



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## AGENDA

INTEGRATION JOINT BOARD WILL BE HELD ON  
FRIDAY 23 OCTOBER 2020 AT 10.00 AM  
THIS WILL BE A VIRTUAL MEETING AND JOINING INSTRUCTIONS  
ARE INCLUDED IN THE APPOINTMENT

Participants Should Aim to Dial In at Least Ten to Fifteen Minutes  
Ahead of the Scheduled Start Time

		Presented By	Page No
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS	Rosemary Liewald	
2	CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING	Nicky Connor	
3	CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE	Rosemary Liewald	
4	DECLARATION OF MEMBERS' INTERESTS	Rosemary Liewald	
5	MINUTES OF PREVIOUS MEETING 25 September 2020	Rosemary Liewald	1 - 7
6	MATTERS ARISING Action Note - 25 September 2020	Rosemary Liewald	8
7	PUBLIC HEALTH / REMOBILISATION UPDATE	Nicky Connor / Dona Milne	Verbal Update
8	FINANCE UPDATE	Audrey Valente	9 - 20
9	PERFORMANCE REPORT EXECUTIVE SUMMARY	Fiona McKay	21 - 32
10	PUBLIC SECTOR CLIMATE CHANGE DUTIES	Fiona McKay	33 - 36
11	WINTER READINESS	Lynne Garvey	37 - 40
12	PRIMARY CARE IMPROVEMENT PLAN	Helen Hellewell	Presentation
13	DATE OF NEXT MEETINGS IJB DEVELOPMENT SESSION - FRIDAY 27 NOVEMBER 2020 INTEGRATION JOINT BOARD - FRIDAY 4 DECEMBER 2020		

**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**

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# Fife Health & Social Care Partnership

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## UNCONFIRMED

### MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 25 SEPTEMBER 2020 AT 10.00 AM

<b>Present</b>	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – David Alexander (DA), Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LB), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Chris McKenna (CM), Medical Director, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Debbie Thompson (DT), Joint TU Secretary Simon Fevre (SF), Staff Representative NHS Fife
<b>Professional Advisers</b>	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer
<b>Attending</b>	Carol Potter (CP), Interim Chief Executive, NHS Fife Dona Milne (DM), Director of Public Health, NHS Fife Norma Aitken (NA), Head of Corporate Services Lesley Gauld (LG), Compliance Officer Wendy Anderson (WA) (Minute) Tim Bridle (TB), Audit Scotland Hannah Brown, Fife Free Press – via telephone only

## NO HEADING

## ACTION

### 1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership (H&SCP) Integration Joint Board (IJB).

The Chair then congratulated the following:-

- Lesley Gauld, the Partnership's Information Compliance Manager on completing the Conversion Programme to become a qualified General Data Protection Regulation (GDPR) Practitioner.
- Tara Irvin, Young People's Health Development Worker on winning the Healthcare Rights Award in the Scottish Children's Health Awards for her dedication to working with children, young people and families.
- The Children and Young People Continence Service Fife Team who picked up the award for Improving Life Experiences in the Scottish Children's Health Awards.

**NO HEADING****ACTION****1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)**

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

The Chair then handed over to Nicky Connor for her Chief Officer's Report.

**2 CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING**

Nicky Connor advised that the protocol for the meeting remained the same as that for previous virtual meetings.

Claire Dobson, Divisional General Manager (DGM) (West) has been successful in obtaining the temporary post of Interim Director of Acute Services at NHS Fife and has already taken up this post.

David Heaney, Divisional General Manager (East) is retiring on 29 November 2020.

Nicky thanked both Claire and David for their dedicated service which has contributed to the growth of the Health and Social Care Partnership and they will both be a great loss to the Senior Leadership Team (SLT).

Interim arrangements have been put in place which will see Lynne Garvey take up an Interim DGM post and Suzanne McGuinness will fill a professional Social Work role. One further interim appointment will be made to ensure stability with the SLT.

At the Development Session on Friday 9 October, Nicky will provide an update on the changes to SLT and there will be a chance to meet the new appointees at future Board meetings.

**NC****3 CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE**

Apologies had been received from Helen Buchanan (HB), Katherine Paramore (KP), Lynn Barker (LBa), Kathy Henwood (KH), Steve Grimmond (SG), David Heaney (DH) and Eleanor Haggett (EH).

**4 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**5 MINUTES OF PREVIOUS MEETING 28 AUGUST 2020**

The Minute of the meeting held on 28 August 2020 was approved as accurate.

**6 MATTERS ARISING**

The Action Note from the meeting held on 28 August 2020 was agreed as accurate.

**NO HEADING****ACTION**

It had been agreed prior to the meeting to take Item 11 Remobilisation / Public Health Update next as both Dona Milne and Chris McKenna were required at other meetings later this morning.

**11 REMOBILISATION / PUBLIC HEALTH UPDATE**

Dona Milne, Director of Public Health gave an update on Public Health.

**Test and Protect** – Dona provided an update on Covid-19 cases in Fife. The team of contact tracers within Public Health are continuing to trace contacts of those who have tested positive and to identify clusters of cases. These clusters are then assessed and referred to an Incident Management Team. There is a wealth of information on the NHS Fife and Public Health Scotland websites on coronavirus and this is updated regularly. Any clusters within Fife are all being actively managed.

Discussion took place around supporting people who are asked to self-isolate and how this is monitored to support compliance.

**Flu Campaign** - Dona updated on the current flu campaign which began recently when letters were sent out to all Fife residents aged 65 and over. The call centre has been dealing with a very high volume of calls. The team has now got additional staff who are working 7 days a week to address the backlog of telephone calls, texts and e-mails. The process will be reviewed and lessons learned will be used in future campaigns.

Carol Potter advised that a public apology has been issued in the media from NHS Fife. The situation has caused anxiety for some members of the public and put additional pressures on healthcare staff. Carol thanked all the staff involved from Public Health, the Immunisation Team and the Health Records Team for the incredible amount of work they have achieved as part of the campaign.

Nicky Connor highlighted that it has been a contribution from Team Fife, the Partnership, NHS Fife and Fife Council to address the current issue through a whole system approach.

A report on the flu campaign will go to the NHS Fife Clinical Governance Committee in due course.

Discussion took place around the issues experienced in contacting the appropriate people about their flu vaccination, the different ways of working this year where most vaccinations will not be given in GP surgeries and the possibility of further information going out to the public to explain the process. Dona will speak to the NHS Communications Team.

It was agreed that further questions on the flu vaccination programme should be emailed to Wendy Anderson (wendy.anderson-nhs@fife.gov.uk) who would collate. Responses would be shared once received.

**WA**

Rosemary Liewald and Nicky Connor both thanked Dona for her update and input to today's meeting.

**11 REMOBILISATION / PUBLIC HEALTH UPDATE (Cont)**

**Remobilisation** - Chris McKenna advised that excellent progress has been made on the remobilisation of services which had been stood down at the start of the pandemic. Given the re-emergence of Covid-19 there are additional pressures being put onto the system to ensure that all aspects of healthcare can be delivered by the Partnership and Acute Services. The NHS is still working under emergency legislation and this has been extended to the end of March 2021. Key priorities will be identified and these include Test & Protect and the Flu Vaccination Programme.

Over the winter months work will be ongoing to ensure safe care for patients, the redesign of Urgent Care and joining up how we work to achieve this. Difficult decisions will have to be taken to ensure safe and efficient working over the coming months and winter planning for this year will be more complex than in previous years.

Support will be needed from the public who will need to follow the guidelines which are being issued to help suppress the virus. The public will be kept informed and updated do as the situation becomes clearer.

**7 FINANCE UPDATE**

The Chair introduced Audrey Valente who presented this report. Nicky Connor advised that the report had undergone significant scrutiny at the Finance & Performance Committee on 11 September 2020.

The figures in the report are up to the end of July 2020 and give the projected outturn figures. Audrey outlined some of the main areas of over / underspend and updated on the current position with the funding for the Mobilisation Plan.

Discussion took place around the impact of underspends on and Audrey advised that financial and performance and quality are looked at in relation to these. The Senior Leadership Team has oversight of attendance management and complaints information.

Audrey is working with Fife Council and NHS Fife to look at areas with continuing underspends and is seeking to realign budgets to reflect realistic budget needs.

Tim Brett asked about unachieved savings in relation to Total Mobile. Fiona McKay confirmed that meetings have been held which are looking at Total Mobile and Power BI. Positive feedback has been received from two providers who have been using the system.

Members noted the financial position as reported at 30 July 2020 and noted and discussed the next steps and key actions.

**8 FINANCIAL RECOVERY PLAN**

The Chair introduced Audrey Valente who presented this report which will assist the Board in achieving a balanced budget.

The main actions in the report are not cash releasing but include:-

## NO HEADING

## ACTION

- continuing with the Grip and Control Framework that exists in an attempt to mitigate the overspend.
- instructing Officers to try to bring services back in line with budget and that action is taken to further reduce spend where reasonable.
- communicating and ensuring adherence to the new locum process and monitoring thereof.
- implementing a robust process in relation to supplementary staffing that ensures effective rostering of staff as well as robust challenge in relation to appointment of such staffing.
- introducing more robust process of authorisation of spend, where delegated powers have been exceeded, and an overspend of the budget is projected.

Audrey Valente advised that page 28 of the papers gave information on financial savings and recovery are initial areas to consider. More detail on these will be provided at future meetings.

Fiona McKay explained the upcoming changes to Direct Payments, whereby payment cards will be introduced which will make it easier for clients to pay for care and for the partnership to maintain an oversight on funds. Service users have been engaged in the process of introducing these cards. Dedicated staff will be on hand to assist when the process goes live.

Fiona also updated on issues relating to financial assessments in relation to people entering long term care. Since the pandemic started a backlog has formed which the partnership is working closely with Fife Council to address.

Eugene Clarke asked about the process of Grip and Control and what the process within the partnership was. Audrey Valente explained the process in place and gave examples in relation to vacancy management and recruitment.

The Board:

- charged the Director of Health and Social Care and Senior Officers to bring budgets back in line in year as far as reasonably possible.
- agreed the action to control costs as outlined in the recovery plan for 2020-21.
- agreed to scope further the potential savings that can be delivered and report back to the Board / Committee.
- agreed to continue to focus on implementing effective financial management, to contribute to delivering a balanced budget moving forward.
- agreed to pilot a process and protocol in relation to Adult Placements, and report progress and findings to the November meeting of the Finance and Performance Committee

**NO HEADING****ACTION****9 HSCP ANNUAL REPORT 2019-2020**

The Chair introduced Fiona McKay who presented this report

Fiona McKay advised that this is the final draft of the Annual Report and some minor updates are still required. The Report was discussed at Finance & Performance Committee, Clinical & Care Governance Committee and the Voluntary Sector Forum and their feedback helped to shape the final report. Fiona thanked Morna Fleming who had proofread the report and provided feedback. The report is with the Print Unit and will be ready to submit during the next week.

There was feedback that the report was detailed, well laid out and easy to understand. Concern was raised that some of the indicators within the report were going down rather than up. Fiona acknowledged that there was still work to be done, Services are changing and the report was up to the end of March 2020.

The Report is a requirement of Scottish Government legislation and allows for review and benchmarking.

The Board considered and approved the draft HSCP Annual Report 2019-2020.

**10 UPDATE ON MENTAL HEALTH STRATEGY 2020-2024 IMPLEMENTATION PLAN**

The Chair introduced Nicky Connor who presented this report.

The Mental Health Strategy was approved In February 2020 and work is now progressing on the Implementation Plan for the Strategy. Some areas are still in development, but significant work has already been undertaken. The Mental Health Strategy Group will feed into the Transformational Change Board. The terms of reference and governance structure will also be refreshed. An update will be provided to the Board early in 2021.

**NC**

Implementation of the strategy has been delayed by Covid-19 and the deadline has been extended to the end of December 2020. The Implementation plan will be brought to the Board in February 2021.

Tim Brett asked about the Mental Health Estate and the fact that Capital Expenditure on this was the locus of NHS Fife, were the H&SCP represented in discussions? Nicky Connor confirmed that there is representation from the partnership on the relevant NHS Group.

More detail on the Implementation Plan will be provided going forward, but it sets the direction of travel. Further engagement with stakeholders will take place.

Nicky Connor advised that the next step would be to update partners on behalf of the Board that the extended timeline has been agreed.

The Board considered the approach to delivery outlined in the report and provided feedback and agreed the change in timeline.

**NO HEADING**

**ACTION**

**11 REMOBILISATION / PUBLIC HEALTH UPDATE**

Covered previously.

**12 DATE OF NEXT MEETING**

**IJB DEVELOPMENT SESSION - Friday 9 October 2020 – 9.30 am**

**INTEGRATION JOINT BOARD – Friday 23 October 2020 – 10.00 am**



## ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 25 SEPTEMBER 2020

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	<b>Performance Report Executive Summary</b> - gap in information between February and July 2020 for part of the Report. Fiona McKay confirmed that this would be updated in the next report.	Fiona McKay	23 October 2020	Report on Agenda
2	<b>Chief Officers Update</b> – update on SLT staffing changes to be provided at Development Session on Friday 9 October 2020	Nicky Connor	9 October 2020	Complete
3	<b>Remobilisation / Public Health Update</b> – questions on flu vaccination campaign to be sent to Wendy Anderson for collation and sending to Dona Milne, Director of Public Health. Responses will be shared once received	Wendy Anderson	By 1 October 2020	Sent to Public Health, awaiting response

## COMPLETED ACTIONS

<b>Finance Report</b> – Financial Recovery Plan to be brought to IJB meeting on 25 September 2020.	Audrey Valente	25 September 2020	Completed
<b>Wellesley Unit, Randolph Wemyss Hospital</b> – issue amended Direction to NHS Fife and Fife Council on closure of Wellesley Unit	Nicky Connor	9 September 2020	Completed



# Fife Health & Social Care Partnership

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<b>AGENDA ITEM NO:</b>	8	
<b>DATE OF MEETING:</b>	23 October 2020	
<b>TITLE OF REPORT:</b>	Finance Update	
<b>EXECUTIVE LEAD:</b>	Nicky Connor, Director of Health & Social Care	
<b>REPORTING OFFICER/ CONTACT INFO:</b>	<b>NAME:</b>	Audrey Valente
	<b>DESIGNATION:</b>	Chief Finance Officer
	<b>WORKPLACE:</b>	Rothesay House
	<b>TEL NO:</b>	03451 55 55 55 Ext 444030
	<b>E-MAIL:</b>	<a href="mailto:Audrey.Valente@fife.gov.uk">Audrey.Valente@fife.gov.uk</a>
<b>Purpose of the Report (delete as appropriate)</b>		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>
<b>Governance Route to IJB (must be completed)</b>		
Detail of Committee(s) (inc date) which report has been to prior to IJB:	Finance & Performance – 6 October 2020	
Parties consulted prior to H&SC IJB meeting:	NHS Fife Finance Fife Council Finance	
<b>REPORT</b>		
<b><u>Situation</u></b>		
<p>The attached report details the financial position of the delegated and managed services based on 31 August 2020 financial information. The forecast deficit is £6.362m and £6.939m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans but it remains uncertain whether full funding will be made available by the Scottish Government. This paper reflects the full value of non-delivery of savings included as a pressure within the core projected outturn position. This level of overspend requires urgent management action to ensure that the partnership delivers within the approved budget.</p>		
<b><u>Background</u></b>		
<p>The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board (IJB).</p> <p>The IJB has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The IJB is responsible for the operational oversight of Integrated Services and, through the Director of Health and Social Care, will be responsible for the operational and financial management of these services.</p>		

## **Assessment**

### **Financial Position**

At 31 August the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £6.362m.

Four key areas of overspend that are contributing to the financial outturn overspend –

- Risk Share
- Hospital and Long-Term Care
- Adult Placements
- Homecare Services

The report provides information on in year additional funding allocations to provide clarity and also highlights further risks and uncertainties in the financial year.

There is also an update in relation to savings which were approved by the IJB in March 2020.

### **Recommendation**

- **Note** the financial position as reported at 31 August 2020.
- **Note and discuss** the next steps and key actions.

### **Financials** *High level costings to be provided below – if applicable*

This paper provides an update in terms of both core expenditure and Covid spend. The latest projection suggests an overspend position at March 2021 of £6.362m. A recovery plan that brings the budget back in line will be developed and work will continue to ensure delivery of the savings approved in March 2020.

### **Objectives: (must be completed)**

Health & Social Care Standard(s):	Integration Planning and Delivery Principles.
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IJB Strategic Objectives:	All
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### **Further Information:**

Evidence Base:	
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Glossary of Terms:	
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### **Impact: (must be completed)**

#### **Financial / Value for Money:**

Steps will be taken to review the medium-term financial strategy and further understand potential funding risks as a result of Covid-19

#### **Risk / Legal:**

There is a risk that full funding will not be made available by the Scottish Government to fund the costs of Covid-19. A recovery plan has been developed to mitigate any risk.

**Quality / Customer Care:**

There are no Quality/Customer Care implications for this report.

**Workforce:**

There are no workforce implications to this report.

**Equality Impact Assessment:**

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

**Environmental / Sustainability Impact:**

A review of the medium-term financial strategy will move the Health and Social Care Partnership onto a more sustainable footing.

**Consultation:**

None

**Appendices:** (list as appropriate)

1. Finance Report – August 2020
2. Savings Tracker IJB



**Fife Health  
& Social Care  
Partnership**



## Finance Report as at 31 August 2020

September 2020



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# FINANCIAL MONITORING

## FINANCIAL POSITION AS AT AUGUST 2020

### 1 Introduction

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

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

The revenue budget of £553.747m for delegated and managed services was approved at the 28 March 2020 Integration Joint Board (IJB). The net budget requirement exceeded the funding available and a savings plan of £13.759m was approved at that same meeting.

The revenue budget of £36.032m for acute set aside was also set for 2020-21.

### 2 Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the projected overspend at the current time is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m. It is critical that the HSCP manage within the budget envelope approved in this financial year and management require to implement robust project plans to bring the partnership back in-line with this agreed position.

In addition to core information there is also an update in relation to Covid included within paragraph 7, and the latest update in terms of mobilisation is available at paragraph 8.

### 3 Additional Allocations for Year

Additional Budget allocations are awarded in year through Health which are distributed to the H&SCP where applicable. The total budget for the delegated and managed services has increased by £21.148m through additional allocations for specific projects as detailed below in Table 1 - £17.466m of this funding has been allocated to budgets and £3.682m remains in reserve to be allocated.

The Primary Care Implementation Fund (PCIF) Allocation £3.768m is a follow on from the Primary Care Transformation Funding of prior years. The PCIF fund now encompasses funding for GP Contract implementation (excluding Estates). It should be noted that £0.273m of the funding in 2019-20 remained unspent at the year end and has been carried forward into 2020-21, providing a total available allocation of £3.768m.

	<b>Funding Received 2020-21</b>	<b>Funding B/F</b>	<b>Funding Allocated</b>	<b>Funding Earmarked</b>	<b>Funding Unallocated</b>
	£	£	£	£	£
Alcohol and Drug Partnership		5,054,445	4,465,074		589,371
Mental Health Act	344,000		344,000		-
Integration Fund		631,442	456,252		175,190
Men C	-15,995				-15,995
Community Pharmacy Practitioner Champion	19,734		-		19,734
GP Input to Community Hospital					
Family Nurse Partnership	1,276,288		1,276,288		
HPV					0
Healthy Start Vitamins					-
Capacity Building CAMHS & PT	455,623		455,623		
Mental Health Innovation Fund	287,601		287,601		
Veterans First Point Transition Funding	116,348		116,348		-
Primary Medical Services Bundle	1,717,797		1,717,797		-
PCF GP Sub Committee			0		
Forensic Medical Examinations					0
Public Dental Services					0
Breast PFG					
Outcomes Framework	-27,450				-27,450
£20M 19-20 Tariff Reduction Global Sum					
GP Out of Hours					
PCIF	3,495,283	273,000	3,768,283	-	
Action 15 Mental Health Strategy	884,000		485,800		398,200
PMS					
Primary Care Rural Fund					0
GP Out of Hours					0
Shingles, Rotavirus, Seasonal Flu and Childhood Flu					0
PFG Enhancing School Nursing Service			0		0
Supporting Improvements to GP premises					0
Pre-Registration Pharmacist Scheme	-113,292		0		-113,292
Infant Mental Health Services					
AHP MSK MATS					
Fife's Integration Authority share of £50m	3,413,000		3,413,000		0
Living Wage	680,242		680,242		-
Second tranche of Social Sustainability	1,706,000		-		1,706,000
Childhood Flu	546,601				546,601
Breastfeeding Project	57,890				57,890
School Nursing	46,000				46,000
Covid Sustainability	300,000				300,000
	<b>15,189,670</b>	<b>5,958,887</b>	<b>17,466,308</b>	<b>-</b>	<b>3,682,249</b>

#### 4 Directions

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

Planning for Winter will have a potential significant impact on the projected financial outturn. As in previous years, early estimates in relation to the levels of potential

expenditure are included and will be refined once more clarity is available through the Winter Planning Group.

## 5 Financial Performance Analysis as at August 2020

The combined Health & Social Care Partnership delegated and managed services are currently reporting a projected outturn overspend of £6.362m as below.

### As at 31 August 2020

Objective Summary	Original Budget	Budget July	Budget August		Forecast Outturn July 2020	Forecast Outturn August 2020	Variance as at July	Variance as at August
	£m	£m	£m		£m	£m	£m	£m
Community Services		114.801	115.510		112.159	112.683	-2.642	-2.827
Hospitals and Long-Term Care		51.156	51.014		52.032	51.726	0.876	0.712
GP Prescribing		72.330	72.330		72.330	72.330	0.000	0.000
Family Health Services		97.622	98.132		97.672	98.197	0.050	0.065
Children's Services	394.751	17.412	17.391		16.837	16.816	-0.575	-0.575
Resource transfer & other payment	-	56.002	56.002		55.996	55.976	-0.006	-0.026
Older People Residential and Day Care	14.134	14.674	14.930		14.674	14.824	0.000	-0.106
Homecare Services	30.460	29.458	31.083		31.741	33.590	2.283	2.507
Nursing and Residential	33.789	34.092	34.092		34.112	33.929	0.020	-0.162
Adult Placements	39.215	41.116	40.800		44.520	43.904	3.404	3.104
Adult Supported Living	22.576	21,684	21.739		20.272	20.458	-1.413	-1.281
Social Care Other	17.177	16.517	14.754		21.359	19.706	4.842	4.951
Housing	1.646	1.646	1.646		1.646	1.646	0.000	0.000
<b>Total Health &amp; Social Care</b>	<b>553.747</b>	<b>568.510</b>	<b>569.424</b>		<b>575.349</b>	<b>575.785</b>	<b>6.840</b>	<b>6.362</b>
<b>Revised Outturn figure</b>						<b>575.785</b>	<b>6.840</b>	<b>6.362</b>

The main areas of variances are as follows:

### 5.1 Community Services Underspend £2.827m

There is a forecast outturn of £2.827m underspend within Community Services which is due to staff vacancies in Health Promotion & Community Dental services (Fife Wide) as well as nursing vacancies in the East. There are also forecast underspends in Sexual Health and Rheumatology drug costs.

### 5.2 Hospital and Long-Term Care £0.712m Overspend

There is a forecast overspend of £0.712m comprising staff costs associated with additional demands relating to patient frailty/complexity. There are also staff shortages and vacancies within Mental Health which has necessitated additional expenditure in relation to medical locums and nursing overtime, bank and agency spend.



### **5.3 Children's Services £0.575m Underspend**

This underspend is due to ongoing vacancies in health visitors, family nurses, paediatric physiotherapy and school nursing.

### **5.4 Homecare Services £2.507m Overspend**

The overspend in homecare mainly relates to £0.912m non-achievement of turnover allowance offset by £380k under on direct payments to service users which enable them to organise their own care. In addition the non-achieved savings for this service amount to £1.858m.

### **5.5 Adult Placements £3.104m Overspend**

The overspend in adult placements mainly relates to a greater number of adult packages which have been commissioned in excess of budget £ 0.850m and also as a result of non-achieved savings of £2.254m. As this is an area where spend now exceeds the budget an additional level of escalation is now required to control spend in this area.

### **5.6 Adult Supported Living £1.281m Underspend**

The projected underspend of £1.281m for supported living is mainly within employee costs due to vacancies across all areas. In addition to general vacancies there are £0.122m of vacancies within the Community Support Service which will be utilised going forward with a redesign of the services being provided. 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.

### **5.7 Social Care Other £4.951m Overspend**

The 2020-21 IJB budget is based on breaking even across the Partnership after savings and investments have been approved. This overspend reflects the risk share agreement between the two funding partners, which is currently undergoing the planned five-year review and may change once the review is complete. Included in the budget is the recognition that resources will move, as a result of shifting the balance of care from a hospital setting to a home or homely setting. This is also in line with the Ministerial Strategic Group recommendations.

Also within Social Care Other there are overspends within the Older People Fieldwork Teams of £0.415m on direct payments to individuals to enable them to organise their own care packages, including respite & day care. This is a rising area of demand but is offset by the underspend on direct payments within Homecare of £0.380m. Older People Fieldwork Teams are also overspending by £0.617m on residential placements & assessment units. The forecasted overspend includes £0.250m unachieved savings.

## **6 Savings**

A range of savings proposals to meet the budget gap was approved by the IJB as part of the budget set in March. The total value of savings for the 2020/21 financial year is £13.759m. The financial tracker included at Appendix 2, provides an update

on all savings and highlights that anticipated savings of £7.782m (52.9%) will be delivered against the target.

The non-delivery of savings is currently required to be reported within the Local Mobilisation Plans. As with all costs reported within the mobilisation plan there is no certainty that full funding will be made available by the Scottish Government.

## **7 Covid-19**

In addition to the core financial position, there is a requirement to report spend in relation to Covid-19. Currently the actual spend to August is £7.997m. It is assumed these costs will be fully funded through the local mobilisation plans.

## **8 Mobilisation Plans**

On 11 March 2020 John Connaghan wrote to all Chief Executives of NHS Boards and Local Authorities formally requesting the production of Local Mobilisation Plans in response to Covid-19. There was a very clear understanding that the response should be on a whole system basis across all partners. A first draft of the Mobilisation Plan was submitted to the Scottish Government on the 18 March 2020. Since that date the plan and the financial return have continued to evolve and regular updates have been provided.

The latest iteration suggests that costs are likely to be in the region of £26m, of which c£7.0m relate to non-achieved savings. The Senior Leadership Team will continue to proactively look to deliver these savings in-year, but it is likely that there will be delays in implementing some of these savings.

This will continue to be reported regularly to both the Finance and Performance Committee and the Integration Joint Board throughout the financial year.

Across Scotland in total, funding of £1.1bn has been made available by the Treasury, however the mobilisation plans submitted are greater than this level. If full funding is not provided for the Mobilisation Plans, then under current governance arrangements there will need to be a discussion as to how the risk will be managed by the two partners.

An initial £50m to help the Social Care Sector was confirmed by the Cabinet Secretary for Health and Sport on 12 May 2020, and further tranche of funding of up to £50m was confirmed on 3 August 2020 in recognition of the ongoing costs and pressures faced by the social care sector, as a result of the pandemic. A further £33m has been confirmed in funding. The principles for social care sustainability payments to providers have been extended to the end of September with a tapering of support in place thereafter.

On 29 September 2020 the Cabinet Secretary for Health and Sport announced £1.1bn for NHS Boards and HSCPs which includes the £83m (as above) already received for local authority delegated services. The approach taken is that Scottish Government are providing funding for costs identified in the Local Mobilisation Plans for Q1 and then 70% of projected costs for the rest of the year (up to NRAC/GAE share), while social care costs have been projected at 50%. Unachieved savings and offsets have also been excluded from allocation at this point.

There is a commitment to look at a further allocation in November once more clarity on these payments becomes available.

Assurances have been given to date that there will be support for 'reasonable expenditure' that is aligned to the local mobilisation plans. However, this still carries a level of risk until the mobilisation plans are agreed. Every effort is being made to reduce the cost of the response whilst ensuring our communities and staff are protected and receive the support required. The impact this will have on the financial position is currently being refined.

## **9 Risks and Mitigation**

### **9.1 Covid**

There is a risk that the costs of Covid 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 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.

All areas of expenditure will be reviewed, and every effort will be made to control costs within the overall budget.

### **9.2 Savings**

Non-delivery of savings is also an area of risk. The plans that were approved in March have been impacted by Covid, as all resources have been focussed on managing the pandemic.

The Senior Leadership Team have committed to keep savings under continual review and develop delivery plans that provide clarity in terms of delivery timescales.

### **9.3 Funding**

The potential risk associated with not receiving full funding for mobilisation plans is immediate and requires further consideration by the IJB. Only 52.9% of approved savings are estimated to be delivered in this financial year. The remainder will impact on the projected outturn position of the HSCP if funding is not made available by the Scottish Government. As a result the full value of non-achieved savings has been reflected in the projected outturn position with immediate effect.

### **9.4 Forward Planning**

The impact on future year budgets and the requirement to review the financial planning assumptions will be necessary. This is work that will progressed and an update provided sometime in October.

**Audrey Valente**  
Chief Finance Officer  
10 October 2020

Appendix 2

TRACKING APPROVED 2020-21 SAVINGS  
HEALTH & SOCIAL CARE PARTNERSHIP

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	Under/ (over) achieved £m	Rag Status	Comment	SLT Lead
Fife Wide	2020-23	CRES	4.677	4.205	0.472	Green	Cash Releasing Efficiency Savings	Jim Crichton
East	2020-23	CRES	0.592	0.592	0.000	Green	Cash Releasing Efficiency Savings	Claire Dobson
West	2020-23	CRES	0.410	0.410	0.000	Green	Cash Releasing Efficiency Savings	Claire Dobson
All	2020-23	Supplementary Staffing and Locums	0.600	0.000	0.600	Amber	Review of use of locums and supplementary staffing	Lynn Barker
East	2020-23	Bed Based Model-Community Hospital Redesign	1.000	0.000	1.000	Red	Care models that best meet the needs of service user with a primary focus to deliver care in a home or homely setting	Claire Dobson
West	2020-23	Managed General Practice Modelling	0.200	0.000	0.200	Red	Efficiencies identified that lead to a reduction of costs associated with General Practices	Claire Dobson
West	2020-23	Urgent Care Service Out of Hours	0.050	0.050	0.000	Green	Phase 2 of the roll out of the urgent care out of hours service redesign	Claire Dobson
All	2020-23	Medicines Efficiency	1.650	1.650	0.000	Green	Further medicines efficiency programme of change	Scott Garden
FifeWide	2020-23	Resource Scheduling (Total Mobile)	0.123	0.000	0.123	Red	Review and reduction of care packages using Total Mobile technology. On hold due to Covid-19 pandemic	David Heaney
East	2020-23	Resource Scheduling (Total Mobile)	0.627	0.000	0.627	Red	Review and reduction of care packages using Total Mobile technology. On hold due to Covid-19 pandemic	David Heaney
FifeWide	2020-23	High Reserves	0.350	0.100	0.250	Red	Ensuring adherence to the high reserves policy of 6 months for the voluntary sector and and 8 weeks for direct payments. On hold due to Covid-19 pandemic	Fiona McKay
East	2020-23	High Reserves	0.135	0.040	0.095	Red	Ensuring adherence to the high reserves policy of 6 months for the voluntary sector and and 8 weeks for direct payments. On hold due to Covid-19 pandemic	Fiona McKay
West	2020-23	High Reserves	0.215	0.060	0.155	Red	Ensuring adherence to the high reserves policy of 6 months for the voluntary sector and and 8 weeks for direct payments. On hold due to Covid-19 pandemic	Fiona McKay
FifeWide	2020-23	Procurement Strategy	0.200	0.000	0.200	Red	Review of commissioning strategy, e.g. renegotiation of Under 65 Care Home contracts. On hold due to Covid-19 pandemic.	Fiona McKay
FifeWide	2020-23	Review Care Packages	0.750	0.560	0.190	Amber	Review of care packages. Balance on hold due to Covid-19 pandemic	David Heaney
East	2020-23	Review Care Packages	0.450	0.000	0.450	Red	Review of care packages. On hold due to Covid-19 pandemic	David Heaney

FifeWide	2020-23	Re-provision of Care	0.875	0.000	0.875	Red	Various redesign projects including reduction of the number of double-handed visits and sleep overs. On hold due to Covid-19 pandemic.	Fiona McKay
East	2020-23	Re-provision of Care	0.525	0.000	0.525	Red	Various redesign projects including reduction of the number of double-handed visits. On hold due to Covid-19 pandemic.	Fiona McKay
FifeWide	2020-23	Provision of Taxis/Transport	0.050	0.050	0.000	Green	Alternative Delivery models will be reviewed with a view to providing taxis to service users at a reduced cost. On target to be achieved.	David Heaney
East	2020-23	Meals on Wheels income generation	0.020	0.015	0.005	Amber	Increase in charges by inflation plus 10p. Implementation delayed by 3 months due to Covid-19 pandemic.	David Heaney
East	2019-22	Previously Approved - Day Care services	0.260	0.050	0.210	Red	Continue with the day services redesign programme on a locality by locality basis. On hold due to Covid-19 pandemic.	David Heaney
Total Approved Savings			13.759	7.782	5.977			
All	Additional 2020-23	3.3% Living Wage Shortfall	0.962	0.000	0.962	Red	Following discussion with Scottish Government we have been advised to add to saving list	David Heaney
<b>Grand Total</b>			<b>14.721</b>	<b>7.782</b>	<b>6.939</b>	<b>52.9%</b>		

**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	7.429	6.957	0.472
Amber	1.370	0.575	0.795
Red	5.922	0.250	5.672
<b>Total</b>	<b>14.721</b>	<b>7.782</b>	<b>6.939</b>



<b>AGENDA ITEM NO.:</b>	9	
<b>DATE OF MEETING:</b>	23 October 2020	
<b>TITLE OF REPORT:</b>	Performance Report Executive Summary	
<b>EXECUTIVE LEAD:</b>	Nicky Connor, Director of Health & Social Care Partnership	
<b>REPORTING OFFICER/ CONTACT INFO:</b>	<b>NAME:</b>	Fiona McKay
	<b>DESIGNATION:</b>	Head of Strategic Planning, Performance and Commissioning
	<b>WORKPLACE:</b>	Rothesay House
	<b>TEL NO:</b>	03451 555555 ext 445978
	<b>E-MAIL:</b>	<a href="mailto:Fiona.McKay@fife.gov.uk">Fiona.McKay@fife.gov.uk</a>
<b>Purpose of the Report (delete as appropriate)</b>		
		<b>For Information</b>
<b>Governance Route to IJB (must be completed)</b>		
Detail of Committee(s) (inc date) which report has been to prior to IJB:	Finance & Performance – 6 October 2020	
Parties consulted prior to H&SC IJB meeting:		
<b>REPORT</b>		
<b><u>Situation</u></b>		
<p>The monitoring of Performance is part of the governance arrangements for the Health and Social Care Partnership.</p>		
<b><u>Background</u></b>		
<p>The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board (IJB).</p> <p>The Fife Health and Social Care Partnership (H&amp;SCP) Board has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The Fife H&amp;SCP Board is responsible for the operational oversight of Integrated Services, and through the Director of Health and Social Care will be responsible for the operational management of these services.</p>		
<b><u>Assessment</u></b>		
<p>The attached report provides an overview of progress/performance in relation to the following:</p> <ul style="list-style-type: none"> <li>• National Health &amp; Social Care Outcomes;</li> <li>• Health and Social Care – Local Performance Information; and</li> <li>• Health and Social Care – Management Information.</li> </ul>		

## **Recommendation**

**For Information** - The Committee should note the information contained within this Performance Report.

### **Objectives: (must be completed)**

Health & Social Care Standard(s):	Integration Planning and Delivery Principles
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IJB Strategic Objectives:	All
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### **Further Information:**

Evidence Base:	N/A
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Glossary of Terms:	N/A
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### **Impact: (must be completed)**

#### **Financial / Value for Money**

No financial impact to report

#### **Risk / Legal:**

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

#### **Quality / Customer Care:**

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

#### **Workforce:**

The performance report contains management information relating to the Partnership's workforce however, any management actions and impact on workforce would be taken forward by the relevant Divisional General Manager.

#### **Equality Impact Assessment:**

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

#### **Environmental / Sustainability Impact**

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

#### **Consultation:**

No consultation is required.

#### **Appendices: (list as appropriate)**

1 Performance Report – September 2020



# Fife Health & Social Care Partnership



## Performance Report Executive Summary

September 2020



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## Executive Summary

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

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

Feedback from previous committees has been considered to develop this report to include a fuller range of operational measures. The report will continue to evolve and the performance reviews presented in 2020 will support alignment with the 2020/21 Annual Operational Plan and the development of the Integrated Performance and Quality Reporting Framework which was agreed at the December Integration Joint Board.

The Current performance status of the 18 indicators within this report is 1 (5%) classified as **GREEN**, 10 (56%) **AMBER** and 7 (39%) **RED**. This is based on whether performance is exceeding standard/trajectory, within specified limits or considerably below standard/Trajectory.

**Fiona McKay**

**Head of Strategic Planning, Performance and Commissioning.**

## Performance Matrix & Information

### National Health & Social Care Outcomes

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

- (1) Emergency admissions;
- (2) Unscheduled hospital bed days;
- (3) Emergency department activity;
- (4) Delayed discharges;
- (5) End of life care; and
- (6) Balance of care.

The table below shows current performance against these. The table summarises the current performance of each indicator's latest rolling month's data from the previous financial year's data. It uses the newest complete month and takes the sum of the 12 months prior and compares this with the previous financial year. For example, if the latest data for an indicator is available in July 2018, this will compare the rolling year figure (sum of previous 12 months i.e. from August 2017 to July 2018) with the equivalent figure from the 2017/18 financial year.

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

↑	Improvement of indicator from previous
↓	
↑	Worsening of indicator from previous
↓	
No diff	No change

MSG Indicator	MSG Description	Latest Available Month	Previous Rolling Year	Fife Previous Rolling Year Total	Fife Rolling Year*	Fife Rolling Year diff from Previous Rolling Year	% Diff
1a.1	Emergency Admissions	May-20	May-19	43,500	40,439	↓ 3,061	-7.04%
1b.1	Emergency Admissions from A&E	May-20	May-19	22,454	21,346	↓ 1,108	-4.93%
1b.2	A&E Conversion Rate (%)	May-20	May-19	23.06%	24.16%	↑ 1.11%	1.11%
2a.1	Unscheduled hospital bed days	Apr-20	Apr-19	257,997	243,583	↓ 14,414	-5.59%
2b.2	Unscheduled hospital bed days - Mental Health	Apr-20	Apr-19	99,513	87,918	↓ 11,595	-11.65%
3a	A&E Attendances	May-20	May-19	97,386	88,339	↓ 9,047	-9.29%
3b	A&E % seen within 4 hours	May-20	May-19	94.52%	92.52%	↓ 2.00%	-2.00%
4.1	Delayed discharge bed days: All reasons	Jul-20	Jul-19	37,672	36,779	↓ 893	-2.37%
4.2	Delayed discharge bed days: Code 9	Jul-20	Jul-19	9,332	11,946	↑ 2,614	28.01%
4.3	Delayed discharge bed days: Health and Social Care Reasons	Jul-20	Jul-19	27,914	24,586	↓ 3,328	-11.92%
4.4	Delayed discharge bed days: Patient/Carer/Family-related reasons	Jul-20	Jul-19	426	247	↓ 179	-42.02%
5a.1	Percentage of last six months of life: Community	Aug-20	Aug-19	93.14%	94.81%	↑ 1.67%	1.67%
6.1	Percentage of population in community or institutional settings (65+)	2018/19	2017/18	92.45%	92.58%	↑ 0.13%	0.13%

\* Takes the last 12 months from the date shown in column D, except for MSG 5 and 6, where the previous financial year before is taken for comparison  
 \*\* Delayed discharge data definition change occurred in July 2016 - cannot use any previous financial year before Apr-18, so comparison starts after Apr-18

## Improvement / Spread & Sustainability

### **Indicator 1:**

The work that has begun with the localities will further evidence the need for a local solution, working closely with GP clusters and private/voluntary sectors to further support local people. Work on reducing Emergency Admissions will be developed in conjunction with acute colleagues.

### **Indicator 2:**

In recognition of the Scottish Government Delivery Plan we will aim to reduce unscheduled bed days in hospital care by up to 10%. The Partnership also plan to develop our new models which originally supported delay in hospital to further roll out into the community given the evidence of success so far. Further work is required in collaboration with NHS Fife to consider appropriate interventions to reduce the number of unscheduled hospital bed days.

### **Indicator 3:**

We are currently developing a plan to implement the recommendations of the National Out of Hours Review (Ritchie Report), which will include innovative ways of supporting people at home. The acute service continues to support a successful frailty model which will be further supported across the Partnership.

### **Indicator 4:**

Work continues within Fife to reduce both the number of delays and the number of bed days lost to them. A range of programmes and projects has incorporated many of the models of care designed by the partnership such as:

- Short Term Assessment and Reablement (STAR)
- Short Term Assessment and Review Team (START)
- Assessment Beds

As a partnership we are planning to undertake further work on performance against the current 72-hour target for delay to ensure we are fully capturing the activity in respect of delay.

### **Indicator 5:**

The Scottish Government Health and Social Care delivery plan includes an action to ensure that everyone who needs palliative care will get hospice, palliative or end of life care. The partnership continues working with the palliative and end of life services and external care providers to target people who wish to die at home or in a setting of their choice.

### **Indicator 6:**

Work is being undertaken in the Partnership to shift the balance of care from an institutional setting to community resources which will support people at home or in a homely setting

## Local Performance Scorecard

Indicator	Target 2020/21 <b>*Target to be decided/developed</b>	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
			Dec-18		Jul-20		Aug-20		
Assessment Unit Beds	42 Days	Monthly	Dec-18	44	Jul-20	40	Aug-20	66	24 ↑
Short Term Assessment and Reablement (STAR) Beds	42 Days	Monthly	Dec-18	55	Jul-20	110	Aug-20	68	42 ↓
START (Short Term Assessment and Review Team)	42 Days	Monthly	Dec-18	98	Jul-20	114	Aug-20	89	25 ↓
Nursing & Residential Care Population	*	Monthly	Dec-18	2,521	Jul-20	2,435	Aug-20	2,479	↑
Demand for New Care at Home Services – No of Service Users	*	Monthly	Jun-19	244	Jul-20	255	Aug-20	281	↑
Demand for New Care at Home Services – Hours per week	*	Monthly	Jun-19	2,238	Jul-20	2,440	Aug-20	2,668	↑
Weekly Hours of Care at Home – Externally Commissioned Services	*	Monthly	Dec-18	17,057	Jul-20	16,594	Aug-20	15,813	↓
Weekly Hours of Care at Home – Internal Services	*	Monthly	Dec-18	9,559	Jul-20	11,848	Aug-20	12,095	↑
Adult Packages of Care – Externally Commissioned	*	Monthly	Dec-18	771	Jul-20	1,076	Aug-20	1,102	↑
Technology Enabled Care – Total Provision	*	Monthly	Dec-18	8,631	Jul-20	8,710	Aug-20	8,635	↓
Technology Enabled Care – New Provision	*	Monthly	Dec-18	261	Jul-20	202	Aug-20	166	↓

## LDP Standards Scorecard

### Indicator Summary




Performance										Benchmarking		
meets / exceeds the required Standard / on schedule to meet its annual Target										● Upper Quartile		
behind (but within 5% of) the Standard / Delivery Trajectory										● Mid Range		
more than 5% behind the Standard / Delivery Trajectory										● Lower Quartile		




  

Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Operational Performance	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Jul-19	7.2%	Jun-20	4.3%	Jul-20	6.2%	↓	QE Dec-19	7.2%	●	7.1%
	473	Smoking Cessation	TBC	YTD	Apr-19	100.0%	Mar-20	92.4%	Apr-20	15.0%	↓	YT Dec-19	87.9%	●	89.4%
	90%	CAMHS Waiting Times		Month	Jul-19	73.2%	Jun-20	62.2%	Jul-20	62.8%	↑	QE Jun-20	68.6%	●	59.3%
	90%	Psychological Therapies Waiting Times		Month	Jul-19	65.5%	Jun-20	73.6%	Jul-20	74.5%	↑	QE Jun-20	69.7%	●	74.3%

## Management Information Scorecard

Indicator	Target 2020/21	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
			Dec-18	6.60%	Oct-19	6.80%	June-20 *	NHS - 5.05% FC - 9.21%	
Health & Social Care Absence Rolling 12-month absence % for employees of the Health and Social Care Partnership	NHS Target 4.0% FC Target 5.87%	Monthly	Dec-18	6.60%	Oct-19	6.80%	June-20 *	NHS - 5.05% FC - 9.21%	N/A
Complaints and Compliments	80% of Complaints responded to within statutory timescales	Monthly	Jul-19	65%	Jul-20	54%	Aug-20	67%	↑
Information requests	80% of requests responded to within statutory timescales	Monthly	Q1-19	75%	Jul-20	76%	Aug-20	74%	↓


	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Local Performance Indicators</b>				
<b>Assessment Unit - Assessment Beds</b>	42 Days	Sep-19	66 days	Aug-20 
<p>This model supports people to leave hospital and finalise their assessment within a Care Home. Currently nine care homes offer 58 Assessment Beds in Fife.</p> <p>Average Length of Stay on Discharge for individuals at week ending the 31st August 2020 was 66 days. This is above the service expectation, which is that an individuals' stay in an assessment unit on discharge does not exceed 42 days. During the month of August there were 14 admissions and 9 discharges. The average length of stay on discharge continues to fluctuate. This is mainly due to a number of individual's first choice care home not having capacity to admit, resulting on a wait on this becoming available. It is always the intention to provide an individual's first choice care home as part of a person-centred approach. This will respectively impact on the average number days on discharge being higher than the expected performance level. The average length of stay in Assessment beds has increased since March 2020 due to the Covid-19 pandemic and the result of residents not moving care home to care home</p>				
<b>Short Term Assessment and Reablement (STAR) Beds</b>	42 Days	Sep-19	68 Days	Aug-20 
<p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Average Length of Stay on discharge at 23 August 2020 was recorded at 68 days, which is above the target. There were 12 admissions and 8 discharges during the month of August 2020. There are currently 36 STAR Beds offered across three care homes. The extreme highs are generally the result of clients whose circumstances have changed and are awaiting a permanent placement in their care home of choice.</p>				
<b>Short Term Assessment and Review Team (START)</b>	42 Days	N/a	89 days	Aug-20 
<p>The START service is delivered by Fife Health &amp; Social Care Partnership Home Care and providers from the Independent sector. The data is measured on the number of individuals whose service has stopped in the month, and the average of days supported calculated for all. In August 2020, START recorded 89 days for an average period of support to individuals who finished their involvement with the service. This is above the service expectation level of 42 days. In August 2020 there were 92 new services started and 102 discharges, compared to the previous month which had 102 starts and 120 discharges. Maintaining the high level of new services per month without impacting on the average days supported on discharge is proving to be a challenge for the service. Capacity within care at home services is a challenge at the moment which is resulting in service users remaining within the START service due to ongoing care at home service not being available.</p>				


	Standard/Local Target	Last Achieved	Current Performance	Benchmarking	
<b>LDP Standards</b>					
<b>Child and Adolescent Mental Health Service (CAHMS) Waiting Times</b>	88%	Nov-18	62.8%	Jul-20	
At least 90% of clients will wait no longer than 18 weeks from referral to treatment					
Current challenges Action 1 - Available resource to meet demand. Action 2 - Impact of COVID-19 relaxation on referrals. Action 3 - Change to appointment 'models' to reflect social distancing					
Improvement Action 1 - Re-Introduction of PMHW First Contact Appointments System - The pandemic has allowed a large number of referrals to be assessed and waiting time is at 2-3 weeks Current action is to maintain this level of activity and response time to ensure that children are supported by the wide range of services available, thus reducing the impact on specialist Tier 3 CAMHS. Resource. Waiting List Additional Staffing Introduction of Team Leader Role					
Improvement Action 2 - Re-design of Group Therapy Programme - Fife CAMHS and Primary Care Psychology had combined resources to develop a comprehensive group therapy programme targeting the most common presenting issues for children and young peoples mental health. Due to COVID-19 restrictions, group-based face to face work is no longer viable and we are working to develop alternative formats and models of delivery that can deliver multiple contacts with minimal staffing. Use Centralised Allocation Process - We are developing administrative and clinical systems to maintain the centralised allocation process that can manage increased referrals rates once normal service resumes. This will ensure that available appointments are identified and allocated quickly across clinical teams. Build CAMHS Urgent Response Team - This team will replace the existing self-harm service, ensuring that urgent referrals from A&E and GPs receive timely, evidence based, short term intervention.					
Improvement Action 3 - Use Centralised Allocation Process - We are developing administrative and clinical systems to maintain the centralised allocation process that can manage increased referrals rates once normal service resumes. This will ensure that available appointments are identified and allocated quickly across clinical teams.					
Improvement Action 4 - Build CAMHS Urgent Response Team - This team will replace the existing self-harm service, ensuring that urgent referrals from A&E and GPs receive timely, evidence based, short term intervention.					
<b>Psychological Therapies Waiting Times</b>	82%	N/a	74.5%	Jul-20	
At least 90% of clients will wait no longer than 18 weeks from referral to treatment					
Current challenges: Predicted large increase in referrals post pandemic Identifying replacement for group therapies (no longer viable)					
Action 1 - Redesign of Day Hospital provision - Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.					
Action 2 - Implement triage nurse pilot programme in Primary Care - Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this December					
Action 3 - Trial of new group-based PT options - Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. Viability of this dependent upon suitable digital platform being agreed.					
Action 4 - Introduction of additional on-line therapy options - This action incorporates the digital delivery of stress management groups via Access Therapies Fife website					
Action 5 - Development of alternative training and PT delivery methods - This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities					
<b>Smoking Cessation</b>	473	N/a	71	Apr-20	
In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife					
Current Challenges <ul style="list-style-type: none"> <li>•Service Provision within GP practices, hospitals and community venues (paused due to COVID19)</li> <li>•Staffing levels due to redeployment and maternity leave - recruiting and training new staff members will take 6 to 9 months</li> <li>•Unavailability of mobile unit (re-deployed during pandemic)</li> <li>•Building trust and confidence with client group to enable them to seek stop smoking support now and beyond COVID-19</li> <li>•Inability to validate quits as part of an evidence-based service due to COVID-19</li> </ul>					
Action 1 - Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic - This initiative had commenced and was in the early stages of delivery but has been paused due to COVID-19					
Action 2 - 'Better Beginnings' class for pregnant women on Saturday mornings - Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time					
Action 3 - Enable staff access to medication whilst at work - No progress has been made due to COVID-19					



	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
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### Management Performance Indicators

<p><b>Complaints and Compliments</b></p> <p>* 80% of Complaints responded to within statutory timescales</p> <p>During January to August 2020 the Partnership closed 244 complaints. This included 71 complaints closed by Social Care, and 173 closed by NHS Fife. Of these, 153 were identified as Stage 1 complaints, and 91 were classified as Stage 2 complaints. Over this period, on average 75% of Stage 1 complaints, and 14% of Stage 2 complaints, were responded to within the statutory timescales.</p> <p>During the coronavirus outbreak the Partnership followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety.</p> <p>Please note that no legislative changes were introduced to complaint procedures or statutory timescales. Therefore, complaint performance has been measured against the usual criteria.</p>	80% *	N/a	67%	Aug-20	
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<p><b>Information Requests - Reported quarterly</b></p> <p>* 80% of information requests responded to within statutory timescales</p> <p>During April to July 2019 the Health and Social Care Partnership responded to 74% of requests within the statutory timescales</p> <p>During the coronavirus outbreak the Scottish Government introduced legislative changes to the response timescales for freedom of information requests. A 60 working days response timescale was applied to requests closed between 7th April and 26th May 2020.</p>	80% *	N/a	74%	Aug-20	
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<b>AGENDA ITEM NO.:</b>	10	
<b>DATE OF MEETING:</b>	23 October 2020	
<b>TITLE OF REPORT:</b>	Public Sector Climate Change Duties	
<b>EXECUTIVE LEAD:</b>	Nicky Connor, Director of Health and Social Care	
<b>REPORTING OFFICER/ CONTACT INFO:</b>	<b>NAME:</b>	Fiona McKay
	<b>DESIGNATION:</b>	Head of Strategic Planning, Performance and Commissioning
	<b>WORKPLACE:</b>	Rothesay House
	<b>TEL NO:</b>	03451 55 55 55 Ext 445978
	<b>E-MAIL:</b>	<a href="mailto:Fiona.McKay@fife.gov.uk">Fiona.McKay@fife.gov.uk</a>
<b>Purpose of the Report (delete as appropriate)</b>		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>
<b>Governance Route to IJB (must be completed)</b>		
Detail of Committee(s) (inc date) which report has been to prior to IJB:	Finance and Performance – 6 October 2020	
Parties consulted prior to H&SC IJB meeting:		
<b>REPORT</b>		
<b><u>Situation</u></b>		
<p>This report is to advise the Integration Joint Board (IJB) of its statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015; and to ask members to consider priorities for climate change governance, management and strategy for the year ahead.</p>		
<b><u>Background</u></b>		
<p>The Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as “major players” to submit a climate change report to the Scottish Government by 30 November each year. IJB’s were first included in the annual reporting exercise in 2016/17. This will be the fourth report for Fife IJB and will cover the period 2019/20.</p>		
<p>In previous years, the Sustainable Scotland Network (SSN) was the organisation collating information for the Scottish Government, however, from this year, the Scottish Government is managing submissions directly.</p>		
<p>The required reporting focusses on corporate emissions arising from organisational operations and service delivery, as well as key information on: Organisational Profile; Governance, Management and Strategy; Adaptation; Procurement; and Validation.</p>		
<p>In developing guidance, the Scottish Government has recognised the unique nature of IJB’s and does not expect IJB’s to address every aspect of the report in the same way the NHS Boards and Local Authorities are expected to do. For example, IJB’s are not required to respond to the</p>		

questions on corporate emissions, as these will be addressed by the responses from NHS Fife and Fife Council who are the asset owners.

### **Assessment**

The submission to Scottish Government is not meant to be viewed as an assessment process with a pass or fail, it is an opportunity to review climate change action within the IJB and promote continuous improvement. The Scottish Government has advised that where information is not held, it is acceptable to explain the situation and any action planned to develop that area, if applicable.

The key focus for the IJB's submission is within the section on climate change governance, management and strategy. The IJB is to set out its top priorities for improvement for the year ahead. Last year the IJB outlined the following areas for consideration

- Continue to support the development of the SECAP, in conjunction with Community Planning Partners.
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP.
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Monitor actions within the Strategic Plan that promote co-benefits with climate change strategies.
- Review the use of the Environmental/Sustainability impact section within SBAR's and whether this has helped to support decisions made.

Climate Fife (Sustainable Energy and Climate Action Plan – SECAP) 2020 – 2030 was approved by Fife Council's Environment and Protective Services Sub Committee on 6 February 2020. Climate Fife is a Fife-wide plan, however, at this stage comprises actions driven by Fife Council and key public sector partners. It has been designed with the four outcomes of Fife's Community Plan (the Plan4Fife) in mind, which are:

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

It is recommended that the IJB/HSCP continue to support the aims and actions from the Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 - 2030.

The HSCP Strategic Plan also focusses on working together to improve health and well-being in the community and references the Plan4Fife actions including working with people in their own communities, using our collective resources wisely and the development of locality priorities. These will help to reduce travel and support the reduction of Fife's carbon footprint. In the revised Strategic Plan 2019-2022 the IJB has outlined its commitment to addressing Climate change with the inclusion of the following statement;

“Fife IJB recognises its position of responsibility in relation to tackling climate change and produces an annual Climate Change report in line with legislation. We have a corporate responsibility to manage resources in a sustainable manner and in a way that minimises damage to the environment, for example through reducing the use of paper, recycling and

reducing waste as much as possible and the use of technological solutions to help to reduce travel and support the reduction of Fife's carbon footprint.”

It is recommended that the IJB/HSCP continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies.

Staff across the Partnership continue to have an awareness of the climate change plans and strategies of the partner bodies and are encouraged to use resources, such as heating, light and water efficiently and recycle and reduce waste as much as possible. By making more use of technological solutions, such as TotalMobile and Video or Skype conferencing, we have been able to reduce paper and printing use and staff and service user travel. One of the positive aspects of the coronavirus outbreak was the reduction in pollution as a result of the lockdown. With a large group of staff working from home and increased use of Microsoft Teams for meetings and collaborative working, there have been significant reductions in travel and printing costs.

It is recommended that the IJB continues to support awareness raising for staff and continues to work with partners to identify opportunities to work more efficiently and sustainably.

During 2019/20 the Environmental/Sustainability impact section within the SBAR template was not used in the majority of reports coming to the IJB or Governance Committees for decisions. In most cases this was because there was no impact. It is recommended that alternate approaches, for example, the Fife Environmental Assessment Tool (FEAT) being used by Fife Council, are considered to help support awareness raising and impact of any key decisions.

In summary, the following areas are suggested for priority for 2020/21

- In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 – 2030.
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP.
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies.
- Reconsider the use of the Environmental/Sustainability impact section within SBAR's and whether there would be a benefit in moving to an alternative approach.

### **Recommendation**

**Decision** – consider and agree the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report, as follows:

- In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 – 2030.
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP.
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies.
- Reconsider the use of the Environmental/Sustainability impact section within SBAR's and whether there would be a benefit in moving to an alternative approach.

The agreed priorities will form part of the submission to the Scottish Government.

**Financials**

Not applicable

**Objectives: (must be completed)**

Health & Social Care Standard(s):	All
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IJB Strategic Objectives:	All
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**Further Information:**

Evidence Base:	
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Glossary of Terms:	
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**Impact: (must be completed)**

**Financial / Value For Money:**

There is no direct financial impact in the reporting duty

**Risk / Legal:**

There is a legal requirement to report under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

The IJB is required to consider the risks around climate change and how it can work with partner bodies to mitigate these.

**Quality / Customer Care:**

There are no direct quality or customer care impacts arising from this report.

**Workforce:**

There are no direct workforce impacts arising from this report.

**Equality Impact Assessment:**

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

**Environmental / Sustainability Impact**

The annual reporting of climate change action is to support the reduction of environmental impacts and support climate change adaptation initiatives

**Consultation:**

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

**Appendices: (list as appropriate)**



# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>AGENDA ITEM NO:</b>	11	
<b>DATE OF MEETING:</b>	23 October 2020	
<b>TITLE OF REPORT:</b>	Winter Readiness	
<b>EXECUTIVE LEAD:</b>	Nicky Connor, Director of Health & Social Care	
<b>REPORTING OFFICER/ CONTACT INFO:</b>	<b>NAME:</b>	Lynne Garvey
	<b>DESIGNATION:</b>	Interim Divisional General Manager (West)
	<b>WORKPLACE:</b>	Rothsay House
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	<b>E-MAIL:</b>	<a href="mailto:Lynne.Garvey@nhs.scot">Lynne.Garvey@nhs.scot</a>
<b>Purpose of the Report (delete as appropriate)</b>		
<b>For Approval</b>	<b>For Discussion</b>	<b>For Noting</b>
<b>Governance Route to IJB (must be completed)</b>		
Detail of Committee(s) (inc date) which report has been to prior to IJB:	Presentation on winter to Clinical & Care Governance Committee and Local Partnership Forum. Presentation to IJB Development Session	
Parties consulted prior to H&SC IJB meeting:	Director Acute Services Executive Director of Nursing Associate Director of Planning HSCP Senior Leadership Team	
<b>REPORT</b>		
<b><u>Situation</u></b>		
<p>Health and Social Care providers have a key responsibility to undertake effective planning of capacity to ensure that the needs of people are met in a timely and effective way across the winter months. Although demand for care can happen at any time of the year, in winter activity rises. There is increased risk of infection (Norovirus in particular), the weather conditions can be adverse and influenza is more likely than at other times of the year and planning for this year comes with additional challenges relating to Covid-19 including a second wave and impact on scheduled care services as well as planning for possible vaccination programme.</p> <p>This paper provides an update to the IJB on the production of the draft Winter Plan for 2020/21.</p>		
<b><u>Background</u></b>		
<p>The draft winter plan describes the arrangements in place to cope with increased demand on services over the winter period.</p> <p>The priority is to ensure that the needs of vulnerable and unwell people are met in a timely and effective manner despite increases in demand. Our workforce is key to the successful delivery of the winter plan. Resilience, coping with demand, severe weather, norovirus, Covid planning and flu plans are all factors that have been considered. The plan is supported by a discharge</p>		

model, performance measures, a risk matrix and an escalation process. Winter communications planning is well under way.

The communication planned is both staff and public facing using recognised communications mechanisms (including social media).

Learning from last winter has also been considered in terms of performance, what went well, what went less well and has helped to identify the 2019/20 planning priorities for the Acute Services Division and the HSCP.

As the Winter Plan Review Workshop for 2019/20 was unable to take place due to COVID-19, a questionnaire was sent out to key stakeholders involved in Winter Planning. The questions and collated responses were:

- *What do you anticipate the key challenge for this winter will be?*  
The key challenges for this winter will be managing seasonal flu along with the Covid-19, possible adverse weather conditions and staff illness or fatigue.
- *What learning from Covid could be utilised for this winter?*  
Closer working partnerships across the NHS and Health and Social Care Partnership have been formed and staff would like to build on this. The continued use and further development of technology such as Microsoft Teams and Near Me.
- *What new changes should be considered for this winter?*  
Proposed high level actions are described in the Assessment Section of this report.

The draft winter plan describes how NHS Fife/ Fife Council Social Care Services and the HSCP will:

- Cope with increased demand on services over the winter period.
- Share responsibility to undertake joint effective planning of capacity.
- Ensure that care is delivered in a timely and effective manner.
- Ensure staff and patients are well informed about winter arrangements through a robust communications plan.
- Build on existing strong partnership working to initiate planning principles that will be tested at times of real pressure.
- Mitigate the impact of Covid-19.

In partnership NHS Fife, Fife Council and the HSCP have a shared responsibility to undertake effective planning to manage the impact of winter across all health and social care. The relationships and joint working with third sector, independent sector and SAS are crucial to the success of this plan.

## **Assessment**

Planning priorities to ensure delivery of the different components of the plan are:

### **Home First Model**

A Home First Model-more timely discharges and realistic home-based assessments resulting in people being discharged to a homely setting is our guiding principle. Capacity planning for Integrated Community Assessment and Support Services (ICASS), Homecare and Social Care

resources throughout winter including 7-day access to Hospital@Home will support this approach.

### **Near Me for Unscheduled Care**

Full evaluation of all previous face to face services prior to remobilisation thereby reducing footfall into the hospital and efficiently utilising clinical time. Work with services is underway to shift to Patient Initiated Review for appropriate patient groups.

### **Whole System Pathway Modelling**

A capacity and flow tool to support whole system planning and commissioning has been developed is undergoing final testing.

### **Prevention of Admissions**

A focus on prevention of admission with further developments into High Health Gain and locality huddles to look at alternatives to GP admissions.

### **Point of Care Testing (POCT) in Paediatrics, A&E and Assessment Centre**

POCT used within acute assessment and admission areas throughout winter flu season. It is anticipated this year this will expand to provide expedited COVID-19 testing to ensure appropriate clinical placement and pathway management.

### **Restructure of medical assessment and admissions**

Review of clinical pathways from GP referrals to accommodate anticipated need for red and green pathways in winter months to allow for increased presentations in line with normal seasonal flu.

### **Scheduling of Unscheduled Care**

Creation of an integrated flow and navigation centre to triage, assess and manage unscheduled care

### **Allied Health Professionals (AHPs) 7 day working**

AHP support to continue over 7 days with a view to supporting criteria led discharges and preventing de-conditioning which could prolong length of stay

The requirement this year is different as the Scottish Government has asked for the Winter Plan to be included in Remobilisation Plan. The previous version of the Remobilisation Plan described the high level actions for Winter, however, the next version will include the full Winter Plan for Fife. The draft Winter Plan will go through Fife IJB and NHS Fife Board and sub committees for approval during October and November 2020.

Real time intelligence accessing winter score cards, performance data and information from the capacity and flow tool will facilitate early proactive conversations and actions with managers from NHS Fife and Health and Social Care Partnership.

The Executive Nurse Director has been identified as the Executive lead for winter. Whole system working will supported by the operational leads through the Director of Health and Social Care and Director of Acute services. A Silver Command Group for Winter is being established which will support both escalation, monitoring and agility of decision making at a senior level over the winter months.



**Recommendations**

The IJB is invited to note the progress of the Winter Plan for 2020/21.

**Financials** *High level costings to be provided below – if applicable*

Being developed in line with the Winter Plan including surge planning and the introduction of new models of care.

**Objectives: (must be completed)**

Health & Social Care Standard(s):	Delivery of safe, effective care. Right care in the right setting.
IJB Strategic Objectives:	Supports the Board's strategic objectives

**Further Information:**

Evidence Base:	
Glossary of Terms:	Point of Care Testing (POCT) - the ability to quickly test

**Impact: (must be completed)****Financial / Value for Money:**

Promotes proportionate management of risk and thus effective and efficient use of resources. Finance to support additional surge plans are being duly costed with engagement from finance team & included in mobilisation /winter plan supervision.

**Risk / Legal:**

Duty to produce a Winter Plan. Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement. Important to support operational service planning and address potential risk of winter.

**Quality / Customer Care:**

Risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care. A risk assessment for initiation of any surge plans has been undertaken. Providing quality, safe and person-centred experience underpins the plan to support right care in the right setting.

**Workforce:**

The system arrangements for risk management are contained within current resource. A workforce plan is being developed to support the delivery of the winter plan. Regular item of discussion at Local Partnership Forum.

**Equality Impact Assessment:**

The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

**Environmental / Sustainability Impact: NA****Consultation:**

Review of winter  
Lessons learning from Covid.

**Appendices: (list as appropriate)**