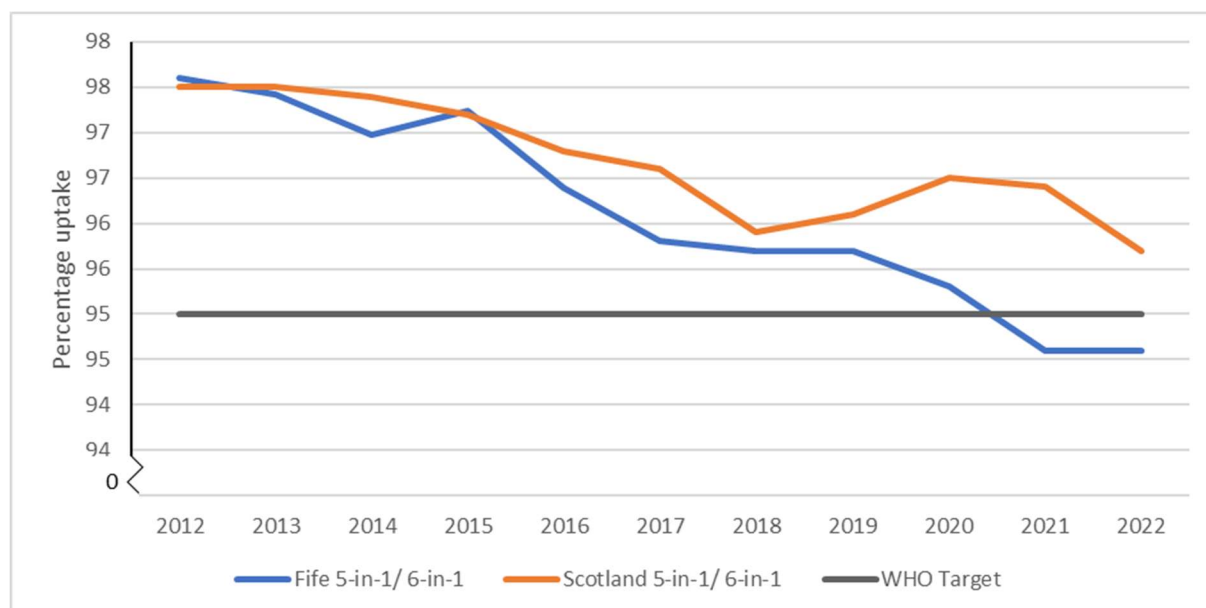
³ <https://publichealthscotland.scot/news/2023/march/gonorrhoea-infection-in-scotland-2013-2022-report/>

Immunisation

Childhood Immunisation

Uptake of the 5-in-1/6-in-1 (which protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b/hepatitis B) vaccine has been in decline and in 2022 was at the lowest uptake for 10 years at 94.2%. This is lower than the uptake seen across Scotland of 95.7%¹.

Figure 1: Uptake of the 5-in-1/6-in-1 vaccine at 12 months in Fife and Scotland (Source: PHS Childhood Immunisation Statistics Scotland)



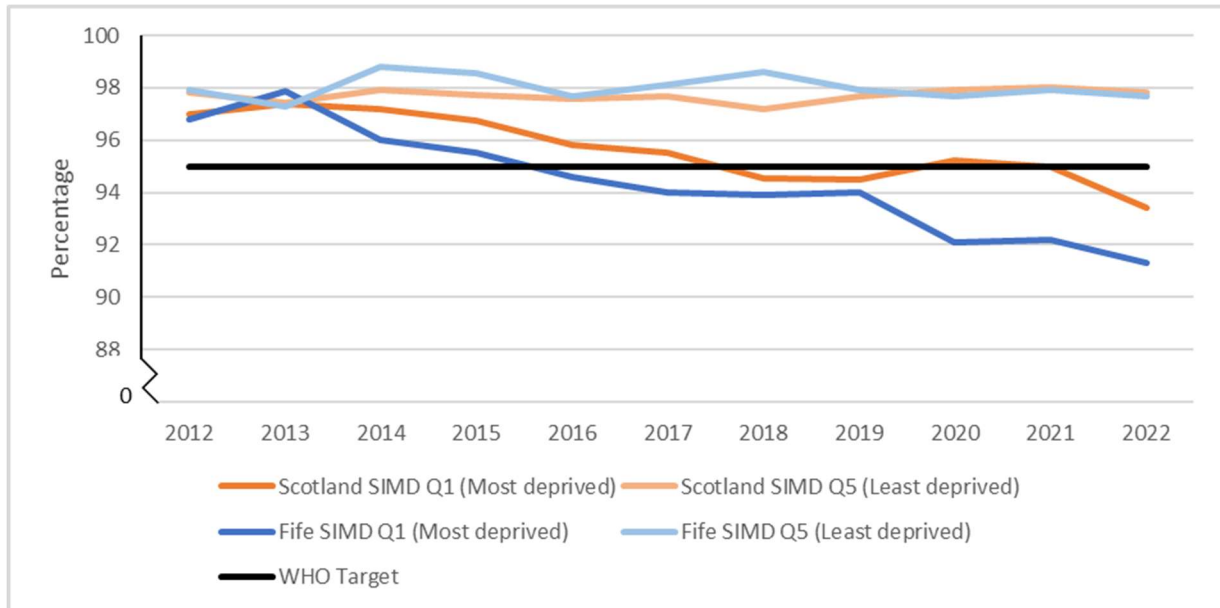
In 2022 uptake of both doses of MMR at 5 years old in Fife was 88%, this does not meet the 95% target and is lower than uptake for Scotland (90.5%). By 6 years old uptake of both doses is higher and is similar to uptake for Scotland (Table 1)¹.

Table 1: Summary of MMR uptake in Fife and Scotland 2022 (Source: PHS Childhood Immunisation Statistics Scotland)

Evaluation period 01/01/2022 – 31/12/2022	Fife	Scotland
Dose 1 MMR uptake at 24 months of age	92.9%	93.9%
Dose 1 MMR uptake at 5 years of age	95.4%	95.2%
Dose 1 MMR uptake at 6 years of age	95.6%	94.8%
Dose 2 MMR uptake at 5 years of age	88.0%	90.5%
Dose 2 MMR uptake at 6 years of age	91.3%	91.9%

Inequalities are evident in vaccine uptake at 12 months, with the lowest uptake in the most deprived population (SIMD quintile 1). In 2022 the WHO target was met for SIMD quintiles 3 to 5 but not quintile 1 or 2 for the 5-in-1/6-in-1 vaccine¹.

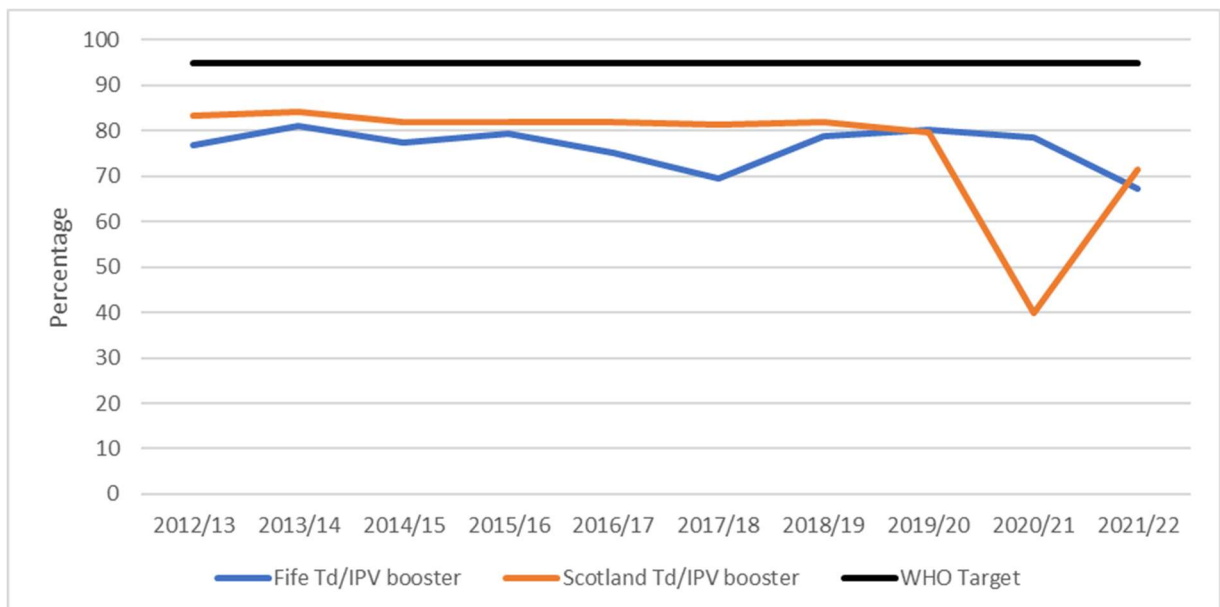
Figure 2: Percentage uptake of the 6-in-1 vaccine at 12 months by SIMD in Fife and Scotland (Source: PHS Childhood Immunisation Statistics Scotland)



Teenage Immunisations

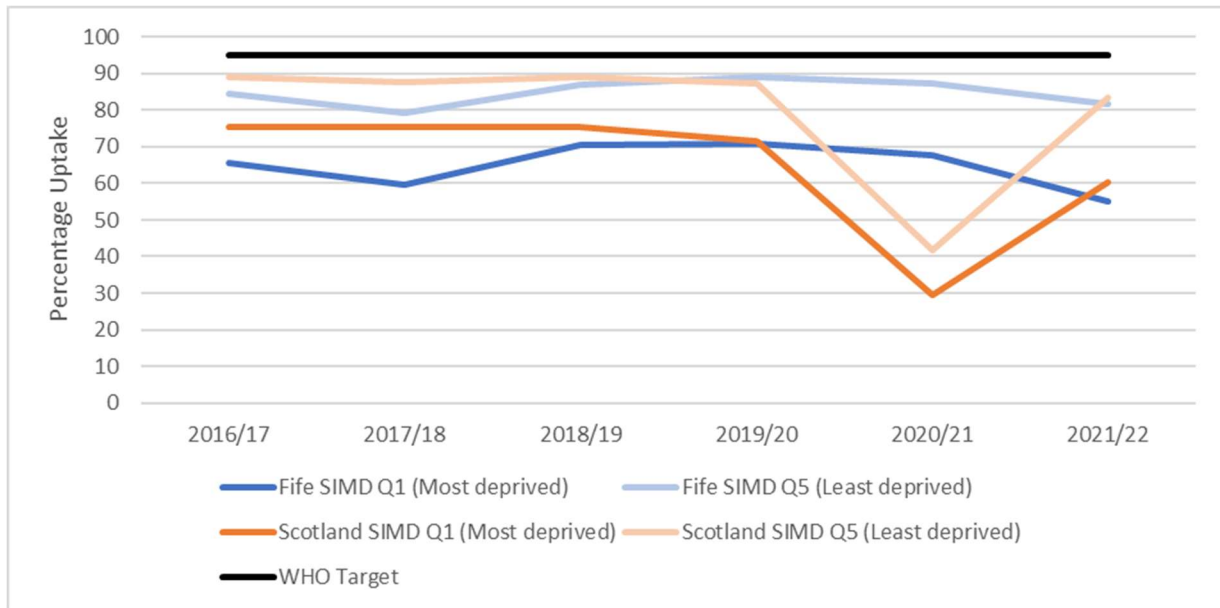
The Td/IPV (tetanus, diphtheria and polio) booster are first offered to all children in school at S3 (around 14 years old). Uptake in 2021/22 in Fife decreased to 67.3% from 78.6% in 2020/21 and was also lower than uptake for Scotland (71.6%)².

Figure 3: Percentage uptake of the Td/IPV booster at S3 in Fife and Scotland (Source: PHS Teenage booster immunisation statistics Scotland)



Lower uptake is seen in the most deprived populations with a 55.1% uptake in the most deprived populations (SIMD quintile 1) compared to 81.8% uptake in the least deprived (SIMD quintile 5) in 2021/22. This is a trend seen across Scotland.

Figure 4: Td/IPV percentage uptake by SIMD in Fife and Scotland (Source: PHS Teenage booster immunisation statistics Scotland)



Technical Information

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and Health Board are derived from the child's home postcode.

¹ [Childhood immunisation statistics - Public Health Scotland](#)

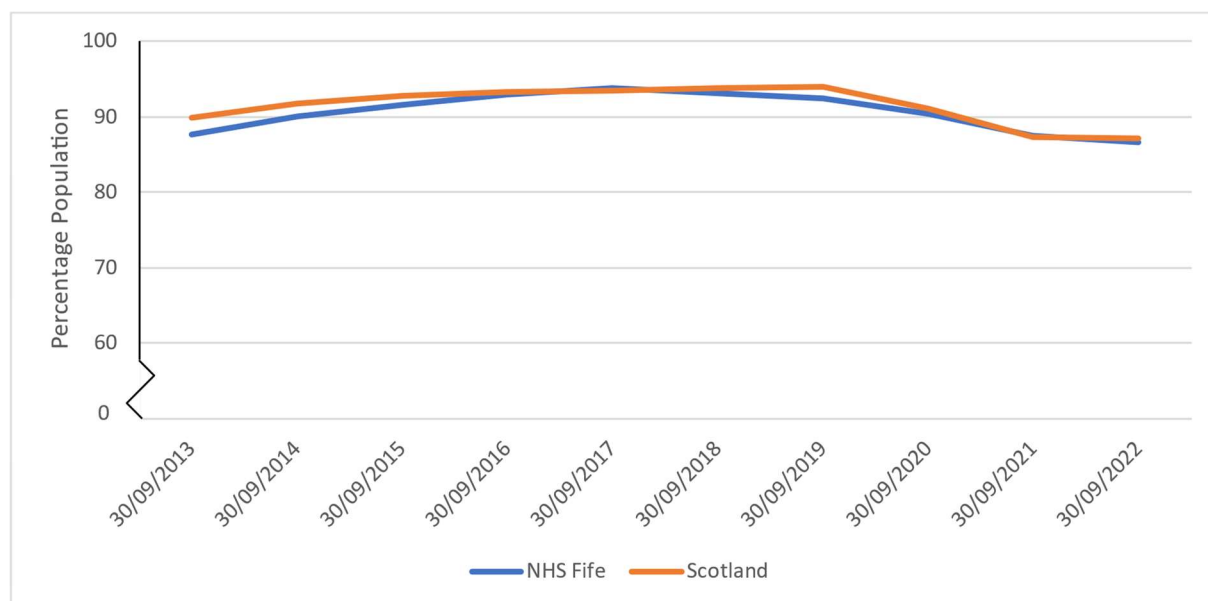
² [Teenage booster immunisation statistics - Public Health Scotland](#)

Dental

General Dental Services (GDS) registrations and participation

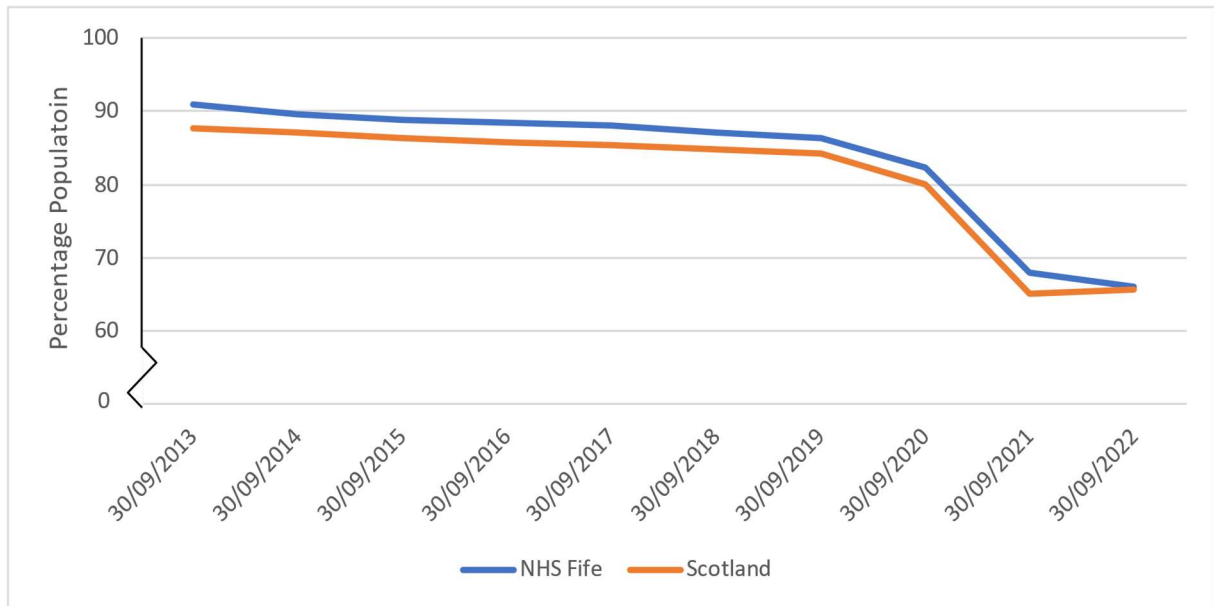
Registrations are the percentage of people registered with an NHS dentist at the date of snapshot. Participation is defined as contact with the General Dental Service (GDS) for examination or treatment in the previous two years. This is restricted to patients who are registered with an NHS dentist and therefore does not include patients who only attend for occasional or emergency treatment. NHS Fife tracks closely to Scotland in terms of registrations with both seeing a decrease over the last few years (Figure 1)¹.

Figure 1: GDS % Population Registrations Children NHS Fife vs Scotland Annual Snapshots



In terms of participation, NHS Fife has generally been slightly higher than Scotland but both have decreased since 2019 (Figure 2)².

Figure 2: GDS % Population Participation Children NHS Fife vs Scotland Annual Snapshots



Differences are seen within Fife with the most deprived areas (SIMD quintile 1) being lower for both registrations³ and participation⁴ over the past 10 years (Figures 3 and 4). The gap between most and least deprived has widened in both over the last few years.

Figure 3: GDS % Fife Population Registrations Children Annual Snapshots SIMD quintiles

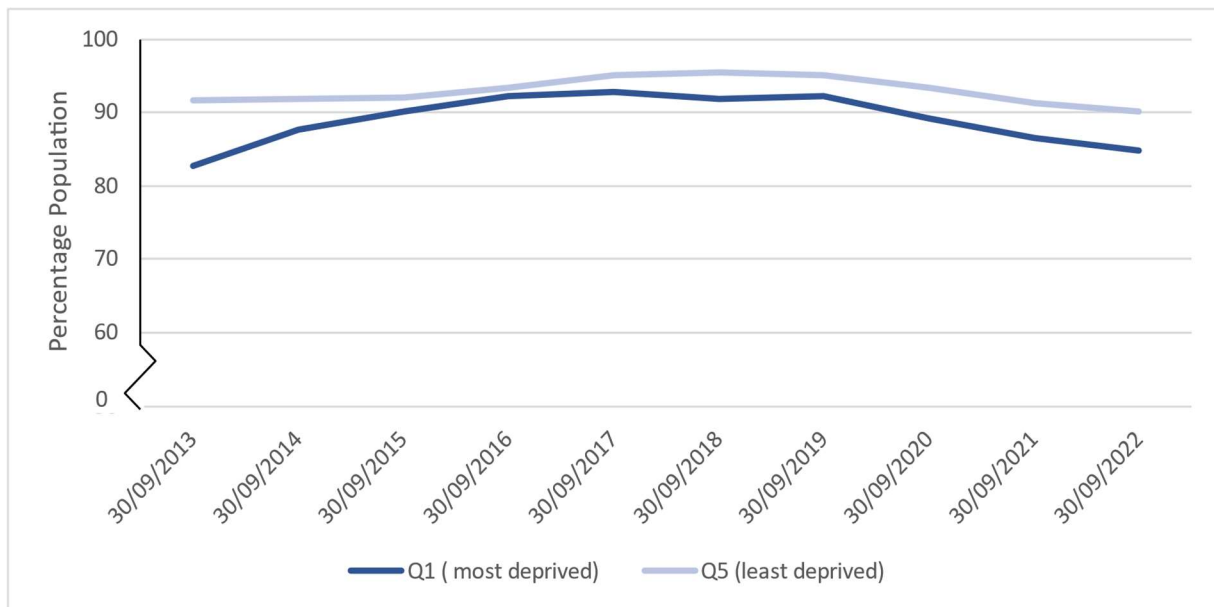
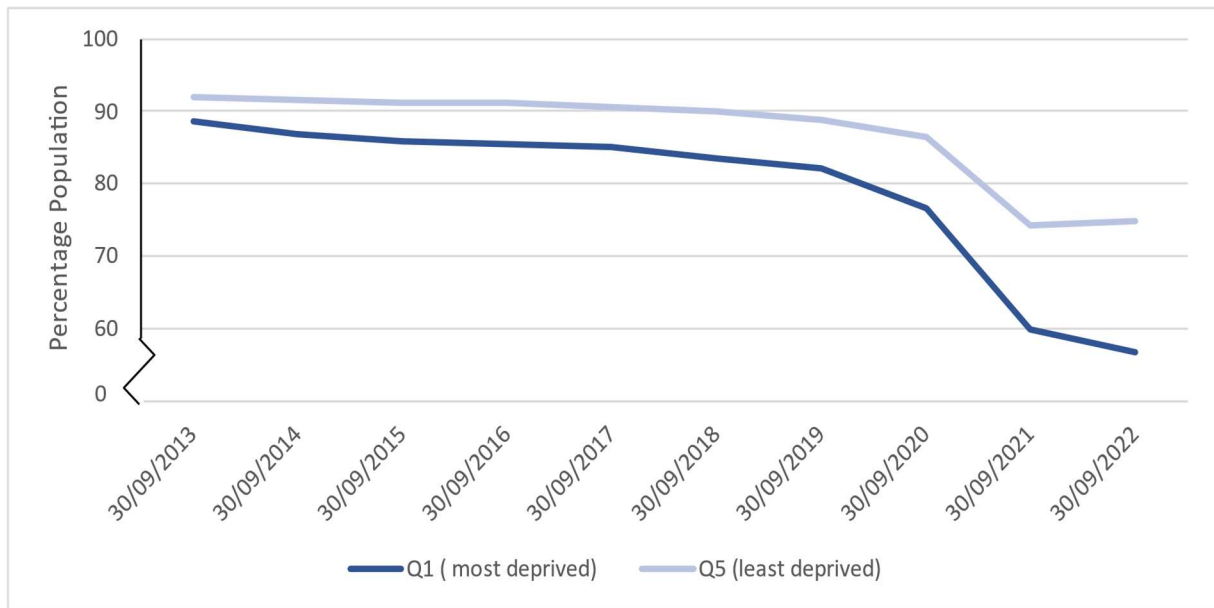


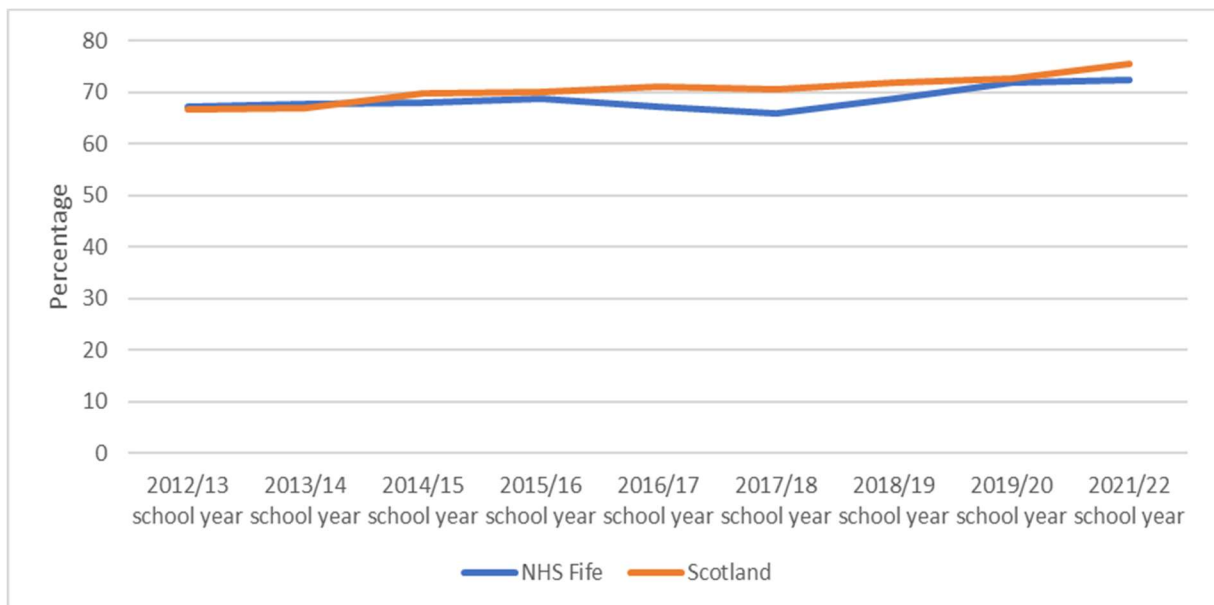
Figure 4: GDS % Fife Population Participation Children Annual Snapshots SIMD quintiles



National Dental Inspection Programme (NDIP⁵)

The percentage of P1 children with no obvious decay experience has increased over time (Figure 5) for both NHS Fife and Scotland ⁶. Note that there is a gap in the trend due to data collection of this indicator being affected by the COVID-19 pandemic.

Figure 5: Percentage of P1 children with no obvious decay experience at basic inspection (Source ScotPHO).



Technical Information

The data on registration and participation is extracted annually by PHS from the Management Information and Dental Accounting System (MIDAS) with two snapshots per year – end March and end September. This summary uses the annual snapshot from the end of September each year shown. Data for September 2022 is provisional. The number of people registered with an NHS dentist will change daily. SIMD quintiles used are Scotland-level population weighted quintiles. Children are defined as individuals aged <18 at the date of snapshot. Boards are defined by postcode. Population figures use the NRS estimated populations based on the 2011 census. See the Definitions tabs of tables 1-4 in the references for more details.

In April 2010, non-time-limited registration for patients was introduced. This “life-long” registration is designed to allow children and adults to stay registered with a dentist for life. The continuous, practitioner-patient relationship this change introduces is consistent with arrangements elsewhere in primary care, such as general medical services; it aims to promote a more stable relationship between dentist and patient to improve attendance and enable long-term monitoring and management of oral health.

Please note that registration itself does not tell the whole story; it is one of a number of markers that indicate accessibility of general dental services to the population. Participation, as used by the NHS Information Services Division, is a measure of patient attendance at an NHS general dental practice for registration or treatment or other form of contact within the last 2 years. Participation rates are a further indicator of the care that patients are accessing.

Children categorised as having on obvious dental decay are those children receiving a letter ‘C’ (no obvious decay experience) but should continue to see the family dentist on a regular basis following a basic inspection carried out as part of the National Dental Inspection Programme⁷.

¹ https://publichealthscotland.scot/media/11624/table_1_registrations_trend.xlsx

² https://publichealthscotland.scot/media/11625/table_2_simd_reg_trend.xlsx

³ https://publichealthscotland.scot/media/11273/table_3_part_trend.xlsx

⁴ https://publichealthscotland.scot/media/11626/table_4_simd_part_trend.xlsx

⁵ <https://www.publichealthscotland.scot/media/15799/ndip-2022-tables-and-charts.xlsx>

⁶ [ScotPHO profiles \(shinyapps.io\)](https://scotpho.profiles(shinyapps.io)) Indicator: child dental health in primary 1 (extracted 10/05/2023)

⁷ <https://ndip.scottishdental.org/>

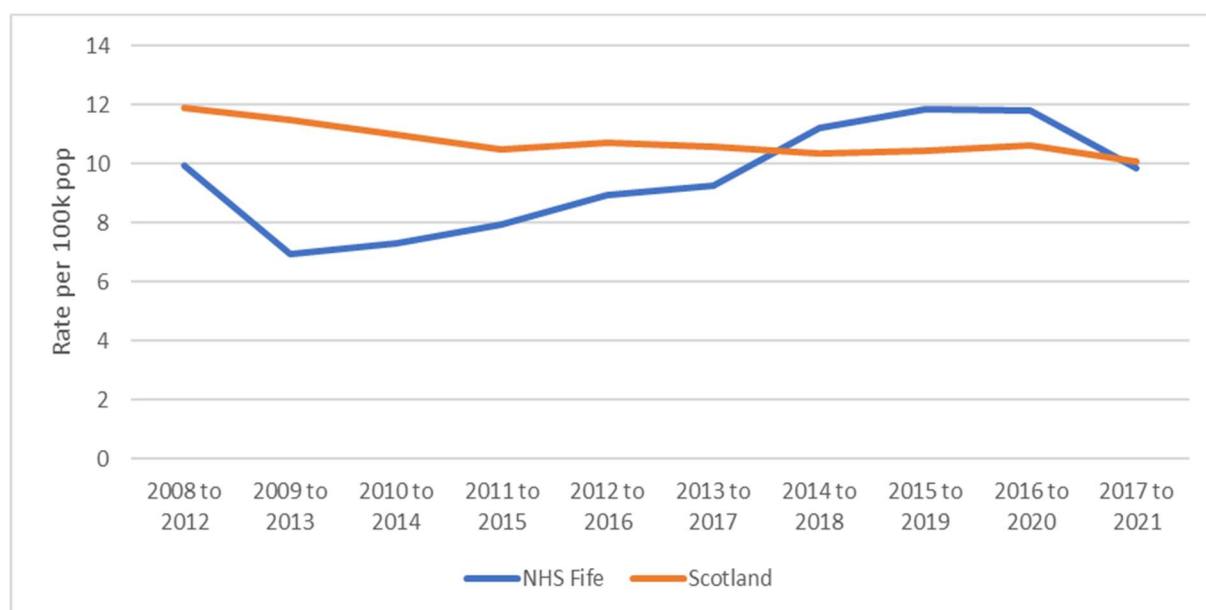
Child deaths reviews

At present data specifically on deaths of children aged 0-17 is not available at Fife or national level. National Records Scotland (NRS) deaths registration data indicates that between 2012 and 2021 an average of 29 persons aged 0-19 years died each year in Fife¹.

Deaths of children aged 1-15 years

Figure 1 shows the trend of deaths in children aged 1-15 years as rate per population with Fife compared to Scotland².

Figure 1: Deaths aged of children aged 1-15 years, crude rate per 100,000 population five year rolling average, NHS Fife and Scotland (Source; ScotPHO)



Leading causes of death in under 19s

National Records Scotland (NRS) publish leading causes of death in persons aged 0-4 years and 5-19 years for Scotland. Table 1 shows the top five of these for each age group in 2021³. NRS also publish information on how causes of death are coded on death certificates and the deaths data in general⁴.

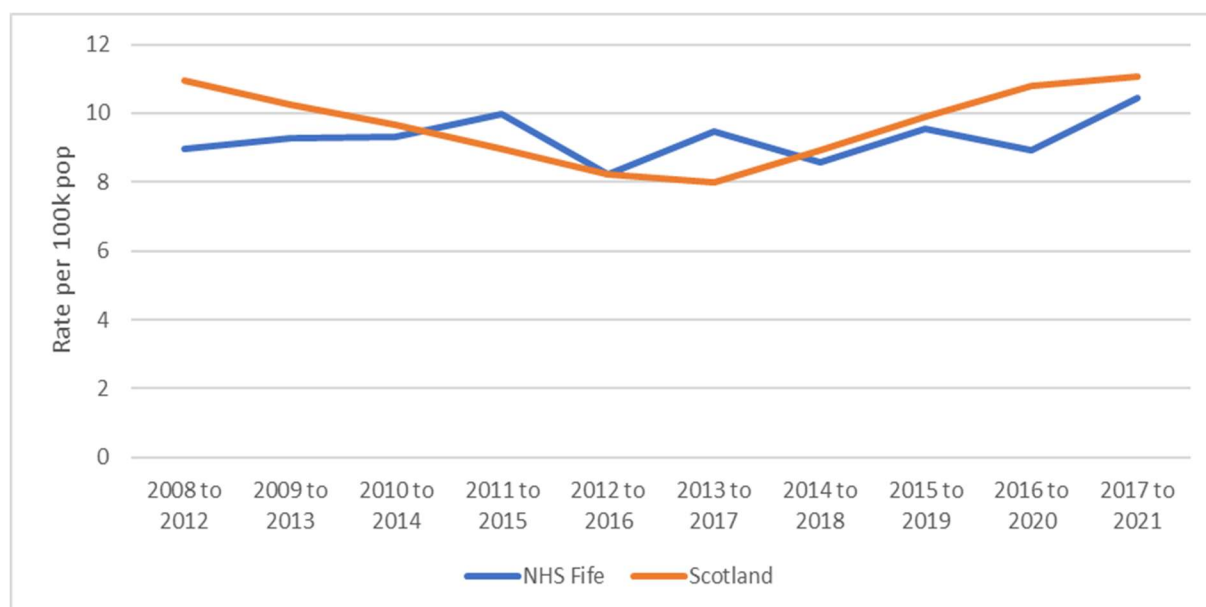
Table 1: Leading causes of death Scotland 2021 age groups 0-4 and 5-19 years

Age group	ICD-10 codes	Leading Causes	Percentage of deaths
0-4 years	P00-P96	Certain conditions originating in the perinatal period	53.7%
	Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	23.8%
	R00-R99	Symptoms, signs and ill-defined conditions	8.4%
	W75-W84	Accidental threats to breathing	2.3%
	A39, A87, G00-G03	Meningitis and meningococcal infection	1.4%
5-19 years	X60-X84, Y10-Y34	Suicide and injury/poisoning of undetermined intent	19.1%
	X40-X49	Accidental poisoning	11.0%
	V01-V89	Land transport accidents	9.6%
	W65-W74	Accidental drowning and submersion	5.9%
	C71	Malignant neoplasm of brain	5.1%

Deaths from suicide in young people, aged 11-25

Figure 2 shows the trend in deaths from suicide in people aged 11-25 with a slight increase seen in the most recent years for both Fife and Scotland⁵.

Figure 2: Deaths from suicide in young people, aged 11-25, crude rate per 100,000 population five-year rolling average, Fife and Scotland (Source: ScotPHO)



¹ <https://www.nrscotland.gov.uk/files//statistics/time-series/death-21/deaths-time-series-21-dt.8.xlsx> (Table - Fife)

² https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: deaths in children aged 1-15 years)

³ <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-6.xlsx> (Table 6.15)

⁴ [Vital Events - General Background Information | National Records of Scotland \(nrscotland.gov.uk\)](#)

⁵ https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: deaths from suicide in young people, aged 11-25 years)



Meeting Title:	Integration Joint Board
Meeting Date:	2 February 2024
Agenda Item No:	9.3
Report Title:	Fife Child Protection Committee Annual Report
Responsible Officer:	Christine Moir, Chief Social Work Officer
Report Author:	Dougie Dunlop, Independent Chair of Fife Child Protection Committee

1 Purpose

This Report is presented to the Board for:

- Assurance

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

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

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

- Local.
- Integration.
- Outcomes.

2 Route to the Meeting

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

- Approved by Fife Child Protection Committee on 15th November 2023
- Endorsed by Fife Chief Officer Public Safety Group on 7th December 2023
- Presented at Quality and Communities Committee on 17th January 2024

3 Report Summary

3.1 Situation

The purpose of this paper is to present the Fife Child Protection Committee (CPC) Annual Report to the IJB for their information and to provide assurance in relation to the Child Protection Committees' activity and partnership work. Members are asked to note the content of the Annual Report as presented.

3.2 Background

The guidance document 'Protecting children and young people: Child Protection Committee and Chief Officer responsibilities' published by the Scottish Government in 2019 is clear that CPCs must produce and publish an annual report, endorsed by the Chief Officers. The report should set out the work undertaken by the Committee, delivery against key performance measures in that year as well as identified priorities for the year ahead.

The guidance further states that the reporting period for the annual report should be aligned with the academic year. Before committee are reports for the period

- August 2021-2022
- August 2022-2023

3.3 Assessment

The Annual report provides a degree of statistical data in respect of;

- the characteristics of children and young people subject to Child Protection registration.
- a summary of local activity over both periods and how the functions of the Child Protection Committee were maintained during the Covid-19 pandemic and during the recovery period post pandemic.
- the challenges faced and the partnership response to these, along with some emerging priorities for the future.

Fife Child Protection Committee's key strategic aim is to lead partnership working to enable Fife's children achieve their full potential by providing them with a safe and supportive environment. In support of that aim our values are to

- Treat children as individuals considering any diversity
- Ensure we use the least intrusive intervention needed
- Hear children
- Maximise the strengths within families and communities.

The partnership has made significant strides in recovery from the impacts of COVID-19. The dedication and resilience of the staff involved, in collaboration with our partners and the wider community, have played a pivotal role in this success. The reports highlight the achievements of our staff and committee during this time frame and outlines our strategic plans and priorities for the forthcoming year.

The Child Protection Committee is a strategic forum meeting six times a year and its primary focus is on the continuous improvement, planning and partnership activity of all those involved in child protection work.

The Committee relies on its working groups to take forward more detailed pieces of work including in depth data analysis, self-evaluation and analysis of significant events. In turn these group report in detail to each full Committee meeting.

The statistics provided in the report are drawn from the Minimum Data Set for Child Protection, as revised by revised by CELSIS in June 2022, our national benchmarking and our local bespoke local indicators. These datasets serve as a crucial instrument for monitoring and evaluation and are an integral part of our performance metrics suite. They provide a robust multifaceted view of our activities and effectiveness in the realm of child protection. These metrics alongside our local indicators collectively enhance our understanding, governance, and overall strategy in ensuring the safety and well-being of children.

The number of children subject to registration has continued to decline over the reporting period. This pattern is consistent with the national pattern and has been subject to national 'deep dives' into the available data together with local analysis. It is difficult to draw any firm conclusions of the fluctuations in numbers and work continues both locally and nationally to consider this further.

Of particular importance to Fife is the continuing high numbers of children affected by neglect, with over 60% of children currently on the child protection register having this identified as a primary concern. This issue is of the exacerbated by concerns in relation to substance use, mental health and domestic violence. From benchmarking data Fife features these issues to a proportionally greater extent than the across Scotland.

The data in the reports also highlights the correlation between child protection concerns and poverty emphasising the need for these concerns to be seen as part of the wider anti-poverty strategy in Fife.

The report identifies emerging priorities for the coming period, and these are being developed in further detail within the latest iteration of the CPC Improvement Plan.

3.3.1 Quality / Customer Care

The report demonstrates the strategic commitment to service delivery and quality being maintained for the most vulnerable children during challenging times.

The report was presented to the Quality and Communities Committee on 17 January for noting and assurance. Members commended the progress detailed in these reports. Key areas explored by members were:-

- **Number of Cases** – Fife appears to be an outlier with higher levels of child poverty than the rest of Scotland, however it is not clear why this is the case. It may be due to data recording however, Fife also has a higher number of instances of substance misuse and alcohol problems.

3.3.2 Workforce

Agencies report 'by exception' to the Child Protection Committee any vacancies that are leading to vulnerabilities in service delivery.

A new chair of the Child Protection Committee was appointed in June 2023.

3.3.3 Financial

In response to increasing developmental demand the Child Protection Committee has increased staffing over the past two years.

In January 2021, a new Lead Officer was appointed following a period of vacancy. Funding for this role is provided by Fife Council.

In October 2021, the CPC further expanded its team with the appointment of a Learning and Development Officer. This role, while reporting to Fife Council, uniquely straddles responsibilities by undertaking some single agency tasks for Fife Council Social Work Service (social workers, foster carers and residential staff), as well as managing multi-agency training tasks for the CPC. Financial responsibility for this position is borne by Fife Council, with a contribution of £7500 from NHS Fife.

An additional temporary secondment at lead officer level from Police Scotland was made in June 2023 to support the work of the committee. This arrangement was implemented given the extensive developmental work currently underway within the committee. This is due to be reviewed in at the end of March 2024

3.3.4 Risk / Legal / Management

Fife Child Protection Committee has an established risk register which was used to highlight risks and mitigations. This is regularly reviewed.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

- Approved by Fife Child Protection Committee on 9th June 2023.
- Endorsed by Fife Chief Officer Public Safety Group on 21st June 2023
- Agreed by Quality and Communities Committee 17th January 2024

4 Recommendation

- **Assurance** – assure members of the past work of the Committee and future direction.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 - Fife Child Protection Committee Annual Report 2021 -2022

Appendix 2 - Fife Child Protection Committee Annual Report 2022 -2023

6 Implications for Fife Council

Child Protection activity is a core priority for the work of Fife Council

7 Implications for NHS Fife

Child Protection activity is a core priority for the work of NHS Fife

8 Implications for Third Sector

Third sector organisations play an important role in responding to families in need and are represented on the Child Protection Committee in Fife

9 Implications for Independent Sector

Agencies involved in the child protection committee work closely with partners in the independent sector.

10 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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Author Job Title: Independent Chair of Fife Child Protection Committee

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Fife Child Protection Committee

Annual Report 2021-2022

CPC Independent Chair



Preface from Chief Officers

Welcome to the Fife Child Protection Committee Annual Report for 2021-2022.

The Child Protection Committee works locally, regionally, and nationally across all services to support the multi-agency workforce and community. This ensures that Fife is the best place in Scotland to grow up, promote our children's care and welfare, and protect children from abuse and harm when needed.

The COVID-19 pandemic began in early 2020 and has had far-reaching consequences for every aspect of our lives, including delivering child protection services. As we navigated the uncharted waters of the pandemic, our primary focus was ensuring the safety and well-being of our most vulnerable children. Our staff worked tirelessly to deliver uninterrupted service and maintain robust partnerships with agencies and professionals involved in child protection. Children at risk of harm or abuse continued to receive support and assessment, often in innovative ways that prioritised their safety.

During this extraordinary period, we recognised the importance of addressing the immediate needs of our community while maintaining the integrity of our reporting process. Consequently, the annual report for 2021-2022 was delayed, allowing us to focus our resources on safeguarding children and families.

We appreciate the understanding and support of Fife's agencies, partners, and the community for their ongoing efforts to protect children and young people. Together, we will continue working to ensure that Fife remains a safe and nurturing environment for all children to grow up in. This report captures not only the achievements of our staff and Committee during this extended timeframe but also outlines our plans for the forthcoming year.

We are delighted to approve this report and look forward to the year ahead.



Steve Grimmond
Chief Executive
Fife Council



Derek McEwan
Divisional Commander
'P' Division Police Scotland



Carol Potter
Chief Executive
NHS Fife



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Aim, Values, Priorities, Role and Membership

Fife Child Protection Committee (CPC) has a clear vision for all children in Fife to be safe and protected from harm. As a partnership, Fife's Child Protection Committee exists to develop, implement, and improve child protection strategy and thread child protection work through a wide range of local agencies and across the community. The CPC embodies the ethos that "It's everyone's job to make sure I'm all right."



WE AIM to see Fife's children achieve their full potential by providing a safe and supportive environment.

OUR VALUES

We will:

- Treat children as individuals, considering any diversity.
- Ensure we use the least intrusive intervention needed.
- Hear children.
- Maximise the strengths within families and communities.



OUR PRIORITIES We will always consider the steps outlined in the 'Six for Safety' in all of our practice.

The needs of children are at the centre of all practice.



'Six for Safety' promotes best practice when working with children and families. Developed from analysis and learning from Learning Reviews, these are day-to-day best practice principles of working to support and protect children and young people and support improved decision-making.



Ensuring that all relationships with children, parents/carers are effective, constructive and are central to improving wellbeing and minimise risk of harm.



All assessments and plans are effective in achieving outcomes in meeting needs and minimising risk of harm. All available resources, techniques and tools are used to best effect.



Relevant information is shared appropriately, clear lines of responsibility for action are understood across partners and communication is effective in minimising potential risks.



Early and effective intervention is achieved where possible, minimising the risk of harm to children and young people.

A culture of effective management support and/or supervision is embedded which embodies the values and principles of Fife Child Protection Committee.



Context

On 30 June 2020, the population of Fife was 373,550, making it the third-largest local authority in Scotland. It is located between the River Tay to the north and the River Forth to the south and has a mixture of urban and rural settlements. Two-thirds of people live in an urban setting, mainly in or near one of its three large towns: Dunfermline, Kirkcaldy and Glenrothes.



Between 2000 and 2020, the population of Fife increased by 7.4%. The 0-15 population was 63,680 in 2021, accounting for 17% of the population. The 0-16 age population is projected to decrease by 6.0% by 2028, which contrasts with the national picture, with a projected increase of 1.8%.

In 2020, 50,014 children and young people were registered in Fife Council Primary or Secondary school provision.

A significant segment of the population experiences challenging financial and material circumstances.

The Fife Child Poverty Action Reports (2020 – 21) highlight:

- Almost 21% of children in Fife experience relative poverty, and 19% of children in Fife are in absolute poverty
- 21.8% of P4-7 and 17.9% of secondary pupils are registered for Free School Meals
- 14.1% of workers earn below the Living Wage

Within Fife, child poverty remains highest in the Glenrothes, Kirkcaldy, and Cowdenbeath areas, with some regions recording relative child poverty rates as high as 34%. In comparison, others are as low as 11%. While absolute poverty has seen little change since 2014/15, relative poverty has increased from 16% to 21% between 2014/15 and 2019/20.

Our Work

Fife's Child Protection Committee is a locally based, inter-agency strategic partnership which leads the development of local inter-agency Child Protection Policy and Practice. The Committee also works with the Scottish Government and other partners to implement Policy and Practice Developments.

The CPC ensures there is full consideration of key related areas of work for example a connect with Fife Violence Against Women Partnership and Alcohol and Drugs Partnership.

The Committee is committed to promoting individual and collective leadership, recognising cross-cutting themes and the complexity of child protection working.

Improvements are driven through the Child Protection Improvement Plan and are monitored by the Committee. Our Annual Report is made widely available.

Structure, Function and Overview



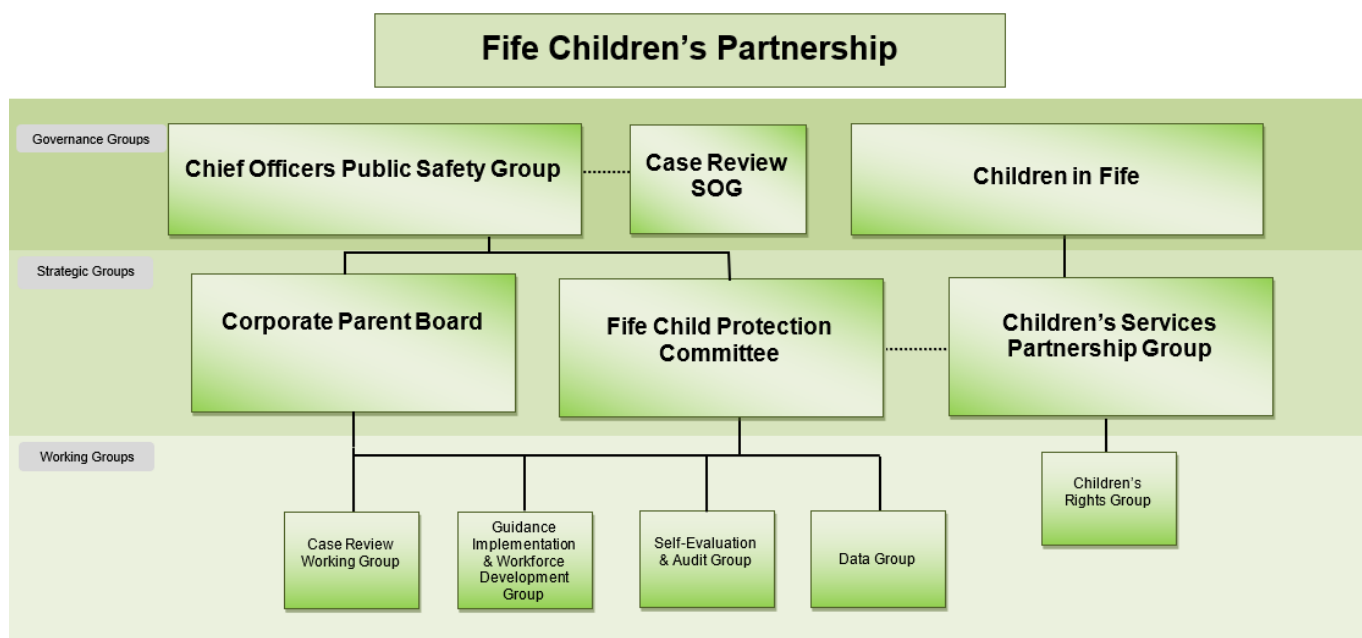
The Committee retains a strategic overview of child protection policies and procedures, reporting every quarter to the Chief Officers of the Public Safety Group. In 2019, the Scottish Government published refreshed guidance outlining the Child Protection Committee and Chief Officer responsibilities in "Protecting Children and Young People".

Fife CPC functions were already well established and are aligned to the functions the guidance supports in respect of:

- Continuous improvement, developing policies, procedures, and guidance
- Public information, engagement and participation
- Data on Child Protection Services and Performance
- Quality Assurance and Self Evaluation
- Forging strong links to strategic plans locally, regionally and nationally
- Strategic planning and connections
- Annual reporting on the work of the CPC

The CPC met five times in the reporting period. Four permanent subgroups are tasked with delivering an appropriate work plan and report directly to the CPC.

The diagram in Appendix 2 shows the subgroup structure and more comprehensive governance structure in which the CPC currently operates.



Strong links exist between the Committee and the Fife Children's Services Partnership through the Fife Children's Services Plan (2020 - 23). The vision for the Committee and the Partnership is to achieve our vision of 'Making Fife a place where every child and young person matters.'

The Children's Services Plan was developed following consultation with children, young people, parents, carers and staff, whose collective feedback assisted in the formation of the Plan's four main priorities;

- Delivering the Promise,
- Supporting well-being,
- Closing the Equity Gap,
- Promoting Children's Rights.

In line with the GIRFEC well-being indicators, we aim to ensure children and young people are safe, healthy, active, nurtured, achieving, responsible, respected, and included.

The Committee has a crucial role in achieving these aims along with the Children's Services Partnership, Chief Officers Group - Public Protection, Fife Child Protection Committee Quality Assurance and Audit Group, The Guidance Implementation and Workforce Development Group and the Case Review Working Group.

Working Group Activity

Working group meetings have continued to meet throughout the pandemic, although remotely. As the lockdown eased, most groups moved to a hybrid forum, allowing for flexibility in attendance. A brief synopsis of the group's contribution within the reporting period follows.

CASE REVIEW WORKING GROUP

Child Protection Committees, on behalf of the Chief Officers, are responsible for undertaking Learning Reviews and reporting / recommending total Learning Reviews when the agreed criteria are met. The Committee uses the learning from Learning Reviews to promote good practice, improve practice, and improve outcomes for children and young people.

The Group:

- Considers the findings and lessons from the inspection nationally about practice in Fife and from Learning Reviews
- Co-ordinates Learning Reviews as necessary
- Continues to work on any externally commissioned Learning Reviews
- Monitors the progress of actions resulting from case reviews.

What we have done:

- We have maintained a combined, streamlined process for tracking and reporting Learning Review action plans.
- We have taken forward learning from Initial Learning Reviews completed throughout the year.
- We have considered learning from Significant Case Reviews carried out elsewhere in the country and considered the Fife context within this.
- We have continued to liaise with and consider feedback from the Care Inspectorate in their role as the central repository for Learning Review reports.
- We have contributed to the National Community of Practice for Learning Reviews.
- We have finalised a new Learning Review protocol to align our local processes with the recently published National Guidance for Child Protection Committees Undertaking Learning Reviews (2021).

What we will do next:

- Undertake work to review our more comprehensive policies and procedures across the partnership to incorporate learning from national reviews.
- Consider the interface of the Child Death Hub and ensure that our policies and procedures interface seamlessly with this group.

SELF-EVALUATION AND AUDIT WORKING GROUP

The Self-evaluation and audit working group audits and evaluates multi-agency child protection work, including work around the Minimum Data Sets for Child Protection.

The Group:

- Report quarterly to the CPC.
- Agrees, implements, and reviews multi-agency quality assurance mechanisms for inter-agency work (Self -Evaluation Calendar aligned to CPC Improvement Plan) .
- Ensures that the quality assurance mechanisms contribute directly to improving services to protect children and young people.
- Considers the findings and lessons from the inspection nationally and from initial and significant case reviews.
- Reports on the outcome of the quality assurance processes and makes recommendations to the Committee.

What we have done:

- The National Minimum Dataset (NMD) for Child Protection Committees is a 'package' of resources supporting Scotland's 30 Child Protection Committees to collate, analyse and report on an agreed set of indicators consistently and meaningfully. The first report of the Minimum Data Sets was presented to the Committee in February 2021 and for Q1, August to October 2020. Since then, quarterly reports have been given to the CPC, and we have worked to embed our use of the Minimum Data Set for Child Protection.
- We have undertaken an audit of all children subject to a reregistration on the Child Protection Register within 12 months.

What we will do next:

- Review the scope and structure of the Self -Evaluation Framework to ensure alignment on areas identified as priorities by the Committee and within the parameters set down by the Care Inspectorate.
- Continue to embed the Minimum Data Sets, ensuring analysis of data informs improvement activity as well as consider what additional indicators may support increased granularity.

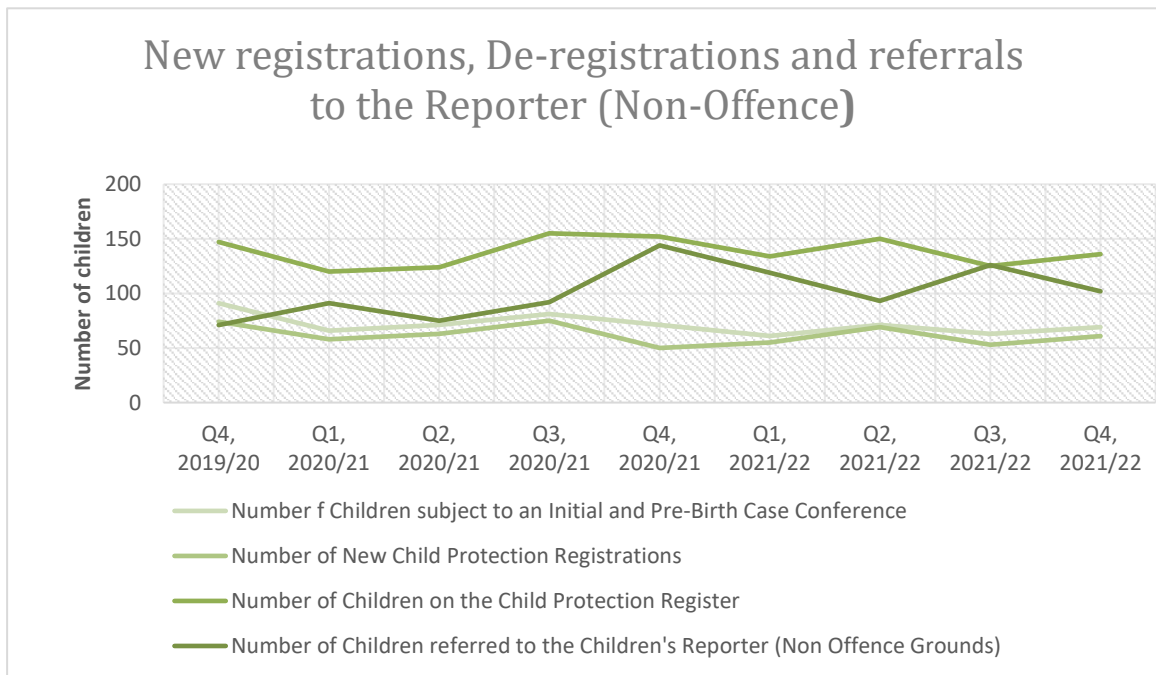
GUIDANCE IMPLEMENTATION AND WORKFORCE DEVELOPMENT GROUP

The new National Guidance for Child Protection in Scotland 2021 was enacted on 6 September 2021, with a 24-month implementation period. The CPC agreed that changes would be proposed and implemented in phases. A detailed self-evaluation of the implications of the new guidance on local processes and practice was undertaken, and a significant number of changes were identified in the new guidance, which supersedes the 2014 version of the guidance. The self-evaluation activity identified some of the changes already embedded across the partnership. Actions to implement the remaining changes were scheduled, and work is underway to deliver on these needed developments. The CPC continues to monitor the implementation of the guidance and evaluate the impact of performance and how changes to strategy and practice improve outcomes for children and young people.

Key Statistics

The indicators below provide an overview of activity levels and trends. The chart shows the number of children who come to an Initial or Pre-Birth Case Conference, the number of new child protection registrations, the total number of children on the Child Protection Register and the number of children referred to the Reporter.

By considering these statistics in trend, we can see where there are changes, seek explanations for those changes, adjust resources and practice accordingly to meet any change.



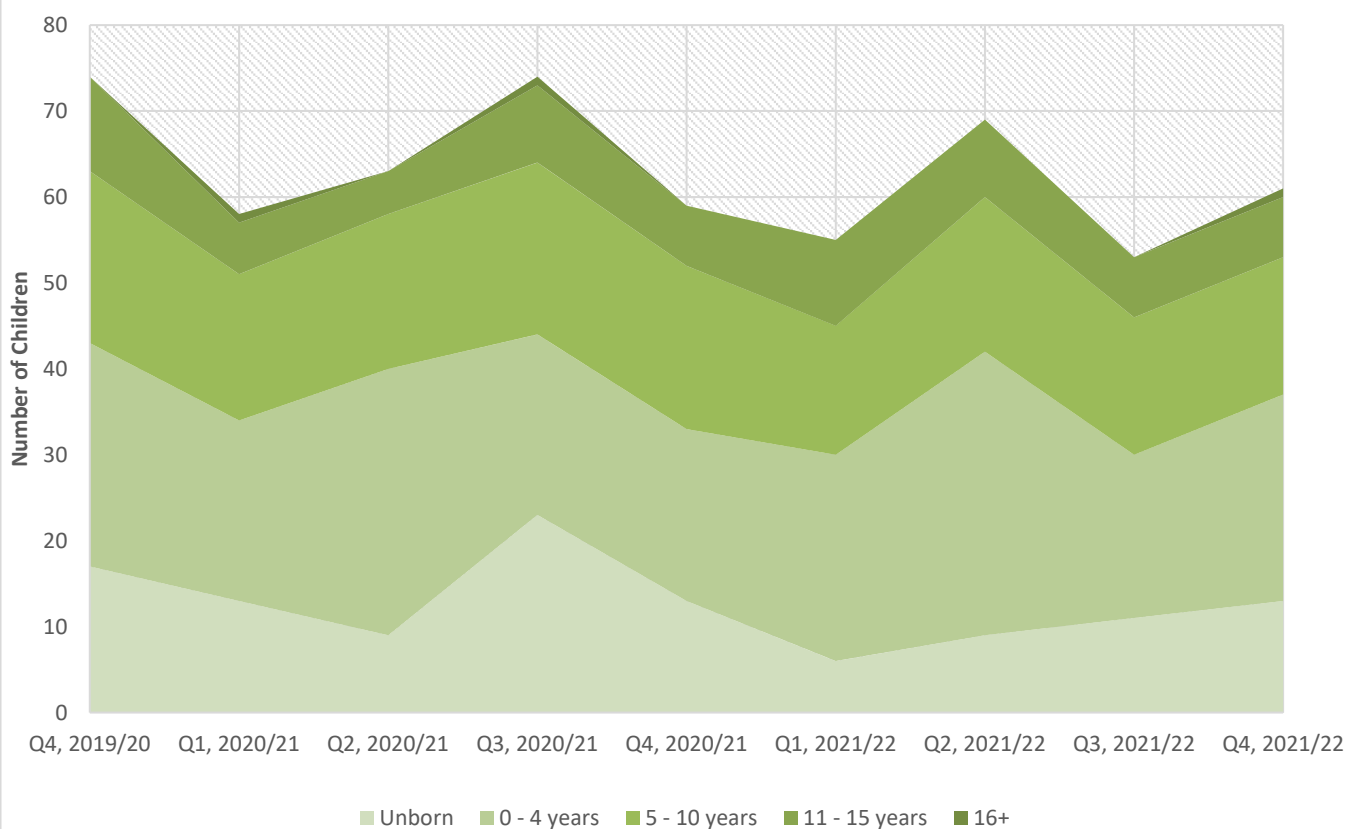
Key Messages

- There has been a steady decline in children on the Child Protection Register over the preceding 24 months. This is consistent with the national trend.
- There has been an increase in the number of children referred to the Children’s Reporter on Non-Offence Grounds.

Concerns recorded at Child Protection Case Conferences

In the last 12 months, a range of concerns have been recorded as the impact or likely impact on a child, with risk factors of parental mental health problems and parental substance misuse and neglect most frequently recorded as the issues most often raising concern.

Characteristics Of Our Vulnerable Children and Young People



Key Messages

- Unborn babies and children under 4 constitute approximately 60% of children on the Child Protection Register.
- Analysis of the data in real time has enabled the partnership to consider both single and multi-agency themes which require more scrutiny. An example of this has been work undertaken by the Children & Families Reviewing Service which has a key function in child protection planning across the partnership. Work has involved considering parental participation at Child Protection Conferences, as well as multi-agency representation.

Priority Areas for Development

The Committee, through self-evaluation and learning, has identified several priority areas for development in the next year. These will form part of the refreshed improvement plan.

- Implementation of the National Guidance for Child Protection 2021.
- Implementation of the National Guidance for Learning Reviews 2021.
- Increased capacity around multi-agency child protection training.
- Implementation of the new national Child Joint Investigative Interview model.
- A focus on neglect.

Enquiries

Please get in touch with the Lead Officer: Child Protection Committee for further information or enquiries regarding this report.

Fife Child Protection Committee

Email: CPC@fife.gov.uk



Fife Child Protection Committee

Annual Report 2022-2023

CPC Independent Chair



Preface from Chief Officers

Welcome to the Fife Child Protection Committee Annual Report for 2022-2023.

Building on the solid foundation laid in the previous year, we are pleased to present this report, highlighting our continued commitment to ensuring the safety, well-being, and protection of children in Fife.

We are delighted to introduce the new Child Protection Committee leadership team Chair, Dougie Dunlop. His background and experience in safeguarding children are assets that will undoubtedly guide us as we continue our vital work. We warmly welcome him and look forward to the fresh perspectives he will bring to our mission.

We are pleased to report that the partnership has made significant strides in recovery from the impacts of COVID-19. The dedication and resilience of our team, in collaboration with our partners and the wider community, have played a pivotal role in this success. As we look back on the challenges faced during the pandemic, we also celebrate the triumphs in protecting the well-being of our children, laying the groundwork for a brighter future.

This report highlights the achievements of our staff and Committee during this timeframe and outlines our strategic plans and priorities for the forthcoming year. With the recent appointment of a new chair and other senior leadership changes, we are poised to further enhance our efforts in child protection.

We are happy to present this report and look forward to the opportunities and challenges that the year ahead will bring. Together, we will continue to make Fife the best place in Scotland for children to thrive and flourish.



Ken Gourlay
Chief Executive
Fife Council



Derek McEwan
Divisional Commander
'P' Division Police Scotland



Carol Potter
Chief Executive
NHS Fife



Foreword from the Independent Chair

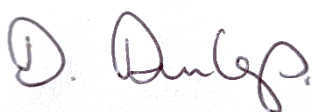
I am pleased to take up my position as the new independent Chair for Fife's Child Protection Committee as from June 2023. I would like to begin my comments by acknowledging the significant work of my predecessor who steered the committee over a significant number of years.

This report summarises the key activities of the Committee for 2022/23, a period when partner agencies took the opportunity to take stock of the key development challenges facing Child Protection Committees across Scotland. This has resulted in a number of changes to how the work of CPC in Fife is shaped as it puts itself in the best position to meet these challenges. As part of this reshaping two new subgroups of the CPC were formed towards the end of the reporting period with the merging of the Data and Self Evaluation groups to become the Quality Assurance Group. A refocused Training subgroup was also established helping us respond to the development needs of staff right across the Partnership.

A significant area of activity in 22/23 has also been our work to implement the new national child protection guidance that was introduced in 2021 and was further updated this year. The committee has had the benefit of a subgroup dedicated to this area of activity. Through the work of this group, we have begun to develop guidance for staff in key practice areas and this will be subject to further important rollout in the coming period.

The adoption of the Scottish Child Interview Model has been a further significant development, and the report highlights some of the key positives that have come from this including extremely valuable and comprehensive feedback from the children and families who have been involved. Along with the work of the Case Review Working Group and our audit activity we have an increasingly strong understanding of the quality of our services and where we will target improvement activity in the future.

I hope this report is helpful in outlining the work of the committee over the last year and how this is feeding into our emerging priorities for the coming year.



Independent Chair
Fife Child Protection Committee

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Vision, Values, Priorities, Role and Membership

Fife Child Protection Committee (CPC) has a clear vision for all children in Fife to be safe and protected from harm. As a partnership, Fife's Child Protection Committee exists to develop, implement, and improve child protection strategy and thread child protection work through a wide range of local agencies and across the community. At the heart of this work is our vision, *"It's everyone's job to make sure I'm all right."*



WE AIM to see Fife's children achieve their full potential by providing a safe and supportive environment.

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We will:

- Treat children as individuals, considering any diversity.
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OUR PRIORITIES We will always consider the steps outlined in the 'Six for Safety' in all of our practice.

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The needs of children are at the centre of all practice.



Ensuring that all relationships with children, parents/carers are effective, constructive and are central to improving wellbeing and minimise risk of harm.



All assessments and plans are effective in achieving outcomes in meeting needs and minimising risk of harm. All available resources, techniques and tools are used to best effect.



Relevant information is shared appropriately, clear lines of responsibility for action are understood across partners and communication is effective in minimising potential risks.



Early and effective intervention is achieved where possible, minimising the risk of harm to children and young people.



A culture of effective management support and/or supervision is embedded which embodies the values and principles of Fife Child Protection Committee.



Context

On 30 June 2022, the population of Fife was 370,400¹, making it the third-largest local authority in Scotland. It is located between the River Tay to the north and the River Forth to the south and has a mixture of urban and rural settlements. Two-thirds of people live in an urban setting, mainly in or near one of its three large towns: Dunfermline, Kirkcaldy and Glenrothes.



Fife's population has increased by around 1% since 2011, and its actual population has been overestimated by approximately 4,300 people, making the new population figure. 370,400. Fife's Structure continues to change, with fewer children and working-aged people than in 2011 and a significant increase in its older population. In 2011, Fife had 60,100 children aged between 0 and 14 - 16.5% of the population. By 2022, this figure had reduced by 2,500 children to 57,600, 15.6% of the population.

In 2022-23, 49,621 children and young people were registered in Fife Council Primary or Secondary school provision.

A significant segment of the population experiences challenging financial and material circumstances. As a committee we recognise the indirect relationship between the impact of poverty and child abuse and Neglect.²

The Fife Child Poverty Action Reports (2020 – 21) highlight:

- 14,800³ or 23.2% of Fife's children experience relative poverty. (Scottish average 20.8%)
- 19% of children in Fife are in absolute poverty. (Scottish average 16.5%)
- 12.3%⁴ of workers earn below the Living Wage

Within Fife, child poverty remains highest in the Levenmouth, Glenrothes, Kirkcaldy, and Cowdenbeath areas, with some areas recording relative child poverty rates as high as 33.4%.

¹ Source [Fife-Census-2022-Infographic.pdf](#)

² Bywater et al 2022, [RelationshipBetweenPovertyChildAbuseandNeglect_Report.pdf](#) (hud.ac.uk)

³ ([Fife-Findings-Children-in-low-income-families-2022.pdf](#))

⁴ ([Fifes-Economic-Strategy-2023-30-Evidence-Paper.pdf](#) (investfife.co.uk))

Our Work

The Fife Child Protection Committee is a locally-based, inter-agency strategic partnership that spearheads the development of local inter-agency Child Protection Policy and Practice. The Committee collaborates with the Scottish Government and other partners nationally to implement Policy and Practice Developments.

The Committee is committed to promoting individual and collective leadership, recognising cross-cutting themes, and acknowledging the complexity of child protection work.

Improvements are driven through the Child Protection Improvement Plan and are monitored by the Committee. Our Annual Report is made widely available.

Structure, Function and Overview



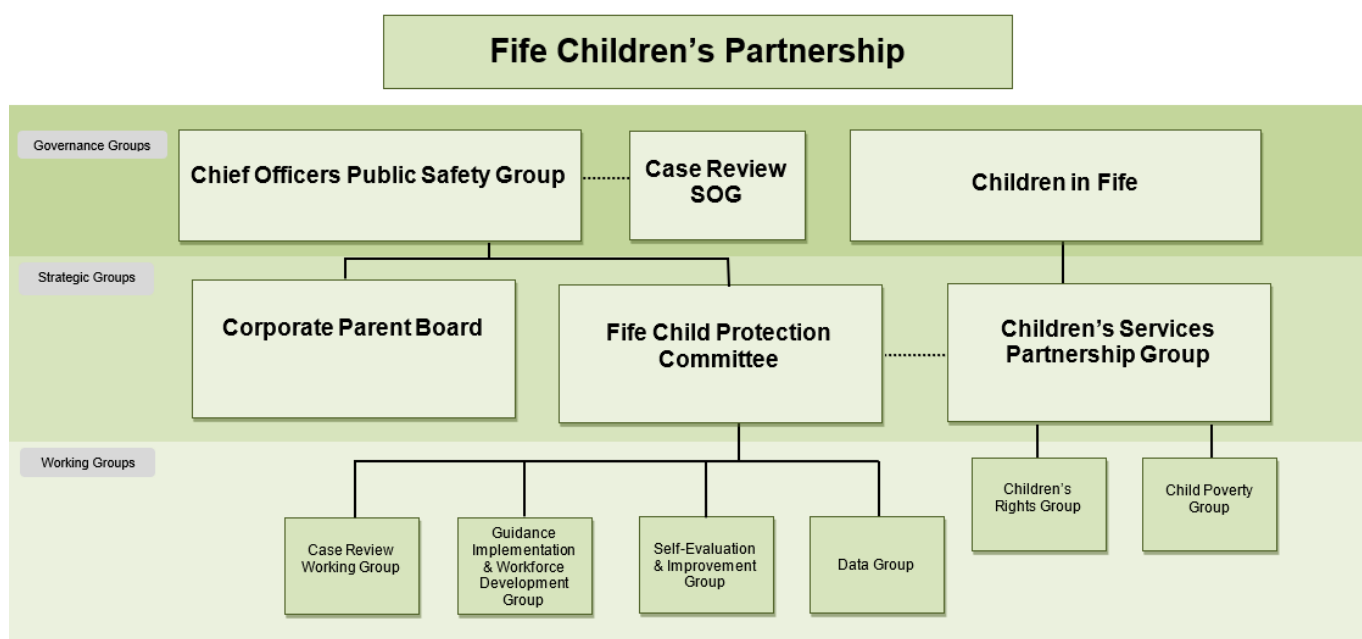
The Committee maintains a strategic perspective on child protection policies and procedures, providing quarterly reports to the Chief Officers of the Public Safety Group. In 2019, the Scottish Government released updated guidance outlining the responsibilities of Child Protection Committees and Chief Officers in 'Protecting Children and Young People', and we operate within this context.

Fife CPC functions were already well established and are aligned to the functions the guidance supports in respect of:

- Continuous improvement, developing policies, procedures, and guidance
- Public information, engagement, and participation
- Data on Child Protection Services and Performance
- Quality Assurance and Self Evaluation
- Strategic planning and connections locally, regionally and nationally
- Annual reporting on the work of the CPC

The CPC met five times in the reporting period with two additional development days. Four permanent subgroups are tasked with delivering an appropriate work plan and report directly to the CPC.

The diagram in Appendix 2 shows the subgroup structure and more comprehensive governance structure in which the CPC currently operates.



A robust relationship is maintained between the Committee and the Fife Children's Services Partnership, solidified through the Fife Children's Services Plan (2022-2023). United in our aspiration of **'Making Fife a Place Where Every Child and Young Person Matters,'** both committees are committed to actualising this vision.

The Children's Services Plan, a cornerstone of our shared objectives, was formulated after comprehensive consultations with a diverse stakeholder group, encompassing children, young people, parents, carers, and staff. This collective input was pivotal in shaping the Plan's four priorities:

1. Delivering the Promise
2. Supporting Wellbeing
3. Closing the Equity Gap
4. Promoting Children's Rights

Aligned to the well-being indicators outlined in GIRFEC (Getting It Right for Every Child), our overarching aim is to create environments where children and young people are safe, healthy, active, nurtured, achieving, responsible, respected, and included.

The Committee has a crucial role in achieving these aims along with the Children's Services Partnership, Chief Officers Group - Public Protection.

Working Group Activity

The Working Groups met throughout the year. A brief synopsis of the group's contribution within the reporting period follows.

CASE REVIEW WORKING GROUP

The Case Review Working Group has been actively engaged in its responsibilities throughout the year. This group, representing Fife Child Protection Committee and acting on behalf of Chief Officers, is entrusted with the improvement work around Learning Reviews, both locally and nationally. The primary aim is to utilise the insights gained from Learning Reviews to promote best practices, enhance overall performance, and improve outcomes for children and young people. The group reports to each CPC.

Membership

- Detective Superintendent, Police Scotland. (Chair)
- Senior Manager, Children and Families, Social Work
- Senior Manager, Children's Services. Health And Social Care Partnership
- Lead Officer, Child Protection Committee.
- Lead Nurse Child Protection, NHS Fife Council
- Quality Improvement Officer, Education and Children Services
- Detective Chief Inspector, Public Protection Unit, Police Scotland
- Locality Reporter Manager, Scottish Children's Reporter Administration
- Lead Paediatrician, NHS Fife. (By exception)

During the reporting period, the group convened on seven occasions.

Key functions of the group include:

- To reflect, learn and improve child protection systems and practice when a child or young person has died, is significantly harmed or was at risk of death or significant harm or where effective practice has prevented harm or risk of harm.
- To provide a multi-agency forum to consider learning around both local and national Learning Reviews and make recommendations to the CPC on any improvement activity arising from these reviews.
- To link with Fife's Self Evaluation and Improvement Group and the Learning and Development activities and Risk Register for Child Protection
- To recommend improvement priorities to the CPC

The following achievements have been realised:

- Learning from Significant Case Reviews conducted nationwide has been carefully considered, with due attention to the unique context in Fife.
- The group has considered lessons from local referrals conducted throughout the year.
- The group have effectively maintained a unified, streamlined process for tracking and reporting on Learning Review action plans.
- The group has maintained active participation in the National Community of Practice for Learning Reviews.

Future Directions

Looking ahead, the Case Review Working Group has outlined its forthcoming objectives:

- The National Guidance for Child Protection Committees Undertaking Learning Reviews (2021) has been revised. The Case Review Working Group will draft local guidance for Fife to align local processes with the recent review.
- The group will continue to review local referrals.
- The group will continue to consider lessons learned from referrals out with Fife.

SELF-EVALUATION AND IMPROVEMENT WORKING GROUP

The Self Evaluation and Improvement group operates under the Child Protection Committee's (CPC) guidance, serving as a crucial multi-agency forum. The group's core responsibilities align with the Scottish Government's Guidance on Protecting Children and Young People. The group provides a framework for quality assurance of the partnership's collective efficacy in child protection, aiming for continuous improvement. Directed by the CPC, the group focuses on predetermined self-evaluation themes to assess the partnership's impact on child protection. A shared approach to Quality Assurance (QA) activities is maintained, covering various thematic areas identified by the CPC. Regular updates are provided within the context of the Quality Assurance Framework, integrating analysis from the Minimum Dataset for Child Protection and the 2021 Child Protection National Guidance. The group ensures that key improvement actions are communicated with other strategic groups for better alignment.

The group met on five occasions during the year.

Membership

- Service Manager, Children and Family Social Work, Chair.
- Detective Inspector, Police Scotland.
- Third Sector Representative.
- Lead Nurse Child Protection, NHS Fife.
- Service Manager, Reviewing Service, Children and Families Social Work.
- Education Manager/Quality Improvement Officer, Education and Children Services.
- Lead Officer, Child Protection Committee.
- Housing Representative.
- Community and Neighbourhood Representative.

The following achievements have been realised.

- We have revised the Terms of Reference for the Group, thereby streamlining its governance protocols.
- We have drafted a comprehensive work plan for 2022-2023, which includes multi-agency activities and facilitates the structured reporting of substantial self-evaluation activities by individual agencies during the relevant window.
- We have finalised and disseminated our audit report for the year 2021-2022, focusing on the re-registration of children included on the Child Protection Register within 12 months of deregistration.
- We have initiated a bespoke staff survey to gauge employee sentiments and operational efficiency.
- We have commissioned an activity to complete the Self Evaluation of Implementation of National Guidance commissioned by the Scottish Government.
- We have commenced work to bring our Data Group into the self-evaluation group.

What we will do next:

- We will revise our Terms of Reference to account for incorporating the Data Group into the Self-Evaluation Group, based on a review confirming the benefits of integration due to their interrelationship.
- We will continue to work through the agreed self-evaluation calendar.

DATA GROUP

The Data Group serves as a pivotal working group within Fife's Child Protection Committee (CPC), tasked with gathering, analysing, and scrutinising child protection data across multiple agencies. The group acts as a strategic arm of the CPC, informing self-evaluation activities and identifying avenues for improvement. The group is responsible for interpreting the Minimum Dataset for Child Protection in Fife and generating bi-annual reports for the CPC.

The overarching aim is to proactively identify trends, themes, and potential areas for improvement, thereby ensuring that services are effectively meeting the needs and improving the lives of children and young people at risk. The group also engages in benchmarking activities, assesses qualitative experiences, and contributes to Fife's quality assurance framework for child protection.

Membership

- Senior Manager, Children and Families, Social Work.
- Inspector Police Scotland.
- Lead Nurse Child Protection, NHS Fife.
- Third Sector Representative.
- Quality Improvement Officer, Education and Children Services.
- Service Manager, Social Work.
- Housing Service Representative.
- Locality Reporter Manager, SCRA.
- Manager, Reviewing Service.

- Lead Officer, Child Protection Committee.
- Performance Improvement and Planning Officer, Social Work Resources

The following achievements have been realised.

- In June of 2022, CELCIS unveiled the second volume of the Minimum Dataset for Child Protection. This seminal work has been seamlessly integrated into our existing suite of performance metrics.
- Concurrently, we have augmented our framework with various bespoke local indicators, enriching our comprehension and governance in Child Protection.

What we will do next

- Over the past biennium, we have integrated the inaugural and subsequent iterations of the Minimum Data Set for Child Protection. In addition, we have augmented our data spectrum by incorporating bespoke local indicators, relating to household income and homelessness. Work is being progressed to consider additional indicators thereby enriching the scope and dimensionality of our performance metrics. Having established robust operational protocols, we are poised to dissolve the current group and amalgamate its functions into the Quality Assurance and Data Group.

TRAINING AND DEVELOPMENT

In October 2022, a Workforce Development Lead Officer for Multi-Agency Training was appointed.

What has been done:

Initial Task October – December 2022

A Training Needs Analysis was carried out of the partnership to establish:

- What current single agency training was offered in the areas of Child Protection, Neglect and CSE.
- What single agencies would like to have on offer from a multi-agency training calendar.
- What contributions single agencies could make to the creation and delivery of the agreed calendar.

January 2023

The [Multi-Agency Child Protection Training Program](#) offered by Fife Council was designed to incorporate courses informed by individual agency feedback and insights gleaned from Interagency Learning Reviews.

Collaborative efforts, led by the Workforce Development Lead Officer and supported by representatives from Social Work, Health, Education, Police Scotland, the Scottish Children's Reporter Administration (SCRA), and Housing have been instrumental in developing and delivering the training courses.

Courses have been run in:

- CPC Multi-Agency Child Protection Multi-Agency Processes
- CPC Multi-Agency Child Protection & Disability
- CPC Multi Agency Child Protection Return Home Welfare Interviews CPC Multi-Agency Child Protection & Parental Mental Health
- CPC Multi-Agency Child Protection & Substance Use
- CPC Multi-Agency Child Protection for Social Workers (and others) working with adults.

Evaluation for each course has been systematically conducted via Microsoft Forms.

Newly developed courses are now available and open for registration in the following areas:

- CPC Multi-Agency Child Protection & Child Sexual Exploitation/Contextualised Safeguarding (F2F)
- CPC Multi-Agency Child Protection & Preparation for Court (with SCRA) (F2F)
- CPC Multi-Agency Child Protection & Online Exploitation (Online)

What we will do next:

The CPC has commissioned a multi-agency Learning and Practice Development Group. This group will comprise of delegates from Police, Health, Social Work, Education, Housing, Scottish Children's Reporter Administration, Fife Violence Against Women Partnership and Community and Neighbourhoods. It will be led by a representative from the voluntary sector with support from the Learning and Development Lead Officer. Key initial tasks include formulating a Terms of Reference and developing a Learning and Practice Development Strategy for Fife.

GUIDANCE IMPLEMENTATION AND WORKFORCE DEVELOPMENT GROUP

The enactment of the new National Guidance for Child Protection in Scotland in 2021, effective from 6 September 2021, came with a designated 24-month implementation period. In alignment with this, the CPC (Child Protection Committee) reached a consensus to propose and execute changes in a phased manner. A comprehensive gap analysis was conducted to assess the implications of the new guidance on local processes and practices.

This self-evaluation exercise identified substantial changes outlined in the new guidance, which supersedes the 2014 version. Some of these changes have already been incorporated into our partnership's operations. A structured plan of action was devised to address the remaining changes, and active efforts are currently underway to facilitate these necessary developments.

The CPC maintains an ongoing vigilance over implementing the guidance and continues to assess its impact on performance. Furthermore, it evaluates how alterations to strategy and practice enhance outcomes for children and young people.

SCOTTISH CHILD INTERVIEW MODEL

First-Year Implementation 1 November 2021 to 31 October 2022

In 2017, Scotland launched the National Joint Investigative Interviewing (JII) Project to modernise the process of interviewing child victims and witnesses. This led to the development of the Scottish Child Interview Model (SCIM). Fife joined the national training program in 2021, with the first SCIM interviews conducted on 25 October 2021.

Before SCIM's introduction, Fife had an established partnership between Police and Social Work for joint investigative interviews. Both agencies had dedicated teams trained using the existing Stepwise model. Joint interviews were standard practice, with each agency leading about half of the interviews.

Initial training was completed by three Social Workers and three Police Officers between August and October 2021. There was then some movement of staff, which created a shortage of SCIM-trained Social Workers, which initially impacted the program's capacity. Further training commenced in April 2022 to redress this imbalance and to align resources more evenly between the two agencies.

A total of 398 interviews were conducted during the reporting period. Of those, 238 were conducted using the Scottish Child Interview Model, while 160 used the Stepwise model.

Children told us:

- They were largely happy with how things were explained to them.
- Children were mainly content with where interviews took place, particularly the designated interview facilities.
- Children overwhelmingly reported feeling listened to and spoke positively about the interview teams.
- They thought they were afforded the time and space they needed during the interview.

Parents told us:

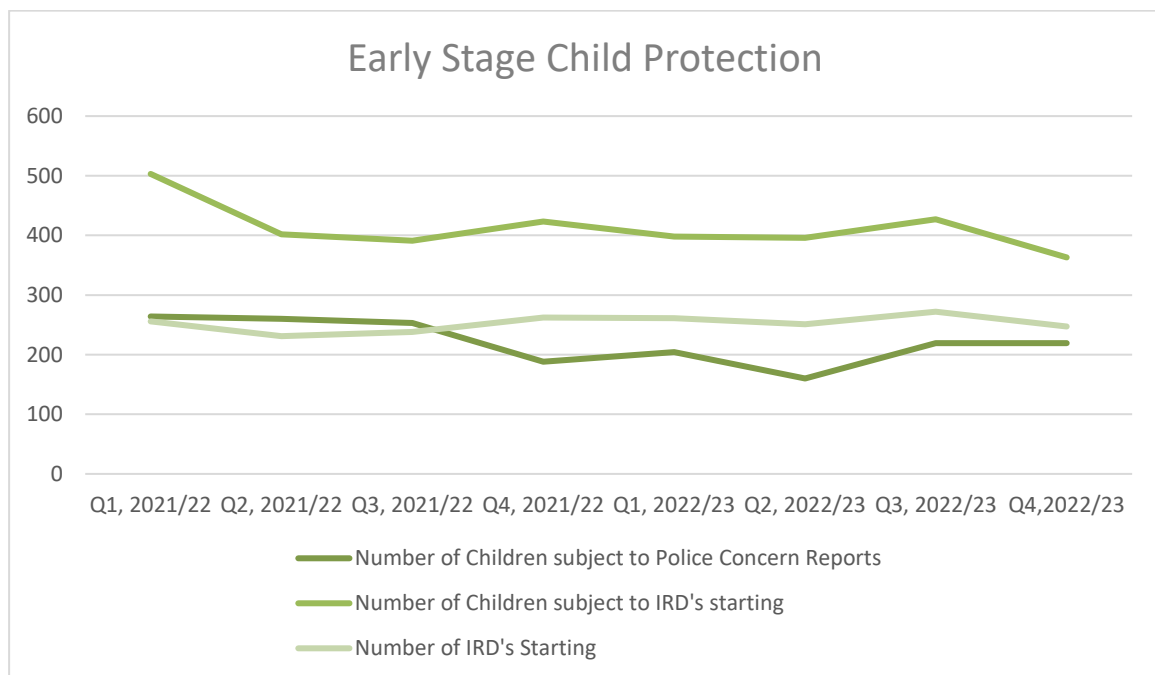
- They felt that their child was listened to, and they felt listened to.
- They felt a greater understanding of the process, felt more involved and better able to support their child.
- Sometimes, the immediate and longer-term impact on parents can differ from the impact on the child.

Next steps

- Full implementation of SCIM as the sole model of joint investigative interviewing in Fife.
- Evaluation of interviews will help inform practice development.
- Identification of additional appropriate interview venues across Fife.
- Utilising resources, we have to improve support for families.
- Consider how we secure feedback from children and families regarding their experience of the whole process.
- Explore thoughts, understanding and considerations around Barnahus in Fife.

Key Statistics

In the following Appendix, we present detailed charts that are extracted from the Minimum Data Sets for Child Protection, as revised by CELCIS in June 2022, our national benchmarking and our bespoke local indicators. These datasets serve as crucial instruments for monitoring and evaluation and are an integral part of our performance metrics suite. Their inclusion here aims to provide a robust, multi-faceted view of our activities and effectiveness in the realm of Child Protection. We believe that these metrics, alongside our local indicators, collectively enhance our understanding, governance, and overall strategy in ensuring the safety and well-being of children.

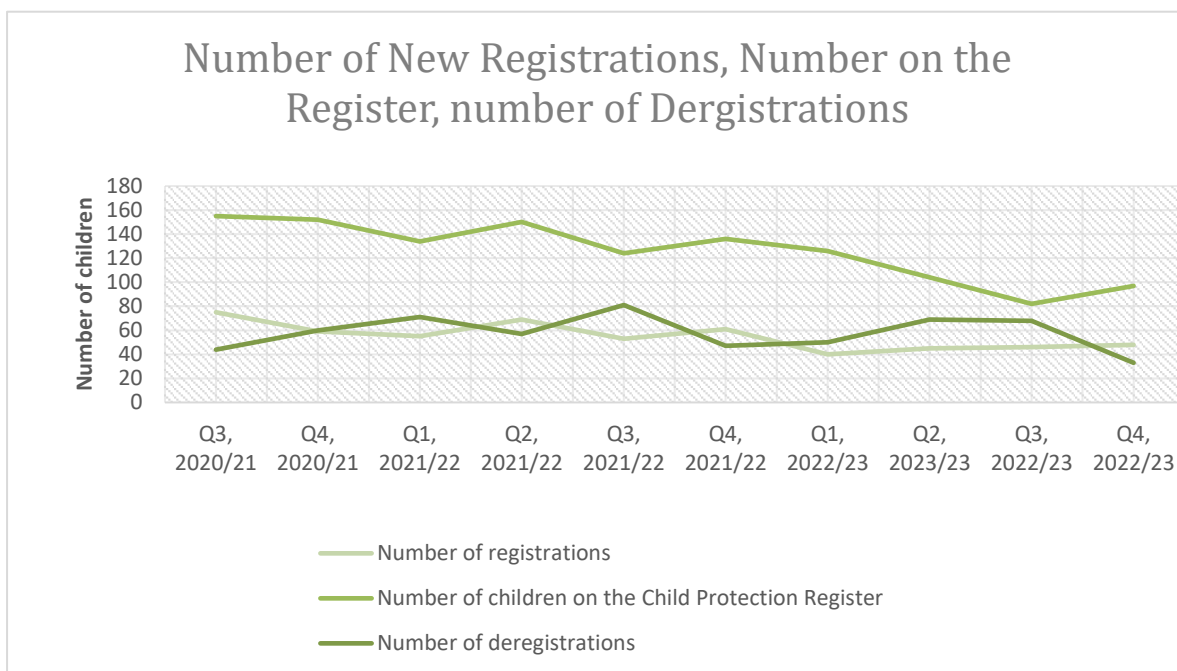


Key Messages

- The number of children subject to an IRD starting has remained constant over a number of years.

Concerns recorded at Child Protection Case Conferences

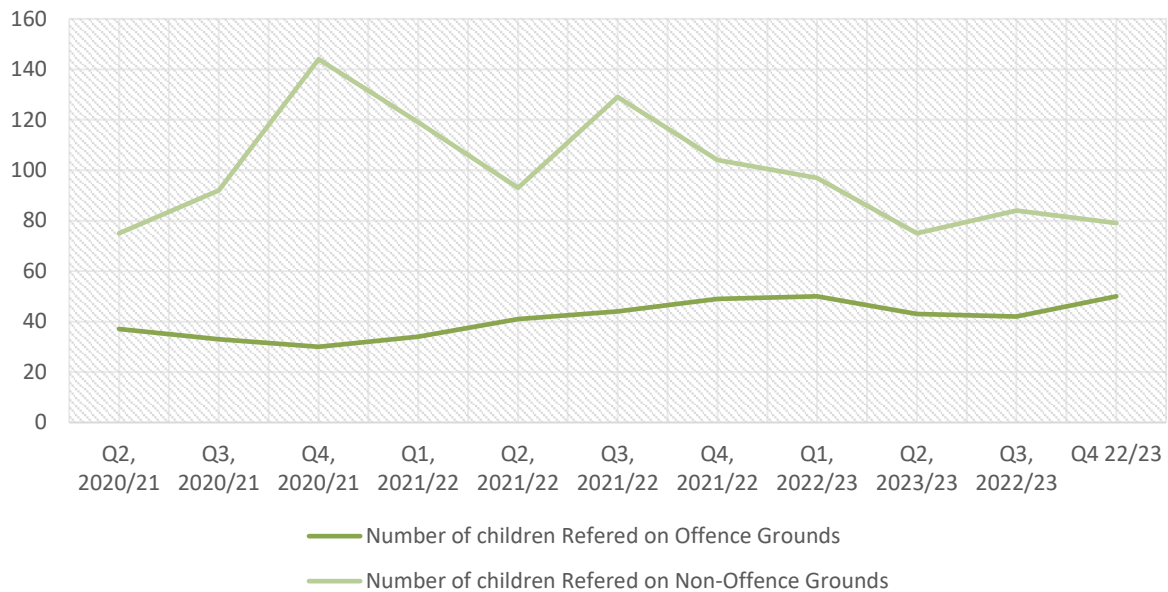
In the last 12 months, a range of concerns have been recorded as the impact or likely impact on a child, with risk factors of parental mental health problems and parental substance misuse and neglect most frequently recorded as the issues most often raising concern.



Key Messages

- There has been a steady decline in children on the Child Protection Register over the preceding 24 months. This is consistent with the national trend.

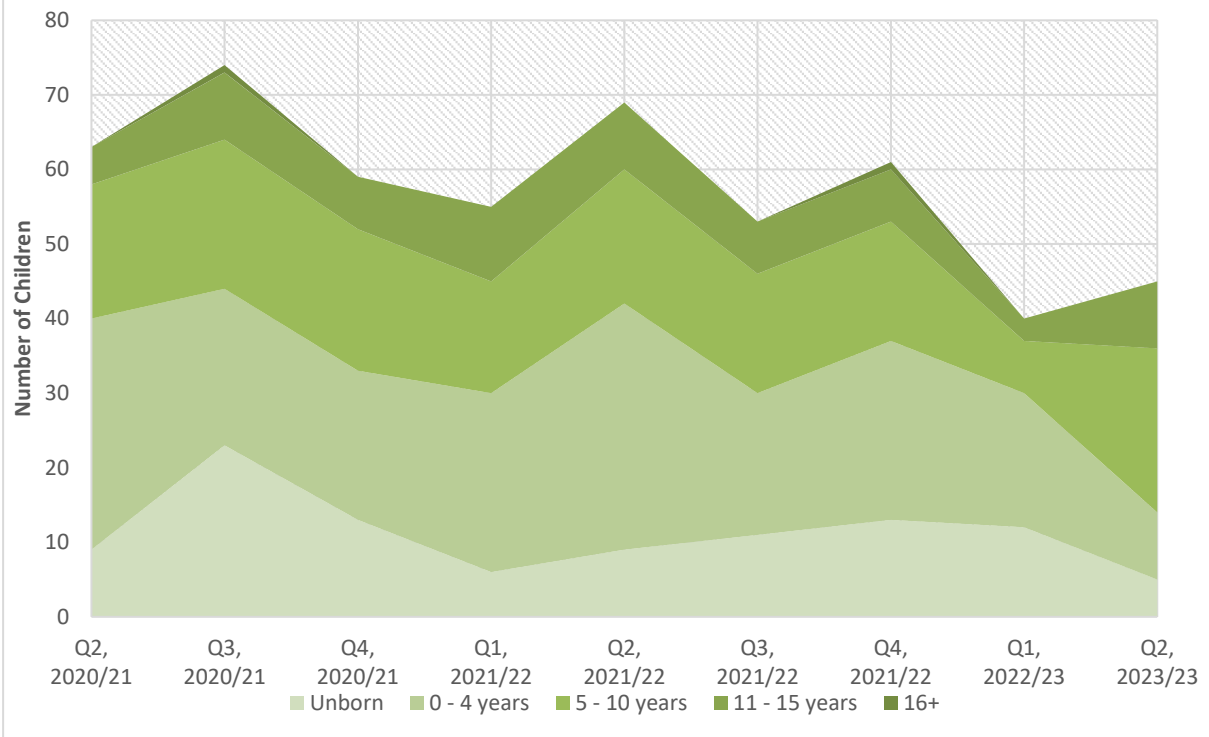
Number of Children Referred to the Reporter



Key Messages

- The number of children referred to the Reporter on Offence Grounds has remained fairly consistent. Early and effective intervention is well embedded in Fife ensuring that diversion is used appropriately and consistently.
- The decrease in referrals for non-offence grounds correlates with the decrease seen in the number of children on the child protection register and the decrease in re-registrations. This is also reflected in a decrease in the number of children subject to compulsory supervision orders. The high number of referrals in Q3 21/22 has stabilised in this reporting period, reflecting work undertaken by SCRA with partners to ensure referrals are being appropriately made.

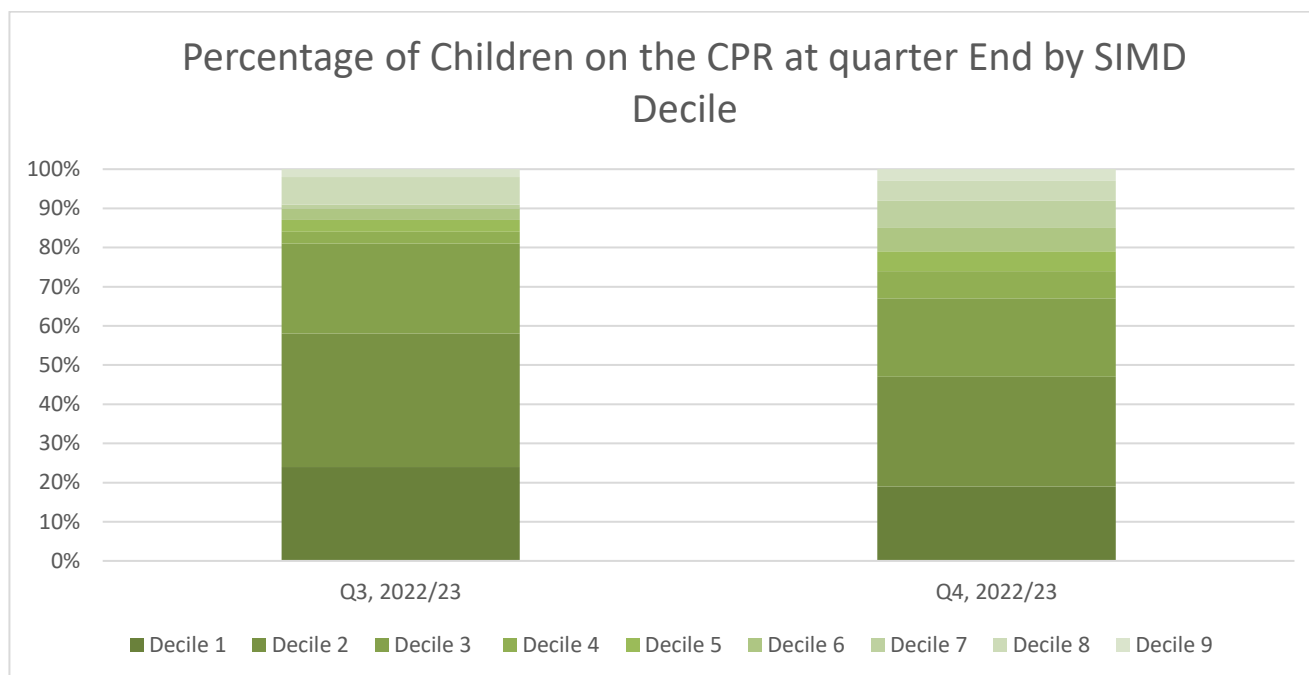
Characteristics Of Our Vulnerable Children and Young People



Key Messages

- The majority of children placed on the Child Protection Register are under 11 years of age, although there has been a recent increase in children aged 5-10 years of age.

Local Indicators



Key Messages

- Children on the Child Protection Register are disproportionately represented in Decile 1,2 and 3. These deciles represent a relative measure of deprivation across Scotland and account for the three most deprived measures within the SIMD framework.

Priority Areas for Development

The Committee, through self-evaluation and learning, has identified several priority areas for development in the next year. These will form part of the refreshed improvement plan.

- Implementation of the National Guidance for Child Protection 2021.
- Implementation of the National Guidance for Learning Reviews 2021.
- Increased capacity around multi-agency child protection training.
- A focus on Neglect
- Poverty
- The commission and delivery of a Contextual Safeguarding Model
 - CSE
- Engagement and Voice of the Child/Community Engagement and Communications

Enquiries

Please contact the Lead Officer: Child Protection Committee for further information or enquiries regarding this report.

Fife Child Protection Committee

Email: CPC@fife.gov.uk



Fife Health & Social Care Partnership

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CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 8 NOVEMBER 2023 AT 10.00 AM (TEAMS MEETING)

Present: Dave Dempsey (Chair), Fife Council
John Kemp, (Vice Chair) NHS Non-Executive Board Member
Sinead Braiden, NHS Non-Executive Board Member

Attending: Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Audrey Valente, Chief Finance Officer (Fife H&SCP)
Vanessa Salmond, Head of Corporate Services (Fife H&SCP)
Jocelyn Lyall, Chief Internal Auditor, FTF Audit & Management Services (Fife H&SCP)

Shona Slayford, Principal Auditor (NHS Fife)
Fiona McKay, Head of Strategic Planning, Performance & Commissioning Manager (Fife H&SCP)
Avril Sweeney, Risk Compliance Manager (Fife H&SCP)
Andy Brown. Auditor NHS Fife
Lynn Barker , Director of Nursing, NHS Fife
Isabella Middlemass, Management Support Officer (Note taker)

Apologies: Chris Brown, External Auditor
Sam Steele, Fife Council

		ACTION
1.	WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
	DECLARATION OF INTEREST No declarations of interest were noted.	
2	MINUTES OF PREVIOUS MEETING 13 SEPTEMBER 2023 A decision was made to have everyone’s full name documented within the minute rather than their initials at future meetings. Section 6 of the previous meeting - Draft Annual Audit Plan 2023/24. Second paragraph should read “happy to run with this plan as it is, until the end of March and there will be another plan for the next financial year 2024/25”. After slight amendment, minutes of previous meeting approved now as an accurate record.	

<p>3</p>	<p>ACTION LOG</p> <p>Chair made observations on ASAP within the timescales on Action Log -</p> <p>Item 5 – Working on information protocol and this will come through for January Committee and will set out any audits from partner organisations which are relevant for this Committee.</p> <p>Item 8 – Taking Participation and Engagement Risk closure to Quality and Communities Committee but because of a heavy agenda it has been deferred to the next meeting. Now clear that it will be the Committee that will close off any risks. Second part of Item 8 – Avril Sweeney and Audrey Valente are working together on this and will bring back to a future Committee.</p> <p>Item 10 – Completed as timeframe was reduced.</p> <p>Action Note - approved.</p>	
<p>4</p>	<p>ANNUAL REVIEW OF BEST VALUE REVIEW</p> <p>Fiona McKay presented this report to discuss and review the Partnership's Annual Review of Best Value 2022/23 and identify any changes required in the draft report and asked to recommend that the Annual Review of Best Value is progressed to the IJB for final approval.</p> <p>An assessment was set out based on the best value framework which was approved by the IJB in 2019 and the position has been continually updated and progress reported since then. John Kemp commented this was a good report. John Kemp requested that a simple RAG status be added to indicate with ease where progress is being made, he also asked whether there was scope to combine the two reports of best value and MSG indicators into one. Fiona McKay suggested that a scoring matrix may be beneficial for the next IJB and that she would look to amalgamate the two documents next year.</p> <p>Nicky Connor suggested that John Kemp's comments will be taken on board whilst ensuring there is scope to continue to provide information separately as best value is a high priority for External Audit.</p> <p>Fiona McKay suggested that she update the SBAR to take to the IJB to reflect a recommendation to look at a RAG status for future years .</p>	<p>FM</p>
<p>5</p>	<p>INTERNAL AUDIT PROGRESS REPORT</p> <p>Jocelyn Lyall was pleased to attend her first meeting of the Audit & Assurance Committee as Chief Internal Auditor and gave a brief descriptive of her background as a Finance Chartered Accountant of more than 23 years of internal audit with FTF.</p> <p>The report presented provides the update on Fife IJB audits and any other relevant audits from the partners.</p> <p>The Clinical Care Governance Audit is a final report and will be considered in full on agenda item 7 at this Committee.</p> <p>The Workforce Report is in draft and with management now and as soon as it is finalised it will be out to officers and members and then presented in full to the January Committee.</p>	

	<p>The Fieldwork and the Contract of the Market Capacity Audit is well progressed now and will be coming through for the January meeting also.</p> <p>Jocelyn Lyall stated the importance of delivery and is conscious of delays with previous progress reports. She has managed to secure additional internal audit resources to rectify this position.</p> <p>The information sharing protocol will be brought back to the January Committee and will set out the criteria for including partner organisation reports.</p> <p>Discussions took place around the timings of reports, and all were encouraged that extra resources are in place to ensure reports will be presented within a reasonable timescale. The Committee also considered the progress report at Appendix 1 and noted the summary of the relevant report at Appendix 2.</p>	
<p>6</p>	<p>FOLLOW UP OF INTERNAL AUDIT RECOMMENDATIONS</p> <p>Shona Slayford presented the follow up of internal recommendations for assurance and discussion. As of the 27th September 2023 of the 39 internal audit recommendations 6 recommendations are in progress and not yet due. 26 recommendations have been completed and validated and 2 have been completed but not yet validated. This is the status on Pentana currently. Time extensions for 5 recommendations were requested in line with the internal audit follow up protocol.</p> <p>Discussion around the Appendix took place, and it was highlighted that there needs to be a change to the protocol as reporting to the Committee every 6 months doesn't seem to be enough. It was also agreed that the status box needs to include the original date that management agreed to complete any recommendations for comparator purposes.</p> <p>Recommendation: Members of the Committee to note this report. Noted</p>	
<p>7</p>	<p>FTF INTERNAL AUDIT SERVICE – CLINICAL & CARE GOVERNANCE REPORT F06/22</p> <p>Jocelyn Lyall presented the FTF Internal Audit Report F06/22 Clinical and Care Governance.</p> <p>Jocelyn stated that she is proposing to present a refreshed version of committee assurance principles to SLT this month then would be hoping to bring a proposal whereby they are formally approved and adopted by the IJB.</p> <p>It has been agreed to regularly report on adult and child protection to the Fife Council People and Scrutiny Committee and to the IJB Quality and Communities Committee to provide reassurance. It has also been agreed that the Scheme of Delegation is updated to reflect the Integration Scheme and specifically for the responsibility for the Director of Health and Social Care for Adult Support and Protection and Child Protection.</p> <p>Discussion was held and it was felt that there is an expectation that the child and adult protection risks fall within the remit of the Quality and Communities Committee when a deep dive into our major risks is carried</p>	

	<p>out. This should incorporate feedback from the internal audit report around suggested improvements, thus providing clear connections around how we manage risk.</p> <p>Recommendation: This report is presented for assurance and discussion and agreed to be considered at the Qualities and Communities Committee With feedback to this Committee for assurance and closure of risk.</p>	
8	<p>DEEP DIVE RISK REVIEW PROCESS UPDATE AND WORKPLAN</p> <p>Avril Sweeny presented the report for discussion and decision. At the meeting of the Audit and Assurance Committee in June earlier this year the process for risk reporting was agreed.</p> <p>To date there have been Deep Dive Risk Reviews for 2 of the strategic risks, Finance and Primary Care Services. Details of the feedback provided on the 2 Deep Dives that have been completed are included within the SBAR.</p> <p>Members of this Committee are asked to comment on and agree the workplan and to ensure moving forward that there is a plan in place which is flexible to allow for consideration of any new risks that come on board or any risks that increase in score that we might want to look at further.</p> <p>Discussions took place and it was agreed to use internal audit resource to look at the template to ensure we are efficient in asking all the right questions, to get the best assurance and build in evidence that all future risks have been looked at.</p>	
9	<p>TERMS OF REFERENCE AUDIT AND ASSURANCE</p> <p>Vanessa Salmond introduced this reporting template to supersede the Annual Assurance Statement that is compiled at year end and to give this Committee an opportunity to highlight any gaps.</p> <p>Discussions took place and it was felt that this template was going in the right direction. Tasked Vanessa to pick up with other chairs of other Committees.</p> <p>The Audit & Assurance Committee reviewed and discussed the proposed format and content at Appendix 1. and approved this proposed process and template, replacing the current year end assurance process.</p>	
10	<p>ITEMS FOR HIGHLIGHTED TO IJB</p> <p>We have received the Internal Audit report for the Clinical Care Governance which will be considered by the Quality and Communities Committee.</p>	
11	<p>AOCB</p> <p>None</p>	
12	<p>DATE OF NEXT MEETING</p> <p>Wednesday 19th January 2024 at 10:00 a.m. via TEAMS</p>	



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MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 10TH NOVEMBER 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Colin Grieve NHS Non-Executive Board Member
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander
Cllr Graeme Downie

Attending: Nicky Connor, Director of Health & Social Care
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Vanessa Salmond, Head of Corporate Services
Rona Laskowski, Head of Complex & Critical Care
Lynn Barker, Associate Director of Nursing
Jennifer Rezendes, Professional Social Work Lead

In attendance:

Roy Lawrence, Principal Lead for Organisational Development & Culture
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Ben Hannan, Director of Pharmacy and Medicines
Margo McGurk, Director of Finance
Helen Hellewell, Associate Medical Director
Lisa Cooper, Head of Primary and Preventative Care Services

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	

2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 15TH SEPTEMBER 2023</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are complete.</p>	
5.	<p>TRANSFORMATION BUSINESS CASES</p> <p>Four presentations were given to Committee outlining the business cases for each of the following transformational change areas :</p> <ul style="list-style-type: none"> • Community Rehabilitation and Care Model - presented by Lynne Garvey • Transforming Overnight Care - presented by Rona Laskowski • Care at Home Commissioning - presented by Lynne Garvey • Reimagining the Third Sector - presented by Fiona McKay <p>Committee Members were given the opportunity to ask questions of the presentations.</p> <p>Combined Committee meetings have been arranged for each of the areas to give members a further opportunity to ask questions.</p>	
6.	<p>FINANCE</p>	
6.1	<p>Finance Update</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the financial position (provisional outturn) of the delegated and managed services as at 30 September 2023. Noting the forecast for the Partnership is currently a deficit of £1.468m which is a movement from the figure reported at July.</p> <p>Audrey Valente drew Committee’s attention to the position reported in July 2023 of Homecare Services overspend of £0.015m, this has increased to £1.642m due to an increase of Care at Home packages provided externally. A fuller deep dive will be undertaken to understand what the additional costs relate to, and findings reported back to Committee.</p> <p>Due to the adverse movements in budget, it was noted that further to the recovery plan presented at September’s Committee additional recovery actions will be considered and brought to the next Committee meeting.</p>	

	<p>Committee noted that the unachieved savings have remained at the levels reported in July with £8m being utilised from the £10m reserves.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included whether there was a pattern(s) emerging in relation to the increase of commissioned care at home packages and was the position worsening as we approach the winter period?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that there is robust financial monitoring in place. 2. Agreed onward submission to the IJB for approval of the financial monitoring position as at September 2023. 3. Agreed onward submission to the IJB for approval of the use of reserves and proposed recovery actions as at September 2023. 	
7.	PERFORMANCE	
7.1	<p>PRIMARY CARE IMPROVEMENT PLAN</p> <p>The Committee considered a report by Lisa Copper, Head of Service, Primary & Preventative Care and presented by Audrey Valente for information and assurance regarding the Partnerships on-going commitment to deliver the Primary Care Improvement Plan.</p> <p>Committee noted that the plan underpins delivery of the general medical services contract 2018 and is a key deliverable associated with the Primary Care Strategy, is aligned to the Workforce Strategy and supports the Partnerships ambitions.</p> <p>Committee also noted the key objective of the plan is to reduce GP workload and allow them to focus on their role as expert medical generalists by building a multi-disciplinary team around them.</p> <p>Committee's attention was also drawn to appendix 1, Progress Update and Delivery Intentions 23-24 noting that the plan continues to focus on the priorities of the Memorandum of Understanding 2 whilst maintaining and delivering the other priorities in line with the original Memorandum of Understanding.</p> <p>Committee were asked to be cognisant of the resource challenge notably finance and workforce, the most valuable asset, being central to success and working within the resources available.</p>	

	<p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included the budget gap of £11.5m, what did this mean and / or what could be done? A query was also made with regards to recurring funding.</p> <p>There was considerable discussion around section 3.3.4 of the report that without endpoint of direction from Scottish Government the challenge remains as to the vision of the full transfer of services. Nicky Connor provided assurance and further insight into the work being undertaken by Primary Care Services and their stakeholders and acknowledged the feedback provided by Committee on the content of the report, noting that future reports require to describe more fully the picture, laying out the problems and issues faced as well as highlighting solutions and their effect.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the report was provided to assure members of the current position. 2. Are now aware of the complex nature of the situation. 	
<p>8.</p>	<p>SCRUTINY</p>	
<p>8.1</p>	<p>Ministerial Strategic Group (MSG) Indicators</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance & Commissioning detailing the background of the Scottish Government’s Ministerial Strategic Group review report in 2019 and the progress the Partnership has made against this through the self-evaluation process.</p> <p>Committee noted that overall, the Partnership is making good progress with the integration proposals and is on track to deliver most of the agreed targets by 2024.</p> <p>The workplan provides an update on where the Partnership thinks it can move from established to exemplary or from partly established to established. Committee noted this is evidenced within the report.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included a query with regards to the status of item 2.1 in the summary rating table of appendix 1 as being partially established.</p> <p><u>Decision</u></p> <p>The Committee</p>	

	<ol style="list-style-type: none"> 1. Noted the Partnership's progress towards the Ministerial Strategic Group (MSG) integration proposals. 2. Provided feedback on the Self-Evaluation Update. 3. Recommend that the MSG work plan update 2023 is progressed to the Integration Joint Board for final approval. 	
8.2	<p>Public Sector Climate Change Duties</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer outlining the IJB's statutory duty to submit a climate change report to the Scottish Government by the end of November each year, noting this is the seventh report for Fife IJB and covers the period 2022 – 2023.</p> <p>Committee members were asked to consider and agree the priorities for climate change governance, management and strategy for the year ahead as detailed in the assessment section in order for the annual report to be submitted to the Scottish Government by 30th November 2023 deadline.</p> <p>The discussion was opened up to Committee members. No additional questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Agreed the priorities as highlighted in the report. 2. Agreed the report be recommended for submission to the IJB for sign off and inclusion in the annual Scottish Government report. 	
9.	STRATEGIES	
9.1	<p>Year 1 Workforce Annual Report & Year 2 Workforce Plan</p> <p>The Committee considered a report from Roy Lawrence, Professional Lead for Organisational Development & Culture noting the Year 1 Workforce Annual Report highlights the Partnership's performance over 2022 – 2023 and the Year 2 Workforce Action Plan sets out the workforce priorities for the year ahead.</p> <p>The Strategy & Plan are structured around the 'Five Pillars' within the Scottish Governments National Workforce Strategy for Health & Social Care to plan and focus on both short and medium-term actions to enable delivery of the strategy over the next three years.</p>	

	<p>The Annual Report and Year 2 Plan are both co-designed collaboratively with stakeholders across the whole Partnership, led by the Workforce Strategy Group.</p> <p>The Year 2 Workforce Action Plan 2023-2024 is a result of a significant collaborative effort across all stakeholders. The Plan focuses the Partnership's efforts on the strategic and operational priorities across the whole Partnership.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included what was the biggest issue getting in the way?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Endorsed the Annual Report as a positive reflection of the work done over 2022-2023. 2. Agreed the Year 2 Action Plan 2023-2024 captures the workforce priorities for the year ahead. 3. Recommended that the Report & Plan move forward to the IJB. 	
<p>10.</p>	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 24th November 2023.</p>	
<p>11.</p>	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
<p>12.</p>	<p>DATE OF NEXT MEETING</p> <p>Thursday 18th January 2024 at 10.00am via MS Teams.</p>	



Fife Health & Social Care Partnership

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CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE THURSDAY 02 NOVEMBER 2023, 1400hrs - MS TEAMS

Present: Sinead Braiden, NHS Board Member (Chair) (SB)
Councillor Rosemary Liewald
Councillor Lynn Mowatt
Councillor Sam Steele
Ian Dall, Service User Rep, Chair of the PEN (ID)
Paul Dundas, Independent Sector Lead (PD)
Morna Fleming, Carer's Representative (MF)
Colin Grieve, Non-Executive Board Member (CG)

Attending: Nicky Connor, Director of Health & Social Care (NC)
Dr Helen Hellewell, Deputy Medical Director (HH)
Lynn Barker, Director of Nursing (LB)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RLaw)
Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)
Lynne Garvey, Head of Community Care Services (LG)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Fiona McKay, Head of Strategic Planning, Performance and Commissioning (FMckK)
Rona Laskowski, Head of Complex and Critical Care Services (RL)
Jennifer Rezendes, Principal Social Work Officer (JR)
Vanessa Salmond, Head of Corporate Services (VS)
Lesley Gauld, Team Manager, Strategic Planning (LG)
Leesa Radcliffe, Clinical Services Manager (LR)
Audrey Valente, Chief Finance Officer, HSCP (AV)

In Attendance: Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
Aylene Kelman, Clinical Director, HSCP

Apologies for Absence: Councillor Margaret Kennedy
Kenny Murphy, Third Sector Representative (KM)
Christine Moir, Head of Education and Children's Services (Children and Families/CJSW and CSWO) (CM)
Amanda Wong, Director of Allied Health Professionals (AW)

No	Item	Action
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS	

	<p>The Chair welcomed everyone to the HSCP Quality & Communities Committee. SB thanked HSCP staff who continue to work in what continues to be an extremely challenging working environment.</p> <p>SB advised there has been last minute apologies from Amanda Wong who was to present the paper on AHP Professional Documents, this item will be deferred to the next meeting.</p>	
2	ACTIVE OR EMERGING ISSUES	
	Helen Hellewell stated there were no emerging issues to advise the Committee of.	
3	DECLARATION OF MEMBERS' INTEREST	
	No declarations of interest were received.	
4	APOLOGIES FOR ABSENCE	
	Apologies were noted as above.	
5	MINUTES OF PREVIOUS MEETINGS HELD ON 07 SEPTEMBER 2023	
	<p>The previous minutes from the Q&CC meeting on 07 September 2023 were reviewed and no alterations or corrections were requested.</p> <p>The minutes were taken as an accurate record of the meeting.</p>	
6	ACTION LOG	
	The Action Log from the meeting held on 07 September 2023 was approved as accurate and updates noted.	
7	GOVERNANCE	
7.1	<p>Quality Matters Assurance</p> <p>The report was brought for assurance by LB. LB gave an overview of the current clinical and care governance arrangements, systems and processes which are in place across the Partnership and outlined the matters discussed at Fife HSCP QMAG. The paper also represents the 4 Quality Matter Assurance Huddles which have been held in the last reporting time.</p> <p>LB advised there were 12 items submitted for Assurance to the last QMAG meeting in August, incorporating the 3 portfolio delivery units, and 7 papers for reassurance. She brought attention to the MWC reports and inspections which have taken place over the past year, with an in-depth presentation made by Lee Cowie, Acting Senior Manager, Mental Health, Learning Disability & Addictions Services. LB stated, feedback received from MWC was extremely positive. LB advised QMAG also reports through SLT.</p> <p>It was asked if the MWC reports are available in the public domain, it was confirmed these are published and are available.</p>	

	<p>RL will forward the appropriate MWC link to Cllr Mowatt.</p> <p>SB commented she was very interested to hear of the work taking place around the Partnership at the Development Session and spoke of the usefulness of having context to compare findings.</p> <p>NC stated, as the Performance Framework continues to grow, it will be looking at performance and quality data, giving more context to bring the data alive for the Committee.</p> <p>SB told of her intention to visit some of the Mental Health sites in the coming months.</p> <p>The Committee were Assured by the report.</p>	RL
7.2	<p>AHP Professional Documents</p> <p>SB advised, unfortunately AW, who was to present the AHP Professional Document Report, had been taken ill and sent her apologies. It was agreed the Paper will be deferred to the next meeting.</p>	
7.3	<p>Mental Health Strategic Priorities Progress Assurance</p> <p>RL brought the report to Committee for Assurance. She advised, there has been a suite of National Public Documentation and today's report gives a refresh of Fife's position to give assurance to Committee of the progress to date. The report also shows next steps in terms of a formal consultation around priorities and outcomes from a needs assessment, which has just come to conclusion. RL advised, a further report with a delivery plan will come forward in April 2024 for discussion and debate.</p> <p>SB felt assurance was taken from the presentation to IJB and agreed, there has been considerable changes made to MH support since the Pandemic.</p> <p>SB queried if the Audit Scotland Adult Mental Health paper was now available, RL will share the report.</p> <p>JR was fully supportive of the positive Human Rights based approach, being taken which has a very wide reach.</p> <p>The Committee took assurance from the report.</p>	R Laskowski
7.4	<p>Risk – IJB Quality & Communities Risk Register</p> <p>This report was deferred to the next meeting on 17.01.24.</p>	
8	<p>STRATEGIC PLANNING & DELIVERY</p>	
8.1	<p>Year 1 Workforce Annual Report & Year 2 Workforce Action Plan</p> <p>RLaw introduced the first Annual report which comes to Committees for discussion and decision as it progresses to IJB. Also, the Year 2 Workforce Strategy which was endorsed last year. He advised, regular</p>	

	<p>updates have come to IJB throughout the year. RLaw described how the documents link with the Workforce Strategy.</p> <p>RLaw advised the audit report on Workforce is to conclude soon and will come to the next cycle of Committees, giving more detailed scrutiny on the work which has taken place. He invited feedback.</p> <p>PD thanked RLaw for the report and was grateful for the opportunity to contribute to the section relating to the Independence Sector, which gave increased balance to the report. He spoke of work with RLaw's team giving a refresh to one of the Actions within the Action Plan. If accepted, this will be presented to the Board and will come forward to Committees. He felt it was a very worthwhile piece of work.</p> <p>RLaw thanked PD and felt adding in from different parts of the Service, across the Partnership, was very important and gave a positive impact for all Partners.</p> <p>SB commented she was enthused to read the stories around the Princes' Trust and Care Academy attracting school leavers. She asked if this is a big programme and is it enough for the challenges being faced. RLaw spoke of work taking place to understand the data and work with corporate partners to obtain maximum impact.</p> <p>SB asked if the Committee was content to approve the Action Plan, the Committee agreed they were happy to approve.</p>	
<p>8.2</p>	<p>Transformation – Business Cases</p> <p>SB stated the Business Cases were being brought to the Committee for information.</p> <p>NC advised, a presentation and overview will be given of each of the cases. The focus for the Committee will be on quality, safety and the elements which are within the Q&CC's remit. Further opportunity will be given for discussion as the Business Cases move through the process.</p> <p>Community Rehabilitation and Care Model</p> <p>LG introduced the first Business Case – Community Rehabilitation and Care Model. A slide presentation was shown whilst LG spoke of the strategic need for change and described the current situation and the problems being experienced. She explained one in four people currently receiving rehabilitation in a community hospital, who could have their needs met at home, either through home based rehabilitation or social care support, closer to their families and in the communities where they live. Particularly, people with specific needs such as delirium, as too many changes to their environment, ie moving from home to hospital, to community hospital, can ultimately cause a poorer outcome. LG spoke of the lack of capacity currently within community services to provide more intensive rehabilitation at home.</p> <p>LG went on to describe how people may need to make decisions about their long-term care and how it is an important choice people should</p>	

not have to make whilst in hospital. She spoke of the importance of developing Rehabilitation and Care Services to also help people stay well at home, giving people more choice and preventing unnecessary admissions to the acute hospital. Many reasons for the need for change were given, including community hospital beds being used for rehabilitation when there could be other options available for people, the need to ensure people are able to access the right care in the right place, reducing delay in their care pathway, increasing people's choices and the need to reduce delay in guardianship.

The risks of not making the transformation were outlined and the steps required to make the vision a reality, along with the many benefits, were described.

Professional Leads were invited to give their views. JR gave assurance she is involved in a lot of the work which will ensure people's human rights are upheld as they are supported to transition from a stay in hospital to home, as safely and sensitively as possible. LB was supportive of the proposed change which has been in due for some time. She commented the contemporary modernising of care delivery is the correct thing to do as an organisation which delivers care to people who need it.

HH was fully supportive and advised all evidence shows people recover better from home, when it is safe for them to do so, surrounded by their loved ones. She gave assurance medical teams will be working to support this model of care.

SB commented the presentation was very powerful and she felt there is no argument against the change, however, down the line she could imagine possible challenge from the local press and public. She felt Comms will play an important role and this has fallen short in the past.

Cllr Liewald was supportive, she felt OT provision will play an important role and must be 100% correct. She stressed situations where a person goes into hospital and rehabilitation does not go to plan and the person never returns to home must be avoided at all costs. Rehabilitation will be vital with the person returning to their own home with equipment and home modifications put in place.

MF felt assured the EQiA gives assurance the carer will be fully involved in all discussions regarding what is required when a loved one returns home. She also felt, care must be taken around Comms as the public may perceive this as 'cuts'.

Cllr Steele thanked LG for the presentation and she felt the video hit home. She agreed with the comments made regarding media interpretation of the change to Service. She queried the % of people awaiting 'on- going care arrangements' and asked if this will include housing modifications. LG advised it would.

PD fully endorsed the change and pointed out, his support comes from his background in Care Homes and Care at Home, and felt assured by the backing from Professional Leads. He advised there may be a risk Care at Home staff perceive rehabilitation as being passed on, adding pressure to existing pressures. Managing this going forward will be

	<p>important.</p> <p>LG valued PD's input and felt it had been vital to the work which has taken place during the past year. She asked if the Committee felt it would be helpful to have a booklet with illustrations to address queries and some of the concerns.</p> <p>CG felt most of his points have been covered, however, wanted to express the importance of the Comms, he felt the sooner the word goes out to the public, the better, giving the reasons behind the changes and why transformation is needed, not just about savings.</p> <p>MF agreed and suggested little video clips showing patient experience with members of staff out in the Community.</p> <p>Cllr Mowatt thanked LG and everyone who has made an input. She expressed concern regarding staff, she asked if she could have a copy of the slides.</p> <p>NC advised the slides will be used in other Committees and may be tweaked before circulation. She asked MF if she would be interested in helping to inform content for videos. The benefit of booklets with pictures was discussed and felt to be very useful.</p> <p>SB commented, the Committee was supportive of the work around Care at Home.</p>	
	<p>Model of Care for People Requiring Overnight Support</p> <p>RL introduced the Business Case which was a proposed Model of Care for People Requiring Overnight Support. A slide presentation supported RL's narrative. RL outlined the current model of care used, which is delivered through a carer staying overnight in a patient's home, either sleeping or awake, depending upon the support needs. The current model of care is labour intensive and costs over £12M per annum.</p> <p>RL advised, for the reasons above, it is intended to move to a new model of care and support through a combination of technology and care staff attending as and when required, however, individual assessment will take place with each patient to assess suitability.</p> <p>The reason for change is to promote independence, to be less restrictive, provide proportionate care, maintain dignity and privacy and to deliver with the current workforce and also financial. It will also assist delivery of the National Health & Social Care outcomes and assist delivery of the Getting It Right for Everyone model.</p> <p>RL explained graphs showing where the 421 individual care arrangements are, age ranges and variation of support arrangements. She stated the service is normally delivered from 2200hrs-0800hrs, traditionally delivered by in-person care. She explained, a number of individuals are supported by more than one person, approximately 18 have a sleeping and one awake member of staff. These are unlikely to be changed.</p> <p>RL explained the various care arrangements, shared care, individual care and the reasons why overnight support is required.</p>	

Through research of Partnerships across Scotland it has been found an alternative model of care is being used by some. This offers support which introduces Technology Enabled Care. Information shared by Glasgow City and Edinburgh has allowed Fife to learn from their experiences. The primary feedback received from Partnerships is communication is key, going slowly to build confidence and trust, and to ensure the pace is comfortable for patients. Locally, in Fife, the model has changed for 21 service users over the past 2 year, moving away from sleep-over to a responder type service using technology.

The many benefits of the technology solutions were outlined and the positive effect on staff wellbeing and retention were described.

Looking ahead, RL outlined how the change in model would impact on Families / Carers / Service Users, Providers and the Partnership. The project is expected to take 3 years to complete due to the complexities and new posts will be required to manage the implementation. Ultimate savings were outlined to the Committee.

RL gave an overview of the perceived risks and mitigating actions which will be put in place to manage and overcome/prevent them, although RL indicated further work is required.

RL finished her presentation by stating, gradual delivery of the transition to technology-based care and a responder service will support the delivery of the national HSC outcomes, the GIRFE aspiration of person centred and proportionate care and also deliver best value with the deployment of the workforce and financial commitments to this aspect of care. Questions were invited.

PD thanked RL for the presentation and the work undertaken so far. He stated he has supported hundreds of sleep-overs over the years of both children and adults, and has been very close with the families and carers and welcomed the new model. He spoke of the many benefits and also the creation of dependency reducing the persons ability to thrive, reduces growth and self-confidence and being able to take a greater level of control in their personal life. He was fully supportive of the model and the stages of testing. He did feel there may be some levels of challenge from families who have fought long and hard to get their level of support in place for their loved one. He also acknowledged the challenges of getting the model right with shared resources. Very complex but believed it was the right thing to do.

Cllr Liewald thanked RL for the report and the huge amount of work which has gone into it. She agreed with PD, there may be a large percentage of push back given some of the complexities. She felt it would be interesting to see how the 15min response works. She was assured to know there will be individual assessments carried out on each individual case and was happy to know where it was believed the level of support currently being provided cannot be changed, it will be maintained. She shared her feeling of nervousness around the model, although she can see advantages, she had concern around the response staff and where they would be based.

SB expressed her concern around the Risks. CG commented on the complexity of the model which he felt would be demand led and spoke of the service's ability to be nimble moving forward. He acknowledged

	<p>technology enabled care is having a massive impact throughout the country and will be key in deliver. He voiced concern around the response times, particularly with other services being in the news currently, which is put down to budgetary cuts.</p> <p>RL did not disagree with anything being said and advised emphasis will be placed on safety. She spoke of the sophistication of the technology and the various packages of care which will be provided to suit individual needs.</p> <p>CIlr Steele commented she was a learning disability nurse for 25 years and she spoke of the difficulty of making changes to the care of individuals who have learning disabilities or autism, as it does not only affect the individual, but also their families.</p> <p>JR spoke of Human Rights and the GIRFE aspiration of proportionate care, the importance of good relationships with individuals receiving care. She stressed the importance of social work and HSCP workforces working together to make individuals feel safe and ensuring the correct degree of support is provided.</p> <p>NC acknowledged the caution coming from the Committee and she asked to sense-check if the Committee is content, from a Quality & Communities perspective, to put support behind the model, as it is tested and build up. She was thoughtful of some of the positive stories which have come from families and individuals who have experienced a change of model. She felt this was something which should come back to the Committee.</p>	
	<p>Care at Home – Packages of Care</p> <p>LG introduced the Business Case – Care at Home – Packages of Care. A slide presentation was shown whilst LG spoke of the strategic need for change and began by describing the current situation where a high number of service users require a double-up package of care due to moving and handling considerations associated with specific equipment. She outlined the considerable cost implications and logistical issues with two carers required to travel and attend a patient at each visit. LG gave background to why the double-up packages of care have been used and spoke of the proposed change to a single handed care model with specialist equipment installed in service users' homes, the training which will be provided to carers and the risk assessments required in detail.</p> <p>Benefits of the new model to patients, their families/carers and to HSCP were described. Managing the change and the risks associated if change is not implemented were explained. A comparison of costs was provided and how savings can be achieved whilst improving the quality of care to service users.</p> <p>Details of expected timescales and means of consultation were given. Questions were invited.</p> <p>MF thanked LG for her presentation and she felt anything which can cut down the amount of traffic in people's homes is positive and the benefit of freeing up a carer is very beneficial. She asked if a fit and able unpaid carer would be able to use the equipment. LG advised</p>	

	<p>they would and felt the model could make a positive difference for unpaid carers too.</p> <p>PD advised through his experience of speaking with recipients of this type of care, it has been fed back, they have had a positive experience with one carer, in some cases their family member has been able to deliver the care which has been more dignifying for them, rather than a stranger. He mentioned there are 3 collaborative provider members working with Lorna going forward to look at the maximum impact across the whole system.</p> <p>ClIr Liewald was fully supportive and felt it will have a very positive impact on service users. She queried if there has been enthusiasm to undertake the training required to operate the new equipment. LG advised, it has been welcomed, not just from carers but from OTs.</p> <p>ClIr Mowatt asked if there was expected to be some % of 680 people who will retain double carer support. LG advised, there will be a large % who will still require 2 carers. There will be work carried out to ensure the correct support is provided for individuals.</p> <p>SB confirmed she was hearing the Committee is supportive of the model.</p>	
	<p>Reimagining the Third Sector</p> <p>FMcK introduced the final Business Case – Reimagining the Third Sector. FMcK advised, this work follows on from initial work carried out with Third Sector Partners to look at realignment of programmes to meet changing needs since Covid.</p> <p>FMcK advised, as organisations have their own offices and buildings, there has been work to look at how buildings can be utilised better to reduce costs. She spoke of the possibility of third sector providers delivering on behalf of HSCP and what capacity may be available to do so. Recommissioning of services between partners to increase opportunities to reduce unnecessary costs was described, also an evaluation framework to ensure best value, via service level agreements.</p> <p>FMcK also spoke of a payment ‘holiday’ for organisation with substantial reserves over their organisations reserves policy, as linked to Office of the Scottish Charity Regulator. Questions were invited.</p> <p>ClIr Liewald applauded the work being carried out and gave it her full support.</p> <p>SB advised the Committee are supportive and asked if there is an appetite within the Third Sector. FMcK confirmed there has been real buy in by thinking about best value and ensuring the money being spent is meeting needs. She spoke of buildings which can be shared for use with shared costs, being fully utilised. There was discussion around ensuring the services being delivered is what is needed and feedback coming through locality planning.</p> <p>Drop in sessions have been arranged to discuss the proposed Business Plans.</p>	

<p>8.3</p>	<p>PC Improvement Plan</p> <p>LC introduced the Primary Care Improvement Plan which was brought to Committee to inform and ensure commitment to ongoing delivery of the Plan.</p> <p>LC outlined the background within the Paper which detailed the current position and she drew attention to Appendix 1, showing the Plan for 2023-2024. LC stated, a workshop with wide stakeholder attendance and engagement was involved in the design of the Plan for 2023/24, which in turn, supports the ambition for the PC Strategy.</p> <p>LC described how through the delivery of the Plan, GPs will be released to focus on complex care needs. She spoke of MDT work, CTAC, Pharmacotherapy and Risk.</p> <p>LC advised, a position from Scottish Government was awaited around transitional payments, this caused delay in bringing the report forward as changes to the Plan may have been required. However, this did not transpire. An update on current progress, qualitative feedback from service users and staff involvement in delivery was given.</p> <p>LC stated, a further workshop will be convened to involve stakeholders in delivery of 2024/25 and she spoke of GMS involvement in design of the Plan.</p> <p>SB was pleased to hear Scottish Government is fully supporting. LC advised, Scottish Government provide Directions and resources, which are worked in line with.</p> <p>Cllr Liewald, thanked LC for a very comprehensive report and felt it was presented in an easy to read format, giving good understanding of the work taking place. She felt it very useful when passing on information and helped her answer queries received from constituents.</p>	
<p>9</p>	<p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p>	
<p>9.1</p>	<p>Armed Forces Covenant Duty</p> <p>FMcK introduced the report which was brought to Committee for discussion and decision. She explained, The Armed Forces Act 2021 came into force in November 2022, building on existing legislation and introducing the Armed Forces Covenant Duty which makes it a statutory duty to consider the principles of the Armed Forces Covenant and any supporting guidance, when planning, funding and delivering specific functions in healthcare, education and housing.</p> <p>FMcK told of a short life working group, which has been set up to ensure that the requirements of the Covenant are fully embedded across policies and practices. She touched on some of the work taking place, ie making employees aware of their responsibilities relating to the Armed Forces Covenant Duty and understand how this relates to their work activities/services. Also, EQiA will be updated to include specific reference to the needs of the Armed Forces Community.</p> <p>FMcK described an App (Connect App) which has been developed nationally and is being utilised in Fife to accommodate a local directory</p>	

	<p>of services and support which is available to the Armed Forces Community. Input to the App will come from Fife Council, NHS Fife and Fife HSCP. As part of a communications plan to raise awareness, a Sway has been developed providing guidance and signposts the local directory held on the App. FMcK spoke of further work which will be taken forward.</p> <p>Cllr Liewald and FMcK spoke of the Rosemount Centre in Lochgelly where great work takes place offering support to veterans.</p>	
9.2	<p>Director of Public Health Report 2023: Children and Young People in Fife: The Building Blocks for Health</p> <p>This report was deferred to the next meeting on 17.01.24.</p>	
9.3	<p>Pharmaceutical Care Services Report 2022/23</p> <p>HC introduced the Pharmaceutical Care Services Report which was brought to Committee for Assurance and is presented annually.</p> <p>HC stated Pharmacy, in line with Pharmacy Regulations, are legally obliged to submit the Report, which sits within the complexity of both Primary Care and Independent Contractors. She advised, in terms of Community Pharmacy, provision is delegated to IJB, however, the Regulations and Pharmacy Regulations are enacted by the Health Board.</p> <p>The Paper reports on Pharmaceutical Services provided by Community Pharmacy across 86 sites in Fife. The report will go to IJB on 24.11.23.</p> <p>HC told of the very robust public engagement process involved where the report goes out to a number of groups and panels for a period of 4 weeks, feedback is then incorporated into the report. The report describes all the core services and additional services provided by Community Pharmacy and the positive impact they have on customer care. The report also assesses any unmet need across the Board in terms of Pharmaceutical services.</p> <p>HC highlighted several points from the report, including in Fife there is 88.5% of the Fife population living within 1mile of their nearest pharmacy, a good spread and geography and the services they provide are wide and varied and very much welcomed by the public. Each of the areas within the report, pharmacy first plus is the envy of the other 3 nations, seeing 22.5K patients per month who go through the service. In terms of some of the newer services, HC drew attention to the Appendices within the report.</p> <p>LB commented the report was excellent and was well received at SLT and other Committees, she felt it was comprehensive and easy to follow.</p>	
9.4	<p>Care Inspectorate Grades for Social Care Services</p> <p>This report was deferred to the next meeting on 17.01.24.</p>	

10	LIVED EXPERIENCE	
10.1	Lived Experience – Head and Neck Cancer This presentation was deferred to the next meeting on 17.01.24.	
11	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	11.1 Quality Matters Assurance Group Confirmed Minute from 18.08.23 11.2 Strategic Planning Group Unconfirmed Minute from 05.09.23 11.3 Clinical Governance Oversight Group Unconfirmed Minute from 11.4 Fife Drugs and Therapeutics Committee Unconfirmed Minute from 16.08.23	
12	ITEMS FOR ESCALATION Community OT Service Waiting Times - SB asked if a PMO approach can be taken and NC will have a meeting with the Team. An update will come back to Committee.	
13	AOCB	
14	DATE OF NEXT MEETING	
	17th January 2024, 1000hrs, MS Teams	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 21 NOVEMBER 2023 AT 9.00 AM VIA TEAMS

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Wilma Brown, Interim Staff Side Representative, NHS Fife
Debbie Fyfe, Joint Trades Union Secretary
Audrey Valente, Chief Finance Officer, H&SC
Ben Morrison, Royal College of Podiatry, NHS Fife
Billy Nixon, Health & Safety, NHS Fife
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elizabeth Crighton, Organisational Development and Culture Specialist (Wellbeing)
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Jennifer Rezendes, Principal Social Work Officer
Kenny McCallum, UNISON
Kirsty Cairns, UNISON, NHS Fife
Lee-Anne French (for Elaine Jordan)
Lisa Cooper, Head of Primary & Preventative Care Services
Lynn Barker, Director of Nursing - HSCP.
Lynne Garvey, Head of Community Care Services
Melanie Jorgensen, HR Team Leader, NHS Fife
Paul Hayter, NHS Fife
Rona Laskowski, Head of Complex & Critical Care Services
Sharon Adamson, RCN
Vicki Bennett, British Dietetic Association Representative
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Elaine Jordan, HR Business Partner, Fife Council
Eleanor Hagggett, Staff Side Representative, Fife Council
Helen Hellewell, Deputy Medical Director, H&SC
Lynne Parsons, Employee Director / Society of Chiropodists and Podiatrists
Morag Stenhouse, H&S Adviser, Fife Council
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Robertson, UNITE
Yvonne Batehup, UNISON Welfare Representative

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
2	PREVIOUS MINUTES / ACTION LOG FROM 26 JULY 2023	

The Minute and Action Log from the meeting held on 26 July 2023 were both approved as accurate records of the meeting.

NO	HEADING	ACTION
3	JOINT CHAIRS UPDATE	
	There were no items raised by co-chairs.	
4	iMATTER UPDATE	
	Nicky Connor provided this update on behalf of Roy Lawrence. To date 87.5% of teams within the partnership have completed an Action Plan following this year's iMatter survey. Nicky expressed her thanks to Diane Roth who promoted and championed iMatter this year.	
5	FEEDBACK FROM LPF DEVELOPMENT SESSION	
	An Action Note had been circulated with the papers for the meeting and those present agreed it was an accurate reflection of the session.	
6	ANNUAL REVIEW OF LPF AGREEMENT	
	This has been updated to replace Simon Fevre with Wilma Brown and the LPF members were content that it be finalised, signatures added and circulated to LPF members.	WA
7	SUSTAINABLE WORKFORCE AND SUPPLEMENTARY STAFFING	
	Lynn Barker outlined the content of this report which was being brought to the LPF for awareness and assurance. There has been a good reduction in the use of non-framework agency staff although these can be used if the need arises. Wilma Brown asked about the situation at Queen Margaret Hospital where wards were amongst the top users of agency staff. Surge wards are still in use and staffing is considered on a whole system basis. Transformation plans should have an impact on the use of surge beds moving forward. Recruitment continues to be an ongoing challenge.	
8	YEAR ONE WORKFORCE ANNUAL REPORT & YEAR TWO WORKFORCE PLAN	
	Nicky Connor provided this update on behalf of Roy Lawrence and the report was seeking endorsement for the work undertaken over the past year as well as the plan for the coming year.	
	An Internal Audit Report is at the final draft stage and information from this has been captured in the Workforce report. The final Audit Report will be brought to a future LPF meeting. The report shows that a huge range of activity has taken place and this is testament to the efforts of the partnership workforce. Appendix 2 gives a summary of short-term actions, the vast majority of which have been completed.	
	Debbie Fyfe requested to meet with Roy Lawrence out with the meeting to discuss the Workforce Strategy in more detail.	RLaw/DF
	The LPF supported and endorsed the report whilst recognising the ongoing workforce pressures within the partnership.	

9 HEALTH & WELLBEING**Attendance Information**

Melanie Jorgensen updated from an NHS perspective which showed absence increased slightly in September 2023, which is the 14th consecutive month with a sickness absence rate above 6%. Short term absence is up whilst long term absence has reduced. There are 29 areas with an absence rate of over 10%. Attendance Panels continue to focus on hot spots working with HR and staff.

Lee-Anne French provided an update from a Fife Council perspective which showed the absence rate reduced to 12.9% in September and further reduced in October, to 11.6% which is the lowest level over 2023 to date, and since reporting commenced in January 2021. There has been a slight rise in short term absence and a reduction in long term absence is partly attributed to capability hearings taking place.

Debbie Fyfe asked about strategies which are being looked at for reducing sickness absence and also about flexible retirement in the care sector, which is a Fife Council Policy but is having issues in this area. It was agreed that there is definitely no blanket ban on flexible retirement and this requires further investigation.

Staff Health & Wellbeing

Melanie Jorgenson updated on the latest staff hub to be opened at Whyteman's Brae in Kirkcaldy and also a staff chill out area within phase 1 at Victoria Hospital, which were both possible due to funding from Fife Health Charity.

Manager information sessions are available to showcase the range of local and national staff support which is available. Stafflink has details of yoga classes which are taking place at Queen Margaret. Staff can join Team Fife in their Race for Recipients to support organ donation. Once for Scotland has provided menopause support information. The staff health and wellbeing plan is up for renewal and staff are encouraged to get involved.

Wilma Brown raised the issue of a staff hub at Cameron Hospital which has been on the cards for a while, but progress has been slow. Lynne Garvey have staff who are involved in this and will connect them with Wilma to try and get this progressed.

Lee-Anne had no update as this was normally done in conjunction with Elizabeth Crighton who has just returned to the partnership.

Employee Relations Update

Melanie Jorgenson advised that NHS activity has increased slightly recently. Cases which have been ongoing for over 7 months continue to be reviewed and progressed to conclusion as quickly as possible. Delays impacting the investigations include the health and wellbeing of the staff involved, the complexity of the investigation, awaiting medical advice, high numbers of witnesses and linked criminal proceedings. Managers continue to be encouraged to utilise early resolution where possible. Turas Policy modules can be accessed by managers and a comprehensive suite of supporting documents is available.

9 HEALTH & WELLBEING (CONT)**Employee Relations Update (Cont)**

Last quarter there were 22 disciplinary cases, this has reduced to 19. An overview was provided. workshops have been arranged for Service Managers using a lessons learned approach.

Nicky Connor reminded those present of the confidential nature of the information being provided in this report and all agreed a higher-level summary will be the approach used in the future.

Recruitment Update

Melanie Jorgenson and Lee-Anne French both provided updates from their respective organisations and outlined the areas with the highest vacancy rates.

Within NHS Fife an experience survey has been carried out for internationally recruited staff which has had positive feedback.

A jobs fair for hard to fill roles was held recently and over 500 people attended on the day, interviews were held on the day and information on the number of people recruited from this should be available in the near future.

An Open Day is planned for 1 February 2024, a working group has been established to support this.

Nicky Connor thanked Melanie and Lee-Anne for all of their reports which continue to highlight to challenges faced by the partnership and the proactive approach being taken to address.

10 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)**Mandatory Training Update**

Rona Laskowski advised that SLT continue to focus on this at regular meetings and the dashboard was circulated with the papers for the meeting. The target for the end of the calendar year was 90% compliance and whilst progress is being made, this target is unlikely to be reached. This continues to be proactively promoted and to work with staff to support addressing mandatory training needs. Clarity has been sought on the range of mandatory courses within NHS Fife and Fife Council and there continue to be challenges with the accuracy of information as a digital solution is sought for recording Fife Council data.

It was discussed that there is greater oversight on mandatory training and this is being monitored closely. There will be challenges during winter which may delay staff being able to undertake training and novel ideas will be needed to try and ensure this can happen.

H&S Updates – NHS and Fife Council

Billy Nixon had provided a written update which had been circulated with the papers for the meeting. He gave a quick overview of the content of his paper and advised that there are no areas within the report which concerned him. It is hoped that Violence and Aggression Training could become a mandatory course for some groups of NHS staff.

NO	HEADING	ACTION
10	<p>HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP) (CONT)</p> <p>H&S Updates – NHS and Fife Council (Cont)</p> <p>Morag Stenhouse had given her apologies for the meeting but had provided a written update which had been circulated prior to the meeting.</p> <p>Wilma Brown raised safety concerns around the Ceres Centre at Stratheden Hospital which staff had brought to her attention. It was agreed there would be a follow up discussion with Rona Laskowski.</p>	
11	<p>FINANCE UPDATE / BUDGET</p> <p>Finance Update</p> <p>Audrey Valente advised that the forecast overspend as at September was £1.468m, recovery actions and the use of reserves have reduced this from £4.8m in July. Key areas of overspend are Hospital & Long-Term Care, GP Prescribing, Family Health Services, Older People Residential and Day Care, Homecare Services and Adult Placements. These overspends are offset by the underspends in Community Services, Older People Fife Wide / Hospital Discharge, Adults Fife Wide and Adults Supported Living.</p> <p>A report on recovery actions will be brought to the first IJB meeting on 2024 (2 February 2024).</p> <p>The Reserves carry forward at year end is forecast to be approx £7.2m which is below the 2% policy level, but this is under review.</p> <p>The transformation cases being brought to the November 2023 and 2024 IJB meetings will assist with the delivery of savings.</p> <p>Nicky Connor acknowledged the complex challenges faced by Audrey and her team and thanked them for this report.</p> <p>Transformation Update</p> <p>Four booklets had been provided with the papers for the meeting. Two of these transformations (Care at Home and Reimagining the Third Sector) are being taken to the IJB on 24 November 2023. The two remaining cases (Community Rehabilitation and Care Model and Transforming Overnight Care) will be taken to the IJB in 2024. These were discussed at an LPF session on 10 November 2023 and the LPF supported these going forward to IJB meetings.</p> <p>Nicky Connor thanked all LPF members the valued engagement to date on these and this will continue.</p>	
12	<p>SERVICE PRESSURES & WORKFORCE UPDATE</p> <p>System Pressures</p> <p>Lynne Garvey updated on behalf of Lisa Cooper and advised that a strategic oversight group has been set up to look at primary care sustainability. This involved staff side representatives. Recruitment continues to be a challenge. Access to dentistry is also challenging.</p>	

12 SERVICE PRESSURES & WORKFORCE UPDATE (CONT)

System Pressures (Cont)

Lynne Garvey advised that a lot of what she was going to raise under this item has already been discussed during the meeting. Care at Home is still running with considerable vacancies and absence. Absence panels continue to try and address issues.

Rona Laskowski advised that vacancies and sickness absence continue to be bring pressure in her area, with a 30% vacancy rate in mental health roles. An early intervention pilot is starting within Adult Resources – Supported Accommodation to improve attendance levels.

Update on Industrial Action

This was a legacy item from previous LPF meetings when there were potential school strikes planned. Currently no industrial action forecast.

Supporting Work/Life Balance

Melanie Jorgenson advised that several workforce policies of NHSScotland, aimed at supporting work-life balance, have been recently updated and refreshed. This comprises the following workforce policies:

- Flexible Work Location
- Flexible Work Pattern
- Retirement
- Career Break
- Special Leave
- Maternity
- New Parent Support
- Shared Maternity and Shared Adoption
- Parental Leave
- Breastfeeding
- Adoption, Fostering and Kinship

Briefing sessions for managers and trade union reps are planned for December 2023.

13 UPDATE ON NATIONAL CARE SERVICE

Eleanor Haggett had given her apologies for this meeting so was unable to provide an update.

NO	HEADING	ACTION
14	LPF MEETING DATES JANUARY 2024 – MARCH 2025	
	The proposed dates were accepted and appointments will be circulated shortly.	WA
15	ITEMS FOR BRIEFING STAFF	
	Agreed to put an article in the Director’s Brief welcoming Wilma Brown to the IJB and LPF as Interim Staff Side Representative. It was agreed to issues a co-chairs festive message.	
16	AOCB	
	Nothing was raised under this item.	
17	DATE OF NEXT MEETING	
	16 January 2024 – LPF Meeting - 9.00 am – 11.00 am	



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED

MINUTE OF THE STRATEGIC PLANNING GROUP HELD VIRTUALLY ON MONDAY 13TH NOVEMBER AT 11.00 AM

<p>Present:</p>	<p>Cllr Graeme Downie (Chair) Fiona McKay, Head of Strategic Planning, Performance & Commissioning Cllr Dave Dempsey Cllr Rosemary Liewald Lesley Gauld, Team Manager, Strategic Planning William Penrice, Service Manager, Performance Management & Quality Assurance Kenny Murphy, Third Sector Representative Paul Dundas, Independent Sector Representative Jennifer Rezendes, Professional Social Work Officer Nicky Connor, Director of Health & Social Care Paul Short, Service Manager, Housing Services Helen Hellewell, Associate Medical Director</p>
<p>Apologies for Absence:</p>	<p>Ben Hannan, Director of Pharmacy and Medicines Vicki Birrell, Team Manager, Strategic Planning Dr Rishma Maini, Consultant in Public Health Claire Dobson, Director of Acute Services Lynn Barker, Associate Director of Nursing Catherine Jeffrey Chudleigh, Consultant in Public Health Tracy Harley, Service Manager, Participation & Engagement Audrey Valente, Chief Finance Officer Cllr Sam Steele Jacquie Stringer, Service Manager, Locality/Community Led Support Morna Fleming, Carer Representative Lynne Garvey, Head of Community Care Services Lisa Cooper, Head of Primary & Preventative Care Fay Richmond, Executive Officer to Chief Executive & Board Rona Laskowski, Head of Complex & Critical Care Ian Dall, Service User Representative</p>
<p>In Attendance:</p>	<p>Roy Lawrence, Principal Lead, OD & Culture Kay Samson, Health Improvement Programme Manager Gillian Muir, Management Support Officer (Minutes)</p>

NO.	TITLE	ACTION
1.	<p>WELCOME AND INTRODUCTIONS</p> <p>Graeme Downie welcomed everyone to the meeting and apologies were noted as above.</p>	

NO.	TITLE	ACTION
2.	<p>MINUTE OF LAST MEETING – 5TH SEPTEMBER AND ACTION LOG</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> <p>Action Log reviewed and amendment to be made to reflect action to be taken by Fiona McKay and Elizabeth Butters with regards to comments made in relation to minimum unit pricing. This will be picked up through the Alcohol and Drug Partnership and comments fed into the Licencing Board.</p>	GM
3.	<p>ARMED FORCES COVENANT DUTY</p> <p>Fiona McKay provided a presentation outlining the purpose of the Duty and the legal responsibilities/duties set out for partner agencies.</p> <p>A Short Life Working Group has been set up to ensure that the requirements of the new Armed Forces Covenant Duty are fully embedded across the policies and practices of the Fife partner agencies, including Fife Council, Fife Health and Social Care Partnership/Fife Integration Joint Board, and NHS Fife.</p> <p>Fife partner agencies have an established support network in place, including Fife Council's Armed Forces and Veterans Community Champion, NHS Fife Armed Forces and Veterans Champion, Fife Community Covenant Partnership, the Armed Services Advice Project and Veterans 1st Point.</p> <p>Building on the strong support network that is already in place for the Armed Forces Community, the Short Life Working Group have developed a multi-agency Work Plan included at page 14 of the papers.</p> <p>The work of the Short Life Working Group will increase compliance with the Armed Forces Covenant Duty across Fife, promoting awareness of potential challenges or issues relating to service provision, and improving outcomes for members of the Armed Forces Community.</p> <p>The discussion was opened up to Strategic Planning Group members who provided their comments and feedback on the report. Items raised for discussion included a query with regards to if there was any data that tells the Partnership where there may be any gaps or areas of improvement. The additional army regiments due to transfer to Leuchars was also raised.</p> <p>Links were provided to the Strategic Planning Group of the most recent SWAY - https://sway.office.com/tV7Mgm37odrljWUJ?ref=Link</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ol style="list-style-type: none"> 1. Noted the contents of the report and related Work Plan. 	

NO.	TITLE	ACTION
3.	<p>ARMED FORCES COVENANT DUTY (continued)</p> <p>2. Discussed the implications of the Armed Forces Covenant Duty for the Health and Social Care Partnership.</p> <p>3. Recommended the Update Report and related Work Plan are progressed to the Integration Joint Board for final approval.</p>	
4.	<p>STRATEGY FLASH REPORTS</p> <p>a <u>Advocacy Strategy</u></p> <p>Fiona McKay provided an overview of the flash report submitted and progress of work undertaken to date, noting the Strategy was signed of by the IJB in May 2023. Procurement have arranged a sixth month extension of the current advocacy contract (from December 2023) with the new contract commencing in July 2024.</p> <p>An Easy Read Version of the Strategy has been developed and is available on the Partnerships website at http://www.fifehealthandsocialcare.org/publications. A SWAY has also been created which provides an accessible summary of the key elements of the strategy. https://sway.office.com/XmGMNDNogsE4r00U?ref=Link.</p> <p>It is also planned to reinstate the Joint Advocacy Planning Group to develop a detailed delivery plan for the Advocacy Strategy. The group will include colleagues from Health & Social Care and other key stakeholder groups.</p> <p>No questions were raised and the Strategic Planning Group noted the paper.</p> <p>b <u>Primary Care Strategy</u></p> <p>Helen Hellewell presented flash report as way of update on the establishment of the primary care strategy following its approval at IJB and noting the work that is underway.</p> <p>Stakeholder event held at the end of October to focus on presentation of the strategy including the performance and assurance required, the overarching deliverables to agree priority focus for year1 for each primary care service area both independent and managed.</p> <p>Further updates will be brought back around quarter 4 with a further report being presented through Governance Committees.</p> <p>No further questions were raised and the Strategic Planning Group noted the paper.</p>	

NO.	TITLE	ACTION
<p>4.</p> <p>c</p> <p>d</p>	<p>STRATEGY FLASH REPORTS (continued)</p> <p><u>Workforce Strategy</u></p> <p>Roy Lawrence provided an overview of the flash report submitted and progress of work undertaken to date, noting this was the first update to be provided to the Strategic Planning Group.</p> <p>The Three-Year Workforce Strategy 2022-2025 and Year 1 Workforce Action Plan 2022-2023 were approved by the IJB in November 2022. The Annual Report for the Year 1 Plan is currently progressing through the Governance Committee's.</p> <p>Workforce is recognised as a strategic risk for the Integration Joint Board and the work contained within the Annual Report and Year 2 Plan set out the range of mitigating actions undertaken so far, and planned for the year ahead, to reduce the risk.</p> <p>Actions from the Year 1 Plan have either been completed, or where they have had to be extended, are included in the Year 2 Plan.</p> <p>It was also highlighted the workforce crisis faced but the Group were assured of the steps being taken forward to address this with the wide-reaching workforce plan that has been developed.</p> <p>The Strategic Planning Group discussed international recruitment, the Health & Social Care Care Academy of which Housing Services are also part of and the partnership with Fife College.</p> <p>No further questions were raised and the Strategic Planning Group noted the paper.</p> <p><u>Prevention & Early Intervention Strategy</u></p> <p>Kay Samson provided an overview of the flash report submitted and progress of work undertaken to date, noting this was brought as a follow up from discussions at the last Strategic Planning Group meeting with regards to participation and engagement work undertaken.</p> <p>Work continues with the Participation & Engagement Team to strengthen areas of the Strategy.</p> <p>The Strategic Planning Group noted the full report is due to be presented to the IJB in January and felt perhaps to allow for further work it may be best to defer until March but would be guided by officers thoughts.</p> <p>No further questions were raised and the Strategic Planning Group noted the paper.</p>	

NO.	TITLE	ACTION
5.	<p>STRATEGIC PLANNING GROUP TERMS OF REFERENCE</p> <p>The Terms of Reference were circulated to members for review.</p> <p>Members provided their feedback and comments.</p> <p>Agreed a review of Section 3 Remit to be undertaken to ensure that the themes listed are still appropriate and identify if there are any gaps.</p> <p>Noted that the governance structure will help to support the quality aspect of our work and this will come through the Quality and Communities Committee.</p>	LG
6.	<p>STRATEGIC PLANNING GROUP WORK PROGRAMME</p> <p>No further comments on the work plan were received.</p>	
7.	<p>ANY OTHER BUSINESS</p> <p>No other business was offered.</p>	
5.	<p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> • Thursday 7th March 2024 at 2.00 pm 	