

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

Tuesday, 14th September, 2021 - 10.00 a.m.

AGENDA

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- | | |
|--|---------|
| 1. APOLOGIES FOR ABSENCE | |
| 2. DECLARATIONS OF INTEREST – In terms of Section 5 of the Code of Conduct, members of the Committee are asked to declare any interest in particular items on the agenda and the nature of the interest(s) at this stage. | |
| 3. MINUTE - Minute of the meeting of the Education and Children's Services, Health and Social Care Scrutiny Committee of 25th May, 2021. | 3 – 5 |
| 4. REPORT ON PROGRESS ON THE WORK OF THE MULTI-AGENCY STRATEGIC OVERSIGHT GROUP - FOCUS ON (NEURODEVELOPMENTAL PATHWAY) INITIALLY FOR AUTISM – Report by the Head of Education and Children's Services. | 6 – 30 |
| 5. CARE EXPERIENCED YOUNG PEOPLE - MENTAL HEALTH SUPPORTS – Report by the Executive Director - Education & Children's Services | 31 – 35 |
| 6. OUR MINDS MATTER : FIFE CAMHS PARTNERSHIP – Report by the Executive Director - Education & Children's Services. | 36 – 67 |
| 7. REVENUE BUDGET PROVISIONAL OUTTURN REPORT 2020-21 FOR SOCIAL CARE SERVICES – Joint report by the Director of Health and Social Care and the Executive Director - Finance and Corporate Services. | 68 – 76 |
| 8. 2020-21 CAPITAL MONITORING PROJECTED OUTTURN – Joint Report by the Executive Director - Finance and Corporate Services and the Director of Health and Social Care. | 77 – 81 |
| 9. REVENUE BUDGET PROJECTED OUT-TURN REPORT 2021-22 FOR SOCIAL CARE SERVICES – Joint report by the Director of Health and Social Care and the Executive Director - Finance and Corporate Services. | 82 – 89 |
| 10. 2021-22 CAPITAL MONITORING PROJECTED OUTTURN – Joint Report by the Executive Director - Finance and Corporate Services and the Director of Health and Social Care. | 90 – 94 |
| 11. EDUCATION AND CHILDREN'S SERVICES, HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE FORWARD WORK PROGRAMME | 95 – 97 |

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

Eileen Rowand
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7th September, 2021

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

25th May, 2021

10.00 a.m. – 12.55 p.m.

PRESENT: Councillors Tony Miklinski (Convener), Ian Cameron, Bill Connor, Altany Craik, Colin Davidson, Andy Heer, Kathleen Leslie, Carol Lindsay, Lea Mclelland, David Ross, Jonny Tepp, Ann Verner and William Imlay, Religious representative.

ATTENDING: Maria Lloyd, Head of Education and Children's Services (Secondary Schools and Specialist Support), Kathy Henwood, Head of Education and Children's Services (Children and Families and Criminal Justice Services); Christine Moir, Senior Manager (Children and Families and Criminal Justice Services); Nicky Connor, Director of Health and Social Care, Fiona McKay, Divisional General Manager (Interim), Health and Social Care; Helena Couperwhite, Manager - Committee Services and Wendy MacGregor, Committee Officer, Legal and Democratic Services.

ALSO Fiona MacKay, Age Concern Scotland.

ATTENDING:

APOLOGIES FOR ABSENCE: George Haggarty, Religious representative.

45. DECLARATIONS OF INTEREST

No declarations of interest were made in terms of Standing Order No. 7.1.

46. MINUTE

The Committee considered the minute of the meeting of the Education and Children's Services, Health and Social Care Scrutiny Committee of 30th March, 2021.

Decision

The Committee agreed to approve the minute.

47. UPDATE REPORT ON THE BELONG TO FIFE STRATEGY

The Committee considered a report by the Senior Manager, Education and Children's Services providing an update on the development of the Belonging to Fife Strategy and the impact of the Strategy during 2020-21, highlighting a significant reduction in High Cost Residential Placements and providing a summary of Social Work activity in support of the Strategy.

Decision/

Decision

The Committee:-

- (1) considered the content of the report and congratulated the Social Work Service for the excellent progress achieved in the implementation of the Strategy;
- (2) acknowledged that savings from a significant reduction in the use of High Cost Residential Placements had achieved a greater outcome in reconnecting children with family and community and the provision of support for those families from renewed working with partners; and
- (3) agreed that further areas for scrutiny highlighted by the Committee, including: the disparity in payments for Carers across the public and private sectors; recruiting Foster Carers; and training and financial support for Carers, etc, would be considered in a future report to this Committee on Social Work Workforce issues.

48. IMPACT ON SOCIAL CARE FOR ADULTS AND OLDER PEOPLE - APPLICATION OF THE ELIGIBILITY CRITERIA IN FIFE

The Committee considered a report by the Divisional General Manager (Interim), Health and Social Care detailing the current position in respect of the volume of assessments against the Eligibility Criteria assessed as substantial or lower as detailed within the Health and Social Care Partnership's eligibility criteria.

The Committee welcomed Fiona MacKay, Age Concern Scotland, Glenrothes branch, to the meeting. Fiona presented the Committee with an overview of the work undertaken and services provided by Age Concern, including the eligibility criteria they are required to work within.

Decision

The Committee:-

- (1) thanked Fiona MacKay, Age Concern Scotland for her informative presentation and acknowledged the valuable Service provided by the organisation;
- (2) recognised the high demand for Social Services for Adults and Older People in Fife and noted that Service provision was largely restricted to those assessed as having critical needs and that resources were inadequate to allow full support to those assessed as having substantial/moderate/low needs;
- (3) noted an increase in the requirement for support from Third Sector Services and Partnership Organisations to provide critical care services and the challenges that the Services faced due to increased demand during the pandemic;
- (4)/

- (4) noted additional support was available from Services such as Occupational Therapy, Age Concern Scotland, Help Stay at Home Service, Dementia Home Support, etc, for clients assessed as moderate or low need; and
- (5) requested an estimated cost for the provision of an average weekly care package for a service user assessed as moderate need, in comparison with a critical care package.

Councillors Leslie and Ross left the meeting during consideration of the above item.

The meeting adjourned at 12.00 p.m.

The meeting reconvened at 12.10 p.m.

49. FACTUAL BRIEFING ON HEALTH AND SOCIAL CARE MANAGEMENT STRUCTURE

The Committee considered a presentation by Nicky Connor, Director of Health and Social Care Partnership, outlining the improvement journey to 2024 for the Fife Health and Social Care Partnership. The presentation focused on delivering the outcomes and principles of integration and priorities in the strategic plan to improve the user's experience of care services; a clear management structure to strengthen leadership and key service functions; aiming to be amongst the highest performing Health and Social Care Partnerships and Integration Joint Boards by 2024.

Decision

The Committee welcomed the informative presentation detailing the Health and Social Care Partnership's improvement journey to 2024.

50. EDUCATION AND CHILDREN'S SERVICES HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE FORWARD WORK PROGRAMME

The Committee

- (1) noted the Education and Children's Services Scrutiny Committee Forward Work Programme;
 - (2) agreed to include an item on the 'Feeley Report', the impact for Fife on the Forward Work Programme for further scrutiny at a future meeting – date to be advised; and
 - (3) requested members contact the Manager, Committee Services, Legal and Democratic Services with any other suggested reports for inclusion on the Forward Work Programme.
-

14th September 2021

Agenda Item No. 4

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

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

Wards Affected: All

Purpose

This report is to provide an update on the progress made since the February 9, 2021 Scrutiny committee which agreed to the establishment of a Multi-agency Strategic Oversight Group Focus (Neurodevelopmental pathway) initially for Autism and to develop actions to address issues as had been outlined in the Committee report [Agenda and Papers Education and Children's Services Health and Social Care Scrutiny Committee 9th February 2020](#)

The report will also outline the three 'Test for Change' pilots being proposed. The first pilot via Health and Social Care with the Scottish Autism and One Stop Shop (OSS), an outline of a second pilot being proposed by NHS and then the third by Education with support of the NHS.

This report sets out the progress made to date in relation to the action plan developed, which covers the 6 main priority areas agreed as a focus for one year. These areas are: -

1. Consolidate current position across Partners
2. Neurodevelopmental Pathways
3. Communication
4. Improving Outcomes for Autistic People
5. Transitions
6. Other Gaps Identified

Recommendation(s)

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

1. Scrutinise the progress of the work done so far.
2. Request any more details that could be included prior to February 2022 committee report

Resource Implications

The newly formed Strategic Oversight Multi-Agency Group has met 8 times and has had numerous email correspondence over various matters. Group members have also met individually to discuss or complete tasks. The group discuss the key challenges and issues that need to be addressed from various services and consider solutions or actions to be taken.

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

Legal & Risk Implications

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

For all adult age groups, the key legislation is:

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

Impact Assessment

An EqlA is not required because the report does not propose a change or revision to existing policies and practices.

1.0 Background

- 1.1 A Multi-agency Strategic Oversight Group focus (Neurodevelopmental pathway) initially for Autism has now been established. The current composition of the group includes representatives from across E&CS and H&SC with one NHS representative. In addition, the chair has continued to engage with the three presenters from the February committee: Charlene Tait, Deputy CEO, Scottish Autism, Katy MacGregor, Disability Employment Coordinator and Karen Brown, Carer.
- 1.2 The group agreed an initial term of reference which outlined the remit and membership of the group. This will be reviewed every six months as issued to Education and Children's Services and Health and Social Care Scrutiny committee members in April 2021.

- 1.3 The main task of the group is to progress the six priority areas identified in the action plan, to link these to the Transformation plan from the Scottish Government and, in turn, oversee the future implementation of the neurodevelopment pathway.
- 1.4 Each service is continually gathering information on progress and work related to Autistic Spectrum Disorder (ASD). This has enabled a clear focus on key areas to be developed, discussed and improved via a working action plan.
- 1.5 The action plan outlines the main actions from the initial report in February 2021, but also links to the Scottish Government Transformational actions. (See appendix 3)

2.0 Progress made

Consolidate current position across Partners

- 2.1 It is clear from all services represented that there are a range of working groups focussing on ASD and/or Learning disabilities. As the oversight group is now in full operation, these working groups are reporting back to their link person in the oversight group and using the action plan to influence change within services and across the council.
- 2.2 A needs analysis was developed and used by all the services to confirm and finalise the actions in the plan were the correct ones and to identify any gaps or areas of good practice. Any gaps were then included in the action plan for the group to take forward, whilst good practice was collated and discussed via Case Studies.
- 2.3 The overview of each need's analysis identified the common areas for development by all. These were: Professional learning for staff is needed across services and we need to ensure resources are being re-allocated where the need is and be more mobile to cope with changes over time.
- 2.4 All services provided at least one case study to identify good practice and also to identify where there had been difficulties. These were discussed at the group and were in line with actions we had already identified.

The case studies also identified and clarified that:

- When services communicate and work together, with a multi-agency response there are better outcomes for service users.
- Experiences are varied depending on the staff who interact with the children, young people, adults, or families.

Neurodevelopment Pathways and Test of Change (ToC)

- 2.5 There has been a delay in the full rollout of this work from the Scottish Government, which has allowed the oversight group to focus on areas to develop that will support

the rollout when it is launched. One of the oversight group is a member at national level.

Data Gathered

- 2.6 In order to help support three Tests of Change - relevant data was gathered by area for 3–18-year-olds. In terms of referrals for diagnosis for ASD from the NHS for last year, this numbered 689. For the education-based Autism Information and Support Team (ASIST), new Requests for Assistance (RfAs) from August 2020 – August 2021 a total of 162 referrals were made. The table below outlines these figures by area:

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

Test of Change 1

- 2.7 In Fife, we have commenced a Test of Change (ToC) in two areas of autism support. There will be a six month roll out and evaluation of the initial steps in the multiagency Neurodevelopmental Pathway for children. This work includes staff from education through to paediatric specialists in health. This will enable professionals to utilise existing steps within the Child Wellbeing Pathway to gather evidence for onward referral for neurodevelopmental assessment in one single referral pathway rather than the existing multiple health pathways (i.e., historical ASD & ADHD pathways).
- 2.8 The second area of the ToC involves NHS staff exploring methods of increasing the number of assessments undertaken in the current process. We continue to follow the Scottish Government's National Autism Implementation Team (NAIT) guidance on remote assessment.
- 2.9 In adult services, an initial Neurodevelopmental pathway group has begun to map out the services required and will include service users and third sector in that development group too.

Test of Change 2

As part of supporting our NHS partners, education are currently developing a proposal for a ToC national bid which will support our implementation of the new standards National Neurodevelopment (ND) Specification to be launched in September 2021. We have proposed that this work will require some additional funds. Our proposal details the requirement for £225,000, to employ a small team of staff to develop the implementation of the ND Specification.

2.10 The main proposed outline of this ToC would be:

- Focus this work in the West area of Fife, as this has the largest demographic and therefore the highest diagnostic figures and the 3rd sector support for ASD, e.g. Scottish Autism is less well embedded in this area. Children and young people in key transitions, e.g. P1, S1 and school leavers will be the target age-groups.
- The development of an early intervention training programme to support neurodevelopment issues in the West. This will likely be piloted in one Cluster (one High school and the associated Primary and early years centres) identified via data held in education from the SEEMIS information system and discussions with schools.
- The roll out of universal training to all school staff, whilst offering any additional or intensive training to those key staff who require it. We would make use of the joint resources we already have for the additional and intensive training and develop improved universal training materials including the PBS models and autism specific intervention tools, already used in Health services in Fife.
- For practitioners involved in the ToC, we would also propose to offer a regular, online consultation session with a specialist in Educational Psychologist service and/or the ASIST team. We would use this as a theory into practice problem solving session, already in place in the NHS Clinical Psychology division.
- To further develop our website for Fife and schools to help signpost parents/carers to support.

Test of Change 3

- 2.11 Due to the additional funds allocated to ASD by Fife Council to the One Stop Shop a Test of Change (ToC) is being developed with Health and Social Care and OSS. This ToC will focus on the area of mental health, which is seen by Scottish Autism and others as a key area to address.
- 2.12 The rationale for this focus is that Mental health and wellbeing issues are consistently recognised as an area of concern for autistic people and their families. Mental health issues range in nature and severity. Some individuals will require very specialised and enduring support whilst others can be well supported with what could be termed, lower level but none the less, necessary support. There is the potential for individuals to be proactively supported to establish self-management and coping strategies if they are routed to the right kind of support in a timely fashion. Crucially, individuals need to be met with understanding of their presenting mental health issues but also the impact of autism on their communication and cognitive processing.
- 2.13 This proposal aims to address some of these issues by combining the autism knowledge and expertise that exists within the OSS, with the mental health expertise that exists within statutory services. This will be achieved by locating a Mental health professional within the OSS to work collaboratively with a Senior Community Advisor. Work in underway with the OSS/Scottish autism, to establish a secondment of a Mental health Occupational Therapist from statutory services.
- 2.14 This Test of Change aims to:

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

2.15 This process will be conducted under the supervision of Scottish Autism's Research and Policy Lead who is located within the Centre for Practice Innovation. User participation will be central to the process and will involve a consultation with autistic people and their families to establish service priorities and agree success criteria. The results of this consultation will inform the subsequent design of the test for change process however it is envisaged that primarily, qualitative, but also quantitative data will be produced.

The progress and outcomes will be reported through the MH Strategic Improvement Group (MH SIG) with formal assurance provided to the Fife HSCP Senior Leadership Team Assurance Group.

- 2.16 As part of this funding, there will also be a satellite of the OSS in the NE and West of Fife to meet demands (based on information from Scottish Autism) and to address feedback from stakeholders and staff who work in this area.
- 2.17 Some of the aspects around community mental health is still being developed but will include programmes for families with those for ASD. There will be a lead person in each of the 7 localities. The group leading on this is fully briefed on the work we are undertaking in this area and the work of One Stop Shop (OSS) and the report in February will outline the progress made of this work.

Communication

- 2.18 There has been a clear improvement in our communication across services and work with other partners/agencies in identifying gaps, areas for improvement and developing clear ways forward.
- 2.19 There is ongoing work on promoting the bank of autism specific resources produced during lockdown, which families can be signposted to. In addition, support around a range of presenting difficulties is available via [Hands On Scotland](#).
- 2.20 It has been recognised that we have all been liaising or meeting with stakeholders but have not always collated this information. We have taken cognisance of the recommendations from the research report carried out by the national autistic society <https://www.autism.org.uk/what-we-do/news/coronavirus-report> of 4,232 autistic people and families in the UK during June and July on the impact of coronavirus on autistic people, their families, including children, to help us.

- 2.21 The Chair of the Oversight group has also met with the 3 presenters from February 9 Scrutiny Committee to seek their views on the action plan and progress made.

Participation and Engagement

- 2.22 The Oversight group will actively seek agreement from those with lived experience. A clear updated policy on this will be implemented by December 2021 by H&SC and the current policy in Education and Children Services policy will be adapted for Directorate as this will link very well with the Children's and Young People's (Scotland) Act 2014 and the principles of the United Nations Convention of Rights for Children (UNCRC). This will ensure that the rights of all children are recognised and addressed via any implementation of Neurodevelopment pathways.
- 2.23 A main priority for the groups was to ensure that ASD and/or Neurodevelopment were on service and key working group agendas. As can be seen from the action plan, there have been numerous links made regarding community mental health, third sector organisations such as Scottish Autism, with employability teams and also with special school's and the educational psychologist service, who are all actively looking for links to enhance any support needed for this complex area.

Improving outcomes for Autistic people

- 2.24 The work undertaken already by the Fife Council Supported Employment Service (FCSES) for young people with ASD is our normal provision and core funded. They use the Scottish Government/COSLA ratified Supported Employment Framework for Delivery to support people with disabilities and multiple barriers to secure and sustain employment. This framework is also to support young people with autistic spectrum disorders to achieve their work ambitions. A personal diagnostic assessment is completed that allows the service to get to know the individual. This gives an insight into people's personal, family, day to day living challenges such as personal care, travel, daily support needs and identifies the way ASD affects them on a day-to-day basis. In addition to using the SE model of support, FCSES embed an additional intervention, Autism Profiling, that provides strategies for people with ASD to help them cope better in the world of work.
- 2.25 These assessments help people to design a holistic and SMART action plan to address and progress their work, welfare, and wellbeing aspirations. It is the expertise within this service that we have given them £35,000 of additional funding from the Developing the Young Workforce to focus support those leaving our five special schools.
- 2.26 The aim of the additional monies is to provide young people with an insight into the world of work, to promote their work ambitions and where possible develop a supported employment pathway for those leaving special school that allows them to progress to work placements or paid jobs, whereby they will be supported to sustain a job with employers who understand their abilities and are able to provide accommodations or adjustments in work to promote integration in the workplace.

- 2.27 The Special School's Project started this term following the summer holidays. COVID restrictions have impacted on initial engagement with schools and the preferred face to face programme delivery model. These impacts are being assessed on a week-to-week basis.
- 2.28 FCSES have facilitated open sessions with all special schools, involving head teachers, teachers and pupils in these discussions. This is strengthening connections between the schools, employability provision and local employers to ensure opportunities are available for young people who participate in the programme within and out with school. The team are currently working closely with schools to ensure each school offer is tailored to suit their pupils needs and will be ready to deliver the programme once restrictions are lifted. Should restrictions continue to be a barrier, the model will be revisited the model and methodologies with school staff and pupils in our efforts to offer an alternative delivery model.
- 2.29 The Case study below outlines an example of how a young adult has been successfully supported by this service and the approach that can be used for Special schools as part of the additional funding.

Kirsty is 17 years of age and not in employment, education or training. She is on the autistic spectrum and experiences high levels of anxiety. Kirsty lifestyle was chaotic-she lacked focus and had no discernible sleeping pattern, often not sleeping properly for days or sleeping into the day and turning day into night. She was encouraged to participate with the Works Better project in October 2020 with flexible appointments to accommodate her poor sleep patterns. Kirsty worked with a Disability Employment Co-ordinator to complete a diagnostic assessment and Autistic Spectrum Disorder Profile that identified her strengths, skills and challenges; and this helped Kirsty adopt coping strategies and develop action plans to support her future goals. Her work aspirations increased, she applied for, and was successful in gaining a placement at college. Kirsty continues to use her profile with the College Support Team which helps her stay on course with her studies.

2.30 **Support and Training**

As has been identified via the service needs analysis, the Professional learning is a priority across services and is about developing more skilled and confident staff. This has been identified as what could have biggest impact on improving outcomes for ASD.

- 2.31 There is a need to unclutter training and offer training in a continuum of support based as around Universal, Additional, and Intensive which aligns with the NHS universal, targeted and specialist.
- 2.32 The education sub-group is leading an analysis on the range of Professional learning currently in place across all services and then to determine cross over and who should lead in which areas across all services.
- 2.33 A full range of training materials in keeping with the levels identified by Optimising Outcomes is available and accessible to all staff through eLearning, up to Skilled Level and this will form part of the full package on offer.

Transitions

- 2.34 The seven principles of good transition from the Scottish Transitions [Principles of Good Transitions | Scottish Transitions Forum](#) forum are being used by services to analyse key points and to consider within each and across service areas if these are being met.
- 2.35 Where aspects are not being fully met each service is addressing these and a multiagency transition group has been formed to improve these.

The seven principles are:

1. Planning and decision making should be carried out in a person-centred way
 2. Support should be co-ordinated across all services
 3. Planning should start early and continue up to age 25
 4. All young people should get the support they need
 5. Young people, parents and carers must have access to the information they need
 6. Families and carers need support
 7. A continued focus on transition across Scotland
- 2.36 The seven principles have been developed into a checklist for school/services. (See appendix 2).
- 2.37 A key area identified by the group is to set out from the beginning realistic expectations around transitions for all service users so that they do not feel let down by the services, but also, they are clear on what supports they are receiving.
- 2.38 **Self-Directed Support-** Education are currently exploring including information on self-directed support within parents' links in Secondary school websites especially for Department of Additional Support in our 17 out of 18 secondary schools.

Other gaps identified from the action plan

- 2.39 Diagnosis waiting time is the biggest challenge we face, and we are doing a number of things to try to look at this as described in para 2.6. Projected waiting list figures currently are approx. 1250 including the more complex cases.
- 2.40 Due to the Scottish Government Carers Strategy, there is likely to be increased support in Fife in terms of peer support for Carers that have been identified by needs analysis and the voice of stakeholders. This is currently being explored by our H&SC colleagues who are actively seeking to give some financial support to this area of work that would sit alongside the ToC for OSS.

Other areas being looked at beyond the Oversight group to support this area of work

- 2.41 Developing independent travel support for those with additional needs in senior schools including in the Department of Additional Support (in 17 out of 18 High schools) DAS and in the Special schools to support transition.

- 2.42 Consideration of developing online courses for those with a Neurodevelopment needs who may struggle to access school buildings due to their high anxiety levels.

3.0 Conclusions and Next Steps

- 3.1 The Oversight group has been an effective way of moving key actions forward and informing services across Fife of areas we are working on.
- 3.2 Collective commitment has seen a number of ToC being developed and supported that are key to improving life experiences for those with ASD and other ND areas through the OSS and NHS work especially.
- 3.3 Early intervention being proposed by education should help to shift a culture that emphasises the need for more support being in place at the earliest opportunity and that diagnosis is not necessary to trigger professional involvements if we collectively support children, young people, adults and families as multi-agencies at universal and additional levels.

Our universal approach as Professionals should support the implementation of the neurodevelopment pathways including links to Community mental health and wellbeing supports.

- 3.4 The learning from this work will support the implementation of the Neurodevelopmental pathways across all services.
- 3.5 More work is still needed to be done over time and via the various ToC to enable resources to be refocused to fully successfully implement the Neurodevelopment pathways.
- 3.6 The Oversight group will be key in implementing the 7 Standards once finalised and issued by the Scottish Government via The Children and Young People's Mental Health and Wellbeing Taskforce.
- 3.7 Education ASIST team in education will be expanded, through additional funding received from Scottish Government, by introducing Pupil Support Assistants to this work for the first time. The posts are still to be advertised. This will be evaluated to see if the time taken to respond to referrals via the ASIST team helps with early intervention, feeling of families that they are being supported and/or this is helping to reduce diagnosis referrals.
- 3.8 The Oversight group will continue to meet regularly and update actions, resolve issues together and evaluate any ToC being done to consider future next steps.
- 3.9 The Oversight group oversee key priorities and report back to Scrutiny committee in February 2022.

List of Appendices

1. Action Plan for Multi-agency Strategic Oversight Group Focus on Neurodevelopmental pathway) initially for Autism
2. Checklist for 7 principles of Transition
3. Learning/Intellectual Disability and Autism – Towards Transformation – available via this link - [ECS, HSC Scrutiny Committee 14.06.21 - Item No 4 Appendix 3](#)

Background Papers

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

Sources of evidence

- Left Stranded the impact of Coronavirus on autistic people and their families in the uk (UK wide) - National Autistic Society - 7 September 2020
- Draft Neurodevelopmental Specification – final version due to be published September 2020
- Consultation <https://www.autism.org.uk/what-we-do/news/coronavirus-report>

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Appendix 1

Working action

ACTION PLAN FOR Multi-agency Strategic Oversight Group Focus on (Neurodevelopmental pathway) initially for Autism

(as agreed by Scrutiny Committee on 9/2/21 as next steps)

Status Code

GREEN	COMPLETED
AMBER	IN PROGRESS
RED (HIGH)	TO BE STARTED
GREY	SLIPPAGE

Our plan takes account of SG learning/intellectual Disability and Autism – towards Transformational Plan

Sub Action Area	Action(s)	Lead	Status	Deadline Date	Date Completed	Links to SG Towards Transformational Change plan
Establish Oversight Group						
Group Membership	<ul style="list-style-type: none"> Create and finalise membership of this group from across services. Ensure the lead people for each area in Fife council are part of the Oversight membership 	M Lloyd/S McGuiness	G	12 Mar 2021	8 March 2021	N/A
Access to group information	<ul style="list-style-type: none"> Organise Microsoft Teams meetings with group membership 	Elaine Ferguson	G	19 Feb 2021	19 Feb 2021	N/A
	<ul style="list-style-type: none"> Create a team folder for ongoing work and everyone to access from the oversight group 	Elaine Ferguson	G	19 Feb 2021	19 Feb 2021	N/A
Terms of reference	<ul style="list-style-type: none"> Write a draft terms of reference of the group 	M Lloyd/S McGuiness	G	12 Mar 2021	12 March 2021	N/A
	<ul style="list-style-type: none"> Agree and finalise the group draft terms of reference for the group 	M Lloyd/S McGuiness	G	April 2021	April 2021 Next review of this is October 2021	N/A
	<ul style="list-style-type: none"> Collate key data across Fife services 	All Services and then oversight group	A	By Aug 2021		Action 9

Sub Action Area	Action(s)	Lead	Status	Deadline Date	Date Completed	Links to SG Towards Transformational Change plan
Baseline information	<ul style="list-style-type: none"> Key data for Education in first instance, collated in 3 areas West, Central and North East Fife to align with Health Run the data from the Health Helpline to accompany the baseline information Analyse key data- what is it telling us? 	A Chalmers/Deborah Davidson A Espie Oversight group		By end of May 2021 By end of June 2021		Action 24
1. Consolidate current position across Partners						
Working Group Information	<ul style="list-style-type: none"> Gather information from each service and then devise an overarching visual representation (table/flowchart) of respective service position in terms of current working groups. 	Maria Lloyd/Fiona McKay/All services	A	August 2021		Action 1 Action 21 Action 26
Audit what we do	<ul style="list-style-type: none"> Develop a needs analysis and then carry out this need's analysis in each service area and report back- decide collectively what this analysis looks like? Gather case studies in all service areas positive and negative. 	M Lloyd/All Services	G	June 2021	June 22 2021	N/A
	<ul style="list-style-type: none"> Audit all Professional learning across services. Each service to do independent and then join this up to look for gaps. 	Alan Chalmers/Adam Brown/Deborah Davidson/All services	A	Sept 2021		Action 25 Action 23

Sub Action Area	Action(s)	Lead	Status	Deadline Date	Date Completed	Links to SG Towards Transformational Change plan
						Action 11
2. Neuro Developmental Pathways						
NDP Progress (overarching)	<ul style="list-style-type: none"> Consolidate current implementation progress re NDP 	A Espie	R	Dec 2021		N/A
Collate current strategic progress	<ul style="list-style-type: none"> Each service area to provide current status/position report to include: - Progression of Neurodevelopmental pathway. 	All members of the oversight group to coordinate this F McKay/ Adam Brown/Deborah Davidson/Alan Chalmers		Sept 2021		Action 22
Accessible NDP information	<ul style="list-style-type: none"> Write user friendly information of neurodevelopmental pathways, this may include e-learning offer 	A Espie/A Brown/Gail McLeod Community Framework Policy Lead Officer(s)	R	Sept 2021		Action 20
3. Communication						
NDP	<ul style="list-style-type: none"> Promote understanding of the neurodevelopment pathway using social media at an early stage – across both public and professional settings and how it links to the existing Child Wellbeing Pathway 	All Oversight members and each service area lead Comms	R	Sept 2021		Action 20 Action 15 Action 21 Action 16 Action 29

Sub Action Area	Action(s)	Lead	Status	Deadline Date	Date Completed	Links to SG Towards Transformational Change plan
						Action 22
Participation & Engagement How did we engage?	ALL SERVICES: <ul style="list-style-type: none"> Consult with partners who know stakeholders well- across all services Gather information from each service on stakeholder participation and engagement Ensure links to UNCRC & H&SL Participation & Engagement Strategy 	F McKay/D Davidson	A	Dec 2021		Action 14 Action 28 Action 29 Action 1
	<ul style="list-style-type: none"> Ensure ASD on the agenda for different areas within each service area 	All services	R	May 2021	June 2021	Action 28 Action 29
	EDUCATION: <ul style="list-style-type: none"> Re-engage with previous parent groups for ongoing consultation. 	Alan Chalmers	A	Ongoing	Ongoing	Action 12 Action 13
	<ul style="list-style-type: none"> Meet with Parent Chairs from Special schools to discuss what their needs are and use as a consultation group. 	Deborah Davidson	A	By 23 Apr 2021	Feb 2021 & Sept 2021	Action 12 Action 13
4. Improving Outcomes for Autistic People						
Staff Development and Professional Learning aspect:	<ul style="list-style-type: none"> Link with needs/support and age. Develop a pathway initially in education Schools can access Professional Learning for their staff from Educational Psychology and ASIST. New teachers receive professional learning from Educational Psychologists and ASIST during induction programme 	Relevant working groups in each service area	A	October 2021		Action 11 and 12 Action 22 & 23

Sub Action Area	Action(s)	Lead	Status	Deadline Date	Date Completed	Links to SG Towards Transformational Change plan
	<ul style="list-style-type: none"> Input on a range of ASD topics at Support for Learning Teacher development days from FCEPS and ASIST e.g. ASD in girls. Resources to support practice are widely available and publicised – ASIST Glow tile, FCEPS website, Autism Toolbox, NAIT. Whole-school supports widely available and publicised – CAFE tool, Effective Intervention Pack, Universal strategies posters. 					
Training and resources	<ul style="list-style-type: none"> Work with partners to improve outcomes for autistic people by developing resources to improve recruitment and retention of autistic people in employment to support economic recovery and develop independence and active citizenship more. Engage with partners across services to do this. 	Gordon Mole/ Employability team/Angela Hamilton	A	April 2022		Action 19
Employability	<ul style="list-style-type: none"> Ensure that the Youth Guarantee (The Young Person's Guarantee My World of Work) is used to full affect for this group. Including access, the monies for this group of pupils and linking back to NOLB. Gather activities and develop case study. Collate the evaluation of the work done at the end of this 	Gordon Mole/Maria Lloyd/Ryan Hepburn/Gordon Wardrope/Angela Hamilton	A	April 2022		Action 19
Wrap around services	<ul style="list-style-type: none"> Provision of wrap around care for children and young people with learning difficulties and learning disabilities too (to include Services delivered by third sector agencies, focus on maintaining children and YP with challenging needs in their own home, provision of respite care, direct intervention and support to families) 	Community Framework Policy Lead Officer	R	Dec 2021		Action 1

Sub Action Area	Action(s)	Lead	Status	Deadline Date	Date Completed	Links to SG Towards Transformational Change plan
Universal services support -MH	<ul style="list-style-type: none"> Continued extension of joined-up early intervention mental health/wellbeing work with children and young people with learning disability and their families 	Community Framework Policy Lead Officer	R	Dec 2021		Action 1
5. Transitions						
Paperwork used	<ul style="list-style-type: none"> Have a clear focus on all areas of transition, to ensure a positive experience for service users by embedding the <u>Principles of Good Transitions</u> to support better outcomes for young people moving on from school by working with partners on the Principles into Practice pilot and the Scottish Transitions Forum. Resources and information on good practice for transitions widely available e.g. ASIST Glow resources. Education Service Transitions guidance available through FISH. External resources also used e.g. Autism Toolbox, NAIT 	Adam Brown/Jen Allan/ All services	A	October 2021		Action 21
Sharing practice	<ul style="list-style-type: none"> How are we sharing the expectations with parents/carers and service users? 	Deborah Davidson	A	October 2021		Action 26
Transition pathways (join up)	<ul style="list-style-type: none"> Check what checklists education have for transition for schools and then for CS and H&SC Clear strategy for Focus on transitions into P1 and S1 	Adam Brown/Viv Sutherland/ Deborah Davidson	A	October 2021		Action 22

Sub Action Area	Action(s)	Lead	Status	Deadline Date	Date Completed	Links to SG Towards Transformational Change plan
	<ul style="list-style-type: none"> Transition from out with Fife Council Transition to out with Fife 					
Education to Adulthood	<ul style="list-style-type: none"> Focus attention on transition from school education to adulthood. Engage Fife college and Skills Development Scotland in the work of transition for ASL pupils esp. high functioning. 	Alan Chalmers/ Angela Hamilton/Fiona McKay/Jen Allan Dorothee Leslie at Fife College	A	Sep 2021		Action 22
6. Other Gaps identified as COVID						
Covid Impact	<ul style="list-style-type: none"> Covid has impacted on the progress this year of some areas of work or the speed at which some areas would have normally progressed, this includes diagnosis waiting times. Gather more information on this from NHS and analyse in terms of groupings of age/geography/gender Impact of Covid on those children and young people with Autism in their learning 	Audrey Espie/ Elaine Law Adam Brown, Ed Psychologist	R	Aug 21 to start Dec 2021		Action 9 Action 13 Action 27 Action 29
Identification assessment and diagnosis	<ul style="list-style-type: none"> Well established Contextual Assessment framework within ELC, primary and secondary settings. Current delivery of Practice Development sessions on effective assessment and planning for staff. Early Years – use of eLIPS as a coherent framework to observe language and play skills in context and subsequently to plan and support children that need an extra focus on language and communication development. 	Audrey Espie		Feb 2022		Action 13 Action 27

Sub Action Area	Action(s)	Lead	Status	Deadline Date	Date Completed	Links to SG Towards Transformational Change plan
	<ul style="list-style-type: none"> Support, information and intervention available for all learners regardless of a child awaiting assessment or having a diagnosis. Girls and ASD – support materials for schools working with girls on the AS and raised awareness to support identification and support. Timely support and advice accessible through no-name consultation with link EP. Schools providing contextual assessment information as part of current ASD multi-agency assessment and diagnosis pathway. Consultation / assessment with link EP as per process. Further alignment of this through Neurodevelopmental Pathway with current GIRFEC Child Wellbeing processes and principles within SIGN (2016) and NICE (2011; 2012) guidelines on ASD. 					
7. Support and training						
SDS	<ul style="list-style-type: none"> Promote application of self-directed support (where applicable) for creative options to meet young person/Adult's personal outcomes in relation to ASD 	Fiona McKay	A	Sept 2021		Action 15 Action 16
Community based sports	<ul style="list-style-type: none"> Enhancement of the range of personalised support programmes for children with additional needs; ADHD, LD and ASD (development of problem-solving skills, ensuring support systems within communities linking school-based programmes with community-based programmes) 	Gail McLeod, Community framework Policy Lead Officer	R	Dec 2021		Action 1 Action 3 & 4

Sub Action Area	Action(s)	Lead	Status	Deadline Date	Date Completed	Links to SG Towards Transformational Change plan
Community Supports and Mental Health (early intervention and prevention)	<ul style="list-style-type: none"> Development of range of interventions for children, young people, and young adults with ASD (to include bridging the gap between CAMHS threshold and needs of this group, group programmes, individual support packages, befriending services, linking with school partners to access those who have fallen out of education) 	Gail McLeod, Community Framework and Policy Lead Officer	R	Dec 2021		Action 1 Action 3 & 4
Wrap around service	<ul style="list-style-type: none"> Provision of wrap around care for children and young people with learning difficulties and learning disabilities too (to include Services delivered by third sector agencies, focus on maintaining children and YP with challenging needs in their own home, provision of respite care, direct intervention and support to families) 	Gail McLeod, Community Framework Policy Lead Officer	R	Dec 2021		Action 1 Action 3 & 4
Universal services support -MH	<ul style="list-style-type: none"> Continued extension of joined-up early intervention mental health/wellbeing work with children and young people with learning disability and their families 	Gail McLeod, Community Framework Policy Lead Officer	R	Dec 2021		Action 1 Actions 3 & 4
Carer support	<ul style="list-style-type: none"> Support for carers – What is needed? 	Fiona McKay		May 2021		
8. Progress Reporting: Initial actions						
Follow up with Presenters	<ul style="list-style-type: none"> Meet with the 3 Presenters from Committee on 9 February 	Maria Lloyd/ Fiona McKay	G	March 15, 2021 and 3 June 2021	March 22 2021	Action 14
Scrutiny Committee	<ul style="list-style-type: none"> Report back to the Scrutiny group of progress in Sept 2021- factual update. 	M Lloyd with members of the Oversight group in attendance	A	Scrutiny Cttee dates	Aim for August 2021	

Sub Action Area	Action(s)	Lead	Status	Deadline Date	Date Completed	Links to SG Towards Transformational Change plan
Update				not known yet		
	<ul style="list-style-type: none"> Report back to Scrutiny in Feb 2022. 		R			

Appendix 2

Checklist for the 7 Principles of Transition

Principles of Transition Checklist

Possible points for a 'checklist'	Yes	No	Comments
<i>Principle 1: Planning and decision making should be carried out in a person-centred way</i>			
<ul style="list-style-type: none"> Do we all have a clear understanding of the young person's views/hopes for the future? 			
<ul style="list-style-type: none"> Has the young person and their family been fully involved and informed? 			
<ul style="list-style-type: none"> Does the young person have a Child's Plan? 			
<i>Principle 2: Support should be co-ordinated across all services</i>			
<ul style="list-style-type: none"> Does the young person and their family know everyone involved in the meeting/planning? Have they been introduced? 			
<ul style="list-style-type: none"> Do we all have a clear understanding of our role and next steps in supporting X's transition 			
<i>Principle 3: Planning should start early and continue up to age 25</i>			
<ul style="list-style-type: none"> Following the timeline and guidance referenced in Individualised Planning Arrangements for school leavers who may have additional needs, have you: 			

○ Identified pupils requiring Transition/Moving On planning and organised meetings?			
○ Shared necessary information for parents including scheduled Transition/Moving On Planning & Information Evening dates and post school transition leaflet?			
○ Notified relevant agencies /Social Work link worker to allow timely assessment and information sharing?			
• Before the final Transition/Moving On planning meeting takes place, has SW had appropriate time and opportunity to secure funding/provision for the identified care and support services and allow planning to take place which follows the Principles of Good Transitions?			
• If moving on to college, has the transition plan explicitly explored and agreed what personalised support is required to meet the YP's ASN including securing any required funding?			
• Has it been agreed and does the YP / family know who will coordinate support following leaving school and how they will contact and access help, advice, and support (up to the age of 25)?			
<i>Principle 4: All young people should get the support they need</i>			
• Does the YP and their carer know how to access assessment to see if they are eligible for support?			
• If they are not eligible, do they have access to other agencies e.g. third sector who can offer advice/funding/employment support etc? Specifically, do they know how to access the Independent Living Fund Transition Fund?			
• Have we done all we can in education to promote independence and life skills? Is there more we can offer in the last few months of school? Is there a community learning team who can continue to support this post-school?			

<i>Principle 5: Young people, parents and carers must have access to the information they need</i>			
<ul style="list-style-type: none"> Are the young person and their parent / carer aware of the support they are entitled to during the transition process? 			
<ul style="list-style-type: none"> Are the young person and their parent / carer aware of what options they have if they are dissatisfied with the planning or outcome of the transition process? 			
<ul style="list-style-type: none"> Does the young person and their parent / carer feel all matters affecting the transition process been addressed? 			
<ul style="list-style-type: none"> Is the information shared accessible to and understood by the young person and their parent / carer? 			
<i>Principle 6: Families and carers need support</i>			
<ul style="list-style-type: none"> Has the family's role in providing caring and ongoing support been taken account of in post school planning? 			
<ul style="list-style-type: none"> Do the family and young person know their rights (including advocacy) and where to go for sources of support post school? 			
<ul style="list-style-type: none"> Carers: Important advice about your rights to support - Enquire 			
<ul style="list-style-type: none"> I need help to have my say - Enquire 			
<i>Principle 7: A continued focus on transition across Scotland</i>			
<ul style="list-style-type: none"> Links to relevant/specific policy and legislation? 			
<ul style="list-style-type: none"> Links to relevant training/CPD? 			

• Sign posting to the available project funds and guidance on how to access these?			
• Sign posting to relevant third sector organisations in Fife?			
• How are we addressing the gap between children's and adult services?			
• Examples of best practice in Fife but also in Scotland?			

14th September, 2021

Agenda Item No. 5

Care Experienced Young People – Mental Health supports

Report by: Carrie Lyndsay Executive Director Education and Children's Services

Wards Affected: All wards

Purpose

This report sets out the views of care experienced young people who are supported by the Young People's team and their experience of accessing mental health supports.

It provides information on local and national drivers around supporting care experienced young people and refers to collective statutory corporate parenting responsibilities.

Recommendation(s)

The Committee is asked to:-

1. To note the views of young people as expressed in this report
2. To note the improvement activity already in place

Resource Implications

None

Legal & Risk Implications

There is a statutory responsibility on all professionals and elected members to support care experienced young people through their role as corporate parents.

Impact Assessment

No EQia has been undertaken. Care experienced young people are identified within protected characteristics.

Consultation

Consultation has been undertaken with:

- Young people supported by the Young Peoples Team
- Corporate Parenting Board
- Staff from the Young People's Team#
- Education and Health partners

1.0 Background

This report sets out the views of care experienced young people who are supported by the Young People's team and their experience of accessing mental health supports

- 1.1 The young people's team currently provide active support for 207 care experienced young people within Fife. For the purpose of this report, the numbers include those young people who are receiving an active social work service as of 16th April 2021, where their mental health difficulties impact on their general functioning.
- 1.2 Young people who are care experienced remain entitled to access support until their 26th birthday. Not all young people request social work assistance and those are not included within this report.
- 1.3 Social Workers in the team report general mental health and well-being concerns being prevalent for most of the young people they support.
- 1.4 77 young people (37% of CEYP we support) report difficulties with their mental health which impacts on their daily functioning. Out of the 77 young people identified the following mental health concerns were prevalent:

Self Harm	28%
Anxiety	33%
Depression	25%
Disordered eating	5%
Alcohol/drug use (to self-medicate)	9%
Suicidal ideation	36%
Suicide attempts	13%

- 1.5 The team also supports a number of young people with formal diagnosis of mental health disorders, set out below:

Emotionally Unstable Personality Disorder	3
Post Traumatic Stress Disorder	4
Schizophrenia	1
Hebephrenic Schizophrenia	1
Emotional Dysregulation	5
ADHD – significantly affecting impulse control	3
Tremors/Enuresis	1
Elective Mutism	1

- 1.6 Self-harm is a key feature for 28% (21 yp out of 77) of the young people with mental health difficulties (not including the additional 49% (38 yp out of 77) presenting with suicide ideation and suicide attempts).
- 1.7 These behaviours create a significant challenge for the team who struggle at times to determine how best to prioritise support to the 207 young people they work alongside, and how best to support presenting behaviours with young people

presenting in crises or through day-to-day behaviours. This is particularly pronounced when young people use self-harm as a means of emotionally regulating.

- 1.8 Typical behaviours include causing injury through cutting, punches to self (body and face), scratches to self, hair pulling, punching to objects, chronic self-neglect as a means of harming self.
- 1.9 The young people expressing suicidal ideation and making suicide attempts remains high within the team (affecting 49% of young people within this data report). Young people are finding the current situation, with covid and lockdown, extremely challenging and there has been a sharp rise in young people expressing desire to end their lives. Sadly, this has led to a number of young people being admitted to hospital requiring emergency treatment /intervention to their injuries following suicide attempts. There have been 10 young people who have made serious attempts to end their lives.
- 1.10 Whilst harrowing to read, it is important to capture the extreme methods young people use in an effort to end their lives; to better understand their vulnerability and the risks they are exposed. These include attempts to:
- jump of a bridge
 - walk on a railway line
 - use of ligatures
 - overdose attempts (some of which have resulted in unconsciousness).

These young people have reported limited formal mental health assessment following hospital admission, and no follow up or access to formal adult mental health supports.

- 1.11 Some young people in the team do access mental health supports as set out below:

Formal Mental Health Support (Springfield, Beeches, CAMHS, Adult services, Addiction Services, hospital inpatients)	17%
Private Counselling (paid for by the Young Peoples Team)	5%
Creative style therapies (Link Living, Better than Well)	3%
Young People on waiting lists (CAMHS, Springfield)	5%
Young People not accessing mental health supports.	70%

- 1.12 However, it is clear the majority don't have access to these supports. Key themes identified are the difficulty in transition between CAMHS and adult services support. Six young people who were previously receiving support from CAMHS now receive no adult support, despite continuing to present/experience significant mental health difficulties.
- 1.13 70% of those young people who wished to contribute to this report (54 yp out of 77) receive no health input despite them experiencing significant mental health

difficulties. This would indicate a real gap in service provision for care experienced young people within the community, which is particularly prevalent for those over 18 years and over, who struggle to access meaningful adult supports.

- 1.14 These young people present a range of difficulties from low level targeted to higher intensive needs.
- 1.15 The young people who are accessing supports offered through Link Living, Better than Well, (3% which is 2 yp out of 77) indicate that this style of therapeutic support has had a positive impact on their mental health. The team consider this to be an area and style of intervention that could be further developed to provide the most appropriate and accessible support for young people, recognising the need for direct access without need to meet referral criteria. This approach could sit within targeted and community based supports with direct access being in recognition of these young people being care experienced (affected by loss/trauma) and is in line with the requirements of The Promise.

2.0 Issues and Options

- 2.1 As a social work service, it can feel very exposed, trying to support young people presenting high risk behaviours and whom are vulnerable, in isolation of other active supports, partnership resource or an agreed parenting strategy. This is not by individual/professional intent.
- 2.2 I am confident other services/partners experience the same as this area of work is complex and no one service can manage the challenge alone. It requires a systems-based approach. This being one part.
- 2.3 There are clearly structural and system-based issues that create challenge to accessing supports, with these young people transitioning through child to adult services.
- 2.4 There are a number of local and national drivers that inform this area of work such as Belonging to Fife and the Promise, as well as our collective statutory responsibilities within corporate parenting, which is reported through the Corporate Parenting Board.
- 2.5 This has led to an active multi agency improvement plan to be developed and delivered to these young people, reporting to the corporate parenting board monthly, over the next 6 months,
- 2.6 Additionally, the child protection and adult protection committees have agreed an action to develop a vulnerable person's framework that will enable young people at risk to be referred through multi agency planning and supports -which will be subject to regular monitoring and review in terms of outcomes achieved. This will provide a shared commitment, responsibility and accountability to supporting these young people, supported by clear strategic intent.
- 2.7 The Mental Health and Wellbeing monies sits within the Our Minds Matter Framework. These monies came into the Council to develop a framework around targeted mental health supports within a community, family context.

- 2.8 As targeted and community based spend, the wider care experienced population of children/young people (up to age 26 years) and those on the edge of care should, along with others, have access to these supports -in line with The Promise (by virtue of experiencing care -recognising the overwhelming majority of these ch/yp live in their own families/communities). The Promise promotes access to supports being direct and not through further assessment.
- 2.9 this recognises that loss/trauma and anxiety is an integral part of the experience of care, no matter how short, and children, young people and care experienced adults shouldn't have to give their stories again to access supports.
- 2.10 the overwhelming voice of The Promise made this point loud and clear -and these additional supports should be offered as part of universal/community based provision in an effort to prevent escalations in need for more intensive supports.

3.0 Conclusions

- 3.1 The young people who are supported by the young people's team and have contributed to this report have been open and honest in giving their views and sharing their experience of and access to mental health services.
- 3.2 There is need to hear their voice and work with them to ensure the right supports are in place at the right time.
- 3.3 The work around Our Minds Matters and the Mental Health and Well-being monies is targeted to additional supports, which these young people are part of, by virtue of their care experience.
- 3.4 There are current resource, structure and systems challenges that limit opportunity for some young people to access supports.
- 3.5 Whilst this doesn't sit with one service alone, young people through this report are identifying gaps in accessing mental health supports.
- 3.6 There is significant improvement work being undertaken, but we have to provide assurances to these young people that the current activity will reach into their day to day lives in a meaningful and timely way, whilst holding the commitment to earlier intervention and preventative approaches.

Report Contact

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Kimberley Hankin
Team Manager
Young People's Team

14th September, 2021

Agenda Item No. 6

Our Minds Matter: Fife CAMHS partnership

Report by: Carrie Lindsay, Executive Director, Education & Children's Services

Wards Affected: All

Purpose:

This report seeks to provide a brief on the work of Fife Child & Adolescent Mental Health Services (CAMHS) within the Our Minds Matter and Community Mental Health and Wellbeing Frameworks

Recommendation(s)

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

- a) Provide comment on the detail of the report
- b) Identify whether any further areas for scrutiny are required

Resource Implications

Since its introduction in May 2017 the OMM framework has been supported through funding of £216 000 from Fife Council. The framework promotes a strong partnership approach across Education and Children's Services, partners, families and communities. Work to promote the framework and its principles is also designed to support schools to make informed decisions on Pupil Equity Fund spending to support emotional wellbeing in line with OMM.

In financial year 2019/20 the Scottish Government allocated Fife Council its share of £12 million to implement School Counselling Services. This amounted to £738 000. This increased to a share of £16 million in 2020/21 namely £1 000 000. That figure continues for 2021/22 and 2022/23 and is baselined into the Local Government Settlement thereafter as permanent funding.

In 2020/21 Fife Council Health and Social Care Partnership was allocated £261 750 of Scottish Government funding to begin work to establish its Community Health and Wellbeing Supports and Services Framework. In April 2021 a figure of £1 047 000 was confirmed for the current financial year to continue the work of that framework.

Legal & Risk Implications

New approaches and ways of supporting young people's emotional wellbeing take time to embed and become established into our broad, general practice to ensure success in improving the emotional wellbeing of our young people in Fife. The Covid-19 context has impacted upon everyone's way of life, leading to potential societal mental health issues.

There is a risk that long term investment won't be sustained or secure the required improvements within a reasonable timescale, therefore maintaining pressures on other parts of the system. This will be kept under review.

Impact Assessment

An impact assessment has been completed and is available on request. An impact assessment on children and young people in Fife with protected characteristics, (including those supported through Child Well Being meetings and Belonging to Fife), and their pathways through supports will be undertaken to further inform the validity of this approach and spend. This will also give cognisance to the expectations set out within The Promise, for services to work together, through early intervention and preventative measures, to make sure children can stay with their families and families are actively supported to stay together

Consultation

Consultation with young people and the adults around them is a constant feature of Our Minds Matter work, activity has included:

- Inquiry-based workshops with focus groups of young people, which gathered views on useful supports for emotional wellbeing
- Pupil surveys
- Discussion with a wide range of focus groups (young people and adults)
- Feedback from Service Users

Young people's feedback on their wellbeing during the Lockdown period has been gathered and used to inform practice.

Most recently, consultation with Young People and Families has been undertaken as part of the initial phase commissioning within work to build the Community Mental Health and Wellbeing Supports and Services Framework. This work is central to the design of this model.

1.0 Context

1.1 Introduction

This report seeks to provide an overview of the Fife CAMHS partnership and context within work to develop the Our Minds Matter and the Community Mental Health and Wellbeing Frameworks.

1.2 Our Minds Matter Framework (OMM Framework)

- 1.2.1 The OMM Framework was formed and introduced in 2017 to give focus to those who support young people's mental wellbeing in Fife, identifying common languages and approaches. Partners involved in producing the framework agreed the following definition of good mental health,

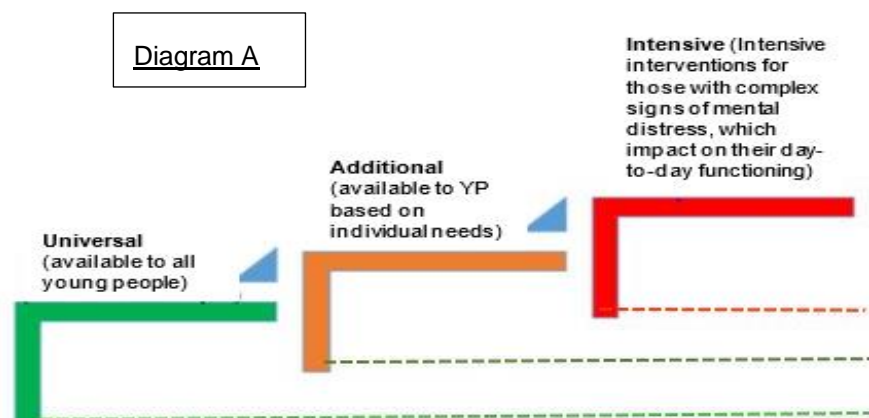
Positive emotional wellbeing, or what is sometimes referred to as good mental health, can be defined as:

"A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community."

World Health Organisation 2009, GIRFEC

- 1.2.2 The work outlined in this paper sits within the key principles of the Our Minds Matter Framework namely that:

- Children and young people need support from the broad pastoral care around them, through solution focused approaches, and a means of identifying and providing additional help if they experience difficulties.
- Emotional health does not sit separately to general health and wellbeing and must be seen in the context of wider needs. It is recognised widely that young people face many challenges growing up and so some caution should be exercised in labelling young people with 'mental illness' diagnoses or medicalising the normal growing up process.
- Responsibility for children and young people's health lies with the wide range of supporters around them – corporate parents, parents, families, friends and professionals.
- The Getting it Right for Every Child (GIRFEC) model, with staged intervention approaches provides a common language and structure to understanding how support can be planned and joined across services. The 'Getting It Right Framework' explains how Universal, Additional and Intensive services can work effectively as single agencies, jointly or within an integrated approach, to help to develop and promote children and young people's wellbeing. For the purposes of this framework the following definitions of Universal, Additional and Intensive stages were agreed, see Diagram A.



1.2.3 Since the launch of Our Minds Matter in 2017 our strategy for supporting young people in Fife has centred upon:

- Strengthening provision at the Universal and Additional levels of practice to reduce the instances of young people's needs escalating to an intensive level.
- Working to develop equity of core, quality provision across Fife in terms of young people's access to support.
- Developing a distributed leadership model for emotional wellbeing development work, with an 'across-partners, shared' approach wherever possible.

1.2.4 This partnership approach involves a wide range of organisations and people across Fife's Health and Social Care Partnership, extending into communities and family partnerships. This paper centres on the partnerships involving Fife CAMHS.

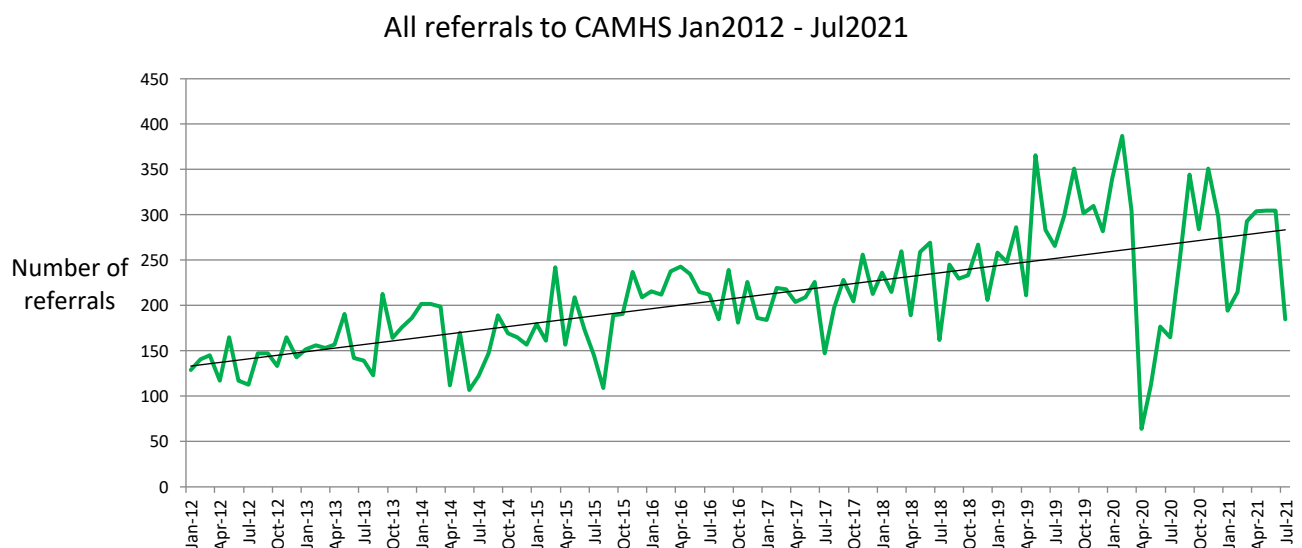
2.0 CAMHS Referrals and Activity

2.1. Fife Child & Adolescent Mental Health Services (CAMHS) provides a range of services including: Early Intervention service, Sexual Trauma Service, Looked-after Children's services, Core Geographically-based teams, Family Therapy Service, Self-Harm Support Service and Intensive Home Treatment Service. The focus of this resource is on children and young people with complex, severe and enduring mental illness. Children and young people presenting with the highest level of risk in relation to mental health issues continue to be prioritised alongside prompt initial assessment to ensure the right support is identified to meet children and young people's mental health needs.

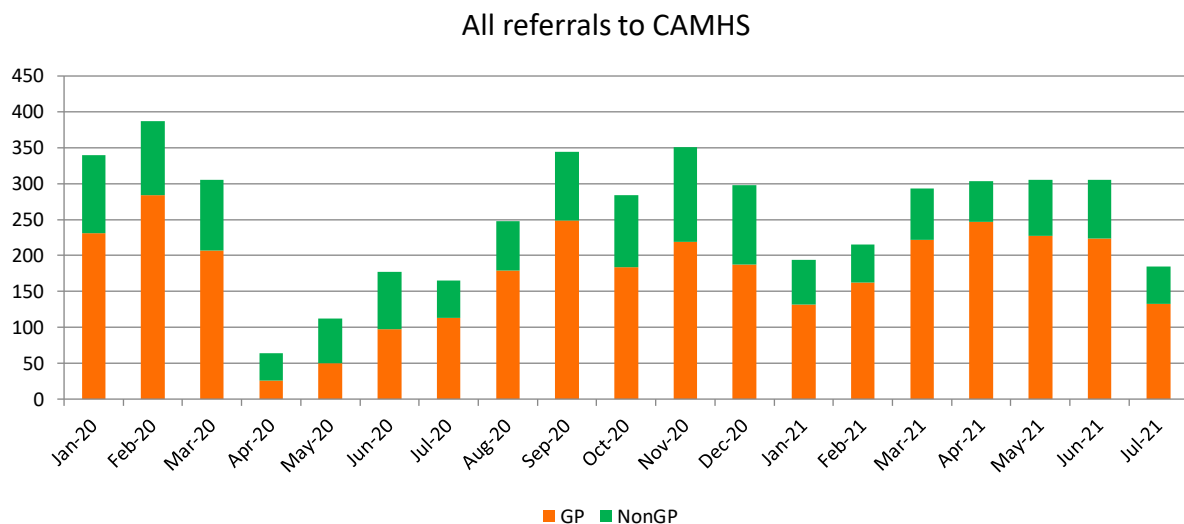
2.1.1 Referrals to CAMHS continue to exceed the existing resource, with a 9% year on year increase of referrals requiring therapeutic intervention from CAMHS.

2.1.2 Despite investment in developing the wider workforce's knowledge, competence and confidence in identifying and managing children and young people's mental health, following Primary Mental Health Worker assessment, 65% of referrals to CAMHS would be more appropriately supported by alternative service providers. Whilst these children and young people benefit from a specialist assessment the ongoing support is best delivered within universal, additional or alternative intensive service providers.

2.1.3 Referral rates to CAMHS have fluctuated in line with national response to the COVID-19 pandemic and the unavailability of partner agencies who would traditionally identify mental health needs in children and young people. Referral numbers increased with return to school and lock-down restrictions easing in autumn 2020. There was a reduction in referrals during second lock-down early 2021, with an increase following easing of restrictions into spring 2021. The number of referrals in July 2021 dropped as expected during the summer break.

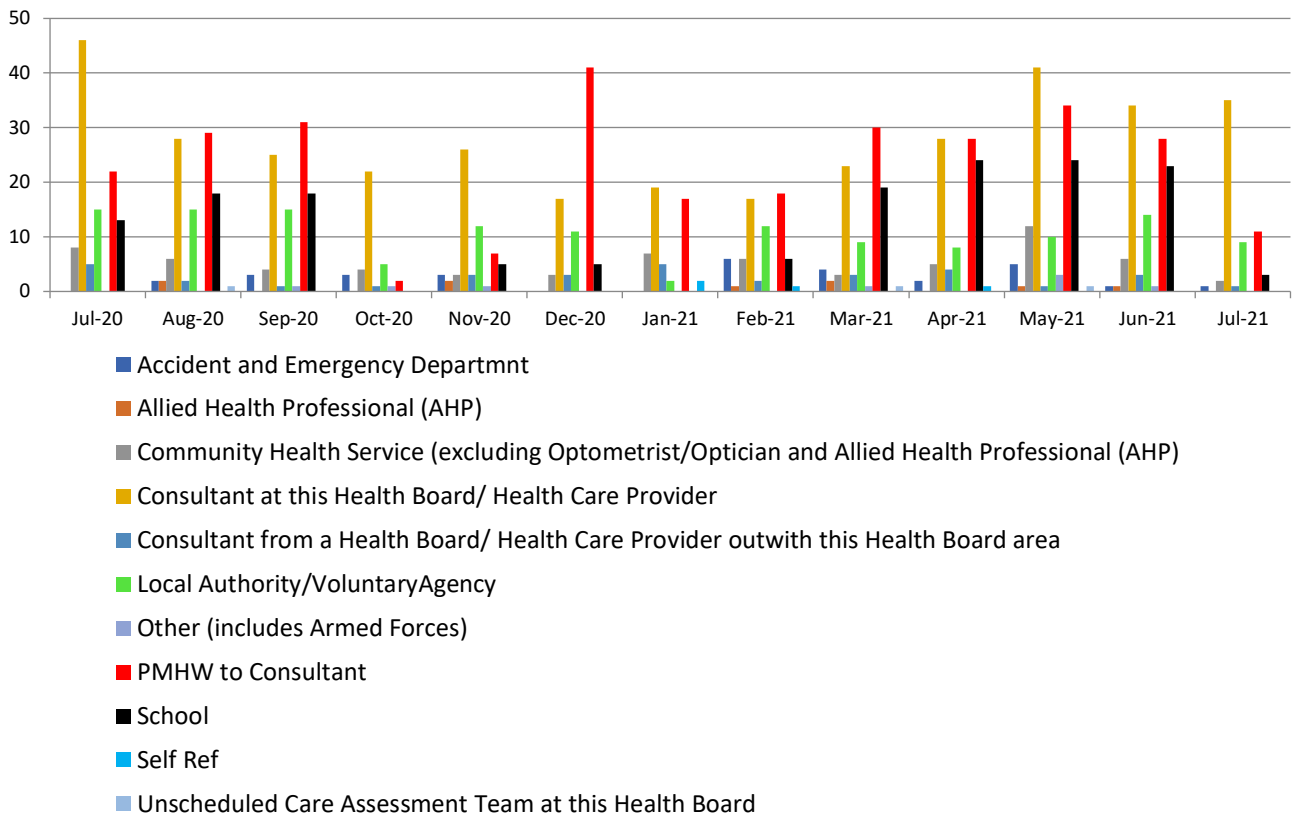


2.1.4 The source of referrals to Specialist CAMHS is predominantly through GP's making up approximately 75% of all referrals. These referrals are regularly directed there by other professional groups who are working directly with children and young people.



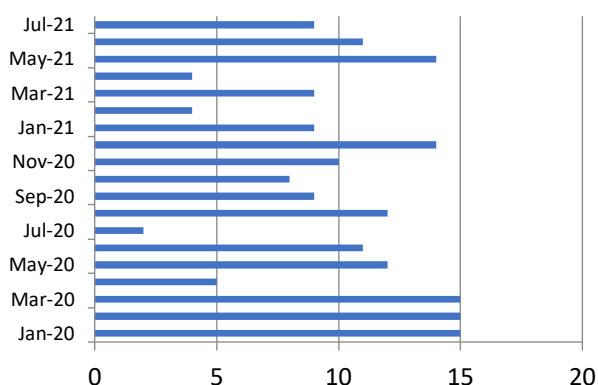
2.1.5 Referrals to CAMHS, excluding GP data, indicate a range of sources. These sources are dominated by Internal referrals to CAMHS following a PMHW assessment, School and Community Paediatric Services (Consultant at this health board). The categories for CAMHS data collection are determined on a national level and this dictates the descriptors.

Referral source to CAMHS July 20-July 21

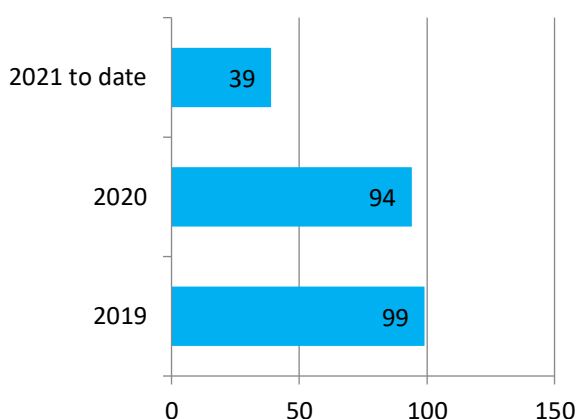


2.1.6 Referrals from Social Work represent a small area of CAMHS activity, approximately 3%. Social work referrals for children in care would typically be accepted by Springfield Project & CAMHS LAC Service (The Beeches). Analysis of internal clinical caseloads indicates approximately 5% of core clinical casework involves children who are care experienced; predominately those in kinship care arrangements.

Social Work referrals to CAMHS Jul20-Jul21

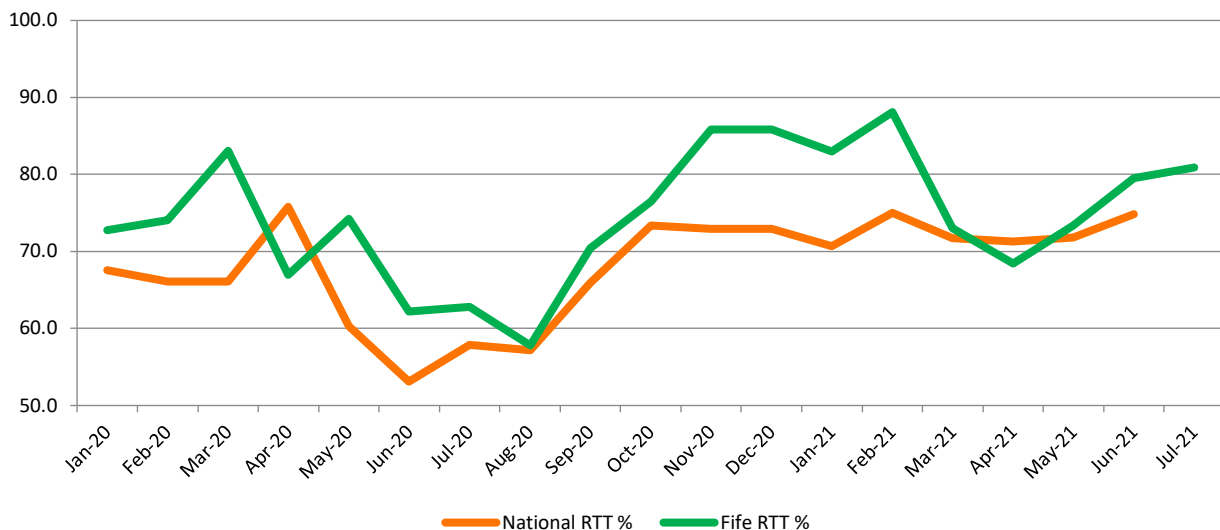


The Beeches referrals 2019-2021



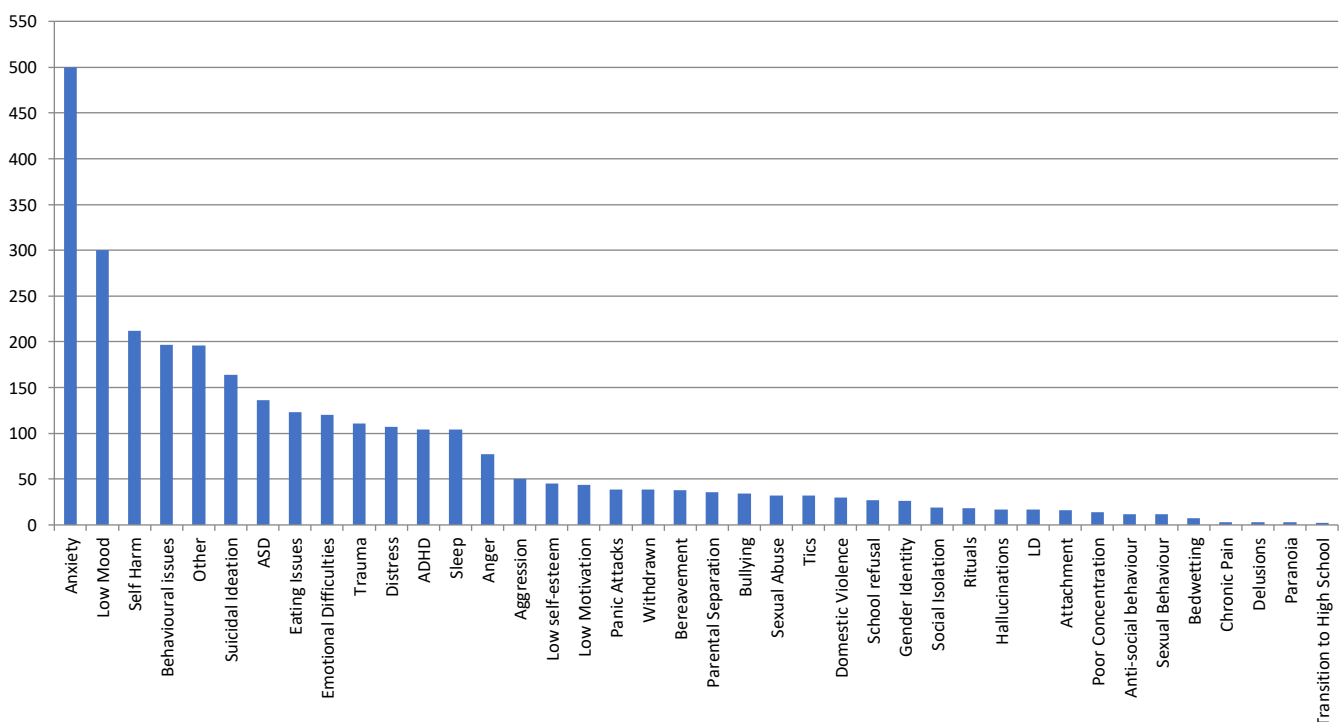
2.1.7 Despite the variance in referral numbers during COVID-19, the total young people accepted to CAMHS remains stable with a significantly higher number of referrals requiring urgent or priority interventions. This has meant that the majority of the clinical resource has been used to meet this demand and resulted in Referral to Treatment of 80.9% in July 2021.

Fife CAMHS and National RTT January 2020 - July 2021

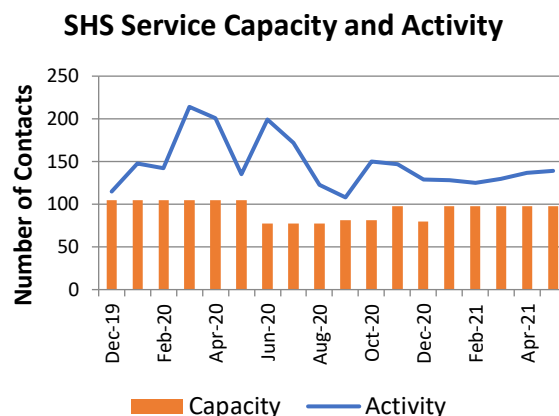
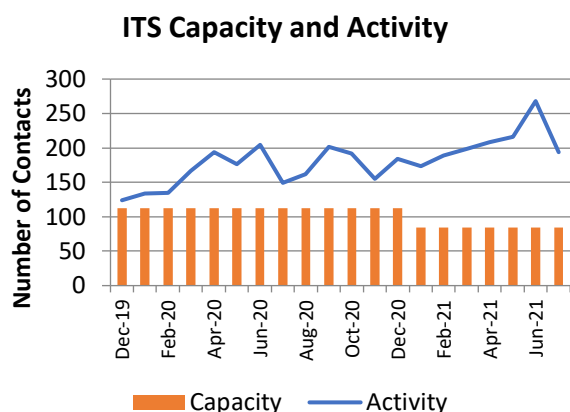


2.1.8 The range of presenting difficulties to CAMHS continues to follow similar trends to previous years with anxiety, low mood, self harm and behavioural difficulties being predominant factors. It should be noted that these issues represent the main reasons for referral as indicated by referrer and do not necessarily correlate with the assessed difficulties following CAMHS intervention nor do they indicate the cause of mental ill health.

Count of presenting difficulty screened by CAMHS (Jan-July21)

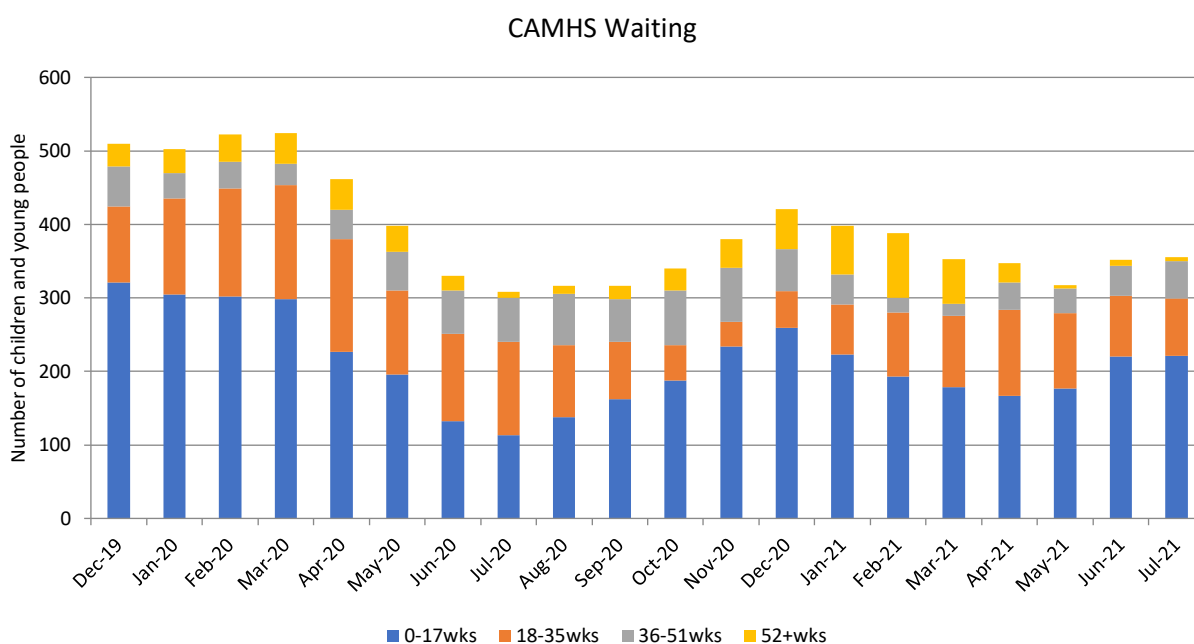


2.1.9 Whilst the increased level of urgency is demonstrated through the focus of core service activity, the severity of presentation and level of risk is also evidenced through the increased activity of both the CAMHS Intensive Therapy Service and The Self Harm Support Service who provide interventions to those presenting with the most acute level of need.



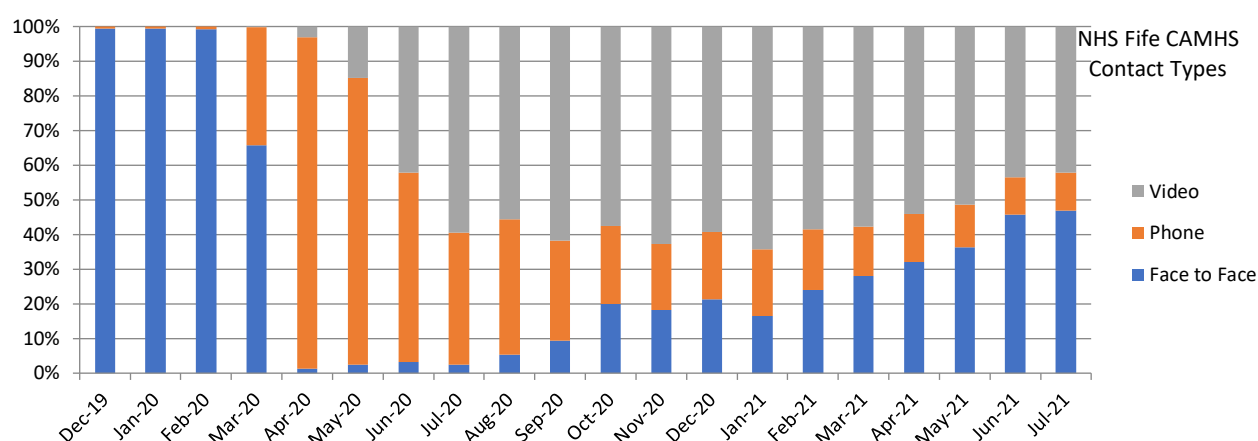
2.1.10 The consequence of focusing the limited CAMHS resource on those with priority needs has resulted in an increased number of children and young people who would benefit from CAMHS Intervention but do not present with significant risk having to wait longer than the Scottish Governments Referral to Treatment Target (RTT) of 18 weeks. Whilst the average waiting time is 11 weeks, the waiting list for routine interventions continues to have the potential to increase incrementally each month without targeted intervention.

2.1.11 August 2021: Average waiting time is 11 weeks. Total of 355 children waiting. 221 waiting less than 18 weeks & 134 waiting more than 18 weeks. 5 children waiting over 52 weeks have been appointed.



2.1.12 All children and young people who are placed on the waiting list have received an initial assessment with Fife CAMHS and are assessed as being 'fit to wait'. An opt in is returned by all families which accompanies correspondence from CAMHS outlining the waiting times, other resources that are available to families, children and young people and information on how to escalate concerns if the child or young person's mental health deteriorates. It remains the responsibility of the original referrer to coordinate any request for escalation and to monitor mental health whilst waiting. A professionals consultation line is available 5 days per week which is delivered by the CAMHS Primary Mental Health Workers.

2.1.13 Delivery of therapeutic interventions during Covid-19 pandemic has been provided through a number of sources including face-to-face, via Video link (Near-Me) or telephone, dependant on clinical risk, clinical need and patient preference. During 2020 the predominant method of contact remained Near Me video contacts, with face-to-face contacts increasing from spring 2021 with a return to face to face clinics.

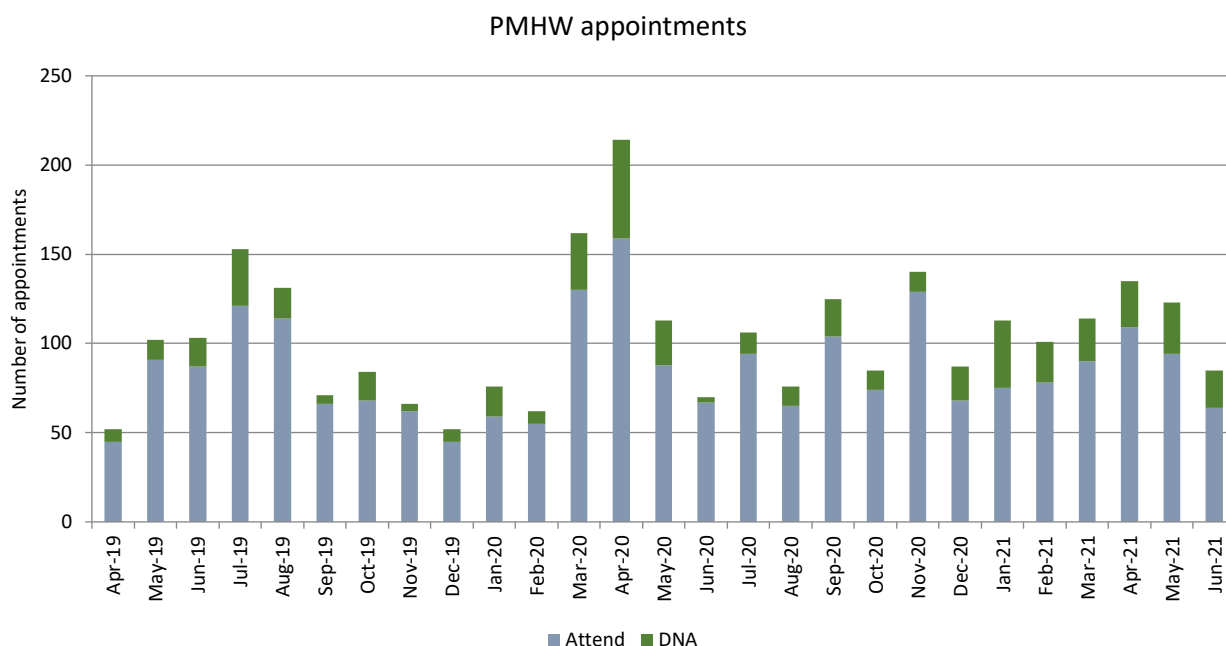


2.1.14 Positive service developments from the first lockdown phase have been integrated into mainstream CAMHS practice including:

- Virtual therapeutic group delivery (Anxiety Management & Decider Skills),
- Single point of referral and centralised allocation system,
- Available Clinician and Available Psychiatrist rota,
- Redesigned Self Harm Support service improving responsiveness

2.1.15 In addition to direct, specialist interventions CAMHS provides an Early Intervention Service. The team provides Initial Needs Assessments which leads to effective signposting to Universal, Additional and Intensive service providers who are best placed to provide support. At the same time maintenance of support to Universal and Additional service providers remains key to ensuring that capacity exists across wider children services. CAMHS Primary Mental Health Workers (PMHW) have continued to deliver bespoke virtual training, consultation, supervision and an expansion to five-day telephone support lines for the wider network of professionals who support children and young people with mental health issues.

2.1.16 Prior to the introduction of PMHW within CAMHS, all referrals that did not meet the Specialist CAMHS threshold were rejected and/or redirected either back to the original referrer or on to an alternative service provider without any additional consultation or assessment of need.



3.0 CAMHS: Financial Investment & Improvement Plan

3.1. A review has been completed of the CAMHS service capacity to meet the ongoing demand, in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit which commenced in 2019. This work has resulted in detailed improvement plan specifically identifying the additional staffing resource required to meet the national treatment time target, predicted demand and to eradicate the current waiting list.

3.1.1 This workforce improvement plan provided three key recommendations, all of which were supported by Fife HSCP:

Permanent Workforce: Sustainable Capacity & RTT:

- In order to achieve and sustain the Performance Target of 90%, Fife CAMHS required a minimum of 8 wte, additional staff.
- These staff would be banded at AfC Band 6 for maximum impact and efficiency based on current workforce activity data.

Temporary Workforce: Waiting List:

- The analysis of referral rates and waiting times data indicated that 3 staff could clear the waiting list beyond 18 weeks within 12 months.
- This was dependent on the required temporary staffing resource being recruited by June 2021 and the permanent staffing resource being in place to address the ongoing demand and halt new referrals being added to the

waiting list beyond 18 weeks.

Existing Temporary Posts made Permanent:

- Fife CAMHS had 11 temporary posts which were funded through Action 15 and Children & Young People's Task Force funding.
- These posts were primarily based across early intervention services.
- Sustaining these services was essential to ensure that referral rates were maintained at a predictable level in order to achieve projected activity.
- Approval was sought to make these posts permanent should the existing funding not be recurring from 2022.

3.1.2 In addition, as part of the Scottish Government Mental Health Recovery and Renewal Programme, NHS Fife/Fife HSCP was allocated £1,882,029 specifically for CAMHS with the 3 key objectives of:

- Implementing the National CAMHS Service Specification
- Extending CAMHS up to the age of 25 years for targeted groups
- Clearing any backlogs on waiting lists by March 2023

3.1.3 A local improvement plan was submitted on 2nd July 2021 to the Scottish Government Directorate for Mental Health in order to provide assurance that actions were in place against the MH Directorate key objectives for CAMHS. The improvement plans will be used by the Scottish Government to monitor the use of the Mental Health Recovery and Renewal funding and assess the impact of this investment over the coming months.

3.1.4 The Local Improvement Plan detailed the use of First Phase funding of £1,473,396 from the Recovery & Renewal allocation with additional spend up to the allocated amount of £1,882,029 pending the completion of a Gap Analysis and conclusion of local and regional consultations, due September 2021. These service developments will supplement the ongoing work to address RTT and waiting times.

3.1.5 First Phase funding has been approved for specific areas of need which are in line with the prioritised areas. This includes recruitment to address:

- ASD assessments
- Increase in demand for Intensive Therapy Service & Self Harm presentations
- Specialist Clinical Psychology Interventions
- Additional Consultant Psychiatry provision
- Family Therapy
- Intensive Support for Children with Learning Disabilities
- Management of Transition

3.1.6 Gap Analysis will focus on deficits in current provision compared to CAMHS National Service Specification with a focussed attention on:

- Increased prevalence of severe eating disorders
- Care experienced children and young people, specifically those in Kinship care
- Forensic/Offending behaviours associated with mental ill health.

4.0 CAMHS: Performance Trajectories

4.1. In association with Health Improvement Scotland embedded analyst, Fife CAMHS Projected an achievement of the Referral to Treatment Target (RTT) by June 2022 and an eradication of Waiting List beyond 18 weeks based on a number of workforce factors highlighted in 1.4.2:

- 8 wte new additional staff, 3 temporary staff and the existing workforce remaining present and stable.
- All posts needed to be recruited to by June 2021

Quarter ending	Sep 2020	Dec 2020	Mar 2021	Jun 2021	Sep 2021	Dec 2021	Mar 2022	June 2022
Projected Performance (RTT%)	70%	70%	70%	70%	80%	85%	90%	90%
Achieved RTT	70.4%	85.8%	73%	73.4%	-	-	-	-
Predicted: Waiting 36+ weeks (backlog)	76	104	134	164	94	54	24	0
Achieved: Waiting 36+ weeks	76	112	63	38	-	-	-	-

4.1.2 Failure to recruit within the identified timeframe has required a recalculation of the trajectory of recovery and achievement of national targets. Initial assessment indicates that recruitment throughout August and September 2021 will lead to a RTT achieved and waiting list over 18 weeks removed by October 2022 however this is wholly dependent on variances such as recruitment and retention progressing as predicted. Despite the failure to recruit within the required timeframes, some progress has been made towards reducing the waiting times beyond the predicted trajectory as shown above.

4.2 Ongoing Challenges & Mitigations

4.2.1 Increases in Referrals

- a) Referrals to CAMHS continue to exceed the existing resource, with a 9% year on year increase of referrals requiring therapeutic intervention from CAMHS.
- b) Despite significant resource investment in developing the wider workforce's knowledge, competence and confidence in identifying and managing children and young people's mental health, following Primary Mental Health Worker assessment 65% of referrals to CAMHS would be more appropriately supported by alternative service providers.

4.2.2 Workforce Challenges:

- a) Fife CAMHS has advertised on 4 separate occasions in order to achieve the 8 additional staff required to meet the ongoing demand and to appoint 3 temporary staff to address the waiting list. The combined processes have yielded 8 applicants in total. The service has been able to appoint to four permanent positions at the time of reporting through these recruitment processes and by redirecting applicants from other CAMHS posts.
- b) Two temporary staff (from an allocation of three) were appointed in April 2021 to work on longest waits. These posts were successful in reducing the longest waits to below 50 weeks by June 2021 however both have submitted their resignations to take up a permanent, promoted posts within other board areas.
- c) Due to competition from every board area across Scotland as a result of national funding, challenges in recruiting into the additional posts and impact on the services ability to achieve RTT waiting times and national specification will continue.
- d) Recruitment to posts will potentially be achieved from attracting staff from Fife's adult mental health services, placing additional pressure on the wider system.
- e) Lack of experienced CAMHS clinicians will result in longer period of induction/training to ensure competencies are in place to begin clinical delivery. Delayed recruitment and lack of skilled workforce will impact on the projected activity against Referral to Treatment Targets and Longest Waits.

4.2.3 Mitigating Actions:

- a) In order to address the incremental increase in referrals, significant investment has been made in the CAMHS workforce on both a national and local level as identified in 1.4.
- b) Fife CAMHS remains committed to the Fife children and young people's framework for emotional and mental wellbeing: 'Our Minds Matter' in order to ensure that clear pathways exist to support children and young people who experience emotional and mental health issues and to promote clear points of access, early intervention and broad ranging strategies to enhance mental health through all agencies.
- c) Recruitment campaign to target graduates/newly trained staff and a broader range of professional disciplines has been developed to allow the service to increase capacity alongside enhanced induction and local CAMHS training program to ensure the development of a competent workforce.

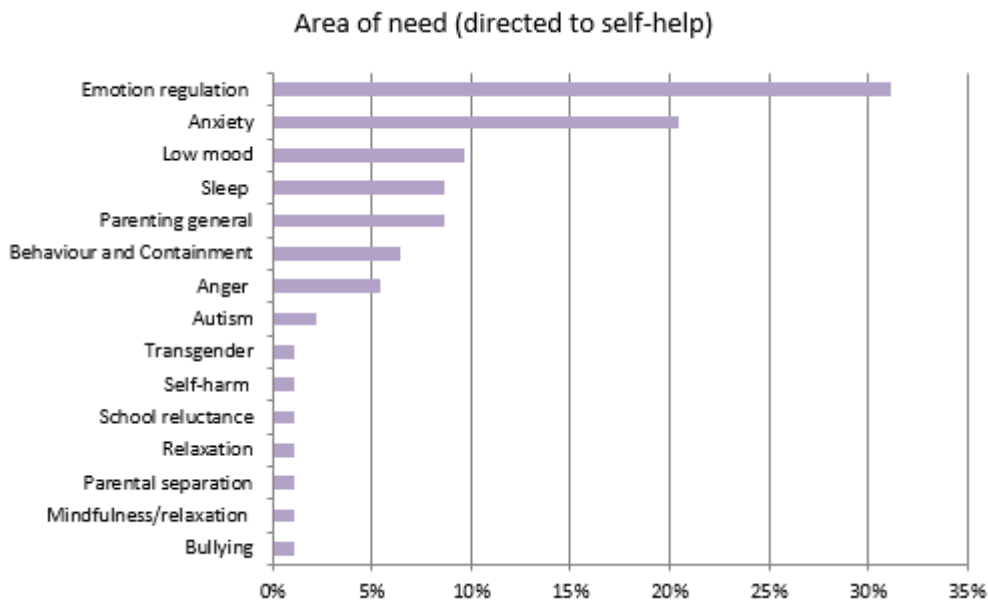
- e) Specific professional groups within CAMHS (clinical psychology) have been reallocated to work on longest waits to ensure that the longest waits do not return to previous numbers and positive gains are not lost.

5.0 Extending our knowledge of young people's wellbeing needs to inform strategic development

5.1 Introduction

- 5.1.1 Data gathered across partners provides useful information from users of additional/targeted services.
- 5.1.2 In order to effectively inform service design and ongoing strategic developments it is essential to consider that data from service users along with other data (e.g. school attendance data, Child Protection data). This informs planning for Early Intervention as well as additional, targeted support for young people.
- 5.1.3 As work progresses to implement the Community Mental Health and Wellbeing Supports and Services Framework work has continued to analyse the data from Fife CAMHS in terms of the numbers of young people who are referred to them, and the needs associated.
- 5.1.4 The CAMHS Early Intervention Service/ Primary Mental Health Workers team has established Primary Assessment of Need Appointments (PANA) to provide early, specialist assessment and formulation of children, young people and families presenting mental health issues. The range of presenting difficulties is outlined in the table in Appendix A.
- 5.1.5 An average of 65% of referrals to CAMHS, as assessed by the Primary Mental Health Workers, could be more appropriately supported by the wider network of Fife's children's service providers. Operating as point of access, the PMHW's provide onward facilitated referral to ensure support is provided as close to source as possible and within the shortest time frame possible. A summary table showing themes and signposting for young people into partner agencies is provided in Appendix B.
- 5.1.6 The information provided through the PANA offers a valuable resource in terms of identification of the population needs, future service development, investment and resource allocation across Universal and Additional supports. Appendix C provides an overview of areas of need identified following PANA.

5.1.7 In cases where young people are directed to self-help options the following areas of need are noted



5.1.8 This data, along with other data (e.g. from School Counselling Services) is helping to inform Early Intervention practices, Targeted, Additional supports for young people and the planning for our new Community Mental Health and Wellbeing Supports and Services Framework.

6.0 Community Mental Health and Wellbeing Supports and Services Framework

6.1 Since November 2020, work has progressed in Fife to introduce the new national Community Mental Health and Wellbeing Supports and Services Framework.

6.1.1 The framework aims to:

- Set out a clear broad approach for the support that children and young people should be able to access for their mental health and emotional wellbeing within their community.
- Assist local children's services and community planning partnerships with the commissioning and establishment of new local community mental health and wellbeing supports or services or the development of existing supports and services, in line with this framework
- Facilitate the enhancement or creation of services that can deliver support which is additional and innovative wherever these are best placed

6.1.2 Importantly, this framework specifically addresses the establishment or development of community supports and services that target issues of mental and emotional distress and wellbeing rather than mental illness and other needs that may be more appropriately met through CAMHS. It supports an approach based on

prevention and early intervention. This sits firmly within the aims of The Promise and Belonging to Fife.

- 6.1.3 There is a close association between Fife's Our Minds Matter Framework and the Community Mental Health and Wellbeing Supports and Services Framework. However, there are aspects of the remit that are broader, specifically the age range: children & young people aged 5-24 years (26 for young people who are care experienced) and a large focus across community development.
- 6.1.4 A plan for Fife for the Community Framework has been drafted (Appendix D) and an associated plan for third sector commissioning is being implemented (Appendix E). This plan includes a focus on extended support for young people with complex needs.
- 6.1.5 The Community Framework aims to support young people and their families to access services and supports that meet the needs of their mental health and emotional wellbeing within their community. Ensuring that young people and their families get the right help they need, when they need it, from the people with the right knowledge skills and experience to support them.
- 6.1.6 Data analysis provides evidence that approximately 65% of the referrals made to specialist CAMHS which are then assessed by a Primary Mental Health Worker do not meet the criteria for ongoing treatment within CAMHS.
- 6.1.7 Through consultation with young people, families and partners. It has been identified that young people and families require early interventions, to support their needs before they "reach crisis point".
- 6.1.8 To meet the demand identified - through consultation - for early interventions and prevention work, increasing confidence, knowledge and skills of young people, families and partners, the Community Framework has supported the expansion of the CAMHS Early Intervention Service Team by increasing the workforce with an additional four Primary Mental Health Workers.
- 6.1.9 Imbedding specialist CAMHS practitioners within the community will support the young person's journey through the pathway, providing initial needs assessments and signposting appropriately. They will also support capacity building, knowledge and understanding about mental health and steps young people can take to improve their emotional wellbeing and increase the confidence and competence of the wider workforce.
- 6.1.10 Practitioners will also provide direct interventions, working in collaboration with schools, community staff, families and corporate parents who already have a trusted relationship with the young person.
- 6.1.11 The Community Framework takes a whole system approach which sits alongside, and compliments other local supports provided by education, universal services, social work, health and care services.
- 6.1.12 Further data analysis is required to identify the characteristics of the young people being referred but not meeting the criteria for a CAMHS service. Further investigation will help us understand the demographic and characteristic of these

young people, e.g. age group, residing locality, care experienced young people and those with a low or non-attendance record within education.

6.1.13 Commissioned services have already taken steps in developing their knowledge of young people in “at risk” groups through improved relationships with Education, Social Work, Children and Families team and the Young Peoples team. They will continue to work in partnership with these agencies as well as Corporate Parents to ensure there is a clear pathway for initial contact and access for the young person, ensuring they receive the right help at the right time.

6.1.14 Steps will be taken to improve the visibility of services to ensure that young people and families are better informed about where and how to seek support. Within this self-referral is a key aim for the Community Framework to empower young people and families to access these supports, without being engaged in a “formal” referral process which can prove to be timely and complex.

6.1.15 Additional work is also being undertaken around devising a ‘No Wrong Door’ pathway with key partners who support young people’s emotional wellbeing. This will aim to ensure that young people and their families are clear about where and how to access support for young people’s mental wellbeing in Fife.

7.0 Conclusion

Partnership with CAMHS is well established in Fife and sits firmly within the recognised good practice of the Our Minds Matter framework.

CAMHS Fife supports the development of early intervention practices. Fife CAMHS’ central role within this framework, combined with a key leadership role within its continued strategic development is helping to ensure that ongoing challenges in supporting young people’s wellbeing are continuing to be addressed with due rigour and a solution-focused approach.

Data from Fife CAMHS, combined with data from other partners helps to ensure that the key themes/characteristics of young people in Fife’s mental wellbeing needs are clear.

Background Papers

The following were relied on in the preparation of this report in terms of the Local Government (Scotland) Act, 1973:

- Our Minds Matter Framework: fifedirect.org.uk/ourmindsmatter

Appendices

Appendix A: Range of Presenting Difficulties Overview

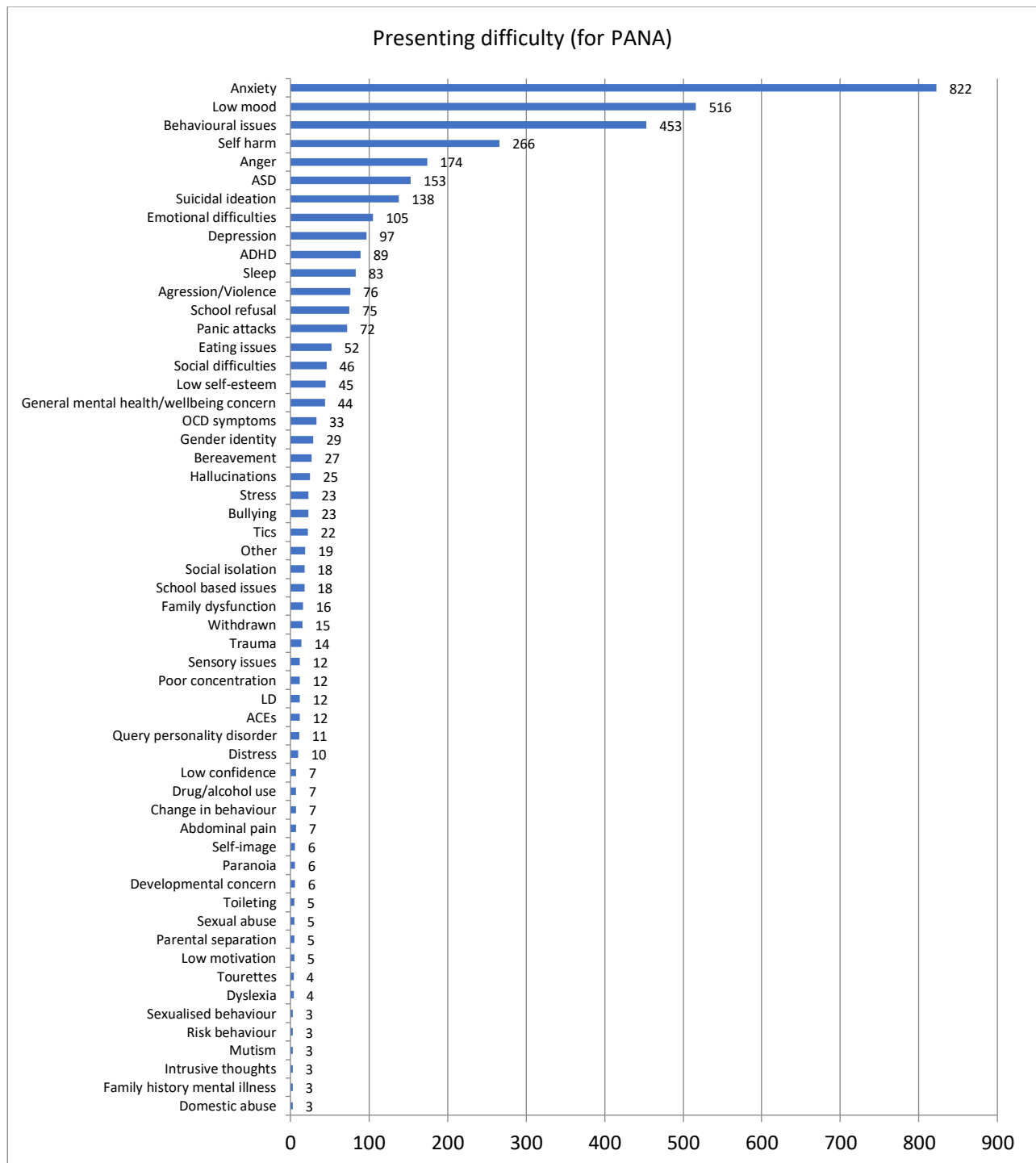
Appendix B: Summary of Themes of Need and associated Service signposting

Appendix C: Overview of Area of Need (Identified following PANA)

Appendix D: Community Mental HWB Supports and Service – Fife Draft Plan

Appendix E: Community Mental HWB Supports and Service – Commissioning

Appendix A: Range of Presenting Difficulties Overview

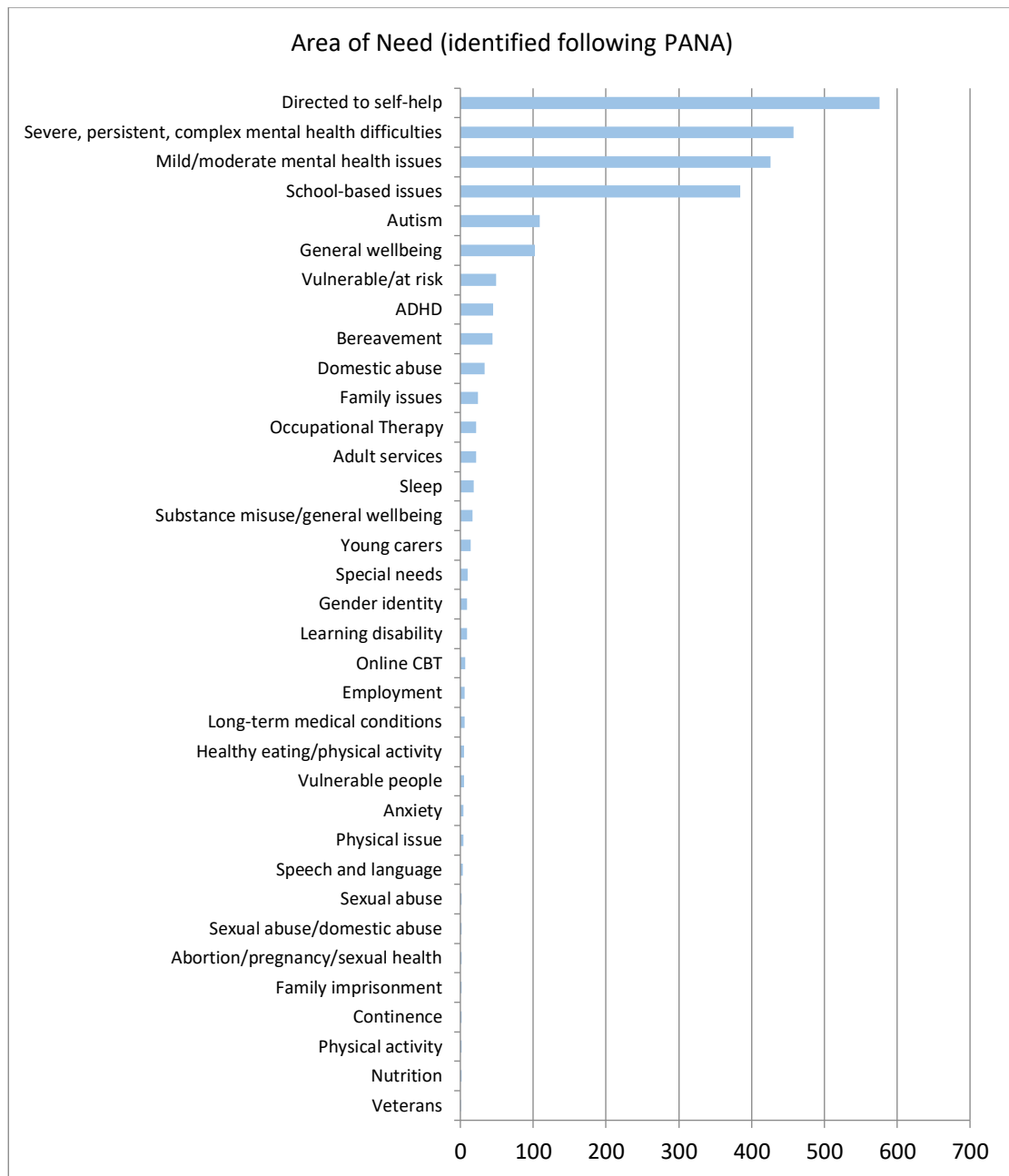


Appendix B: Summary of Themes of Need and associated Service signposting

Abortion/pregnancy/sexual health	2
Abortion Services	1
Choices, Dunfermline	1
ADHD	45
ADHD Pathway	45
Adult services	22
Adult Learning Disability Service	1
Adult Mental Health	16
Adult Psychology	4
Community Mental Health Team	1
Anxiety	4
School-based anxiety group	4
Autism	109
AAP	68
Autism Rocks	2
Fife One Stop Shop for Autism	26
PAPAS (Parent Awareness Programmes for Autism Spectrum)	13
Bereavement	44
Cruse	25
Seasons for Growth	19
Continence	2
Continence Service	2
Directed to self-help	576
Directed to self-help	576
Domestic abuse	33
Cedar Project	17
Women's Aid	16
Employment	6
FEAT	5
Works Better	1
Family imprisonment	2
Families Outside	2
Family issues	24
Relationships Scotland	24
Gender identity	9
Sandyford	9
General wellbeing	102
DAPL - emotional support	102
Healthy eating/physical activity	5
Child Healthy Weight Team	5
Learning disability	9
Enable	3
LD team	6
Long-term medical conditions	6
Paediatric Psychology	6
Mild/moderate mental health issues	426

Access Therapies Fife	12
Barnardo's	2
College-based counselling	2
Includem	2
PMHW virtual parent workshop	3
Primary Care Psychology	243
School Nursing Service	160
The Cottage Family Centre	2
Nutrition	2
Dietetics	2
Occupational Therapy	22
Occupational Therapy	22
Online CBT	7
Living Life service (Breathing Space)	7
Physical activity	2
Active Schools Coordinator	2
Physical issue	4
GP	4
School-based issues	384
Educational Psychology	7
Guidance teacher	6
Kitbag	8
Liaise with school	288
WBM suggested	75
Severe, persistent, complex mental health difficulties	458
CAMHS	458
Sexual abuse	2
Frasac	2
Sexual abuse/domestic abuse	2
KASP	2
Sleep	18
Sleep Clinic	18
Special needs	10
Community Paediatrics	10
Speech and language	3
Speech and Language	3
Substance misuse/general wellbeing	17
Clued Up	2
DAPL - drugs/alcohol	15
Veterans	1
Live Life Partnership (Cyrenians)	1
Vulnerable people	5
Link Living	5
Vulnerable/at risk	49
Family Support Service	49
Young carers	14
Fife Young Carers	14
Grand Total	2426

Appendix C –Overview of Area of Need (Identified following PANA)



COMMUNITY MENTAL HEALTH & WELLBEING SUPPORTS & SERVICES

1. Local Authority: Fife

Current Local Authority Leads: Lee Cowie, Clinical Services Manager, Fife Child and Adolescent Mental Health Services.

Rona Weir, Education Manager, Education and Children's Services, Fife.

2. Please estimate how many new or enhanced services are planned to be in place to support young people with

Distress: All the new areas of provision listed have a remit of targeted work, they also contribute to universal capacity building and provision of positive mental health and wellbeing)

Positive Mental Health & Wellbeing: All the new areas of provision listed have a role in contributing to universal capacity building and support for positive mental health and wellbeing)

3. Please provide information on each new or enhanced service planned, consideration should be given to how they align with the framework.

The information in this section gives an overview of the key new and enhanced service provisions which form the core of our plan. These align with the aims of the framework and will attend to the required Key Components.

- Partnership working with CAHMS, reducing referral time, and aligning Children and Young people to community-based support and resources.
- Support the appointment of an additional 4 Primary Mental Health Workers within CAHMS to ensure that CYP are supported within minimal waiting time.
- Primary Mental Health Workers working in partnership with commissioned services to deliver family support to groups of CYP and their families.
- CAHMS practitioners supporting community-based services to upskill their staff and volunteer teams.
- New and enhanced 1:1 services focusing on desired outcomes and support needs to build resilience in CYP.
- Awareness raising for CYP and their families to increase knowledge in brain development, ages and stages.
- Targeted workshops within groups to support understanding of mental health and how to support emotional wellbeing and self-help techniques.
- Community based activities that promote positive physical and mental health, walking/talking cafes, connecting with nature whilst building peer relationships.

- Supporting parents and carers through parenting groups and 1:1 support using the Solihull Approach.
- Use of creative art techniques to engage children in discussion about their wellbeing, trauma and the art of restoring and repairing.
- Community based family days working in partnership with CAMHS, offering support and activities aimed at the whole family and specific support around the Decider model for parents.
- Identifying a staged approach using GIRFEC principles to develop support with the community.
- Creating a training and development plan for universal and additional levels of support.
- Consideration into resources that are commonly used within the Our Minds Matters framework, where this can crossover into community-based interventions, and consider next steps to develop this further.
- Exploring digital platforms that support the mental wellbeing of YP aged 16+.
- Mapping out counselling services available to CYP across Fife and identifying what the gaps are.
- Improved links with Colleges - shared understanding of resources available and opportunities to work in partnership to upskill staff and YP in understanding brain development, promotion of positive mental health and ensure we can understand the support needs of the YP to improve their chances of achieving a formal qualification.
- Consideration into where there may be opportunities to implement mentoring programmes.
- Development of a comms plan to promote mental health campaigns and influence change around community compassion for CYP and their families.

Enhancement of the existing Early Intervention Mental Health Workforce across education and community settings: Increase the capacity of this workforce to provide:

- routine participation in wellbeing meetings
- co-ordinate access to mental health supports
- deliver bespoke training & consultation across education settings,
- embed and deliver therapeutic group work.
- deliver parenting groups & workshops through twilight sessions
- offer of support to professional leads working within the wellbeing pathway via no-names consultation and listening and coaching
- For consideration: Single point of access for emotional wellbeing and mental health support

Enhancement of the range of parenting programmes for children with additional needs: ADHD, LD, ASD, to include:

- Developing problem solving skills
- Ensuring support systems are developed within communities
- Linking school-based programmes with community-based programmes
- Consultation with families to better understand their needs

Development of a range of interventions for children, young people and young adults with ASD, to include:

- Bridging the gap between CAMHS threshold and the needs of this group, we now understand that 40% of referrals not suitable for CAMHS are from this group of CYP
- Group programmes: Distress tolerance & Emotional regulation

- Individual support packages
- Befriending/mentoring service
- Linking with school partners to access those who have fallen out of education due to ASD
- Considering partnership works across Fife to meet the core needs of this group as well as considering particular needs within specific localities.
- Direct intervention and support to families
- Consider future service provision planning for CYP living with ASD

Continued extension of joined-up early intervention mental health/wellbeing work with children and young people with learning disability & their families:

- Extension of practices to support target groups of children and YP at high risk of poor mental health/wellbeing, but with reduced access to early intervention due to complexity associated with disability
- Recognising need for early trusting relationships with (often grieving) families of children who will need life-long contact with services
- Building on existing Fife needs assessment work done by partnership of Local Authority, Third Sector, Health and service users
- Developing clear pathways, with 'one front door', making best use of existing skills and services so families get right help at right time, with reduced waiting times to specialist MH services
- Delivered in partnership between all agencies, e.g. joint early assessments, joint delivery of groups, joint use of facilities
- Direct intervention & support for at risk children & families with focus on reducing inequality, preventing escalation, and maintaining children in their own homes
- Working together across traditional 'transition' boundaries to provide seamless care into adulthood

4. Provide information on how the need for services has been or will be established. Please include details on children, young people and families' involvement in informing service design

At the early stage of our planning process the need for service has been defined through the extensive multi-agency approach to supporting young people's wellbeing in Fife, which has developed steadily over the past five years using Fife's Our Minds Matter Framework. Close working, with ongoing discussion and review between partners has ensured that the gaps and opportunities for service extension are clearly understood.

Our Minds Matter partners meet regularly to review provisions, to bring together any relevant data and feedback in connection to their services and to discuss pathways and relationships across services' practices. This helps us to be clear about what's working and where some extensions to practice would be useful, perhaps to address the needs of particular groups of young people.

As our work progresses, we have commissioned services to work with partners in community, Social Work, NHS and Education settings to engage with CYP and their Families to identify their needs, how they would wish to be represented and what an effective, seamless service delivery would look like. A variety of Engagement tools are being used to seek views including an intensive model, of "Leadership Academies" working over an extended period of time with identified groups in a series of collaborative

learning events, sharing experience, what matters and key principles and foundations for mental health and well-being services. This event will not only provide an opportunity to inform service design but also an opportunity for building confidence and developing leadership skills.

Young people and their families will take the opportunity to meet directly with our multi-agency oversight group for the Community MHWB framework to share their views and support us to understand how best to support improvement and change that will have a positive impact on the mental health and emotional wellbeing of YP. This will support us to understand core needs across Fife coupled with the need for specialised support or specific needs within communities.

Our oversight group have identified some key target groups for this Framework, but also appreciate the need to have fluidity within these categories as we broaden our understanding of the needs of our CYP and their families. This list will strengthen and grow as we learn more about the specific needs within our locality.

The categories are as follows:

Children and Young People who:

- are being supported at the additional stage of the Well-being Pathway and children/young people who are supported by a child's plan, being on the edge of care or in care.
- have been screened by CAMHS and no further action identified by CAMHS.
- have been assessed as requiring intervention from CAMHS or Adult Mental Health services but have challenges engaging with these supports or find that these supports are not suitable for them
- with neurodevelopmental conditions and learning disabilities who require support for mental health
- Ex-care experienced Young People living at home, with friends/relatives, in Supported Lodgings, homeless accommodation or no fixed address.

18-25 (to 26 for care experienced) year olds who have been screened by Adult Mental Health Services and there is no further action.

18-25 year olds who are not care experienced and have:

- current involvement with the Criminal Justice Service or
- been referred to Adult Social Work for assessment/support but do not meet criteria for a service

Parents/Carers of Children and Young People in the above categories

This approach links well with the Community MH&WB frameworks brief to ensure that services "*vary according to local structure and the needs identified by children, young people and families in each local area*" as we will:

- Consider complex issues from multiple perspectives and as part of a whole area approach.
- Challenge and culture and practice which holds us back,
- Draw upon local leadership to drive improvement in outcomes

- Design and deliver services in a way that is more responsive to the needs of people and communities – and in a more streamlined and efficient way
- Re-weave national policies together with local priorities and implement them within the constraints and opportunities of a local operating model

5. Estimate how many children and young people are likely to require these services?

	2019/20	2020/21
Distress (Taken as 10% of total 5-25 aged Fife Population, 2019)		9065
Positive mental health & wellbeing (Taken as, at some point or another, reaching up to around 80% of total 5-25 aged Fife Population, 2019)		72 520

6. How will the new and enhanced services planned link to existing local support and services (e.g. Education, CAMHS, primary care, wider children's services, youth work and third sector services.)

The new and enhanced service are being coordinated by a lead officer in a Policy Officer role. This officer is a member of the Our Minds Matter (OMM) Steering group, which includes senior leaders from across services within Fife's Health and Social Care Partnership.

The role of this group currently centres on work with school-aged young people, aiming:

- To guide development of implementation of partnership approach to promoting and supporting young people's emotional wellbeing in Fife.
- To ensure clarity of key messages shared in connection to across-partner work in emotional wellbeing support and early intervention and preventative work.
- To measure impact along with promoting engagement, developing evaluation and reporting on impact.

The work of the OMM Steering Group will be extended beyond school-aged young people and reviewed to ensure its aims include the age range and objectives of the Community MH & WB Supports and Services Framework.

Close working relationships have been established between new and enhanced services and existing partners, supporting a clear referral pathway for CYP and their families. Joint work is also underway to support families over the summer period with events aimed at supporting the family as a whole coupled with independent support for young people and their parents/carers.

The Community MH&WB oversight group meet regularly with the new and enhanced services for regular reporting and support to ensure this framework is rolled out successfully.

In addition to working within the Our Minds Matter Steering group the Lead Officer also links into the work of Fife's MHSIG which leads the delivery of Fife's Mental Health Strategy "*Let's Raise The Bar – 2020 to 2024*", as tasked by Fife's Health and Social Care Partnership's Integrated Joint Board.

7. Can you provide information on any risks you have identified in implementing the above, and how you will minimise those.

The following risks have been identified:

- The challenges associated with ensuring equity of service across Fife, whilst attending to the needs and views of the seven localities of Fife, many with quite differing contexts.
- Identifying Children and young people who have low level of attendance and are not currently taking up education provisions to support their mental and wellbeing.
- Reaching out to our CYP who are home educated/travelling community.
- Consideration required how we engage with young people age 16+ who have left formal education.
- Explore whether the SHINE survey can be used or adapted to support engagement with older Young People.
- The negative impacts and constraints related to Covid-19 (e.g. connecting with people's views, bringing service-users together to discuss areas' needs, introducing services within conditions where many services have been closed through Lockdown periods and when a period of regrowth and recovery is required.)
- Ensuring effective, joined up partnership working within local areas and generally across Fife across a broad age range and a variety of different contexts.

The Our Minds Matter group will ensure that as action plans are generated the risks above are considered and mitigating, solution focused approaches are adopted.

This detail of action plans will be led by the Lead Officer and a Community, Mental Health and Wellbeing Supports and Services Framework Group, which they will establish. This will be made up of leads across Fife's 7 localities and representatives from mental health partner agencies across these localities.

8. Can you provide information on how staff will be supported. For example what training and wellbeing support will be available.

Cross-Partner, multi-agency Training will be provided by a range of lead partners and will be made available across partners wherever possible. This has been a key principle in how we've worked in the past, with training and support being designed in a way that partners can come together to take part, building shared language and approaches as well as getting to know each other and strengthening their working relationships. We will continue to increase and strengthen mutual offers across services of training and development.

9. Please can you provide details of how you intend to measure outcomes in terms of the impact of the service.

We will adopt a multi-dimensional approach to this, which draws upon practices across partners. We will work to coordinate the various approaches the many different partners use to define an agreed suite of approaches. This will include:

- Within Education - School Aged Pupils in Fife will take part in the national Health and Wellbeing Census and the SHINE survey.
- Consider how we encourage home educated school aged YP to engage in the National Health and Wellbeing Census.

- We will consider how to draw upon the CogniSoft data – council use software system for recording Youth Work.
- Explore how we can track wider achievement and informal impacts – e.g. Partnership with CLD Colleagues e.g. Achievement – High Five (Plan Do, Review Cycle Dynamic Youth Award, Youth Achievement Awards. Individual partners may also be able to share data.
- Linking into practitioners in Fife who are using Improvement Methodology, small tests of approaches
- Application of WEMWBS and Core YP by partners who use these tools
- Tracking impacts for individual young people using Goal-Based approaches

Key within this will be the need to track serviced users' journeys across and between the various services, whilst paying attention to confidentiality and data protection. We will implement a No Wrong Door approach to layering up and associating services, which will help in communicating service options to young people and families and also ensuring service users are all clear on how their practices relate and link to those of other agencies.

Additional Information

Please use this section to provide any additional information.

This plan remains at draft stage. It is designed to give an overview of the key elements of our approach in Fife.

Appendix E: Community Mental HWB Supports and Service – Commissioning

	2021/22	2022/23	2023/2024
Commissioning	Initial Phase: <ul style="list-style-type: none"> - Enhanced and extended Service - Consultation/Engagement £302 166	Second Phase (continues): Across Fife Model (Dec 2021 – Nov 2023)	
		Third Phase (continues) Shorter Term – themed and local investments	
	Begin Second Phase: Across Fife Model (Dec 2021 – Nov 2023) Circa £200 000		
	Begin Third Phase Shorter Term – themed and local investments Circa £100 000		

Beginning the Second Phase - Dec 2021 – Nov 2023)

Characteristics:

Across Fife – designed to build equitable core provisions and partnerships

Centres upon the growth of provision of additional (targeted) supports for young people's mental wellbeing as well as associated supports for families.

Services will be required to lead the delivery of a range of particular, stated outcomes to meet young people's needs within a community setting, focusing in the main part on provisions which:

- Are **easily available** at the heart of community settings
- Are available out-with the hours of 9-3 pm, Monday to Friday
- Provide services which cannot be accessed by the focus young people within education settings** (e.g. due to YP being beyond school age)
- Meets a **higher level of additional needs** than might be met through more general community provisions (e.g. youth groups)

Partnership Working.

A high level of partnership working is required by this service provider. This will include close partnership working with Fife CAMHS Early Intervention Service, with local Multi-Disciplinary team groups and with other community groups working with young people and families within the focus locality/ies.

Outcomes to be delivered

Outcomes to be delivered sit under two headings, namely:

- Development of localities' capacities to support young people's mental wellbeing through partnership with other locality groups
- Provision of direct, targeted interventions and practices working with groups of YP with particular additional support needs to support mental wellbeing

Development of capacity to support young people's mental wellbeing through partnership with other locality groups

To help to promote positive mental wellbeing within their locality.

To support parents, families and local community groups who work with young people and families to develop their awareness, skills and confidence in enabling young people to recognise their mental health needs and self-manage.

To develop a knowledge of local area mental health needs and support arrangements and to provide a bridge between mental health leads and providers working across Fife and with community groups working with young people in their area (e.g. passing on information on training opportunities and advice and liaising with Locality Lead groups and Mental Health leaders in Fife on the needs of their locality)

Provision of direct, targeted interventions and practices working with groups of YP with particular additional support needs to support mental wellbeing

To work in close partnership with Fife CAMHS , taking the role within that partnership of:

- Signposting and facilitating links between young people and families in need into local services who can help
- Devising and supporting the introduction and early delivery of additional targeted group programmes for young people and families within their locality, to provide support for mental wellbeing.

It is anticipated that the targeted interventions and practices working with groups of young people will take up the majority of the brief.

It is anticipated that delivery of the given outcomes will collectively contribute to:

- Improved resilience – personal capacity of children/young people, and their families, or carers, to resolve difficulties and problems
- Improved mental health and emotional wellbeing of children/young people
- Increased support for mental and emotional distress and wellbeing

Increased capacity of parents/carers in supporting the emotional needs of their children/young people

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14th September 2021
Agenda Item No.7

Revenue Budget Provisional Outturn Report 2020 - 21 for Social Care Services

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

Wards Affected: All

Purpose

The purpose of this report is to highlight the 2020-21 provisional out-turn for Fife Council Social

Recommendations

Members are asked to:-

Scrutinise the contents of this report.

Resource Implications

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

Legal & Risk Implications

There The Service requires to manage the risk to individual clients and the community in Fife whilst undertaking its statutory duties within the budget approved by the Council for 2020-21.

Impact Assessment

An EqIA Checklist is not required because the report does not propose a change or revision to existing policies and practices.

Consultation

None.

1.0 Introduction

- 1.1 The purpose of this report is to advise Members of the provisional out-turn position for the 2020-21 Revenue Budget for Social Care as at 31 March 2021 of a £0.036m underspend for Fife Council, a movement of £4.688m from the last reported position.

2.0 IJB Budget

- 2.1 There has been no change to the background and budget-setting information since the report provided to Education & Children's Services, Health & Social Care Scrutiny Committee on 4 November 2021.

2.1.1 The IJB budget was approved on 28th March. The cost to deliver services at existing levels requires more funding than is currently available from both partner organisations and therefore a savings plan to close the funding gap was presented and approved at that meeting. Additional allocations were awarded in year through Health budget allocations and the current budget at 31 March for 2020-21 is £617.390m.

2.1.2 At March 2021 the underspend of the H&SCP (Health & Social Care Partnership) against budget is £2.896m or 0.5% of the net service managed budget.

2.1.3 Across Scotland £1.1bn has been made available by the Treasury. Fife H&SCP have been fully funded for 2020-21, including unachieved savings.

2.2 IJB Integration Scheme

2.2.1 There has been no change to the IJB Integration Scheme information since the report provided to Education & Children's Services, Health & Social care Scrutiny Committee on 4 November 2021. The scheme is currently under review.

3.0 Main Variances for Social Care

- 3.1 The budget allocated to Fife Council for Social Care for Adults and Older People is £162.358m which includes the budget for Contracts Team of £2.182m. The Contracts Team is not part of the budget managed by the IJB therefore it is not included within the risk share calculation. Because both partners have an underspend at the end of the year, the risk share agreement did not need to be implemented.

There was a significant underspend on Social Care expenditure of £18.711m mainly due to funding received in Quarter 4 of £14.150m. In line with the integration scheme

and reserves policy, any underspend will be carried forward and retained by the IJB in reserves for use by the partnership in the future.

The reserves are owed to the Partnership by Fife Council and therefore leaves a modest underspend in Social Care of £0.036m on the element of the budget that is out with the remit of the H&SCP. A summary is detailed in Appendix 2.

Prior to the underspend being carried forward to reserves, the main variances are detailed as follows:

3.2 Adults Placements – overspend £1.189m, movement (£2.303m)

3.2.1 The overspend in adult placements mainly relates to a greater number of adult packages which have been commissioned in excess of budget. The service closely monitors the commissioning of these packages and reduces packages where possible. However, it should be noted that demand exceeds the resources available.

Funding for unachieved savings of £2.285m was received from Scottish Government via the Local Mobilisation Plan and is now being included in the forecast.

3.3 Adults Supported Living – underspend (£1.033m), movement £0.250m

3.3.1 The underspend for supported living is mainly within employee costs due to vacancies across all areas. While Day Care services have been closed, some of the staff have been redeployed to cover vacancies, holidays and sickness within the group homes reducing the need to pay additional staff to provide cover.

3.4 Adults Fieldwork Teams – underspend (£0.274m), movement (£0.163m)

3.4.1 The underspend is mainly due to an underspend of £0.116m on staffing due to delays in filling vacancies and an underspend of £0.143m on payments to external providers due to a reduction in expenditure on respite.

3.5 Homecare Services – overspend £1.243m, movement (£0.765m)

3.5.1 The overspend in homecare mainly relates to the provision of additional critical external packages and Self-Directed Support direct payments at a cost of £1.053m.

Funding for unachieved savings of £1.847m is now being included in the forecast. There has been an offsetting increase of £0.959m as payments to individuals for organise their own packages have been transferred from the Older People Fieldwork teams to Homecare.

3.6 Nursing & Residential – underspend (£2.500m), movement (£2.114m)

3.6.1 The underspend is mainly due to additional income contributions from clients of £0.241m, following a significant exercise to complete and agree long-term care financial assessments. The completion of these had been delayed by Covid-19. There is also an underspend of £1.692m on payments to external suppliers for placements, which is mainly due to the year-end accrual being £1.000m less than usual due to a change in the methodology and £0.692m of external beds being identified as Covid-19 related. There was also a reduction in the bad debt provision of £0.224m.

3.7 Older People Residential & Daycare Services – underspend (£0.621m), movement (£0.404m)

3.7.1 The underspend is mainly due to £0.408m underspend due to delays in the implementation of projects due to Covid-19. There was an underspend on staffing of £0.378m due to absence and cover costs being funded by Covid-19, offset by a reduction in income from service-users of £0.244m.

Funding for unachieved savings of £0.210m is now being included in the forecast.

3.8 Occupational Therapy – underspend (£0.373m), movement (£0.238m)

3.8.1 The underspend is mainly due to an underspend of £0.145m on staffing due to delays in filling vacancies and £0.100m on the purchase of equipment for installation in people's homes, due to access to homes not being possible during the pandemic.

3.9 Older People Fieldwork Teams – underspend (£0.882m), movement (£1.881m)

3.9.1 The underspend is mainly due to an underspend of £0.230m on staffing due to delays in filling vacancies and an underspend of £0.572m on respite and daycare due to services being limited during the pandemic.

The movement is mainly due to a transfer of £0.959m from Fieldwork teams to Homecare for payments to individuals for organise their own packages and an additional £0.426m expenditure on assessment beds being identified as Covid-related admissions and therefore fully funded through the local mobilisation plans.

3.10 Social Care Other – overspend £3.251m, movement (£2.946m)

3.10.1 Both the overspend and the movement relate to technical accounting entries required to carry-forward the partnership underspend to reserves. The reserves do not form part of Fife Council Balances and are held on account and owed to the H&SCP.

4.0 Approved Savings for Social Care

- 4.1 An update in relation to the achievement of these savings for Social Care within the Revenue Budget for 2020-21 is provided at Appendix 3.

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

Green – No issues and the saving is on track to be delivered

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

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

6.0 COVID-19

- 6.1 The H&SCP incurred additional costs due to the effects of COVID-19, of which £16.0m relate to costs incurred by Fife Council. This expenditure has been funded in full by the Scottish Government through the Local Mobilisation Plan.

Late funding received in March was carried forward to Reserves, this funding has to be used in the first instance to meet the ongoing costs of COVID-19.

8.0 Conclusions

- 8.1 Members are asked to scrutinise the projected revenue underspend of £0.036m (0.02%) for Social Care for Adults and Older People for the 2020-21 financial year.

List of Appendices

Appendix 1: Risk Share Agreement calculation

Appendix 2: Social Care – Revenue Budget 2020-21

Appendix 3: Saving Tracker 2020-21

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Risk Share allocation between Fife Council and NHS			Appendix 1	
AUG-20				
	Overall Position	Budget	Projection	Over- /(Under-) spend
		£m	£m	£m
	Social Care - per ledger (incl Risk Share)	162.358	162.322	-0.036
Less:	Risk Share per ledger		0.000	0.000
	Social Care - before Risk Share	162.358	162.322	-0.036
Less:	Contracts team (not included in IJB)	2.182	2.145	-0.037
	Social care (relevant to IJB)	160.176	160.177	0.001
	check to report			
	Add:			
	Housing (Revenue Expenditure))	0.326	0.326	0.000
	Housing (Revenue Income)	0.000	0.000	0.000
	Housing (Capital)	1.005	1.005	0.000
	Manual adjustment	0.000	0.000	0.000
Add:	Housing - adaptations	1.331	1.331	0.000
	Social care (relevant to risk share agreement)	161.507	161.508	0.001
	NHS Fife	455.883	452.986	-2.897
	IJB Total	617.390	614.494	-2.896
As both partners were underspent, there was no need to implement the risk share agreement.				

HEALTH & SOCIAL CARE	MARCH				OCTOBER	
	ANNUAL BUDGET	PROVISIONAL OUTTURN 2020-21	OUTTURN VARIANCE	OUTTURN VARIANCE	PREVIOUS REPORTED VARIANCE	MOVEMENT FROM PREVIOUS REPORTED VARIANCE
	£m	£m	£m	%	£m	£m
ANALYSIS OF SERVICE MANAGED BUDGET						
ADULT PLACEMENTS	43.939	45.128	1.189	2.71%	3.492	-2.303
ADULT SUPPORTED LIVING	21.358	20.324	-1.033	-4.84%	-1.284	0.250
ADULTS FIELDWORK TEAMS	6.748	6.474	-0.274	-4.06%	-0.111	-0.163
HOMECARE SERVICES	34.338	35.581	1.243	3.62%	2.008	-0.765
NURSING & RESIDENTIAL	42.152	39.652	-2.500	-5.93%	-0.386	-2.114
OLDER PEOPLE RESIDENTIAL & DAYCARE	15.810	15.189	-0.621	-3.93%	-0.216	-0.404
OCCUPATIONAL THERAPY	4.004	3.631	-0.373	-9.31%	-0.135	-0.238
OLDER PEOPLE FIELDWORK TEAMS	10.695	9.814	-0.882	-8.25%	1.006	-1.888
CONTRACTS	2.182	2.145	-0.036	-1.66%	-0.028	-0.009
SOCIAL CARE OTHER	-18.867	-15.616	3.251	-17.23%	0.305	2.946
TOTAL BEFORE RISK SHARE	162.358	162.322	-0.036	-0.02%	4.652	-4.688
PAYMENT FROM HEALTH PER RISK SHARE					-2.723	2.723
SOCIAL CARE AFTER RISK SHARE	162.358	162.322	-0.036	-0.02%	1.929	-1.965
Older People Residential & Daycare						
These are the Council's in-house residential care homes and day services for older people. These services operate right						
Homecare Services						
Home care is personal care provided to service users by one or more carers, in the person's own home. The service can be						
Nursing and Residential						
These are residential and nursing home places for older people purchased from private or voluntary sector care providers						
Adult Placements						
Following full assessment based on eligibility criteria, need/risk and finite resources, decisions are made regarding funding						
Adults Supported Living						
Adult services provides accommodation with support to individuals with additional support needs. Group homes are one						
Fieldwork Teams						
Fieldwork teams are locality based teams of social workers who assess the needs and desired outcomes of individuals.						
Occupational Therapy						
Occupational Therapy teams are locality based teams who work with people with disabilities and medical conditions to						

FIFE COUNCIL

TRACKING APPROVED 2020-21 SAVINGS

HEALTH & SOCIAL CARE

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under)/over achieved	Rag Status
FifeWide	2020-23	Resource Scheduling (Total Mobile)	0.123	0.000	0.123	Red
East	2020-23	Resource Scheduling (Total Mobile)	0.627	0.000	0.627	Red
FifeWide	2020-23	High Reserves	0.350	0.100	0.250	Red
East	2020-23	High Reserves	0.135	0.040	0.095	Red
West	2020-23	High Reserves	0.215	0.060	0.155	Red
FifeWide	2020-23	Procurement Strategy	0.200	0.000	0.200	Red
FifeWide	2020-23	Review Care Packages	0.750	0.560	0.190	Amber
East	2020-23	Review Care Packages	0.450	0.000	0.450	Red
FifeWide	2020-23	Re-provision of Care	0.875	0.000	0.875	Red
East	2020-23	Re-provision of Care	0.525	0.000	0.525	Red
FifeWide	2020-23	Provision of Taxis/Transport	0.050	0.050	0.000	Green
East	2020-23	Meals on Wheels income generation	0.020	0.015	0.005	Amber
East	2019-22	Previously Approved - Day Care services	0.260	0.050	0.210	Red
Grand Total			4.580	0.875	3.705	19.1%

Rag Status Key:-

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

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

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

Summary			
Rag Status	Savings Target £m	Overall Forecast £m	(Under)/over £m
Green	0.050	0.050	0.000
Amber	0.770	0.575	0.195
Red	3.760	0.250	3.510
Total	4.580	0.875	3.705

14 September, 2021

Agenda Item No. 8

2020-21 Capital Monitoring Projected Outturn

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

Nicky Connor, Director of Health and Social Care

Wards Affected: All

Purpose

The purpose of this report is to provide an update on the Capital Investment Plan and advise on the provisional out-turn for the 2020-21 financial year for areas in scope of the Education & Children's Services, Health & Social Care Scrutiny Committee.

Recommendation(s)

The Committee is asked to consider the current performance and activity across the 2020-21 Financial Monitoring as detailed in this report.

Resource Implications

None.

Legal & Risk Implications

None.

Impact Assessment

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

Consultation

None.

1.0 Background

- 1.1 Based on current information, this report summarises the provisional capital outturn as at 31 March 2021 for the areas falling under the scope of this Committee for 2020-21.
- 1.2 Appendix 1 shows an analysis of specific projects in the current capital investment plan which have a budget greater than £1.0m and analyses total project cost rather than only in year spend.
- 1.3 Appendix 2 details the forecast expenditure against budget for each project. A brief explanation of any significant forecast variances is provided at section 3 within this report.

2.0 Issues, Achievements & Financial Performance

2.1 Key Issues / Risks

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

2.2 Major Projects – Potential Risks and Actions

- 2.2.1 On 18/02/2021, Policy & Co-ordination Committee agreed permission to bring forward funding from the existing Re-provision of Care for Older People Capital Plan to bring the Northeden replacement home within budget. Accordingly, £1.020m was transferred from the Anstruther care home replacement project. On 21/01/2021, Policy & Co-ordination Committee agreed to transfer funds of £1.470m from the Capital Minor Works budget to meet the anticipated capital shortfall on the Anstruther Care Home replacements project. Overall, the care home replacement programme therefore increased by £0.450m and each project now has a budget of £6.600m.

2.3 Financial Performance – 2020-21 Provisional Outturn

- 2.3.1 Appendix 2 provides a summary of the provisional outturn for each project for the financial year 2020-21. The appendix shows a provisional outturn of £0.859m, a spending level of 65%.
- 2.3.2 There is no capital income budget for 2020-21 for the areas under the scope of this committee.
- 2.3.3 Slippage is the term used to describe projects that are expected to spend less than the budget allocation in a particular year due to a delay in timing on the delivery of the project. This is not uncommon in the capital programme and the reasons for this can be wide and varied. Advancement is the term used to describe projects that are expected to spend more than the budget allocation in a particular year due to an acceleration of the budget from future years.

2.4 Significant Variances

- 2.4.1 There are no projects with a significant variance of +/-£0.500m.

- 2.4.2 There is slippage of £0.472m across all the projects. This has been caused by delays in carrying out works due to COVID-19. The unspent balances will be carried forward into 2021-22 and the projects will continue in that year.

3.0 Conclusions

- 3.1 The total 2020-21 approved programme for the areas in scope of the Education & Children's Services, Health & Social Care Scrutiny Committee is £1.331m. The level of expenditure is £0.859m, which represents 65% of the total programme. There will be slippage on various projects.
- 3.2 The management of capital resources require us to look across financial years, as well as within individual years. The current year performance is only a snapshot of the existing plan and the Directorate will adjust expenditure levels within future years of the plan to accommodate the advancement or slippage of projects.

List of Appendices

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

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FIFE COUNCIL
HEALTH AND SOCIAL CARE SUB COMMITTEE
CAPITAL INVESTMENT PLAN 2020-29
TOTAL COST MONITOR - MAJOR CAPITAL PROJECTS

Appendix 1

Project	Theme	Total Project Budget £m	Total Projected Outturn £m	Variance £m	Variance %	Current Project Status	Expected Project Completion Date
Methil Care Home	Opportunities for All	7.155	7.155	-	0.00%	Current Project	2021-22
Cupar Care Home	Opportunities for All	5.580	5.580	-	0.00%	Current Project	2022-23
Anstruther Care Home	Opportunities for All	7.615	7.615	-	0.00%	Feasibility	2023-24
Total Major Capital Projects		20.350	20.350	-	0.00%		

Expenditure	Current Budget £m	Actual to Date £m	Provisional Outturn £m	Provisional Variance £m	Provisional Outturn as % of Plan
CAPITAL MINOR WORKS	0.049	-	-	(0.049)	0%
ADULT SERVICES (RESOURCES)	0.156	0.005	0.005	(0.151)	3%
OLDER PEOPLE'S RESIDENTIAL/DAY CARE	0.111	0.006	0.006	(0.105)	6%
RE-PROVISION OF CARE FOR OLDER PEOPLE	0.840	0.848	0.848	0.008	101%
TELEHEALTH CARE	0.175	-	-	(0.175)	0%
TOTAL EXPENDITURE	1.331	0.859	0.859	(0.472)	65%

14 September 2021
Agenda Item No. 9

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

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

Wards Affected: All

Purpose

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

Recommendation(s)

Members are asked to:
Scrutinise the contents of the report.

Resource Implications

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

Legal & Risk Implications

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

Impact Assessment

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

Consultation

Nil

1.0 Background

- 1.1 The purpose of this report is to advise Members of the projected out-turn position for the 2021-22 Revenue Budget for Social Care as a 30 June 2021 of a £1.966m overspend, after receiving estimated additional allocations of £4.899m from NHS Fife in line with the agreed approach for dealing with a partnership overspend within the current integration scheme.

2.0 IJB Budget

- 2.1 The Health & Social Care Partnership (H&SCP) consists of allocations from NHS, Social Care for Adults and Older People and an element of Fife Council Housing, specifically adaptations to houses. It does not include any social care expenditure incurred through Education & Children's Services. The budget is managed by the Integration Joint Board (IJB).

- 2.1.1 The budget was approved by the IJB at their meeting on 26 March 2021. The cost to deliver services at existing levels requires more funding than is currently available from both partner organisations and therefore a savings plan to close the funding gap was presented and approved at that meeting. Additional allocations are awarded in year through Health budget allocations and the current budget for the partnership for 2021-22, as at June, is £578.803m.

- 2.1.2 The projected overspend of the H&SCP against budget is £6.800m or 1.2% of the net service managed budget. This includes unachieved savings of circa £4.800m. The achievement of these savings has been delayed due to COVID-19.

2.2 IJB Integration Scheme

- 2.2.1 To reflect the partnership working between the NHS and Fife Council through the Health & Social Care Partnership, an agreement has been reached on how any overspends should be shared between the partners. This is known as the risk share agreement. Fife Council historically funds 28% and NHS funds 72% of any overall H&SCP overspend, regardless of where the overspend is incurred. The Integration Scheme is currently undergoing the planned five-year review and the risk share percentage may change once the review is completed.

Whilst the partnership is working to contain costs where possible, funding of any overspend will need to be agreed by both parties given that the partnership now has a level of reserves.

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

2.2.3 Expenditure of £1.529m on adaptations to houses by Fife Council Housing Services is included in the overall budget for the IJB. However, Housing expenditure is reported to the Community and Housing Services Committee and is therefore out with the scope of this report.

2.2.4 Part of the budget within Fife Council Social Care is excluded from the overall budget managed by the IJB. The excluded element is the Contracts team, who manage the commissioning of services. The budget for this area is £1.475m with a projected overspend of £0.062m.

3.0 Major Variances for Social Care

3.1 The budget allocated to Fife Council for Social Care for Adults and Older People is £169.861m which includes the budget for the Contracts Team of £1.475m. The Contracts Team is not part of the budget managed by the IJB.

3.1.1 The overspend for Social Care for Adults and Older People is forecasted to be £1.966m after receiving estimated additional allocations of £4.899m from NHS Fife in line with the agreed approach for dealing with a partnership overspend within the current integration scheme. The full calculation for this is shown in Appendix 1.

The main variances, prior to receiving any additional allocations, are as follows:

3.2 Adults Placements – overspend £5.779m

3.2.1 The overspend in adult placements mainly relates to a greater number of adult packages having been commissioned than the budget available leading to a forecasted overspend of £3.975m. Progress in delivering some of the approved savings has been delayed due to COVID-19 and the impact of this results in an overspend of £0.938m. In addition to this, a provision has been made within the forecast of £900k to cover increased packages due to the transition of Service Users from Children and Families.

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

3.3 Social Care Fieldwork Teams – underspend £0.476m

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

3.4 Homecare Services – overspend £0.990m

3.4.1 The overspend mainly relates to the expectation that not all the of the savings target will be achieved leading to an overspend of £0.582m on Older People Care packages and of £0.089m on payments to individuals to organise their own care. In addition, there is a forecasted overspend of £0.257m due to increased staff mileage.

3.5 Older People Residential and Daycare – overspend £0.481m

3.5.1 There are overspends on agency and staffing of £0.279m mainly due to non-COVID-19 related absences; extra cleaning & catering charges of £0.157m, and unachieved savings on Daycare of £0.094m.

4.0 Approved Savings for Social Care

4.1 The approved savings for 2021-22 are £0.794m. Previously approved savings which were unmet at 31 March 2021 require to be made in 2021-22 to balance the budget. These total £3.684m and are included in the savings tracker (Appendix 3). The service is expecting to deliver £2.020m (45% of target), leaving an unachieved value of £2.458m (55% of its approved target). The implementation of approved savings has not been possible due to the demands on staff time of the COVID-19 pandemic.

The non delivery /delay in delivering savings is currently reported within the Local Mobilisation Plans for COVID-19. As with all costs reported within the mobilisation plan, there is no certainty that full funding for the forecast shortfall of £2.458m will be made available by the Scottish Government.

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

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

Green – No issues and the saving is on track to be delivered

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

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

5.0 COVID-19

5.1 In addition to the core financial position, there is a requirement to report spend in relation to COVID-19 and remobilisation costs. Reserves for COVID-19 brought forward from 2020-21 are to be used in the first instance to fund any 2021-22 Covid-19 related expenditure.

The June Local Mobilisation Plan for COVID-19 expenditure suggests a full year projection of £15.487m for Fife Council Social Care, including circa £2.5m of unachieved savings.

Reserves are owed to the IJB by Fife Council. Expenditure on COVID-19 is expected to be funded in the first instance from the COVID-19 earmarked reserve.

There is a risk that the costs of COVID-19 will not be fully funded by the Scottish Government, and it is essential that these costs are continually reviewed to ensure development of a robust case for investment. The projection assumes unachieved savings will not be funded by Scottish Government, as confirmation is yet to be received.

The HSCP will continue to contain costs or reduce them wherever possible and to use all funding streams available to them in order to mitigate these new financial pressures.

6.0 Conclusions

- 6.1 Members are asked to scrutinise the projected revenue overspend of £1.966m (1.2%) overspend for Social Care for Adults and Older People for the 2021-22 financial year.

List of Appendices

Appendix 1: Risk Share Agreement calculation

Appendix 2: Social Care – Revenue Budget 2021-22

Appendix 3: Saving Tracker 2021-22

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Risk Share allocation between Fife Council and NHS							Appendix 1
AUG-20							
	B	A					
	CURRENT 20-21	PROJECTED 20-21					
	CURR CAP 20-21						
Overall Position	Budget	Projection	Over- /(Under-) spend	Risk Share Contribution	Overspend Adjusted for Risk Share	Reallocation between Partners	Variance as % of budget
	£m	£m	£m	%	£m	£m	%
Social Care - per ledger (incl Risk Share)	169.861	176.726	6.865				4.0%
Risk Share per ledger		0.000	0.000				
Social Care - before Risk Share	169.861	176.726	6.865	-4.899	1.966		1.2%
Contracts team (not included in IJB)	1.475	1.537	0.062		0.062		
Social care (relevant to IJB)	168.386	175.189	6.803	-4.899	1.904		1.1%
<i>check to report</i>							
Add:							
Housing - adaptations	1.529	1.529	0.000				
Social care (relevant to risk share agreem	169.915	176.718	6.803	28.0%	1.904	-4.899	1.1%
NHS Fife	408.888	408.885	-0.003	72.0%	4.896	4.899	1.2%
IJB Total	578.803	585.603	6.800	100%	6.800	0.000	1.2%

HEALTH & SOCIAL CARE		JUN-21					
		ANNUAL BUDGET	PROVISIONAL OUTTURN 2020-21	OUTTURN VARIANCE	OUTTURN VARIANCE		
		£m	£m	£m	%		
F00000: TOTAL REVENUE	Total Fund	177.971	8.110	6.865	3.86%		
F90000: CORPORATE MANAGED	Total Fund	8.110	8.110	0.000	0.00%		
F10000: SERVICE MANAGED	Total Fund	169.861	0.000	6.865	4.04%		
ANALYSIS OF SERVICE MANAGED BUDGET							
ADULT PLACEMENTS		43.947	49.726	5.779	13.15%		
ADULT SUPPORTED LIVING		20.798	20.765	-0.033	-0.16%		
ADULTS FIFE WIDE		4.743	4.537	-0.205	-4.33%		
SOCIAL CARE FIELDWORK TEAMS		16.745	16.268	-0.476	-2.84%		
HOMECARE SERVICES		30.447	31.437	0.990	3.25%		
OLDER PEOPLE NURSING & RESIDENTIAL		35.663	35.917	0.254	0.71%		
OLDER PEOPLE RESIDENTIAL & DAYCARE		14.640	15.120	0.481	3.28%		
SOCIAL CARE OTHER		1.404	1.418	0.014	0.97%		
CONTRACTS		1.475	1.537	0.062	4.22%		
TOTAL BEFORE RISK SHARE		169.861	176.726	6.865	4.04%		
PAYMENT FROM HEALTH PER RISK SHARE			-4.899	-4.899			
SOCIAL CARE AFTER RISK SHARE		169.861	171.827	1.966	1.16%		
Adult Placements							
Following full assessment based on eligibility criteria, need/risk and finite resources, decisions are made regarding funding							
Adults Supported Living							
Adult services provides accommodation with support to individuals with additional support needs. Group homes are one example of							
Adults Fife Wide							
This covers a range of Adult Services, e.g. Shared Lives, Dementia Care, grants to voluntary organisations.							
Fieldwork Teams							
Fieldwork teams are locality based teams of social workers who assess the needs and desired outcomes of individuals. Individuals may							
Homecare Services							
Home care is personal care provided to service users by one or more carers, in the person's own home. The service can be provided							
Nursing and Residential							
These are residential and nursing home places for older people purchased from private or voluntary sector care providers through the							
Older People Residential & Daycare							
These are the Council's in-house residential care homes and day services for older people. These services operate right across Fife.							
Social Care Other							
This covers Integrated Business Support; Fife Equipment Loan Store, and Occupational Therapy teams, which are locality based teams							

FIFE COUNCIL

TRACKING APPROVED 2021-22 SAVINGS

HEALTH & SOCIAL CARE

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under) / over achieve	Rag Status
Complex & Critical	2020-23	Resource Scheduling (Total Mobile)	0.123	0.060	0.063	Amber
Community Care	2020-23	Resource Scheduling (Total Mobile)	0.627	0.320	0.307	Amber
Complex & Critical	2020-23	High Reserves	0.611	0.100	0.511	Red
Community Care	2020-23	High Reserves	0.089	0.000	0.089	Red
Complex & Critical	2020-23	Procurement Strategy	0.200	0.100	0.100	Amber
Community Care	2020-23	Review Care Packages	0.450	0.450	0.000	Green
Complex & Critical	2020-23	Re-provision of Care	0.875	0.100	0.775	Red
Community Care	2020-23	Re-provision of Care	0.525	0.250	0.275	Amber
Community Care	2019-22	Previously Approved - Day Care services	0.184	0.090	0.094	Amber
Unachieved savings brought forward from prior years			3.684	1.470	2.214	
Complex & Critical	2021-24	Review of Payment Cards	0.040	0.040	0.000	Green
Community Care	2021-24	Review of Payment Cards	0.010	0.010	0.000	Green
Complex & Critical	2021-24	Review of respite services	0.130	0.070	0.060	Amber
Community Care	2021-24	Review of respite services	0.020	0.010	0.010	Amber
Complex & Critical	2021-24	Review of Alternative travel arrangements -	0.349	0.175	0.174	Amber
Complex & Critical	2021-24	Review of Media Team	0.045	0.045	0.000	Green
Complex & Critical	2021-24	Community Services review	0.200	0.200	0.000	Green
New approved savings			0.794	0.550	0.244	
Grand Total			4.478	2.020	2.458	45.1%

Rag Status Key:-

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

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

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

Summary			
Rag Status	Savings Target £m	Overall Forecast £m	(Under)/ over £m
Green	0.745	0.745	0.000
Amber	2.158	1.075	1.083
Red	1.575	0.200	1.375
Total	4.478	2.020	2.458

14th September, 2021

Agenda Item No. 10

2021-22 Capital Monitoring Projected Outturn

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

Nicky Connor, Director of Health and Social Care

Wards Affected: All

Purpose

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

Recommendation(s)

The Committee is asked to consider the current performance and activity across the 2021-22 Financial Monitoring as detailed in this report.

Resource Implications

None.

Legal & Risk Implications

None.

Impact Assessment

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

Consultation

None.

1.0 Background

- 1.1 Based on current information, this report summarises the projected capital outturn as at 30 June 2021 for the areas falling under the scope of this Committee for 2021-22.
- 1.2 Appendix 1 shows an analysis of specific projects in the current capital investment plan which have a budget greater than £1.0m and analyses total project cost rather than only in year spend.
- 1.3 Appendix 2 details the forecast expenditure against budget for each project. A brief explanation of any significant forecast variances is provided at section 3 within this report.

2.0 Issues, Achievements & Financial Performance

2.1 Key Issues / Risks

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

2.2 Major Projects – Potential Risks and Actions

- 2.2.1 There may be a continuing impact of Covid-19 on the delivery of capital projects. However, it is likely that the overall scale of any additional costs or impact on availability of material will not be fully known until the financial year progresses. It is also currently unknown if tighter restrictions will be imposed in the winter months of 2021-22 which could have a significant impact on project delivery in year. At the moment, additional costs related to Covid-19 are being contained within the contingency funds.

2.3 Financial Performance – 2021-22 Provisional Outturn

- 2.3.1 Appendix 2 provides a summary of the provisional outturn for each project for the financial year 2021-22. The appendix shows a projected outturn of £5.559m, a spending level of 100%.
- 2.3.2 There is no capital income budget for 2021-22 for the areas under the scope of this committee.
- 2.3.3 Slippage is the term used to describe projects that are expected to spend less than the budget allocation in a particular year due to a delay in timing on the delivery of the project. This is not uncommon in the capital programme and the reasons for this can be wide and varied. Advancement is the term used to describe projects that are expected to spend more than the budget allocation in a particular year due to an acceleration of the budget from future years.

2.4 Significant Variances

- 2.4.1 There are no projects with a significant variance of +/-£0.500m.

3.0 Conclusions

- 3.1 The total 2021-22 approved programme for the areas in scope of the Education & Children's Services, Health & Social Care Scrutiny Committee is £5.599m. The level of projected expenditure is £5.559m, which represents 100% of the total programme.
- 3.2 The management of capital resources require us to look across financial years, as well as within individual years. The current year performance is only a snapshot of the existing plan and the Directorate will adjust expenditure levels within future years of the plan to accommodate the advancement or slippage of projects.

List of Appendices

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- 2. Capital Monitoring Report by Service

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

Appendix 1

Project	Theme	Total Project Budget £m	Total Projected Outturn £m	Variance £m	Variance %	Current Project Status	Expected Project Completion Date
Methil Care Home	Opportunities for All	7.155	7.155	-	0.00%	Current Project	2021-22
Cupar Care Home	Opportunities for All	6.600	6.600	-	0.00%	Current Project	2022-23
Anstruther Care Home	Opportunities for All	6.595	6.595	-	0.00%	Feasibility	2023-24
Total Major Capital Projects		20.350	20.350	-	0.00%		

Expenditure	Current Budget £m	Actual to Date £m	Projected Outturn £m	Projected Variance £m	Projected Outturn as % of Plan
CAPITAL MINOR WORKS	0.049	-	0.049	-	100%
ADULT SERVICES (RESOURCES)	0.256	0.001	0.256	-	100%
OLDER PEOPLE'S RESIDENTIAL/DAY CARE	0.137	-	0.137	-	100%
RE-PROVISION OF CARE FOR OLDER PEOPLE	5.156	0.851	5.156	-	100%
TOTAL EXPENDITURE	5.599	0.852	5.599	-	100%

Education and Children's Services, Health and Social Care Scrutiny Committee of 16th November 2021			
Title	Service(s)	Contact(s)	Comments
No One Left Behind Programme - Commissioning	Economy, Planning and Employability	Gordon Mole	Action arising from Policy & Co-ordination Committee was the wish for regular reports into Economy, Tourism, Strategic Planning & Transportation Sub-committee on the operation and future planning of No One Left Behind, to allow for member scrutiny of activity. A report to Scrutiny Committee in addition would be helpful - how this crosses boundaries with Education and H&SC. Comment from Gordon Mole (May 21) - I would suggest we run operational scrutiny for the programme through ETSPT Sub-committee for the next couple of quarterly cycles and look to issue a scrutiny report towards the end of the year as we move to recommissioning for 2022 to pick up on the effectiveness of approach to ensure that lessons learned are built into subsequent years' approaches.
Social Care Workforce Issues		Fiona Mckay	An analysis of SC workforce. Statistics, to include In-house and private; Recruitment; Retention including related training, pay and conditions, career progression; shortages/challenges; options to

Education and Children's Services, Health and Social Care Scrutiny Committee of 16th November 2021			
Title	Service(s)	Contact(s)	Comments
			resolve. Paper should allow members to understand the complex factors affecting the achievement of appropriate workforce and the balance of in-house and private capability. Where are the staffing/capability gaps in Social Care? Why and how could we rectify, at what approx cost? Examine options to improve through better use of our in house/commercial/3d sector players and/or better pay/conditions. Focus on non-critical care needs, care at home gaps and support for unpaid carers, including financial support.

Education and Children's Services, Health and Social Care Scrutiny Committee of 8th February 2022			
Title	Service(s)	Contact(s)	Comments
Multi-agency Strategic Oversight Group - Focus on (Neurodevelopmental pathway) initially for Autism - Progress update Report	Education and Children's Services	Maria Lloyd	Last report at committee Sept 21 - progress update report due Feb 22. With clear notes of how this work will be continued in both E&CS and H&SC.
Children's Services Inspection Update - Progress on actions	Education and Children's Services	Christine Moir, Rona Weir	Report 6 month progress - Expected in September 2021. Short version with full report in Feb 2022. Agenda Planning meeting for 14.09.21 Committee –

Education and Childrens Services, Health and Social Care Scrutiny Committee

Forward Work Programme as of 08/09/2021 3/3

Education and Children's Services, Health and Social Care Scrutiny Committee of 8th February 2022			
Title	Service(s)	Contact(s)	Comments
			request to move report to Feb 22 to allow more time for gathering information for inclusion in the report.
Feeley Report		Nicky Connor	Update on the impact for Fife. Members Workshop to be arranged before 18 October 2021 regarding Consultation Response. - Kathy Henwood, Fiona McKay and Shelagh McLean.

Unallocated			
Title	Service(s)	Contact(s)	Comments
What does Corporate Parenting look like in Fife?	Education and Children's Services	Michael Scanlin	Overview of corporate parenting board, responsibilities across Fife and the next steps.
Impact of Covid on Fife Care and Nursing Homes	Health and Social Care	Fiona Mckay	Requested at Committee meeting 04.11.20 March 21 - Delayed on Legal advice, pending conclusion of criminal enquiry.
Fife Council duty of Candour Annual Report 2019/20		Kathy Henwood	