



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## AGENDA

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON  
 THURSDAY 28 MARCH 2024 AT 2.00 PM  
 THIS WILL BE A VIRTUAL MEETING AND JOINING  
 INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT  
 Participants Are Asked to Join Ten Minutes  
 Ahead of the Scheduled Start Time**

NO	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	Arlene Wood	-
2	DECLARATION OF MEMBERS' INTERESTS	Arlene Wood	-
3	MINUTES OF PREVIOUS MEETING AND ACTION NOTE 2 FEBRUARY 2023	Arlene Wood	3–13
4	CHIEF OFFICER UPDATE	Nicky Connor	-
5	<b>STRATEGIC PLANNING &amp; DELIVERY</b>  5.1 Transformation – Community Rehabilitation and Care Model  5.2 Strategic Plan 2023-2026 - Year One Delivery Plan – Update (2023) and Year Two Delivery Plan (2024)  5.3 Alcohol and Drugs Partnership Strategy 2024-2027	Lynne Garvey  Fiona McKay  Fiona McKay	14–38  39–105  106-163
6	<b>LIVED EXPERIENCE &amp; WELLBEING</b>  6.1 People Story – Sharon's Journey – Benore Care Home	Lynn Barker	-
7	<b>INTEGRATED PERFORMANCE &amp; QUALITY</b>  7.1 Revenue Budget 2024-2025 and Medium-Term Financial Strategy 2024-2027  7.2 Finance Update  7.3 Joint Inspection of Adult Services - Progress Update Report	Audrey Valente  Audrey Valente  Jennifer Rezendes	164-229  230-243  244-266

8	<b>GOVERNANCE &amp; OUTCOMES</b> <b>8.1 Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation 2024</b>	Fiona McKay	267-300
9	<b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED</b>  <b>Audit &amp; Assurance Committee</b> Confirmed Minute from 10 January 2024 Verbal Assurance from 15 March 2024  <b>Finance, Performance &amp; Scrutiny Committee</b> Confirmed Minute from 18 January 2024 Verbal Assurance from 12 March 2024  <b>Quality &amp; Communities Committee</b> Confirmed Minute from 17 January 2024 Verbal Assurance from 8 March 2024  <b>Local Partnership Forum</b> Confirmed Minute from 16 January 2024 Verbal Assurance from 13 March 2024  <b>Strategic Planning Group</b> Unconfirmed Minute from 7 March 2024	Dave Dempsey  Alistair Grant  Sinead Braiden  Eleanor Haggett / Wilma Brown  Graeme Downie	301-335
10	<b>AOCB</b>	All	-
11	<b>DATES OF NEXT MEETINGS</b> <b>IJB DEVELOPMENT SESSION – FRIDAY 26 APRIL 2024</b> <b>INTEGRATION JOINT BOARD – FRIDAY 31 MAY 2024</b>	All	-

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

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



## UNCONFIRMED

### MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) FRIDAY 2 FEBRUARY 2023 AT 10.00 AM

<b>Present</b>	Arlene Wood (AW) (Chair) Graeme Downie (GD) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Mary Lockhart (ML), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB) Janette Keenan (JK), Director of Nursing, NHS Fife Lynne Parsons (LP), Employee Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Debbie Fyfe (DF), Joint TU Secretary, Fife Council Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Wilma Brown, Interim 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 Helen Hellewell (HH), Deputy Medical Director Lynn Barker (LB), Associate Director of Nursing Christine Moir (CMo), Chief Social Work Officer, Fife Council
<b>Attending</b>	Lynne Garvey (LG), Head of Community Care Services Rona Laskowski (RLas), Head of Complex & Critical Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Vanessa Salmond (VS), Head of Corporate Services Hazel Williamson (HW), Communications Adviser Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
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1	<b>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</b>	
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Arlene Wood, IJB Chair welcomed everyone to the first Integration Joint Board meeting of 2024.

Apologies had been received from Chris McKenna, Ian Dall, Eleanor Haggett and Jackie Drummond.

Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking and that, in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.

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

NO	TITLE	ACTION
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2	<b>DECLARATION OF MEMBERS' INTERESTS</b>	
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There were no declarations of interest.

3	<b>MINUTES OF PREVIOUS MEETING &amp; ACTION NOTE 24 NOVEMBER 2023</b>	
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The Minute and Action Note were both approved as accurate records.

4	<b>CHIEF OFFICER UPDATE</b>	
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Arlene Wood handed over to Nicky Connor who provided the Chief Officer update

Nicky Connor began her update by advising that following a rigorous recruitment process Jillian Torrens will join the Partnership in the next few months as Head of Complex & Critical Care Services, replacing Rona Laskowski who retires in June 2024.

At the Development Session on Friday 15 December 2023 IJB members received updates from Kenny Murphy and Morna Fleming on the 3<sup>rd</sup> Sector and Carers respectively. The Ministerial Steering Group (MSG) Indicators were also discussed and these will be brought back to the IJB in a future meeting cycle.

A briefing was circulated yesterday to IJB members to keep them updated on various aspects of the partnership including much to celebrate around the great work of our teams. A number of new Nurses and Allied Health Professionals have recently joined the Partnership and the Care Academy continues to grow.

Morna Fleming, Carers Representative now contributes to the monthly IJB briefing alongside Kenny Murphy and Paul Dundas.

The year ahead will be challenging balancing the delivery of service, performance, quality of care, pace of transformation, the financial position and supporting our workforce. The Senior Leadership Team are actively considering this quadruple aim as we bring forward plans and this is also reflected on the Board's agenda.

5	<b>STRATEGIC PLANNING &amp; DELIVERY</b>	
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	<b>5.1 Transformation – Transforming Overnight Care</b>	
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This report was most recently discussed at the Quality & Communities Committee on 17 January 2024, the Finance, Performance & Scrutiny Committee on 18 January 2024 and the Local Partnership Forum on 16 January 2024. Arlene Wood introduced Rona Laskowski who presented this report which is part of the transformation programme agreed in March 2023. Feedback from all meetings where this has been discussed has been included in this updated report. It has been agreed that the Finance, Performance & Scrutiny Committee will receive 6-monthly updates as this project progresses.

Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities), Alastair Grant, Chair of Finance, Performance & Scrutiny and Wilma Brown, Co-Chair of the Local Partnership Forum to comment on discussions at that meeting before questions from Board members. All three confirmed that the report had been discussed in detail at their meetings and welcomed the progress to date.



NO	TITLE	ACTION
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**5 STRATEGIC PLANNING & DELIVERY (CONT)**

**5.1 Transformation – Transforming Overnight Care (Cont)**

Discussion took place around changes to the proposal, which included the impact on carers and their involvement in the assessment process, unintended consequences of proposed changes and communications with staff, both internal and external. Debbie Fyfe raised the need for parallel communications with staff and concern that this had not happened ahead of the board. Rona Laskowski confirmed that a formal communications campaign, including a series of roadshows, are planned to communicate key messages to staff.

The Board discussed the proposed Transformation of Overnight Care, were assured of the work done to develop the model and the scrutiny applied through the various governance routes to date and agreed the proposed model and support the Senior Leadership Team to operationalise the model with partners and provide an update to the Finance, Performance and Scrutiny Committee through the reports on transformation and regular financial reporting.

**5.2 Local - Locality Planning Outcomes Progress Report**

This report was discussed at the Quality & Communities Committee on 17 January 2024. Arlene Wood introduced Fiona McKay who presented this report. The Public Bodies Act gives clear guidance on the role of partnerships within localities and this report is a look back over the last year across the 7 localities of Fife. Some projects will continue into this year. One of the recommendations in the paper is to bring this to a future Development Session for further discussion.

**FM/VS**

Arlene Wood then invited Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) to comment on discussions at that meeting before questions from Board members. The committee welcomed the good quality work which is taking place in localities.

Discussion took place on encouraging wider stakeholder involvement, communications around new Wells opening and the frequency of meetings of the core groups involved in this. Fiona McKay updated on additional staffing and also advised that a new Well is being supported by Fife Council's West Fife Area Committee for one year initially.

The Board took assurance on the work undertaken to deliver on the Locality Action Plans 2023 and to carry over incomplete actions into 2024 and agreed that locality planning undertakes a two-year planning cycle (currently one year).

**6 LIVED EXPERIENCE & WELLBEING**

**6.1 People Story – Our People**

Arlene Wood handed over to Nicky Connor who introduced this item. A video was shared entitled Celebrating Our Staff – A Reflection of 2023 which featured staff from all areas of the partnership. Nicky highlighted that presenting person stories to the IJB reminds us of our collective purpose for the People of Fife. We could not deliver care if it was not for the fantastic teams and staff we have working across the whole

## 6 LIVED EXPERIENCE & WELLBEING (CONT)

### 6.1 People Story – Our People (Cont)

partnership in primary and preventative care, community care, complex and critical care, business enabling, professional standards, third and independent sector and our close working with NHS Fife and Fife Council. For that reason our first story of 2024 is dedicated to our staff and the outstanding job they do each and every day. The board reported that the video was inspiring and the Arlene Wood, on behalf of the Board, thanked all those who were involved in producing it and thanked all staff working across all sectors in Fife every day.

## 7 INTEGRATED PERFORMANCE & QUALITY

### 7.1 Finance Update

This report was discussed at Finance, Performance & Scrutiny on 18 January 2024 and the Local Partnership Forum on 16 January 2024. Arlene Wood introduced Audrey Valente who presented this report which detailed the financial position (provisional outturn) of the delegated and managed services based on 30 November 2023. The forecast is currently a deficit £4.171m, mainly due to a recent Fife Council pay award and increased locum costs. There had been rich discussion at the recent IJB drop-in session on the report and reserves.

Arlene Wood then invited in turn Alastair Grant, Chair of Finance, Performance & Scrutiny and Wilma Brown, Co-Chair of the Local Partnership Forum to comment on discussions at their meeting before questions from Board members. Alastair Grant confirmed his committee had an in-depth discussion and one of the issues raised was timescales for the reporting of financial information, which are reliant on NHS Fife and Fife Council providing information.

Discussion around achieving a balanced budget, delivering efficiency savings, covid-19 funding and the key areas of work being undertaken by the Senior Leadership Team to ensure due diligence is in place.

The Board were assured that there is robust financial monitoring in place and approved the financial monitoring position and the use of Reserves as at November 2023.

### 7.2 Performance Report – Executive Summary

The full Performance Report was discussed at Finance, Performance & Scrutiny on 18 January 2024. Arlene Wood introduced Fiona McKay who presented this report which highlighted areas for improvement. A Planning and Performance Board has been set up to help provide assurance to the IJB.

Arlene Wood then invited Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting before questions from Board members. Alastair wood advised that the Committee were happy to see reductions in waiting times for care packages and to see further analysis of the available data.

**7 INTEGRATED PERFORMANCE & QUALITY (CONT)**

**7.2 Performance Report – Executive Summary (Cont)**

Discussions then took place around CAMHS and Psychological Therapy waiting times, which had been the subject of a deeper report at the most recent governance committee, and these challenges these presented.

The report had been submitted to assure the Board that the full report has been discussed at the relevant committee, the areas which require improvement are highlighted in the appendix and are subject to continual scrutiny by Head of Service. The board recognised the progress being made in relation to performance and asked that as well as a summary of performance the board requires the assurance on how performance is being addressed. It was agreed to bring a Summary Assurance Report to the IJB meeting on 28 March 2024.

**FM**

**7.3 IJB Strategic Risk Register**

This report was discussed at the Audit & Assurance Committee on 19 January 2024. Arlene Wood introduced Audrey Valente who presented this report which features the Risk Register which was reviewed in December 2023. Four risks are currently showing high residual risk scores – Finance, Primary Care Services, Workforce and Demographic/ Changing Landscape Impacts and to date three of them have been subject to a deeper dive report at committee. Workforce will be looked at in depth during the March committee cycle.

Arlene Wood then invited Dave Dempsey, Chair of Audit & Assurance Committee to comment on discussions at Committee before questions from Board members. Dave Dempsey advised the Audit and Assurance committee do not own the individual risks, they oversee the committee processes and receive assurance that the relevant committees are monitoring dealing with them and this is well managed.

The Board took assurance that risks continue to be managed by the relevant risk owners, discussed the IJB Risk Register and approved the Risk Register.

**8 GOVERNANCE & OUTCOMES**

**8.1 Self-Assessment Checklist**

This report was discussed at previous Audit & Assurance Committee meetings. Arlene Wood introduced Vanessa Salmond who presented this report which is a high-level analysis produced as a result of an online questionnaire sent to Board members in October 2023. There was a 50% response rate and these were positive overall although there is room for improvement. An Action Plan has been produced.

Arlene Wood then invited Dave Dempsey, Chair of Audit & Assurance Committee to comment on discussions at the Committee before questions from Board members. Dave Dempsey advised the committee were happy to recommend the action plan be implemented.

Discussion took place around receipt of meeting papers and input from stakeholder members into induction materials.

## 8 GOVERNANCE & OUTCOMES (CONT)

### 8.1 Self-Assessment Checklist (Cont)

The Board discussed and agreed the draft action plan and agreed to work with Corporate Services to implement the suggested improvements and review progress/impact in September 2024.

### 8.2 Inspection Oversight Report

This report was discussed at the Quality & Communities Committee on 17 January 2024. Arlene Wood introduced Fiona McKay who presented this report which highlights a number of external inspections from the Care Inspectorate and the Mental Welfare Commission and is brought to provide assurance on progress and discussion in relation to actions and next steps.

Arlene Wood invited Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) to comment on discussions at that meeting before questions from Board members. The reports had been discussed in detail by committee.

Discussion took place around how important it is that inspections are being monitored and appropriate actions are in place, ongoing covid recovery and how information may be presented differently in future. The board discussed an annual report on routine planned inspections, and exception reports for any unplanned inspections.

The Board took assurance that inspections and reporting is monitored on a regular basis.

## 9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS

### 9.1 Chief Social Work Officer Report 2022-2023

This report was shared at Fife Council's People and Communities Scrutiny Committee on 16 November 2023 and was also presented for noting at Quality & Communities Committee on 17 January 2024 and Finance, Performance & Scrutiny Committee on 18 January 2024. Arlene Wood introduced Chris Moir who presented this report which highlighted common themes, which include ongoing concerns regarding recruitment and retention of staff and staff health and wellbeing. The 2023-2024 report will be brought to the IJB in September 2024.

Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) and Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting before questions from Board members. The report was discussed in detail at both meeting and members looked forward to seeing the next report later in the year.

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

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

## **9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS (CONT)**

### **9.2 Director of Public Health Report 2023: Children and Young People in Fife: the Building Blocks for Health**

This report was discussed at the Quality & Communities Committee on 17 January 2024. Arlene Wood introduced Joy Tomlinson who presented this report which gives an overview of the health and wellbeing of the population of Fife. This year's focus is on Children's Health and how this has been affected by covid, the ongoing cost of living crisis and poverty.

Arlene Wood invited Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) to comment on discussions at that meeting before questions from Board members. The committee had a robust conversation on the content of the report.

Discussion took place around the priorities and pressures within the report, the elements which can be contributed to which will make a difference and the changing demographics of the local population.

Morna Fleming commended the team behind the report for the clarity and readability provided.

The Board noted the detail within the report and that much of the work is covered within the Children's Services Plan 2023-26 with further reporting coming through the agreed governance routes. The IJB were assured re progress and priorities.

### **9.3 Fife Child Protection Committee Annual Reports - 2021/22 & 2022/23**

This report was discussed at the Quality and Communities Committee on 17 January 2024. Arlene Wood introduced Dougie Dunlop who presented this report which covered two annual reports following a period of transition for the Child Protection Committee. There is a significant developmental agenda ongoing and new national Child Protection procedures are in place.

Arlene Wood invited Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities) to comment on discussions at that meeting before questions from Board members. The Committee discussed the reports in detail and no concerns were raised.

Discussion took place around increasing child poverty, emerging priorities and key measures being taken locally to respond to these.

The Board took assurance from the past work of the Committee and their future direction.

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

Arlene Wood handed over to Nicky Connor who invited each of the Chairs in turn to provide an update from their meetings and on items to be escalated to the Board.

### **Audit & Assurance Committee**

Dave Dempsey had nothing to escalate from the meeting held on 19 January 2024.

### **Finance, Performance & Scrutiny Committee**

Alastair Grant had nothing to escalate and advised that members had had good discussions on agenda items.

NO	TITLE	ACTION
10	<p><b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED (Cont)</b></p> <p><b>Quality &amp; Communities Committee</b></p> <p>Sinead Braiden and Rosemary Liewald had nothing to escalate. The committee had been keen for the report on Inspections to be discussed at the IJB meeting.</p> <p><b>Local Partnership Forum</b></p> <p>Nicky Connor and Wilma Brown advised that there had been a full discussion on all agenda items including service pressures and staff wellbeing.</p> <p><b>Strategic Planning Group</b></p> <p>Graeme Downie had nothing to escalate from the meeting held on 13 November 2023.</p>	
11	<p><b>AOCB</b></p> <p>As Arlene Wood had not been alerted prior to the meeting of any other business to be raised under this item the meeting, she thanked those present for their contribution to the meeting and updated on the dates of the next meetings.</p>	
12	<p><b>DATES OF NEXT MEETINGS</b></p> <p><b>IJB DEVELOPMENT SESSION – FRIDAY 23 FEBRUARY 2024</b></p> <p><b>INTEGRATION JOINT BOARD – THURSDAY 28 MARCH 2024 – 2.00 PM</b>  <b>(FRIDAY 29 MARCH – NHS PUBLIC HOLIDAY)</b></p>	

**ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 2 FEBRUARY 2024**

<b>REF</b>	<b>ACTION</b>	<b>LEAD</b>	<b>TIMESCALE</b>	<b>PROGRESS</b>
1	<b>Local - Locality Planning Outcomes Progress Report</b> – agreed to bring this to a future Development Session for further discussion.	<b>Fiona McKay / Vanessa Salmond</b>	<b>2024 Development Session</b>	<b>On workplan for a future Development Session Complete</b>

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## COMPLETED ACTIONS

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



<p><b>Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation Update 2023</b> - be brought to the next Development Session (15 December 2023) to assist Board members in understanding the process for self-evaluation for MSG and other items.</p>	<p><b>Fiona McKay</b></p>	<p><b>15 December 2023</b></p>	<p><b>Taken to Dev Sess 15 December and further update to March 2024 Committee cycle</b> <b>Complete</b></p>
<p><b>Pharmaceutical Care Services Report 2022-2023</b> - it was agreed to bring an item to a future IJB Development Session on Community Pharmacies</p>	<p><b>Ben Hannan / Fiona Forrest</b></p>	<p><b>Date of Development Session - To Be Confirmed</b></p>	<p><b>On list of potential subjects for Development Sessions</b> <b>Complete</b></p>

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<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>28 March 2024</b>
<b>Agenda Item NO:</b>	<b>5.1</b>
<b>Report Title:</b>	<b>Transformation: Community Rehabilitation and Care</b>
<b>Responsible Officer:</b>	<b>Lynne Garvey, Head of Community Care Services</b>

## 1 Purpose

The report is to ensure members of the Integration Joint Board (IJB) are well informed on one of the key areas of transformation: Community Rehabilitation and Care and are assured that all recommendations following scrutiny and rich discussions during the latest Committee cycle have been considered and included in the proposal.

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

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

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- Resources are used effectively and efficiently in the provision of health and social care services.

### **This Report Aligns to the Integration Joint Board Strategic Priorities:**

- Integration
- Wellbeing
- Sustainable

## 2 Route to the Meeting

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

- IJB Development Sessions Throughout 2023
- Combined Committees – November 2023
- Quality and Communities Committee – November 2023 and March 2024
- Finance, Performance and Scrutiny Committee – November 2023 and March 2024
- Local Partnership Forum – November 2023 and March 2024

## **3 Report Summary**

### **3.1 Situation**

The Community Rehabilitation and Care Model is the final transformation project awaiting final approval from the IJB as per the Medium-Term Strategy agreed by the Board in March 2023.

Regular updates have been tabled at various governance Committees during the course of 2023-24. Having initially been considered at Combined Committee in November 2023, the most recent report was discussed at the Qualities and Communities Committee, Finance, Performance and Scrutiny Committee and the Local Partnership Forum during March 2024. The discussions that took place at these committees have informed this final report for consideration by members of the Integration Joint Board. The Integration Joint Board is being asked to discuss the Community Rehabilitation and Care Model and be assured that ongoing discussions are actively taking place to support a whole system consideration of this proposal. The Board are also asked to support the Senior Leadership Team to continue to work with partners to operationalise the model.

### **3.2 Background**

This area of transformation was identified as it was noted that there was a greater dependency on bed-based rehabilitation and a need to develop the service that could be provided in people's own homes. The benefits of this redesign include an enhanced service model and also the delivery of best value.

### **3.3 Assessment**

This model recognises the important value of rehabilitation in supporting people's recovery post injury and illness with three key limitations in the current model:

- At the latter end of 2023, two audits were undertaken using the Rehabilitation Complexity Scale – one within the community hospital setting (three wards) and one within an acute ward. The Rehabilitation Complexity Scale (RCS) is a recognised, validated, standardised assessment tool focusing on areas of care and support needs, cognitive / behaviour needs (risk), skilled nursing needs, medical needs, therapy needs, therapy intensity, and equipment needs. The outcomes demonstrate the intensity and resource required for individuals and assists in determining an appropriate pathway for continued interventions moving through the persons' rehabilitation journey. Out of a total of 48 patients across the three community wards the tool identified that 54% (26 patients) could have had their care and rehabilitation needs met at home or homely setting.

Similarly, out of the 12 patients from one acute ward, the tool identified that 58% (7 patients) could potentially have been discharged directly home with rehabilitation and care support. Therefore, there is a dependency on community hospital beds for intensive rehabilitation which for many people could be delivered in their own homes.

- A need to develop more specialist care for both neurological rehabilitation (Stroke and Brain Injury) and Frailty (meeting the needs of the future

population including ageing and long-term conditions).

- The need to increase the range of services in the community available to people who may otherwise require an admission to an acute hospital.
- Within the Levenmouth area work has commenced to establish a multi-disciplinary case management approach to collaborative working by creating opportunities for the partnership and partner workforce to work holistically with the aim of:
  - Reducing the number of preventable emergency hospital admissions and frequent A&E visits
  - Identify people at high risk of hospital admission using Primary Care data
  - Identify the reasons why people from the Levenmouth area frequently attend A&E

A Primary Care Verification subgroup has been created for the purpose of the case management verification. It is anticipated this will lay the foundation for roll out of the case management approach across the other localities to enable seamless pathways for patient care; raise awareness of and increase access to a variety of community based resources that support early intervention, prevention of admission and improve wellbeing.

Appendix 1 succinctly describes the current service, the case for change, current issues, future vision, how that vision will become a reality, the impacts (based on EQIA and Workforce), key risks and how they are being mitigated and the next steps. Through this transformation the aim will be to repurpose services to:

- Increase the availability of intensive rehabilitation in people's own homes and reduce the dependency on inpatient beds.
- Develop Centres of Excellence for both neurological rehabilitation and frailty in Fife's community Hospitals
- Enhance the range of services on offer within our community hospitals.
- Support people to make choices about long-term care in a more homely environment.

In addition, the information below supports the case for change:

Bed Usage / Length of Stay: From analysis of performance data NHS Fife / Fife Health & Social Care Partnership have the highest number of community occupied beds (per 100,000) across all the territorial Board areas, however NHS Fife has the lowest acute bed usage, and when combined represents the second lowest acute and community bed usage per 100,000.

This is despite the dependency on down stream beds, and therefore it is clear there needs to be a different model of care which can support a whole systems approach. The focus of the Rehabilitation and Care proposal will have a positive direct impact by freeing up beds from Victoria Hospital, Kirkcaldy with a particular focus on supporting patients in the Victoria Hospital going directly home for rehabilitation and to make choices related to long term care.

This will be achieved by the following two initiatives:

- Commissioning the British Red Cross, which is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home. In Fife 24-hour wraparound care will be provided so that people can choose, if appropriate, to go home to make informed decisions about their long-term care and where they wish to live the rest of their lives, offering reassurance to people, family members and carers.
- The expansion of the Community Rehabilitation Team will allow for intensive rehabilitation to be delivered at home / homely setting thus no requirement / wait for a down stream bed, again which will positively impact on the available bed base within Victoria Hospital.

In addition to these two initiatives, collaborative working with colleagues in NHS Fife Estates will ensure alignment of proposed community care models with site optimisation plans. This gives the opportunity to support NHS Fife to reduce revenue spend, consolidate estate and provide better spaces for patients and staff. There will be a focus on creating centres of excellence in community hospitals to enhance services, recognising community hospitals as important and valued resources within localities.

### **3.4 Quality/Customer Care**

The Quality and Communities Committee explored this proposal in detail at their meetings with a specific focus on the impacts that could affect the quality of care and people's experience.

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

- The case for change building on the work that commenced in 2018 in relation to joining up care and has been informed by the voice of people telling us since that time through the Strategic Plan and the Home First Strategy developments that they want care closer to home. It was also recognised that the next step in this work will be to consult further on the proposal and the committee were assured that this was planned.
- The committee watched a short video that described the importance of people being able to spend as much time as possible in their last 1000 days at home and recognised the value of rehabilitation being at home where people are having rehabilitation tailored to the environment where they will be living.
- Recognising that this change has whole systems impact and that ongoing engagement with partners to support implementation is essential; assurance was provided that discussions were actively ongoing with NHS Fife.
- The risks of doing nothing were acknowledged recognising the need to transform the services. Many members of the committee were able to share examples of how a service such as this would have supported people better at home, which is where the majority of people would choose to have their care delivered. Taking this into account, alongside predicted demographic and population changes, the need to modernise services to support earlier discharge from hospital and to prevent admission for people was considered essential.
- There was discussion regarding types of rehabilitation and members recognised the value in repurposing some areas of inpatient care to be able

to both develop centres of excellence which will support specialist rehabilitation and also reinvestment to enable specialist care at home.

- Assurance was given regarding these new ways of working and how it complies with quality standards and puts the person at the heart of all decisions. The areas of person-centred care that were highlighted were the provision of more care at or near to home, the function of the ward best meets the needs of the person and people will be supported to make long-term care choices in a more homely environment. Rehabilitation care in the right environment for the person and person-centred inclusive and sustainable services which can achieve outcomes that matter to people featured in all of the discussions. Professional leads are sighted on any developments to ensure that all quality aspects have been considered and the model was supported by the Head of Service; Director of Nursing – HSCP; Deputy Medical Director, Principal Social Work Officer and Director of Allied Health Professions who commended that the new rehabilitation model as an innovative approach towards enhancing patient care and recovery. This forward-thinking initiative demonstrates a commitment to improving the overall quality of rehabilitation services, whilst keeping the six principles of good rehabilitation (SG, June 2022) at its heart:

- Easy to access for every individual
  - Provided at the right time
  - Realistic and meaningful to the individual
  - Integrated
  - Innovative and ambitious
  - Delivered by a flexible and skilled workforce.
- The committee were assured by the ongoing focus including having project work streams that focus on quality of care, communication, participation and engagement and quality and care assurance.

There was unanimous support from the Quality and Communities Committee for the progress of this work and to recommend this to the Integration Joint Board.

The committee also welcomed having succinct information presented which supported the key points to be highlighted supporting a rich discussion and that this is the approach that should be progressed to the Integration Joint Board.

NHS Fife Executive Directors sought assurance there will be no negative direct impact on Acute Services in particular more data relating to length of stay, analysis of capacity / modelling of acute medical beds alongside community beds to ensure capturing whole system capacity and how there is no reliance on acute bed for those with social care needs or rehab needs that can be met in the community. The new initiatives relating to the British Red Cross model and Rehab at Home primary focus is to ensure patients will move from the acute setting reducing the need for surge. There was also a discussion regarding the importance of prevention of unnecessary admission in the acute hospitals. Fundamental to this is the current work to integrate community services to improve and enhance access to hospital at home services across a range of

pathways, alongside prevention of admission and early intervention work. This includes utilising step-up and step-down models of care, enhancing specialist nursing services (complex care, respiratory, heart failure), Hospital at Home, at home intravenous antibiotic administration, in-reach services to expedite discharges and early identification of suitable patients at the front door to prevent hospital admissions.

A further discussion took place on the impacts on individuals, carers, health inequalities and workforce which are described in other sections of this report. In-depth risk assessments are, and will remain, a core aspect of assessing not only the person's ability but also environment and family/ carer circumstances and will be part of multi-disciplinary whole systems assessments.

### **3.5 Workforce**

This transformation has been discussed with the Local Partnership Forum at various meetings throughout 2003 and most recently in March 2024.

- Staff are actively involved in all of the discussions and planning and there is Trade Union and Staff Side representation on many of the Home First Groups which are both leading and overseeing the delivery of this work.
- The key areas discussed at the Local Partnership Forum were: modernised services which can continually evolve so that they are responsive and flexible to the growing and changing demands; staff personal achievements and satisfaction knowing services are person-centred inclusive and sustainable services which can achieve outcomes that matter to people and increased multi-disciplinary working and collaboration.
- The key assurances provided were Staff Side and Trade Unions are actively engaged and recognised that there are opportunities to develop career pathways and enhance integrated working. All key partners are involved including Fife Council, NHS Fife, Independent and Third Sector. Any changes for staff will be managed in line with organisational change policies and procedures to support strong staff governance and promote staff wellbeing.

The Local Partnership Forum has supported the next steps to progress this work and would value specific staff related communications which will be explored more fully through the workforce and communication, participation and engagement workstreams of this project.

Assurance was sought with regards to collaborative engagement with external providers to ensure any likely impacts on their workforce were considered. It was noted these issues will be addressed as part of the Workforce enabling workstreams within the Home First Strategy delivery governance framework.

Concerns were also raised at this forum regarding the additional pressure on unpaid carers if people are going home full time and what additional resource would be available to help / reduce stress. The Committee were advised wider home environment considerations would be part of a holistic multidisciplinary risk assessment and is being driven by the workstream tasked with taking forward the rehabilitation at home model.

### 3.6 Financial

The Finance, Performance and Scrutiny Committee had a full discussion regarding:

- The key performance indicators including both financial and non-financial areas of performance. This will be overseen through the project board and will be included in future reports on this transformation to committee.
- The committee discussed the investment which will be required to expand and enhance current community rehabilitation and care models. The projected delivery cost of the new model of care will be £1m over the full scope of this project, realised from the transformational work that is being progressed. There will also be a capital/infrastructure cost which will depend on the agreed re-purpose/centres of excellence.
- The committee recognised that this supports Fife Health & Social Care Partnership triple aim of improving experience of care, improving access to health care for the population and demonstrating best value of available resources.

The Finance Performance and Scrutiny Committee supported the progression of this work. The Committee welcomed the focus of this change being on transforming care for people and the financial elements being a benefit, rather than the only driving force for this. The Committee examined the financials relevant to this project. By delivering best value and remodeling Community Services it will generate a cumulative total saving of £2m over the next two years as described in the table below.

	<b>Year 1 2023-24</b>	<b>Year 2 2024-25</b>	<b>Year 3 2025-26</b>
<b>Community Rehabilitation and Care Model Saving</b>	£1m	£1m	£2m

*\* Year 1 saving of £1m was funded in full by reserves*

	<b>Year 2 £m</b>	<b>Year 3 £m</b>
Budget available from re-purposing a ward	1.500	1.500
<i>Investment required to provide rehabilitation service at home:</i>		
Rehabilitation at Home Team	0.500	0.223
British Red Cross		0.277
<b>Net Transformational Saving</b>	<b>1.000</b>	<b>1.000</b>



### **3.7 Risk/Legal/Management**

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

- Rehabilitation care not delivered in the right environment for the person is a risk of not changing the current model. Not doing something different would result in more unmet clinical need and an inability to deliver even better value-based health care. The proposed transformation will address any inefficient use of resources. Not investing in frailty and long-term conditions teams will reduce the ability to adequately identify those who are frail and at high risk of hospital admission. Not acting will reduce the ability to future proof models of service delivery to meet population needs and the demands of the future notwithstanding the fact that community inpatient beds will not be filled appropriately. There will also be missed opportunities to invest in workforce if no transformational work happens.
- Assurance was provided to the committees that there is a risk register in place within the Home First Strategy Implementation Programme. That these risks will be monitored and if the risks were ever to escalate beyond being managed by the Home First Oversight Group or Senior Leadership Team that they would be escalated to the IJB. An example is not having the workforce in place to deliver the alternative models. This risk is discussed at the Home First Oversight Group and escalated up to the IJB risk register as part of the workforce across all HSCP risk.
- The Finance, Performance and Scrutiny Committee also explored the risks of finance and reputation. Discussing the opportunity to release resource to both reinvest in the future model and also demonstrate best value.
- The monitoring framework in place to monitor and manage the key performance indicators of the project and to report to relevant committees on the ongoing implementation of this project over a three-year period would also enable regular oversight of delivery through the Finance, Performance and Scrutiny Committee.

### **3.8 Equality and Diversity, including Health Inequalities**

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

There was a full discussion regarding patient and family / carer involvement, this included: supporting people to have understanding and comprehension of the process to allow informed; mutually agreed decisions to be made; considerations given to couples wishes, for example, those who wish to remain together or who are dependent on one another; carers requirements and potential impacts on their health and wellbeing, as well as their capacity to undertake their caring role - considerations required to be explored in all project and service changes.

Improvements in 'digital first' approaches will help the patient to retain confidence and safety. Anchor Institutions/ Centres of Excellence will provide opportunities for staff and local businesses. Discussion and collaboration with

partners and community groups that have expertise in engaging with people of different ages to identify and mitigate potential barriers people may face, and then take reasonable steps to reduce or remove these barriers will be fundamental to the success of this project.

Locality Action Plans are currently being developed for each of the seven localities in Fife to ensure the equality of opportunity is achieved and the service redesign will reflect that specific locality's needs based on residents' requirements and how locality data will inform the socio-economic aspects to be able to implement the requirements of the Fairer Scotland Duties.

Appendix 1 highlights the key impacts in relation to individuals receiving care, carers, inequalities and workforce.

The work in relation to equalities was supported by the committee including the Carer's representative who welcomed the ongoing engagement with carers.

### **3.9 Other Impact**

None Identified.

### **3.10 Communication, Involvement, Engagement and Consultation**

It was highlighted that the engagement as commenced in 2018 through joining up care with feedback through the development of the Strategic Plan, localities work, Carer's Strategy and Home First Strategy supporting this voice of people to be heard.

This project has been discussed operationally with the Chief Executives and Directors of Finance throughout 2023 at joint meetings. Updates have been given through tripartite meetings also between the IJB, NHS Fife and Fife Council as well as a number of Committee and partner meetings.

As part of the Communication, Participation and Engagement there will be ongoing discussion and collaboration with people, families, carers, colleagues in NHS Fife, Fife Council, Independent and Voluntary Sectors as well as community groups in the localities to identify and understand any views or concerns people may have about this project. Thereafter the strengths of this model and the feedback received will be shared with stakeholders.

Locality Action Plans are being developed for each of the seven localities in Fife to ensure service redesign reflects the needs of the local community.

Roadshows and a robust communication plan have been developed and will be initiated following approval of this proposal by the IJB. This includes a letter to all staff outlining this proposal and providing a link the Overview of the Transformation (Appendix A). Formal participation and engagement with people receiving care, their carers, families and guardians will commence imminently following approval of this proposal.

#### **4 Recommendation**

The Integration Joint Board is asked to:

**5**

- Discuss the proposed Community Rehabilitation and Care Model
- Take assurance from the work done to develop the model and the scrutiny applied through the various governance routes to date.
- Agree the proposed model and support the Senior Leadership Team to operationalise the model with partners and provide periodic updates to the appropriate governance Committees.

#### **6 List of Appendices**

The following appendices are included with this report:

Appendix 1 – Overview of the Community Rehabilitation and Care Transformation.

#### **Report Contact**

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**Author Job Title:** Head of Community Care Services

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# Transformation:

Community Rehabilitation and Care Model

# Introduction

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

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

Integrated community rehabilitation and care is one of our areas of transformation, which also aligns to the objectives of the Home First Strategy.

We will focus on prevention, future care planning and supported self-management which helps to keep people well at home, whilst ensuring our services continue to be safe, person-centred and inclusive.

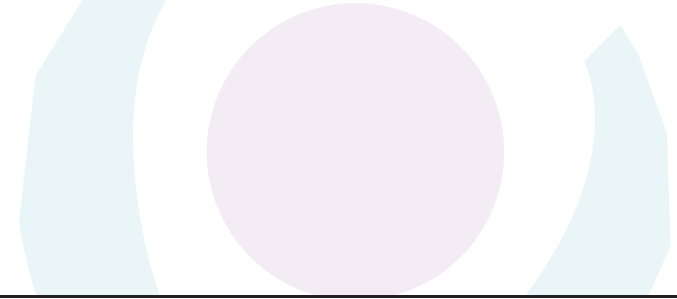
This transformation work will deliver value-based health and care services making best use of our resources to be sustainable now and into the future.

Lynne Garvey,  
Fife Health and Social Care Partnership





# 1. An Overview of the Current Service



We provide care to people in our communities who need to regain their health, strength and independence following a stay in hospital after being acutely unwell. The services we offer include rehabilitation in hospital and at home, intermediate care and complex continuing care.

Rehabilitation happens in a hospital when people require a more intensive approach to recovery of physical, mental and/or cognitive abilities when people have experienced illness, trauma or side effects of medical treatment. Intermediate, complex continuing care and general rehabilitation can happen at home or as an out-patient at one of our clinics and can provide both short-term and longer-term treatment and therapy.

At present if a person requires intensive rehabilitation, they will require to stay within a community hospital as this service is not currently available in the community. The highest level of rehabilitation that can be offered at home is through the Intermediate Care Team which provides a level of care and support which is less that would be required in a hospital but more than living independently at home.



## 2. Current Issues



We have reviewed people's care journeys and have identified that roughly one in four people currently receiving rehabilitation in a community hospital could have had their needs met at home either through home-based rehabilitation or social care support. The challenge we face is that our community services do not currently have the capacity to provide more intensive rehabilitation at home. This creates dependency on hospital-based rehabilitation when in many cases it would be better for people to receive this in their own homes, closer to their families and in the communities where they live.

We also need to improve the care journey for people who have specific needs such as delirium. Too many changes in the environment can cause confusion therefore moving people with delirium rather than straight home with support may result in poorer outcomes, longer length of stay in hospital and at an increased risk of needing long-term care.

Sometimes people will require long-term care in a residential or nursing home. Choosing where to live is an important choice and is not a decision a person should have to make when they are in a hospital.

There is a need to provide people with the opportunity to make this choice that affects the rest of their life in a more homely environment.

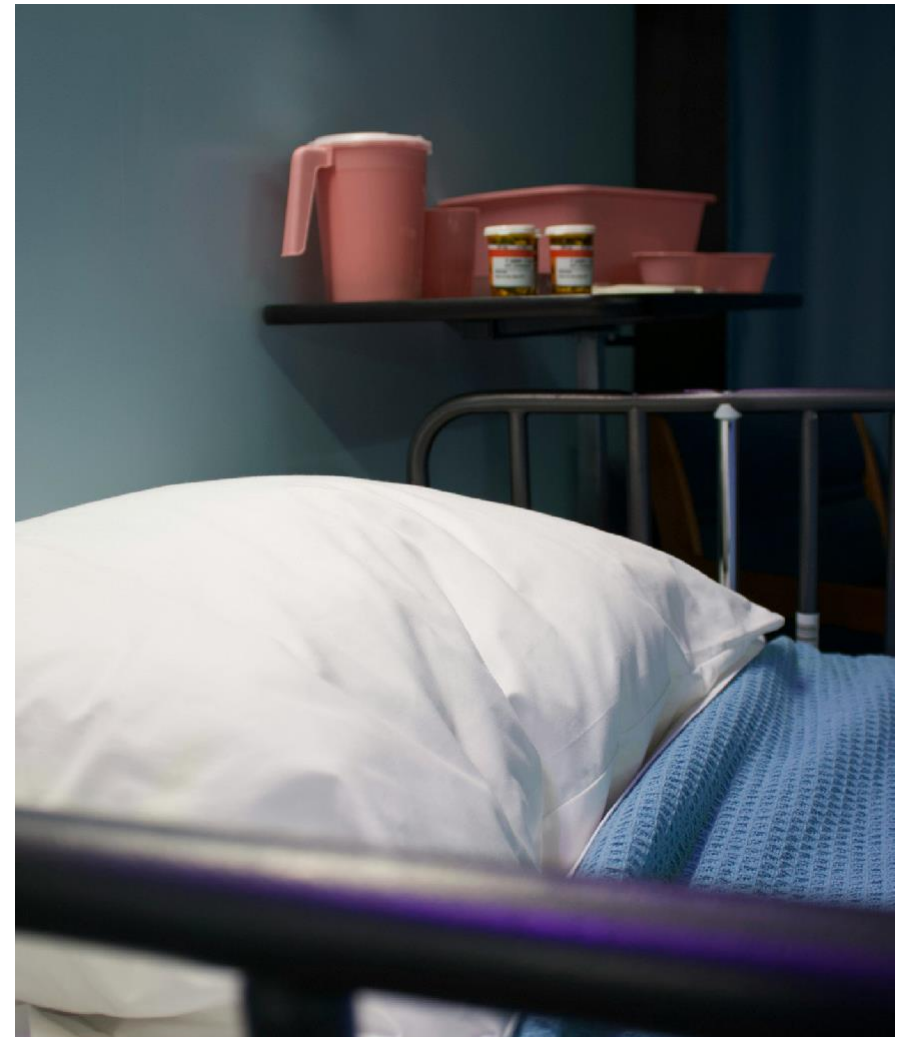
There are people presenting to the Emergency Department or admitted to the acute hospital with long term conditions such as heart failure and respiratory conditions, who could be cared for or supported to self-manage their conditions at home. We need to develop our Rehabilitation and Care Services to not only support discharge from hospital but also to help people stay well at home which gives people more choice and prevents unnecessary admissions to the acute hospital.

It is well known that we face a growing, ageing population in Fife, which in turn will increase demand for the services we provide across the whole of the health and social care sector. Projections show the number of people over age 75 will increase by 31% by 2028 and 74% by 2043. That will lead to an increase in long term health conditions too. We need to embrace different ways of working to focus on how we care and support people with issues like frailty and delirium and prevent admission to hospital.

## What we know:

- People are being transferred for inpatient rehabilitation who could be cared for in their home
- Community hospital beds are being used for rehabilitation when there could be other options available for people in their community to meet their needs closer to home
- Many current community beds available are not in the right place for patients or don't meet their needs
- We need to ensure people are able to access the right care in the right place and reduce any unnecessary delays in their care pathway
- We need to reduced delay in the guardianship process to ensure timely support and decision making for individuals
- We need to increase the opportunity for people to make choices for their long-term care in a more homely environment and not within a hospital.

Overall, we know the current inpatient delivery of our community rehabilitation service needs to become more flexible for people and make better use of our resources.





### 3. Future Vision

We want to re-imagine and modernise rehabilitation care in Fife to create a model fit for the future.

The main aim is to shift the balance from the out-of-date model of hospital-based rehabilitation to home-based community rehabilitation, where appropriate. This means there is an increased range of options available to meet people's needs.

Going forward, the key focus will be supporting home-based rehabilitation where we have agreed with patients, their families and carers that home based rehabilitation is the right pathway for them. As well as modernising our rehabilitation care, this approach will also make sure people are getting the right care in the right place, closer to their community and home.

Of course, people who need specialist or intensive rehabilitation in a community hospital setting will still receive this level of care as will people where it is not appropriate or possible to deliver rehabilitation within their own home.

We will also review our bed numbers in each community ward to ensure we are using them in the best and most efficient way possible.

The Director of Allied Health Professions commends the new rehabilitation model as an innovative approach towards enhancing patient care and recovery.

This forward-thinking initiative demonstrates a commitment to improving the overall quality of rehabilitation services, whilst keeping the six principles of good rehabilitation (SG, June 2022) at its heart:

- Easy to access for every individual.
- Provided at the right time.
- Realistic and meaningful to the individual.
- Integrated.
- Innovative and ambitious.
- Delivered by a flexible and skilled workforce.

We will be working with colleagues in NHS Fife Estates to align community models of care proposals to site optimisation plans.

This gives us the opportunity to support NHS Fife to reduce revenue spend, consolidate our estate and provide better spaces for our patients and staff.

There will be a focus on creating centres of excellence in some community hospitals to enhance services on offer recognising our community hospitals as important and valued resources in our communities.



There are a number of risks if we do not transform our rehabilitation care.

**These include:**

- Rehabilitation care is not delivered in the right environment or close to home for the person
- Unable to meet people’s clinical needs in the way that is tailored to their individual requirements and also supports their families and carers at home
- An inefficient use of resources that does not deliver best value health care
- Reduced ability to identify and respond to the needs of people who are frail and at high risk of hospital admission to help support them to remain at home
- Reduced ability to meet the anticipated increased needs of the population in the future
- Dependency on community hospital beds when there may be more appropriate options for rehabilitation at home
- If we don’t make best use of available hospital beds, they may not be available in a timely way for people requiring intensive rehabilitation in a hospital setting.




## 4. Making this Vision a Reality

### In transforming the community rehabilitation and care services we want to:

- Develop centres of excellence, within the footprint of the existing estate, over the coming years which will enhance the depth and breadth of services on offer in, and to, communities
- Increase access to rehabilitation for people who have been acutely ill in hospital including the creation of an intense rehabilitation team to support people to receive this rehabilitation at home
- Provide the opportunity for people who are too frail to go home and will require longer term care in a care home to be able to make the choice about where they want to live in the future in a homely setting out with the hospital
- Increase access to advice from a solicitor to help patients, families and healthcare staff with guardianship to support people's rights in making personal, health and financial decision on behalf of an individual who does not have capacity to do so
- Champion enhanced support and supported self-management as alternatives to admission to an acute hospital
- We also want to continue to build on the range of projects and investments in technology and services that are already planned to expand our community services.





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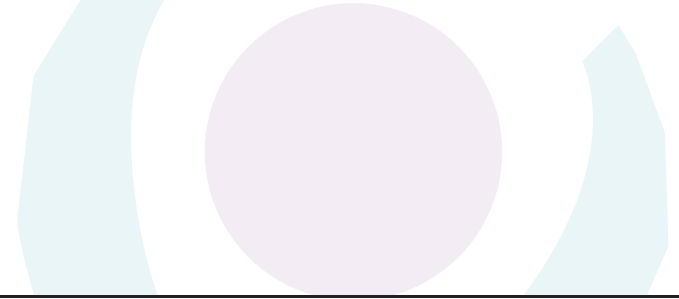
Integral to making this vision a reality is two initiatives that are being taken forward in line with the wider transformation work:

- For those people that can go home before moving into a care home, we have commissioned the British Red Cross, which is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home. This will allow us to offer 24-hour wraparound care so that people can choose, if appropriate, to go home for up to three weeks, following a hospital admission whilst they make informed decisions about their long-term care and where they wish to live the rest of their lives. This support from the British Red Cross will also offer reassurance to people, family members and carers.
- The expansion of the Community Rehabilitation team will allow for intensive rehabilitation to be delivered at home or in a homely setting. This will impact on reducing requirements or waits for a down stream bed, which will also positively impact on the available bed base within the Victoria Hospital, Kirkcaldy.

Fundamental to this, is the current work to integrate community services to improve and enhance access to hospital at home services across a range of pathways, alongside prevention of admission and early intervention work. This includes utilising step-up and step-down models of care, enhancing specialist nursing services (complex care, respiratory, heart failure), Hospital at Home, at home intravenous antibiotic administration, in-reach services to expedite discharges and early identification of suitable patients at the front door to prevent hospital admissions.

In addition within the Levenmouth area, work has commenced to establish a multi-disciplinary case management approach to collaborative working by creating opportunities for the partnership and partner workforce to work holistically. A Primary Care Verification sub-group has been created for the purpose of the case management verification. It is anticipated this will lay the foundation for the roll out of the case management approach across the other localities, to enable seamless pathways for patient care; raise awareness of and increase access to a variety of community-based resources that support early intervention, prevention of admission and improve wellbeing





**By transforming community rehabilitation and care services there will be a range of benefits to patients, families and carers including:**

- Rehabilitation care in the right environment for the person
- Ability to make decisions about long term care in the right environment for the person
- Supportive and streamlined process for guardianship
- Enhanced self-management to support early intervention and to live independently in their own homes as long as possible
- Reduced admissions to the acute hospital for people becoming ill with deteriorating chronic long-term conditions
- Modernised services which can evolve to be responsive and flexible to the growing and changing demands
- Person-centred, inclusive and sustainable services which can achieve outcomes that matter to people
- Increased multi-disciplinary team working and collaboration.



## 5. Making this Vision a Reality - Impact

Consideration has been given to the Equality Impact Assessment and the impact this project will have on patients, families and carers requiring community hospital or home-based rehabilitation.

### Patients

- Patients and their families will be supported to make informed decisions about the most appropriate discharge / homely setting, which will aid support and promote recovery
- Patients will be supported and encouraged to make their own choices about their recovery goals, which will be detailed in a personalised care and support plan
- Support the return to familiar / homely settings where people can feel safe, and where personal goals can be discussed and support given

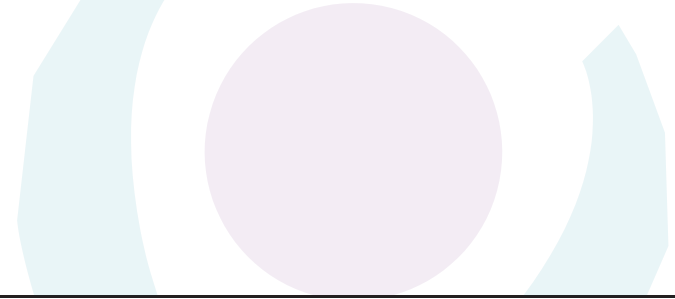
### Carers

- Patient, family and carers will be fully involved to support a shared understanding to allow informed, mutually agreed decisions to be made

- Carers assessments will be core to this work to understand potential impacts on their health and wellbeing, as well as their capacity to undertake their caring role are considered in all planning and service changes
- Considerations will be given to couples wishes i.e. those who wish to remain together or who are dependent on one another

### Supporting Equality

- Ensure Fife residents have access to services no matter where they live
- People of all ages are supported to make decisions and be involved in the planning and processes for their discharge
- Advocacy and access to legal support and advice will be provided to people who need it to ensure their rights are best supported
- Access to technology to enable the use of 'digital first' approaches to help people meet everyday needs supporting their independence, confidence and safety at home



- People who require adaptations to their home to ensure it is safe and supports their rehabilitation needs will be fully integrated into discharge planning
- Where there will be impacts on the wider family, consideration will be given to ensuring children's rights and wellbeing impact assessment as well as the needs of carers and any impacts of the individuals needs and preferences

### Workforce

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





## 6. Delivering this Transformation

This is a project which proposes to make significant changes to the way community rehabilitation and care services are delivered in Fife. The work outlined in this transformation proposal will be delivered over the next two years.

Investment will be required to expand and enhance current community rehabilitation and care models. The projected delivery cost of the new model of care will be £1m over the full scope of this project, realised from the transformational work that is being progressed. There will also be a capital/infrastructure cost which will depend on the agreed re-purpose/centres of excellence.

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



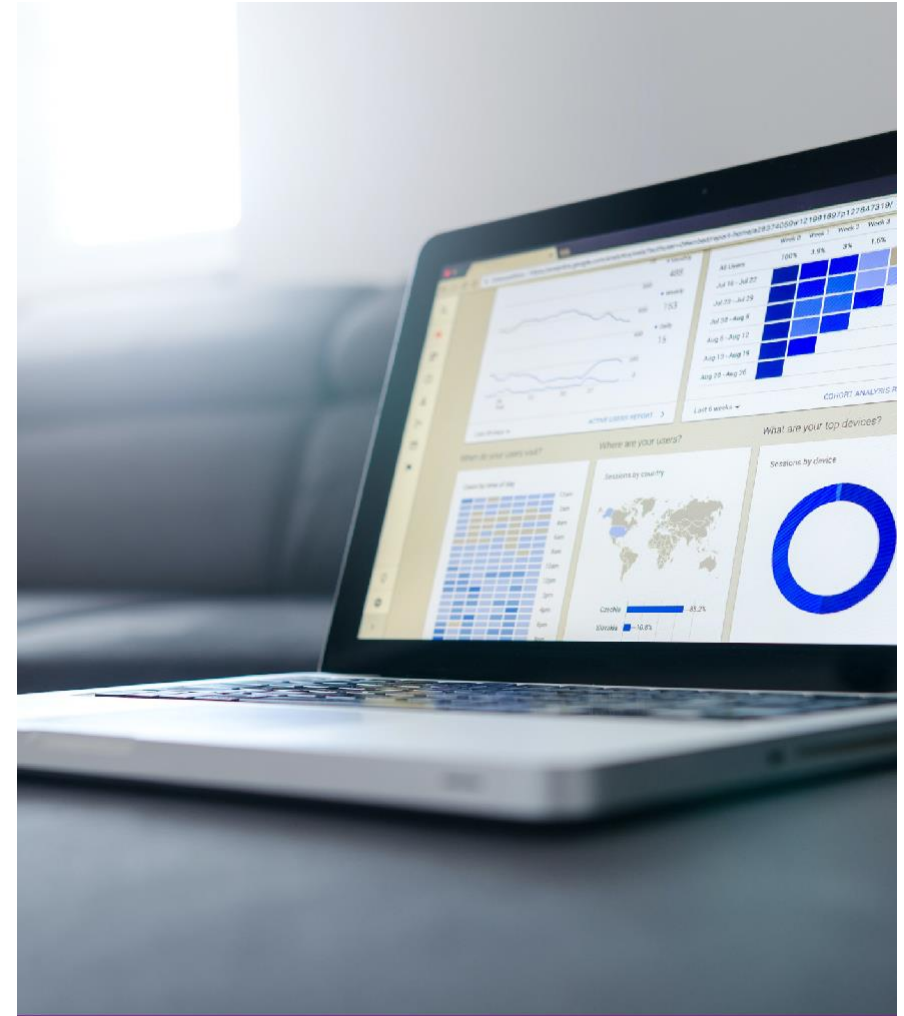


## 7. Risks

With any proposal or transformational change there are associated risks, this project is no different. We have a clear process in place to both identify and appropriately address the risks which include both the risks of not modernising services and the risks specific to the project. The risks related to not progressing with the transformation of Community Rehabilitation and Care Services is listed within Section 3: Future Vision.

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

- Sufficient capacity to lead this change - project management support will be put in place
- Supporting people to understand the case for change - consultation planned through the next steps of this project
- Ensuring no unintended consequences - clear project structure with representation from all partners whilst ensuring we are using data to inform our planning and active engagement with patients and workforce.



## 8. Next Steps

We will continue to have ongoing discussion and collaboration with patients, families, carers, colleagues in NHS Fife, Fife Council, Independent and Voluntary Sectors as well as community groups in our localities to identify and understand any views or concerns people may have about this change.

We will then be able to share what people see as strengths of this model and take reasonable steps to address the feedback we receive.

At the same time, Locality Action Plans are being developed for each of the seven localities in Fife to ensure service redesign reflects the needs of the local community.





# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>28 March 2024</b>
<b>Agenda Item No:</b>	<b>5.2</b>
<b>Report Title:</b>	<b>Strategic Plan 2023-2026 Year One Delivery Plan – Update (2023) and Year Two Delivery Plan (2024)</b>
<b>Responsible Officer:</b>	<b>Fiona McKay, Head of Strategic Planning, Performance and Commissioning</b>

## 1 Purpose

**This Report is presented to the Integration Joint Board for:**

- Assurance
- Decision

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

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

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

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration

## **2 Route to the Meeting**

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

- Planning and Performance Board – 30<sup>th</sup> January 2024
- Strategic Planning Group – 7<sup>th</sup> March 2024

Additional information was provided in the Year Two Action Plan for the Dementia Strategy and the Home First Strategy.

- Quality and Communities Committee – 8<sup>th</sup> March 2024

The report was well received by the Committee. Discussion around the Dementia Strategy highlighted several points that will be considered during the development of the Dementia Strategy including the timing of post diagnostic support, service advertising on Fife Council vehicles, and alignment with the upcoming national Dementia Strategy. The Committee agreed that the report should be progressed to the Integration Joint Board.

- Finance, Performance and Scrutiny Committee – 12<sup>th</sup> March 2024

No further comments or questions were raised. The Committee felt this was a comprehensive report with a lot of detail and were happy with the recommendations. It was agreed that the report should progress to the IJB for final approval.

## **3 Report Summary**

### **3.1 Situation**

Fife Integration Joint Board (IJB) approved the '*Strategic Plan for Fife 2023 to 2026*' on 27<sup>th</sup> January 2023. The final version is available here:

[www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026](http://www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026)

The Strategic Plan is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to further improve health and social care services in Fife. The delivery plans do not include all of the actions being taken by Fife Health and Social Care Partnership, they include a high-level summary which focusses on the delivery of the strategic priorities identified in the Strategic Plan, and the top five priorities of the relevant supporting strategies. The Year One Delivery Plan was approved by the IJB on 31<sup>st</sup> March and is available on our website here:

[www.fifehealthandsocialcare.org/Strategic-Plan-Delivery-Plan-2023](http://www.fifehealthandsocialcare.org/Strategic-Plan-Delivery-Plan-2023).

The Year One Delivery Plan included 50 separate actions. This Annual Report 2023 provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing (some of these have been carried

forward into 2024). The Report is structured using the same format as the Strategic Plan (2023 to 2026) and the Year One Delivery Plan (2023) to provide consistency and enable cross-referencing.

This means that the 2023 actions are grouped by the Integration Joint Boards 5 key priority areas.

The tables for each strategic theme are organised alphabetically by strategy and include:

- the long-term objective: 'Where do we want to be in 2026'.
- the specific activities that were planned: 'In 2023, we will'.
- a progress update (January 2024).
- RAG status.

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
<p><b>Alcohol and Drug Strategy</b></p> <p>More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and</p>	<p>Roll out of the coproduction and locality-based approach is planned with HSCP locality boards where harm and prevalence and low</p>	<p>Completed. In August 2023 one stop shops launched in Kirkcaldy and Cowdenbeath localities.</p>	<p>■</p>

The RAG Status column identifies the actions which have been fully completed (Green), partially completed (Amber) and any that have been rescheduled (Delayed). For example, publication of the national Mental Health Strategy in 2023 created a corresponding delay in the local strategies linked to the national mental health priorities.

The Annual Report 2023 also includes the Year Two Delivery Plan and some of the key actions planned for 2024 (see Appendix 1).

\*Please note that this report does not replace the Annual Performance Report 2023 to 2024 which is a statutory requirement and will be progressed through the Partnership's governance process to the Integration Joint Board in Summer 2024.

### 3.2 Background

The Strategic Plan for Fife 2023 to 2026 sets out the vision and future direction of health and social care services in Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland. Annual delivery plans provide the foundation to assess the Partnership's performance, and identify progress towards implementation of the Strategic Plan. The Strategic Planning Group has oversight of the delivery plans and provide regular reports to the Quality and Communities Committee, and on to the Integration Joint Board.

The health and social care landscape is continually evolving, and there are occasions when we need to update some of our objectives to reflect developing needs and expectations. For example, the Scottish Government's new Mental Health Strategy was published in 2023 and includes ten priorities to improve mental health for everyone in Scotland. This work has informed the development of Fife's new Mental Health Strategy which will be published in 2024. The Year Two Delivery Plan therefore includes new priorities and actions to accommodate these changes.

The Annual Report 2023 also includes a brief update on the '*Mainstreaming the Equality Duty and Equality Outcomes Progress Report*' which was approved by the IJB in March 2023. The equality report is available here:

### **3.3 Assessment**

During 2023, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, and ensure that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision to deliver the improvements we have planned. The Year One Delivery Plan included fifty separate actions, of these:

- 26 (52%) have been fully completed,
- 20 (40%) are partially completed, and
- 4 (8%) were delayed until 2024.

The Year Two Delivery Plan for 2024 sets out seventy-seven actions for the second year of the Strategic Plan. Many of these actions are already progressing and regular updates for each of the supporting strategies and their delivery plans will continue to be reported to the Strategic Planning Group, and the Quality and Communities Committee through the current governance process.

#### **3.3.1 Quality / Customer Care**

The Partnership's Performance Framework will ensure appropriate oversight for all of the activities related to the Strategic Plan and the Delivery Plan. The Partnership's Strategic Planning Group has a principal role in the implementation of the Strategic Plan and regularly reviews quality and performance.

#### **3.3.2 Workforce**

Any impact on the Partnership's workforce will be managed through the Workforce Strategy.

#### **3.3.3 Financial**

Financial activities are managed through the Medium-Term Financial Strategy, no additional financial impact is anticipated.

#### **3.3.4 Risk / Legal / Management**

The Strategic Risk Register includes all of the risks, and identified control measures, related to the delivery of the Strategic Plan.

#### **3.3.5 Equality and Diversity, including Health Inequalities.**

An Equality Impact Assessment for the Strategic Plan 2023 to 2026 is available on the Partnership's website:

[www.fifehealthandsocialcare.org/EquIA-Strategic-Plan-for-Fife-2023-2026](http://www.fifehealthandsocialcare.org/EquIA-Strategic-Plan-for-Fife-2023-2026).

An Equality Impact Assessment is not required for the Year One Delivery Plan update because this section of the report is for performance reporting purposes only. Equality responsibilities for the Year Two Delivery Plan have been considered during the development of the individual strategies and delivery plans. These Equality Impact

Assessments are published on our website here:  
[www.fifehealthandsocialcare.org/publications](http://www.fifehealthandsocialcare.org/publications).

### **3.3.6 Environmental / Climate Change**

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

### **3.3.7 Other Impact**

None.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

A robust engagement process was completed in 2022 with a wide range of activities that informed the final version of the Strategic Plan. In addition, for each of the supporting strategies, an assessment is completed during the development process to identify any specific requirements for participation and engagement. This process produces a bespoke engagement plan for each strategy and ensures that key stakeholders are identified, and included in all relevant engagement activities.

## **4 Recommendation**

- Assurance – this report provides assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023).
- Decision - the Board is asked to review the report and provide final approval of both the Year One Update (2023), and the Year Two Delivery Plan (2024).

## **5 List of Appendices**

The following Appendix is included with this report:

Appendix 1 – Strategic Plan: Year One Delivery Plan – Annual Report 2023

## **6 Implications for Fife Council**

The Year Two Delivery Plan will support Fife Council in the implementation of the Strategic Plan 2023 to 2026 and will support compliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, particularly Sections 29 to 39 which relate to strategic planning.

## **7 Implications for NHS Fife**

The Year Two Delivery Plan will support NHS Fife in the implementation of the Strategic Plan 2023 to 2026 and will support compliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, particularly Sections 29 to 39 which relate to strategic planning.

## **8 Implications for Independent Sector**

The Year Two Delivery Plan will support Fife partner agencies in the implementation of the Strategic Plan 2023 to 2026 and will support compliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, particularly Sections 29 to 39 which relate to strategic planning.



## 9 Implications for Third Sector

The Year Two Delivery Plan will support Fife partner agencies in the implementation of the Strategic Plan 2023 to 2026, and will support compliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, particularly Sections 29 to 39 which relate to strategic planning.

## 10 Directions Required to Fife Council, NHS Fife or Both

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

### Report Contact

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# Strategic Plan 2023 – 2026

## Year One Report 2023

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## Section 1

### Foreword

Over the last year we have worked collaboratively with partners and individuals across Fife to progress the implementation of our Strategic Plan 2023 to 2026, and to deliver the essential, extensive, and transformational improvements set out in our Year One Delivery Plan.

During 2023, we have improved the quality of care available for people by targeting investment at service improvements and ensuring our services are well-organised, effective, and efficient ('better care'). We have reduced health inequalities by promoting and supporting healthier lives from the earliest years, and encouraging approaches for everyone based on anticipation, prevention and self-management ('better health'). The demand for health and social care services is increasing, and our financial resources are reducing as the cost-of-living crisis continues to impact on national and local budgets. We have increased the value of the resources we do have by collaborating with our partners, including the third and independent sectors, and working efficiently to focus resources where they are most needed and where they will achieve positive outcomes in the longer-term, for example through prevention and early intervention ('better value').

Our Year One Delivery Plan includes 50 separate actions. This Report provides an update on these actions as of January 2024. We have achieved a lot, and there is still more that we can do. I look forward to working with you over the next year to deliver the actions planned for 2024, and achieving our ambition to improve the health and wellbeing of everyone across Fife.



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

## Introduction

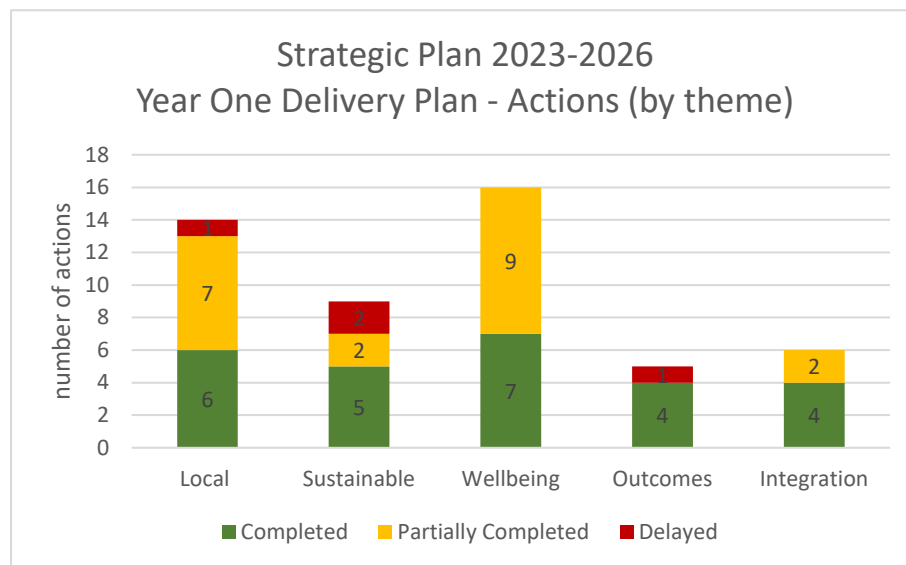
Fife Integration Joint Board (IJB) approved the 'Strategic Plan for Fife 2023 to 2026' in January 2023. The final version is available on our website here: [www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026](http://www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026)

The Strategic Plan is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to further improve health and social care services in Fife. The delivery plans do not include all of the actions being taken by Fife Health and Social Care Partnership, they include a high-level summary which focusses on the delivery of the strategic priorities identified in the Strategic Plan, and the top five priorities of the relevant supporting strategies.

The Year One Delivery Plan was approved by the IJB in March 2023 and is available here:

[www.fifehealthandsocialcare.org/Strategic-Plan-Delivery-Plan-2023](http://www.fifehealthandsocialcare.org/Strategic-Plan-Delivery-Plan-2023).

The Year One Delivery Plan included 50 separate actions. This Year One Report 2023 provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing (some of these will be carried forward into 2024).



This graph includes an update for each of the 50 actions (updated in January 2024).

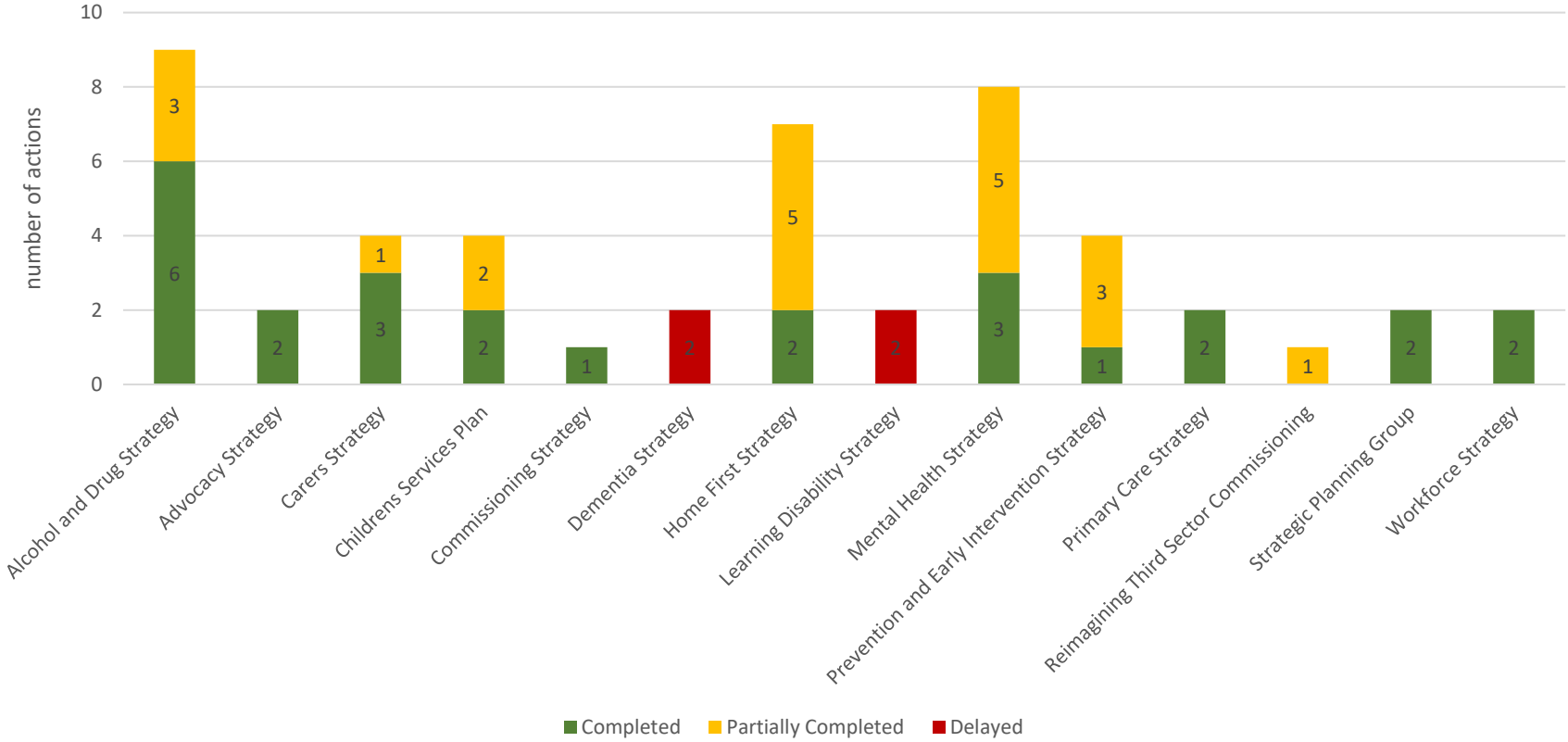
Green = Completed

Amber = Partially Completed

Red = Delayed\*

\*Some actions will be carried forward into 2024, others have been updated or replaced with new, more relevant actions (for example in response to national changes).

### Strategic Plan 2023-2026 Year One Delivery Plan - Actions (by strategy)



This graph includes an update for each of the transformational and supporting strategies (updated in January 2024). Several of the strategies and their related delivery plans are still in development, these will be progressed in 2024.

# In 2023:

8 strategies were approved by the IJB

- Advocacy Strategy
- Carers Strategy
- Commissioning Strategy
- Home First Strategy
- Local Housing Strategy
- Medium Term Financial Strategy
- Primary Care Strategy
- Risk Management Strategy

6 more strategies are in development

- Alcohol and Drug Partnership Strategy
- Dementia Strategy
- Digital Strategy
- Learning Disability Strategy
- Mental Health Strategy
- Prevention and Early Intervention Strategy

You can find more information on our website:  
[www.fifehealthandsocialcare.org/publications](http://www.fifehealthandsocialcare.org/publications)

5 meetings of the  
Strategic Planning Group



we produced 6  
Easy Read Translations  
of our key strategies

we created 6 Sways  
to help promote our  
strategic documents



we published our  
Annual Performance Report



## Connecting to Outcomes

### National Outcomes

Fife's Strategic Plan 2023 to 2026 sets out how the nine national Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland. The Year One Delivery Plan identified the actions we planned to take in 2023 to help us achieve these goals. This Year One Report 2023 provides an update on those actions, the improvements we have delivered, and any activities which are still ongoing.

However, the health and social care landscape is continually evolving, and therefore we also need to update some actions to reflect developing needs and expectations. For example, the Scottish Government's new Mental Health Strategy was published in 2023 and includes ten priorities to improve mental health for everyone in Scotland. This work has informed the development of Fife's new Mental Health Strategy which will be published in 2024.

The Delivery Plan for the national Mental Health Strategy is available here: [www.gov.scot/publications/mental-health-wellbeing-delivery-plan-2023-2025](http://www.gov.scot/publications/mental-health-wellbeing-delivery-plan-2023-2025)

More information on the national outcomes and priorities is available in the [Appendix](#).

### Local Outcomes



Where relevant, we have updated the actions planned for 2024 to ensure that Fife's Year Two Delivery Plan continues to align with national initiatives, legislative requirements, and identified best practice. Whilst ensuring that Fife remains on track to deliver the outcomes identified by local communities across Fife and summarised in our Locality Action Plans. These local themes provide the structure for our Strategic Plan and supporting strategies, the key drivers that will help us to deliver our vision:

**'to enable the people of Fife to live independent and healthier lives'.**

## Equalities

During 2022, the Equality and Human Rights Commission (EHRC) completed an online audit of the equality impact assessments published by Integration Joint Boards across Scotland. This was followed by a national workshop and specific guidance for each individual IJB. All Boards were also required to complete mandatory improvement actions by March 2023.

Fife Integration Joint Board published its 'Mainstreaming the Equality Duty and Equality Outcomes Progress Report' in March 2023. The report is available on our website and includes the Partnership's five new equality outcomes for 2023 to 2026: [www.fifehealthandsocialcare.org/publications](http://www.fifehealthandsocialcare.org/publications).

5. Improved understanding and better relations between individuals and groups who share a protected characteristic, and those who do not.

1. Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.

4. Greater diversity and an inclusive workforce culture, with employees from all backgrounds and cultures reporting that they feel increasingly valued.



2. Individuals with lived experience of inequality and exclusion will have more opportunities to get involved and share their views, concerns, and suggestions for improvement across the Partnership.

3. Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic, leading to improved health outcomes for individuals, their families and carers.

A new IJB Equality Peer Support Network was established in January 2023 to provide a mutually supportive forum where IJB equality colleagues from across Scotland can collaborate, share expertise, and link directly with the EHRC to promote best practice. Fife has been actively involved in the Peer Support Network and will continue to participate during 2024 (Equality Outcome 3).

All of the specific actions required by the EHRC were completed within required timescales, and Fife's updated Equality Impact Assessment Process was highlighted by the EHRC as an example of best practice (Equality Outcome 5). Some of the other equality activities completed in 2023 are included below.



We are working in partnership with the Fife Centre for Equalities to develop our equality, diversity and inclusion journey as part of our Workforce Strategy 2022 to 2025. Our staff survey “iMatter” showed an improvement on the key question “I am treated with dignity and respect” from last year. The overall experience of working for Fife Health and Social Care Partnership also demonstrated an improving picture (Equality Outcome 4).



### Equality Outcome 1

- We have updated our Equality Monitoring Forms to include specific questions for unpaid carers and the armed forces community (including families and dependents, veterans and reservists).



### Equality Outcome 2

- We have updated our website to include more information on equalities and we have published Equality Impact Assessments for our key strategic documents.



### Equality Outcome 3

- We are working with the Equality Teams in the Fife partner agencies, and the IJB Equality Peer Support Network to ensure that our equality processes and training materials align with best practice.



### Equality Outcome 4

- We have set up an Equality, Diversity and Inclusion Steering Group to lead on inclusion, engagement and communication for employees across the Partnership. Facilitators have been recruited to run engagement sessions in Spring/Summer 2024.



### Equality Outcome 5

- We have updated our EQIA process, guidance, and templates to align with current best practice and have included new sections for unpaid carers, children, and the armed forces community.
- We have also developed new training materials and a Sway to support roll-out of the new process and guidance.

Moving forward we will continue to roll-out the new equality training and guidance materials across the Partnership, and provide support to colleagues completing Equality Impact Assessments (EQIA) for key policies, strategies and decision making. We will also continue to promote mainstreaming of equality rights in our service planning and delivery.

## Participation and Engagement

# In 2023:



Fife Health and Social Care Partnership is ensuring that the voices of the people of Fife are considered and reflected in the development of all the strategies associated with the Strategic Plan 2023 - 2026. Together we can improve and transform health and social care services that better meet the needs of the people of Fife.

You can find out more in this Sway: [Participation and Engagement Sway](#).

## Locality Planning

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

The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes. The overarching goals of localities are to:

Promote healthy lifestyle choices and self-management of long-term conditions

Support people to live healthy well independent lives while living in their own home for as long as possible

Reducing the number of avoidable emergency admissions to hospital and minimise the time people are delayed in hospital

Efficiently and effectively manage resources available to deliver Best Value

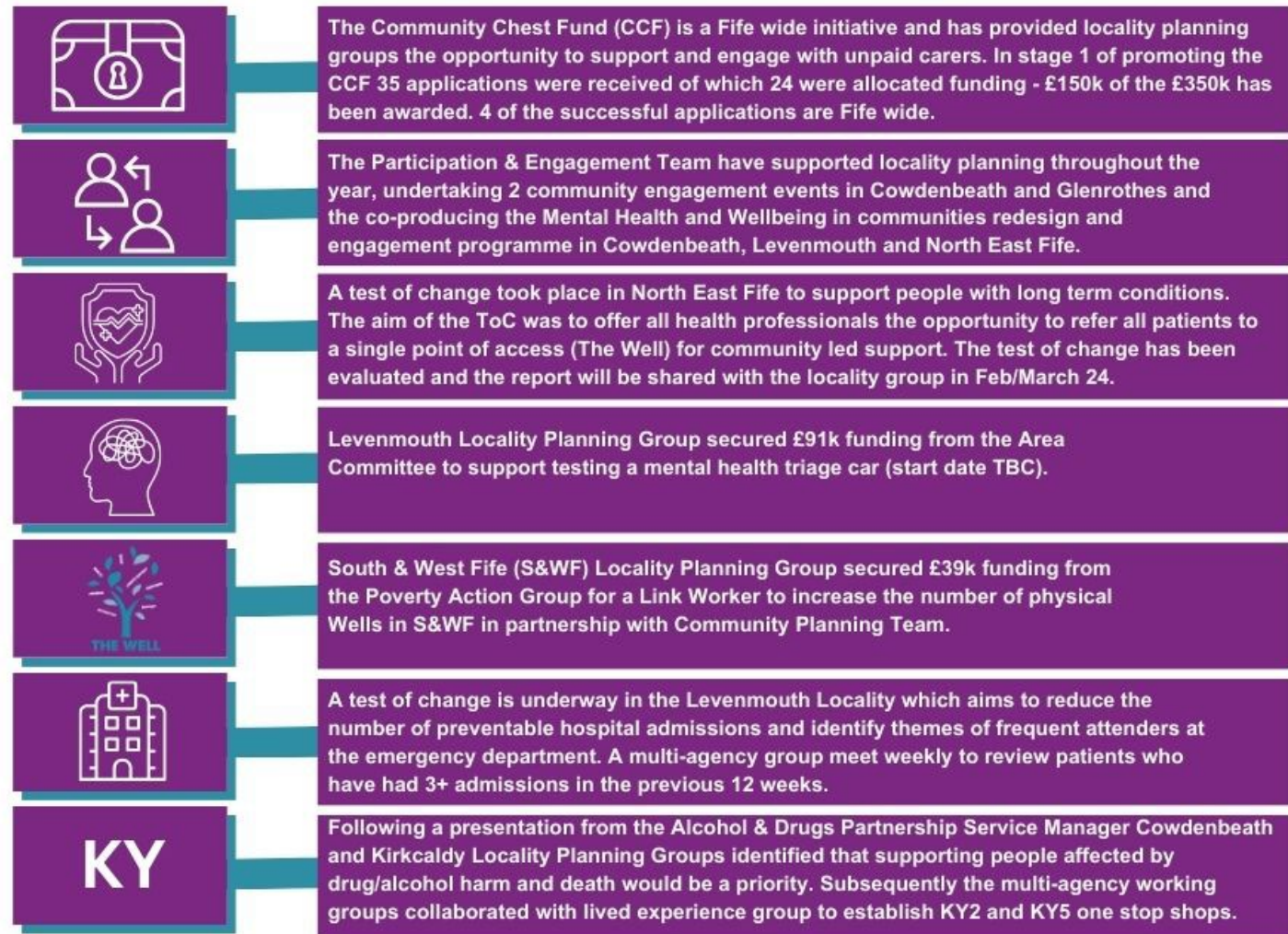
Support staff to continuously improve information and support and care that they deliver

Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing

## Locality Groups achieved 2023/2024

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

**Key Outcomes from 2023** →



## Locality Planning: next steps 2024/2025

The Locality Wider Stakeholder Events took place in November 2023 bringing together stakeholders to review relevant data, emergent trends, and local challenges. The information documented from the events has been analysed and the emerging priorities for 2024/2025 are:



Further information is available in this Sway: <https://sway.cloud.microsoft/3knTqxcJs1ngaVy3?ref=Link&loc=play>



## Community Led Support Service (CLSS) 2023/2024

Locality Planning provide pathways into non-clinical support referred to as “Community Led Support Services” (CLSS).

The aim of CLSS is to provide people with holistic person-centred support, applying the “good conversation” approach. HSCP Community Led Support includes The Well, Macmillan Improving the Cancer Journey, and Link Life Fife.

In addition, the Partnership commission other CLS services, for example Fife Forum and Fife Carers Centre.



## Housing

Fife Local Housing Strategy 2022 to 2027 was approved in November 2023.

The strategy, and the supporting documentation, is now available on Fife Council's website here:

[www.fife.gov.uk/housing/local-housing-strategy](http://www.fife.gov.uk/housing/local-housing-strategy)

The Local Housing Strategy (LHS) 2022-2027 provides a vision for housing in Fife across all tenures. It sets out outcomes and actions within the following five priority areas which will help achieve the vision to 'Provide housing choices for people in Fife':

- Ending Homelessness
- More Homes in the Right Places
- A Suitable Home
- A Quality Home
- A Warm Low Carbon Home

Fife Health and Social Care Partnership works closely with Fife Housing Partnership and the Local Housing Strategy is linked to the Partnership's Strategic Plan 2023 to 2026 through shared priorities and delivery plans. This includes local housing services which provide support to vulnerable adults and older adults such as long-term housing support, for example in sheltered housing and care villages, adaptations to existing homes, and technology enabled care.

The Partnership's Strategic Planning Group will continue to receive regular updates on the progress of the Local Housing Strategy and the related Outcome Plan.



Methil Care Village



## Section 2

### Update on Year One Delivery Plan



#### Local - A Fife where we will enable people and communities to thrive.

- We will work with individuals, local communities, staff, and partners to provide personalised care, by the right person, in the right place, and at the right time.
- We will engage and listen to individuals, local communities, and provide support to more people enabling them to live well at home, or in a homely setting.
- We will maximise opportunities to provide safe, sustainable, and appropriate housing.

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
<b>Alcohol and Drug Strategy</b> More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low.	Roll out of the coproduction and locality-based approach is planned with HSCP locality boards where harm and prevalence and low levels of engagement are highest. This will follow the similar process in the Levenmouth locality over 2022/23.	Completed. In August 2023 one stop shops launched in Kirkcaldy and Cowdenbeath localities.	●

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
	<p>Development of the full ADP workplan for 2023/24 based on the HSCP outcomes.</p> <p>Refresh harm reduction service with community pharmacy network across Fife.</p>	<p>Completed. This has also informed the development of the new Alcohol and Drug Partnership (ADP) Strategy 2024 – 2027. This has also been supported by a Public Health Synthesis of Needs Assessment, a wider stakeholder event, consultation with HSCP Extended Leadership Team, ADP service providers and a public participation and engagement consultation.</p> <p>Partially Completed. Progression of this project was delayed by changes in providers throughout the community pharmacy network.</p>	<p>●</p> <p>●</p>
<p><b>Carers Strategy</b></p> <p>An improvement in people’s experience of support for carers in Fife, as evidenced by positive feedback and increased user satisfaction.</p>	<p>Complete the review and refresh of the Carers Strategy including engagement with a wide range of stakeholders.</p>	<p>Completed. The Carers Strategy was approved by the Integration Joint Board in July 2023 and is available, along with an Easy Read Translation on our website.</p> <p>A collaboration event with most of our commissioned partners was held in December 2023 with the key outcomes being to promote the Strategy and agreed outcomes, and for partners to share with each other the support they have been commissioned to deliver in order that they are better able to help carers by cross organisational working and referrals.</p>	<p>●</p>

<b>Where do we want to be in 2026</b>	<b>In 2023, we will:</b>	<b>Update January 2024</b>	<b>RAG Status</b>
<b>Carers Strategy</b>	Identify opportunities for improvement in carers' experience including additional investment.	Completed. Significant additional investment in services has been completed including additional respite opportunities through partners Fife Voluntary Action and Crossroads, and locally based carer-led support by way of the Carers Community Chest funding.	●
<b>Dementia Strategy</b>  People with dementia have access to appropriate care services, provided in a suitable environment by well trained staff who are skilled in caring for and rehabilitating, people with dementia.	Complete the review and refresh of the Dementia Strategy including engagement with a wide range of stakeholders.	Delayed. Whilst the Scottish Government's Dementia Strategy was published in May 2023, the national Delivery Plan has not yet been published (expected February 2024).  The Fife Dementia Strategic Implementation Group (SIG) is being re-established to progress development of a local Dementia Strategy and ensure alignment to the national strategy. Membership of the SIG is currently being reviewed and will include people with lived experience, carers, multi-agency professionals including people working in the private, third and independent sectors. The group will collaborate to shape a local strategic direction, timeline for strategy development, and plan for engagement with wider stakeholders. It is likely that the draft strategy and associated documentation will progress through the Fife governance process in Winter 2024.	●

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
<p><b>Home First Strategy</b></p> <p>People in Fife will be able to live longer healthier lives at home or in a homely setting.</p>	<p>Finalise, publish and implement the Home First Strategy to reflect the national initiative in conjunction with the local priorities; communicate the new strategy to all key stakeholders.</p> <p>Scoping of a Single Point Of Access (SCPO) project will identify clear objectives, map the relevant services and create a delivery plan for this complex transformational change to achieve the Home First vision.</p>	<p>Completed. The Home First Strategy was approved by the Integration Joint Board in July 2023. An update was included in the Partnership's Director's Weekly Newsletter. An Easy Read Version of the Strategy was published on our website in November 2023, and on the NHS Staff Link in December 2023.</p> <p>Partially Completed. SPOA Project merged with the Medium-Term Financial Savings proposals under Centralised Scheduling. Scoping meeting took place in September 2023, systems mapping exercise undertaken thereafter and the initial project meeting took place January 2024.</p>	<p>●</p> <p>●</p>
<p><b>Home First Strategy</b></p> <p>Individuals require fewer hospital admissions, and when they do require hospitalisation are able to return to their home environment as soon as they are medically well enough.</p>	<p>Continue to embed the Planned Discharge Date and Discharge without Delay outcomes across Fife, starting to plan for the patient discharge on the day they are admitted, aligning the named patient flow coordinator to acute wards.</p>	<p>Completed. Care at Home Assessment Practitioners, Social Workers and Mental Health Officers now aligned to Community Hospitals across Fife, working with the Patient Flow Coordinators, Physiotherapists and Occupational Therapists to identify and assess early those requiring support from Care at Home to return to their own home, ensuring Planned Day of Discharge (PDDs) are met.</p>	<p>●</p>

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
		<p>Capacity within Fife Equipment Loan Store increased to support delivery and collection of community equipment on behalf of Fife residents in a timely manner.</p> <p>Additional Advanced Nurse Practitioners recruited to Community Nursing Service, with a main focus on identifying and treating frailty; skill mix to work closely with Care at Home to support where possible and reduce footfall.</p>	
<p><b>Home First Strategy</b></p> <p>All patients and service users will be offered the opportunity to develop an appropriate Anticipatory Care Plan.</p>	<p>A three month 'roll out' is being delivered within the eight H&amp;SCP Older People's Care Homes and eight Abbottsford Nursing Homes using the new electronic Anticipatory Care Plan (ACP) form. A Plan/ Do/ Study/ Act (PDSA) cycle will form part of these three months, leading to learning outcomes and a wider roll out to all older People's Residential and Nursing Homes taking place in the second part of 2023.</p>	<p>Partially Completed.</p> <p>Anticipatory Care Planning (ACP) sub-group has agreed a shared ACP Proforma that has been developed as part of a multi-agency group. Test of change currently taking place and will be reviewed and realigned to ensure systematic approach to frailty work being progressed in Fife.</p> <p>A multidisciplinary group are developing an information sharing agreement where the ACP is shared with linked GP practice to the care home and transferred to the patient Electronic Key Information Summary (EKIS). This information will then be mirrored onto the patient portal in order that staff within secondary care have access to the information also.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
<p><b>Home First Strategy</b></p> <p>Only individuals who require acute care and whose needs cannot be met at home, or in a homely setting, are admitted to VHK.</p>	<p>Further development of Front Door team who provide to all people in Fife early assessment and prevention of admission.</p>	<p>Partially Completed.</p> <p>The traditional model of Hospital at Home (H@H) associated processes and pathways have been scrutinised to determine areas for improvement and to release clinician time. This work will facilitate improved access to H@H by increasing virtual capacity and reducing the number of times that maximum capacity closures are reached. In order to achieve this an analysis of current data/trends is being undertaken to direct quality improvement work.</p> <p>This improvement work will include wider collaboration and integration with community nursing and community specialist services. A multifactorial review of the service is also being completed which will focus on identifying opportunities to streamline, automate or redirect processes and a full review of service criteria, pathways and documentation focussing on areas to release capacity.</p> <p>Hospital at Home in-reach model to support identification of suitable patients at the front door to prevent hospital admission and assisting with the facilitation of timely discharges at the back door. Hospital at Home assessments for step-down patients commencing in the acute environment.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
		Enhanced integration and collaboration with Hospital at Home and Community Nursing Services including District Nursing and Specialist Services to ensure Patients are seen by the right team at the right time within their home environment.	
<p><b>Home First Strategy</b> People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.</p>	<p>Our specialist services e.g. the Complex Care Service and Community Respiratory Team will continue to work alongside secondary care acute services to ensure that interventions in the community are focused on preventing admissions and promoting early discharge to a safe, home environment.</p> <p>Complete the roll out of clinical IT systems (e.g. Morse) amongst community teams and ensure access to Fife HSCP services to multi agency systems (e.g. Liquidlogic), to ensure professionals are fully aware of those at risk to provide early interventions and prevent unnecessary admissions.</p>	<p>Partially Completed. Enhanced skill sets to support increase in early supported discharges. Direct referrals from Scottish Ambulance Service to the Community Respiratory Service for exacerbations of Chronic Obstructive Pulmonary Disease to reduce unnecessary admission to acute hospital. Community Nursing Service are working alongside Hospital at Home to support and enhance parental antibiotic therapy service.</p> <p>Partially Completed. All Community Nursing Service Teams now using MORSE. Weekly primary care verification meetings commenced late 2023.</p>	<p>●</p> <p>●</p>



<b>Where do we want to be in 2026</b>	<b>In 2023, we will:</b>	<b>Update January 2024</b>	<b>RAG Status</b>
<p><b>Mental Health Strategy</b></p> <p>An integrated community-based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and supports people to live independent and healthy lives.</p>	<p>Conclude the co-production with three identified localities, NE Fife, Cowdenbeath, and Leven, and develop the design for the Mental Health &amp; Wellbeing Community Hubs in these areas.</p>	<p>Partially Completed. Project Board has been established and co-production work has started in the three identified localities. The Team is currently analysing feedback to establish themes from engagement and to identify where meaningful changes can happen. The next phase will see the implementation and monitoring of change ideas.</p>	<p style="text-align: center;">●</p>

**Sustainable - A Fife where we will ensure services are inclusive and viable.**

- We will work together to identify unpaid carers within our communities. We will offer, and increase the support available for all carers, including enabling regular breaks for carers, and supporting all models of care.
- We will work with our partners in the third and independent sector to deliver services that are collaborative.
- We will ensure our financial viability is considered in any transformation work identified.

<b>Where do we want to be in 2026</b>	<b>In 2023, we will:</b>	<b>Update January 2024</b>	<b>RAG Status</b>
<p><b>Alcohol and Drug Strategy</b></p> <p>A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development.</p>	<p>Establishment of new service provision for those with lived and living experience including the development of an induction plan, training and recruitment of new members with national and local partners.</p> <p>Project manage in partnership with NHS Fife Public Health, the completion of Fife ADP Needs Assessment to inform the development of the new ADP Strategy 2024 – 2027.</p> <p>We will extend our ADP workforce development plan to improve the quality and reach of psychological interventions across the full ADP system of care in line</p>	<p>Completed. Refreshed Lived Experience Panel established in October 2023.</p> <p>Partially Completed. Needs Assessment complete but not yet endorsed by Alcohol and Drug Partnership (ADP) Joint Commissioning Group and ADP Committee.</p> <p>Completed.</p>	<p>●</p> <p>●</p> <p>●</p>

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
	with Medication Treatment Standard 6 and 10.		
<p><b>Carers Strategy</b></p> <p>Our approach to short breaks is fully aligned to the duties within the Carers Act, National Carers Strategy, and National Care Service and other aligned strategies and policies.</p>	Commence the review of our Short Breaks Service Statement including a developing a plan to increase the supply of a wide range of types of short break which will help reduce and prevent carer crisis and sustain them in their caring role.	Partially Completed. Additional short breaks have been arranged with Crossroads, and further work is planned for 2024.	●
<p><b>Dementia Strategy</b></p> <p>Improved health and wellbeing outcomes for people living with dementia, their families, and carers.</p>	Finalise, publish and communicate the updated Dementia Strategy to key stakeholders.	Delayed. The delay with publication of the national Mental Health Strategy created a delay with some of our local strategies, including the refresh of our Dementia Strategy. This work will be carried forward into 2024.	●
<p><b>Learning Disability Strategy</b></p> <p>A relevant and skilled workforce that provides successful and resilient social care services for people with learning disabilities is established.</p>	Engage with key stakeholders across all localities including individuals, families, carers and communities, to develop an appropriate and effective local strategy and supporting delivery plan, which aligns with the national vision 'Keys to Life' and ensures that people with learning disabilities are empowered to:	<p>Delayed.</p> <p>A Senior Learning Disability Service Manager will be appointed in 2024. Following this a new Learning Disability Strategy and Year One Delivery Plan will be developed with input from key stakeholders, including third sector providers and lived experience groups.</p> <p>Actions originally planned for 2023 will be reviewed during the strategy development process and updated where required. This approach will ensure alignment with recent national and local activities including</p>	●

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
	<ul style="list-style-type: none"> <li>• Live healthy and active lives</li> <li>• Learn to reach their full potential.</li> <li>• Participate in an inclusive economy.</li> <li>• Contribute to a fair, equal and safe Scotland.</li> </ul>	development of the Partnership’s updated Mental Health Strategy (due to be completed in 2024).	
<p><b>Mental Health Strategy</b></p> <p>An integrated community-based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and supports people to live independent and healthy lives.</p>	Develop the interdependency with The Wells and Live Life Fife to ensure integration and inclusive services.	Completed Link Life Fife funding has been approved and the service continues to grow ensuring that people reaching out to their GP for support to manage stress, anxiety or mental wellbeing can meet with a link worker who will support individuals to make meaningful connections, access local opportunities, encourage self-management of mental health and improve quality of life and mental wellbeing.	●
<p><b>Workforce Strategy</b></p> <p>Implement “grow your own” and develop pathways that set out career progression, succession planning and retention. (Attract).</p>	Work across the whole system to review existing career pathways and work with operational services to review and refresh these in line with projected workforce requirements and the needs of our workforce. (Plan, Attract)	Completed. We launched the advanced entry to social work programme. The Flexibility Works pilot programme was concluded, and recruitment adverts are improved to support staff retention. To support staff recruitment and retention, the Fife Health and Social Care Partnership Care	●

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
		<p>Academy funded 75 staff to study the Higher National Certificate (HNC) and Scottish Vocational Qualifications (SVQ) programmes until September 2024.</p> <p>The Mission 25 staff story social media recruitment campaign to highlight the variety of roles and career pathways across the Partnership whilst increasing the reach of our social media presence by 17%.</p> <p>The Partnership's website has been redesigned to incorporate a 'single point of access' careers page.</p> <p>Partnership marketing resources have been developed including recruitment banners, flyers and QR codes to the website to support our increased presence at career events across Fife.</p> <p>We delivered a consultation exercise to measure the effectiveness of progression pathways for Foundation Apprenticeships which informs planning for 2024.</p>	
<p><b>Workforce Strategy</b></p> <p>Invest in our culture and leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at</p>	<p>Deliver a Systems Leadership Programme aimed at our Extended Leadership Team (ELT) and partners in the third and independent sector to improve our whole system approach to health and social</p>	<p>Completed.</p> <p>The Systems Leadership Programme targeted at our Extended Leadership Team and peers across the third and independent sectors, Public Health, NHS Acute Services and Pharmacy has been delivered over 2023, completing in December.</p>	<p style="text-align: center;">●</p>

<b>Where do we want to be in 2026</b>	<b>In 2023, we will:</b>	<b>Update January 2024</b>	<b>RAG Status</b>
all levels and organisational development approaches. (Train).	care leadership and service delivery. In addition, we will deliver a Leadership Programme for aspiring senior leaders beyond ELT that supports their career development opportunities, and our succession planning needs alongside 'Coach Approach' training for managers across the Partnership to improve our management of staff. (Train, Nurture).	Delivery has commenced for the Integration Leadership Team (ILT) Systems Leadership Programme which utilises the Insights Coaching Model and is attended by managers and supervisors across the whole Partnership.	




Wellbeing - A Fife where we will support early intervention and prevention.

- We will support people to develop and maintain the knowledge to manage their own health conditions, make positive choices, and lead healthier lives.
- We will actively promote opportunities and knowledge in our citizens and staff that support reducing the risk of harms, and give individuals confidence to look after their health, to the best of their abilities.
- We will promote prevention, early intervention, and harm reduction.

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
<p><b>Alcohol and Drug Strategy</b></p> <p>National Treatment Measure met and sustained. Increased use of residential rehabilitation places for those in priority groups. Fully embedded Hospital Liaison Service across all sites.</p>	<p>Establish and sustain new implementation and working groups focused on Medication Assisted Treatment (MAT) 7 Standard (improved models of delivery within primary care) and MAT 9 with the Dual Diagnosis Working Group (improved models of delivery within mental health and addiction services) within the first quarter of 2023/24.</p> <p>Work with existing service and delivery partners to improve and extend our assertive outreach, anticipatory care and retention service provision in the system where we can engage and encourage access to treatment and</p>	<p>Completed. Subgroups established in June 2023 (MAT 7) and September 2023 (MAT 9).</p> <p>Partially Completed. Review of retention service completed, and improvements implemented. Delay in establishing multidisciplinary team to coordinate care and support for people those in police and prison custody.</p>	<p style="text-align: center;">●</p> <p style="text-align: center;">●</p>



Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
	<p>support particularly in hospital and justice settings.</p> <p>With Education and Public Health Services we will review the Prevention Education Programme to ensure it is more targeted and selective and in line with recent evidence.</p>	<p>Completed. Review complete and test of change due to commence in February 2024 in three high schools throughout Fife.</p>	●
<p><b>Children’s Services Plan</b></p> <p><b>Supporting wellbeing:</b> promote and support the emotional, mental and physical wellbeing of children and young people, for example we will support parents and carers to maintain healthier options such as reducing smoking and increasing breastfeeding (where appropriate).</p>	<p><b>Sleep</b> Collection of data from individual services in relation to what the current provision is to inform:</p> <ul style="list-style-type: none"> <li>• staff training and competence levels.</li> <li>• gaps within the current provision and to commence.</li> </ul>	<p>Completed. Data collected from all health services working with children, young people and families. Immediate focus required on addressing gaps in early intervention and prevention in relation to staff across children’s services providing consistent messages to families. In 2024 to 2025, five hundred staff will be identified and provided with training from Sleep Scotland. These staff will be from health, education, social work and the third sector. Once trained these staff will promote and support the universal messages in their services regarding good sleep practices.</p>	●

<b>Where do we want to be in 2026</b>	<b>In 2023, we will:</b>	<b>Update January 2024</b>	<b>RAG Status</b>
<p><b>Children’s Services Plan</b></p> <p><b>Closing the equity gap:</b> improve opportunities and choices for children and young people who experience barriers to good health and wellbeing, for example increasing access to income maximisation advice and looking for ways to minimize the impact of poverty on children’s access to healthcare.</p>	<p>Identify aims, gaps, barriers and identifying priority areas.</p>	<p>Partially Completed. Significant work has been undertaken to identify the gaps and barriers and a final report has been produced.</p> <p>Local Child Poverty Action Report 2023 from the Tackling Poverty Preventing Crisis Board was received well nationally. Training post for child poverty funded for further twelve months. Income maximisation services-bid for national funding to expand this was unsuccessful and local actions ongoing to review and develop this. Development of logic model for multi-agency child poverty work underway.</p>	
<p><b>Children’s Services Plan</b></p> <p><b>Promoting children’s rights:</b> ensure that the rights of children are embedded into practice across all services, for example ensuring that the voice of the child, their family and carers is heard in service redesign, and reducing appointment waiting times.</p>	<p>Implement communication plan.</p>	<p>Completed. Significant work has been undertaken to promote the United Nations Convention on the Rights of the Child (UNCRC) across the Health and Social Care Partnership both at strategic level and operational level.</p>	
<p><b>Children’s Services Plan</b></p>	<p>Develop a training and awareness raising plan.</p>	<p>Partially Completed. The Promise and responsibilities as corporate parenting awareness raising was delivered</p>	

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
<p><b>Delivering the Promise:</b> improve the experiences and outcomes of those who experience care, are on the edge of care, and have additional needs to support them to live safely at home, for example listening to the views of care experienced young people about our services and making any changes required to improve.</p>		<p>through the use of a seven-minute briefing which was widely distributed among the Child Health Management Team. Who Cares? Scotland delivered awareness among staff at CHMT meeting.</p> <p>Early discussions have taken place to explore an online learning resource across the Partnership.</p>	
<p><b>Mental Health Strategy</b></p> <p>Alignment with national strategies for Suicide Prevention, Self Harm, and the over-arching Mental Health Strategy for Scotland.</p>	<p>Take cognisance of the new national Mental Health Strategy for Scotland (launch due 30 March 2023).</p> <p>Conclude and confirm our refreshed local strategy with the Mental Health Strategic Implementation Group by June 2023.</p> <p>Undertake gap analysis – of current position against refreshed strategy – with a focus on early intervention.</p>	<p>Completed</p> <p>The Mental Health Strategic Implementation Group (MHSIG) has been reestablished (April 2023), the National Strategy was published in June 2023 and national delivery plan and workforce strategy published November 2023. The national position is being fully considered by members in the development of the local strategy.</p> <p>Partially Completed</p> <p>The Mental Health Strategic Implementation Group (MHSIG) was reestablished in April 2023. They have completed extensive research and consultation to shape the local strategic direction. Following endorsement of the draft</p>	<p>●</p> <p>●</p>

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
		<p>strategy by the MHSIG the local strategy and associated documentation will progress through governance in April and May 2024.</p> <p>Completed  A local evidence narrative has been produced and used to inform the draft local Strategy and Delivery Plan. The refreshed Mental Health Strategy will support people living and working in Fife to achieve their best possible mental health and wellbeing by adopting a preventative approach throughout the life-course which aims to stop mental health problems from developing, getting worse or supporting people to stay well. The three types of prevention are outlined below:</p> <ul style="list-style-type: none"> <li>• Protecting and promoting good mental health for all by giving people knowledge and tools to nurture and look after their own mental health (primary prevention).</li> <li>• Supporting people at higher risk of developing a mental health problem (secondary prevention)</li> <li>• Helping people living with mental health problems to stay well (tertiary prevention).</li> </ul>	●
<b>Mental Health Strategy</b>	Establish a costed strategic Service Development Plan and associated	Partially Completed The Mental Health Estates Redesign Project has been deferred due to national budget	●

<b>Where do we want to be in 2026</b>	<b>In 2023, we will:</b>	<b>Update January 2024</b>	<b>RAG Status</b>
Be significantly advanced in our development and delivery of the Mental Health Estates Redesign Programme – encompassing inpatients and secondary care Community Mental Health Services.	implementation plan – accountable to the Mental Health Programme Board/SIG and onto HSCP Strategic Planning Group informed by gap analysis.	constraints. However, the focus will now be on implementing a phased improvement programme, building on anti-ligature work, refurbishing the current estate over the next two and a half years.	
<b>Mental Health Strategy</b>  Have developed and delivered our strategic improvement of integrated Community Mental Health Teams to improve access and availability.	Develop suite of measurables to evidence impact/ change and improvement.	Partially Completed Core Mental Health Standards recently published, these will be incorporated into the local strategy outcomes and measures framework.	●
<b>Mental Health Strategy</b>  Have developed and delivered improvement in capacity and response of the Out of Hours – Mental Health unscheduled care and access to emergency Mental Health state assessment to ensure early and immediate access	Develop suite of measurables to evidence impact/ change and improvement.	Partially Completed Urgent and Unscheduled Care Project Board established and working on defining scope of the project and developing an options appraisal to make recommendations to determine future service model.	●

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
<p><b>Prevention and Early Intervention Strategy</b></p> <p>An integrated, person-centred, life course approach is embedded across Fife.</p> <p>People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.</p> <p>An improvement in health and wellbeing outcomes for the people in Fife.</p>	<p>A Strategic Needs Analysis will be completed to define the P&amp;EI Strategy vision, aims and principles. These will support the priorities already agreed and which underpin the HSCP Strategic Plan.</p> <p>Engagement across all localities will complete the discovery phase and allow us to shape the framework for the Strategy. This will be followed by a wider stakeholder event, identification of key deliverables, and a realistic but ambitious Delivery Plan will be developed to implement the P&amp;EI vision.</p> <p>Fife HSCP will be pathfinders nationally in developing and implementing a P&amp;EI Strategy and we will ensure a timeline which allows a quality approach.</p>	<p>Completed. Needs analysis has been undertaken with vision, aims and principles defined. In addition, some key challenges we may face in delivering proactive and effective approaches to prevention and early intervention have been identified e.g. how to maintain and /or improve wellbeing in an aging population.</p> <p>Partially Completed Engagement across a wide range of stakeholders including the public (including Carers and Young People) has been undertaken. Further consultation planned for early 2024.</p> <p>Partially Completed. The Prevention and Early Intervention Strategy is almost completed. Implementation will follow final approval by the Integration Joint Board.</p>	<p>●</p> <p>●</p> <p>●</p>

## Outcomes - A Fife where we will promote dignity, equality and independence.

- We will work with partners, staff, local communities, and individuals, to challenge sources and biases towards inequality.
- We will, as appropriate, target specific actions to support communities and individuals most at risk of harm from inequalities.
- We will actively work to improve health and wellbeing outcomes across Fife.

<b>Where do we want to be in 2026</b>	<b>In 2023, we will:</b>	<b>Update January 2024</b>	<b>RAG Status</b>
<p><b>Advocacy Strategy</b></p> <p>Provision of eligibility criteria across Fife which meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty.</p> <p>Delivery of a comprehensive professional independent advocacy contract which adheres to legislative requirements and meets the advocacy needs of the people of Fife.</p>	<p>Refresh our Advocacy Strategy in line with our legislative requirements and in alignment with our Strategic Priorities.</p> <p>Renew our professional Independent Advocacy Contract and deliver a comprehensive professional independent advocacy service across Fife.</p>	<p>Completed. The Advocacy Strategy 2023-2026 was approved by the Integration Joint Board on 26th May 2023.</p> <p>Completed. Procurement have arranged a six-month extension of the current advocacy contract (from December 2023). The new advocacy contract will commence in July 2024.</p>	<p>●</p> <p>●</p>
<p><b>Carers Strategy</b></p> <p>Improved outcomes for carers, and a reduction in any negative impact of their caring role on the carer's own health and wellbeing.</p>	<p>Undertake to fully establish a significant number of additional staff (10+2) within the partnership whose primary role will be to identify and support unpaid carers, including those who may be</p>	<p>Completed Additional support is now available through Self Directed Support (SDS) specifically for carers and an additional 10 Social Work Assistants for carers.</p>	<p>●</p>



<b>Where do we want to be in 2026</b>	<b>In 2023, we will:</b>	<b>Update January 2024</b>	<b>RAG Status</b>
	eligible for additional support through self-directed support.		
<p><b>Primary Care Strategy</b></p> <p>A localities-based approach to the transformation of Primary Care Services in Fife that ensures services are co-designed with communities to better meet the needs of people, families, and carers.</p>	Engage with stakeholders both professionally and through our localities to discuss the output from the Strategic Needs Assessment and support us in shaping the key deliverables which will provide the base on which the Delivery Plan will be designed and implemented.	Completed. To help us develop a detailed Year One Delivery Plan for the Primary Care Strategy we held an event on 31st October 2023 for colleagues who lead services professionally and managerially across primary care. Further discussions are planned for 2024, including ongoing engagement with local communities through Locality Planning Stakeholder Events.	●
<p><b>Learning Disability Strategy</b></p> <p>An improvement in people's experience of the Learning Disability Service in Fife as evidenced by positive feedback and increased user satisfaction.</p>	Complete a needs assessment of people with learning disabilities, and identify measures that will improve people's experiences and satisfaction.	Delayed. An evidence narrative will be completed as part of the development of the Partnership's Learning Disability Strategy drawing from local and national data, research, and available experience data.	●

## Integration - A Fife where we will strengthen collaboration and encourage continuous improvement.

- We will champion collaboration and continuous improvement, enabling our workforce to be responsive and innovative.
- We will manage our resources effectively to increase the quality of our services and provide them to those individuals and communities most at need.
- We will continue the development of an ambitious, effective, and ethical Partnership.

Where do we want to be in 2026	In 2023, we will:	Update January 2024	RAG Status
<p><b>Commissioning Strategy</b></p> <p>Commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focussed, that support the delivery of care provision at the right time and in the right place, and enable people to live independent and healthier lives in their own home, and within their own community.</p>	<p>Finalise and publish our Commissioning Strategy 2023 – 2026, this will be fully integrated and aligned with other strategies. We will work closely with other strategy leads to deliver on our commissioning priorities.</p>	<p>Completed.</p> <p>The Commissioning Strategy 2023-2026 and the Market Facilitation and Delivery Plan were approved by the Integration Joint Board on 26th May 2023.</p> <p>A Commissioning Strategy Working Group (CSWG) is being established which will include colleagues and representatives from the Health and Social Care Partnership along with other key stakeholder groups such as Fife Council Procurement, Scottish Care, and Fife Voluntary Action. The CSWG will meet bi-monthly to develop a Delivery Plan and monitor progress of this Plan.</p>	<p style="text-align: center;">●</p>
<p><b>Prevention and Early Intervention Strategy</b></p>	<p>The Prevention and Early Intervention Strategy and related Delivery Plan will be</p>	<p>Partially Completed.</p> <p>The Prevention and Early Intervention Strategy is almost completed. Implementation will follow final approval by the Integration Joint Board.</p>	<p style="text-align: center;">●</p>

<b>Where do we want to be in 2026</b>	<b>In 2023, we will:</b>	<b>Update January 2024</b>	<b>RAG Status</b>
Preventative care is fully embedded in care services across Fife.	progressed via the Strategic Planning Group, and through relevant committees to the IJB during Summer 2023.		
<p><b>Primary Care Strategy</b></p> <p>A sustainable primary care workforce delivering the right care, to the right people, at the right time and by the right person.</p>	Following the engagement process, the Primary Care Strategy will be progressed via the Strategic Planning Group, and through relevant committees to the IJB and NHS Fife Board during Summer 2023. Once approved at Board level the Strategy will be published and communicated to all stakeholders.	<p>Completed.</p> <p>The Primary Care Strategy was approved by the Integration Joint Board on 28th July 2023.</p> <p>The Easy Read Version is available on the Health and Social Care Partnership's website here: <a href="http://www.fifehealthandsocialcare.org/publications">www.fifehealthandsocialcare.org/publications</a>.</p> <p>A Sway has also been created; this provides an accessible summary of the key elements of the strategy. It is available here: <a href="https://sway.cloud.microsoft/mF7RwtdomFtzo22w?ref=Link">https://sway.cloud.microsoft/mF7RwtdomFtzo22w?ref=Link</a></p>	●
<p><b>Re-imagining Third Sector Commissioning</b></p> <p>An outcome focussed approach to</p>	Complete the Project Closure Report, and establish and embed a new Service Level Agreement template and monitoring	Partially Completed. Service Level Agreements (SLAs) are being reviewed and updated (where appropriate) with each organisation to ensure they are outcome focussed, assure collaboration, and support participation and engagement.	●

<b>Where do we want to be in 2026</b>	<b>In 2023, we will:</b>	<b>Update January 2024</b>	<b>RAG Status</b>
<p>commissioning which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities and local needs.</p>	<p>framework. Ongoing third sector development work will be transferred under the Strategic Planning Team.</p>	<p>A new health and social care SLA template will be developed in 2024 - this is linked to the wider Fife Council SLA template review.</p> <p>All commissioned activities have been sorted into seven domains so that reporting will align to strategic planning groups and priorities. Annual monitoring of activities, sorted by domains, will be reported to the Strategic Planning Group to ensure alignment to strategic priorities and local needs.</p>	
<p><b>Strategic Planning Group</b></p> <p>The Strategic Plan has delivered transformational change that is person-centred, community based, and effectively uses available resources to support health and well-being improvements for the people of Fife.</p>	<p>Embed the performance reporting framework for the strategies supporting the Strategic Plan 2023 to 2026.</p> <p>Monitor and manage performance updates as the supporting strategies move through different phases including discovery, development, implementation, and quality assurance.</p>	<p>Completed.</p> <p>The Partnership's Performance Framework has been approved by Fife Integration Joint Board. A new Planning and Performance Board (PPB) has been established to embed the Performance Framework. The PPB reports directly into the Strategic Planning Group.</p> <p>Completed.</p> <p>The Strategic Planning Group had five meetings in 2023. This included reviewing and supporting the development/implementation of 14 different strategies, and providing feedback on key areas of work such as equalities, the Armed Forces Covenant Duty, and the Partnership's Annual Performance Report 2022 to 2023.</p>	<p>●</p> <p>●</p>

## Section 3



## Strategic Plan 2023 to 2026 Year Two Delivery Plan 2024



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## Introduction

Building on the achievements in our Year One Delivery Plan, over the next year we will continue to work with individuals, carers, local communities and service providers to deliver the best outcomes that we can for the people of Fife. By listening to local views, engaging with employees and other experts, and by working together as Team Fife, we will ensure that people can access the services that they need - the right care, at the right time, provided in a place that is right for them.

The Integration Joint Board continues to operate in uncertain times, facing significant budget challenges and pressures. Our Medium-Term Financial Strategy (MTFS) sets out the resources available and ensures they are directed effectively to help deliver the outcomes of the Strategic Plan. The strategy will inform decision making and actions required to support financial sustainability in the medium term. It estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife, and therefore highlights areas of financial pressure.

The MTFS details plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and it sets out the medium-term transformational change required to allow us to work closely with partners to deliver services in the most effective way whilst balancing the budget.

Demand for health and social care services continues to increase, an ageing population, and rising costs, mean our finances are under significant pressure. One approach we are taking to address this is to redesign our services and do things differently. For example, increased use of digital solutions such as technology enabled care, and new delivery models which enable individuals to stay healthy and well at home for longer.



Fife's seven locality areas



Our reserves have been utilised and it is likely that we will fall below the policy minimum of 2% in 2024/25. Significant programmes of transformational change are underway which will improve outcomes and quality of service for the people of Fife, utilising our resources effectively and delivering financial benefits such as cost avoidance through prevention and early intervention, efficiency savings from providing more cost-effective services, and cashable savings from completely transforming services.

This Year Two Delivery Plan highlights the areas we want to take forward in 2024. We'll keep the Integration Joint Board informed with regular updates to provide assurance on the progress of the plan and the actions within it. We look forward to working with you all on delivering our collective ambitions for Fife.



**Nicky Connor**  
Director of Fife Health and Social Care Partnership  
Chief Officer, Fife Integration Joint Board



**Arlene Wood**  
Chair, Fife Integration Joint Board



## Year Two Delivery Plan



### Local

Where do we want to be in 2026	In 2024, we will:
<p><b>Alcohol and Drug Strategy</b></p> <p>Theme: Risk is reduced for people who take harmful substances.</p>	<p>We will continue to support the peer distribution Take Home Naloxone (THN) model and the community training model to ensure it has a broad reach and have commenced partnership working with all seven locality boards of the Health and Social Care Partnership. This will be measured by people trained in overdose awareness and THN and by the number of THN distributed.</p> <p>The refresh of the harm reduction service within community pharmacy will focus on increasing Take Home Naloxone availability to all pharmacies distributing injecting equipment, be targeted in areas with high prevalence and improve distribution targets in existing delivering pharmacies.</p> <p>We will have reviewed the Alcohol Brief Interventions (ABI) delivery programme throughout Alcohol and Drug Partnership (ADP) services, including in priority areas, and have a more targeted and prioritised delivery model to address areas where alcohol related harm is highest.</p>
<p><b>Carers Strategy</b></p>	<p>A carers experience survey will be developed and used to priorities additional improvements in support for carers, and to celebrate the successes so</p>

<b>Where do we want to be in 2026</b>	<b>In 2024, we will:</b>
	far. The results will be reported to the Carers Strategy Group (Quarter Two 2024).
<b>Carers Strategy</b>	Complete the review and update of the Short Breaks Service Statement using the results of the carers experiences survey and other engagement opportunities, ensuring the final review aligns to the national position.
<b>Carers Strategy</b>	<p>Initial the review of commissioned partners using a risk-based approach (to be agreed):</p> <ol style="list-style-type: none"> <li>1. performance not meeting Service Level Agreement expectations;</li> <li>2. partner is failing to engage with the Health and Social Care Partnership collaboration activities;</li> <li>3. complaints and customer satisfaction data;</li> <li>4. based on timing of initial commission and value of overall investment.</li> </ol>
<p><b>Dementia Strategy</b></p> <p>A shared local vision that is owned by everyone in Fife working together to deliver a better experience for people living with dementia, their families and carers.</p> <p>This will be aligned to the national vision for a Scotland where people living with dementia have their strengths recognised, their rights upheld, and where they, their families and care partners/ unpaid carers are supported to live an independent life, free from stigma and with</p>	<p>Re-establish the Dementia Strategic Implementation Group and agree membership and Terms of Reference for the Group. In 2024 the group will work collaboratively to create a shared strategic direction for dementia support, aligned to national and local priorities.</p>

Where do we want to be in 2026	In 2024, we will:
<p>person centred treatment and care, when and where they need it.</p>	
<p><b>Dementia Strategy</b></p> <p>People will receive the support they need, when they need it by ensuring timely and person-centred diagnosis and post-diagnostic support is available regardless of age, stage, sensory loss or where people live.</p>	<p>Engage with key stakeholders to map and understand our diagnostic pathway, barriers to accessing support, and to identify opportunities for change and improvement.</p>
<p><b>Home First Strategy</b></p> <p>People in Fife will be able to live longer healthier lives at home or in a homely setting.</p>	<p>Continue to plan and deliver the Home First Programme and service associated initiatives to implement the Home First vision.</p>
<p><b>Home First Strategy</b></p> <p>Individuals require fewer hospital admissions, and when they do require hospitalisation are able to return to their home environment as soon as they are medically well enough.</p>	<p>Enhancing skills in Community Nursing to further support early discharge and prevention of admission through administration of intravenous (IV) antibiotics.</p> <p>Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home.</p> <p>Seven-day criteria led discharge process/model.</p>
<p><b>Home First Strategy</b></p> <p>All patients and service users will be offered the opportunity to develop an appropriate Anticipatory Care Plan.</p>	<p>Digital systems/applications being scoped to enable multiagency access to a single Anticipatory Care Plan (ACP).</p> <p>Roll out single Anticipatory Care Plan to all care and nursing homes in Fife.</p> <p>Roll out to Fife Carer's Centre to adopt the form in supporting unpaid carers in using the Anticipatory Care Plan.</p>

Where do we want to be in 2026	In 2024, we will:
<p><b>Home First Strategy</b></p> <p>Only individuals who require acute care and whose needs cannot be met at home, or in a homely setting, are admitted to Victoria Hospital Kirkcaldy (VHK).</p>	<p>Recruitment for additional permanent in-reach practitioners that will cover a seven-day service.</p> <p>Enhancing skills in Community Nursing to further support early discharge and prevention of admission through administration of IV antibiotics.</p> <p>Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home.</p> <p>Continue to work with the Scottish Ambulance Service (SAS) to increase direct referrals to the Community Respiratory Service for exacerbations of Chronic Obstructive Pulmonary Disease.</p>
<p><b>Home First Strategy</b></p> <p>People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.</p>	<p>Integration of community service pathways to increase capacity of services utilising step-up and step-down models of care.</p> <p>Seven-day referral acceptance to support discharges, urgent visits and timely treatment for disease exacerbations.</p> <p>In-reach heart failure service to the acute hospital to expedite discharges and enhance the support available in the community.</p> <p>Continue to work with the Scottish Ambulance Service (SAS) to increase direct referrals to the Community Respiratory Service for exacerbations of Chronic Obstructive Pulmonary Disease.</p> <p>Improving the efficiency of scheduling to reduce inefficient travel and time between visits, and maximise care of people in their home environment.</p>

<b>Where do we want to be in 2026</b>	<b>In 2024, we will:</b>
	<p>Scoping of digital systems / applications to realise integration and create locality single points of access.</p> <p>Increasing the skill set and staffing in specialist services to increase capacity and ability to expand clinical interventions available in the community.</p>
<p><b>Mental Health Strategy</b></p> <p><b>Improved response to mental health distress and crisis:</b>          People experiencing mental health distress or crisis will have access to timely, compassionate support.</p>	<p>We will work collaboratively to ensure that people experiencing mental health distress or crisis receive person centred support, by the right person, in the right time and place by embedding our approach to Distress Brief Intervention (DBI), reviewing our response to urgent and unscheduled care, and continuing to implement the Fife Suicide Prevention Action Plan.</p>

## Sustainable

Where do we want to be in 2026	In 2024, we will:
<p><b>Dementia Strategy</b></p> <p>Families, care partners and unpaid carers of people living with dementia will be supported to manage their caring role and have a life alongside caring.</p>	<p>Engage with key stakeholders to establish the 'as is' and identify opportunities for change. These will form key actions in our Dementia Strategy Delivery Plan.</p>
<p><b>Learning Disability Strategy</b></p> <p>We will be working towards achieving a shared local vision, aligned to the national approach 'Keys to life', to ensure that people with learning disabilities are empowered to:</p> <ul style="list-style-type: none"> <li>• Live healthy and active lives.</li> <li>• Learn to reach full potential.</li> <li>• Participate in an inclusive economy.</li> <li>• Contribute to a fair, equal and safe Scotland.</li> </ul>	<p>A Senior Learning Disability Service Manager will be appointed in 2024. Following this, the Learning Disability Strategic Implementation Group (LD SIG) will be established who will have delegated responsibility for the development, delivery, and oversight of the strategy. They will work collaboratively to plan and undertake extensive consultation activities with key stakeholders to inform a draft strategy and delivery plan.</p>
<p><b>Mental Health Strategy</b></p> <p><b>Recovery oriented specialist support, care and treatment:</b></p> <p>People living with complex mental health conditions can access timely, high quality support, care and treatment which is as local as possible and as specialist as necessary.</p>	<p>We will work collaboratively to improve the experience of care, support, and treatment for people living with complex mental health challenges through the delivery of our Alternatives to Admission project and monitoring of core mental health standards.</p>

Where do we want to be in 2026	In 2024, we will:
<p><b>Workforce Strategy</b></p> <p>Implement “grow your own” and develop pathways that set out career progression, succession planning and retention. (Attract).</p>	<p>Our Workforce Strategy Year Two Delivery Plan includes:</p> <ul style="list-style-type: none"> <li>• Development of a workforce Succession Planning Model for all levels of roles in adults and community services.</li> <li>• Development of a quality training experience for Consultant Psychiatrists.</li> <li>• Grow the Healthcare Support Care Worker (HSCW) role to improve capacity and support career progression.</li> <li>• Further develop career pathways to social work roles including aspiring social worker programme.</li> <li>• Plan for further Advanced Practice roles within the Assessment and Rehabilitation Centre Model.</li> <li>• Develop opportunity to increase the number of Mental Health Officer posts.</li> <li>• Further develop career pathways with education including Scot Com medical degree, Foundation Apprenticeships, and Introduction to Health Care in Fife high schools.</li> </ul>
<p><b>Workforce Strategy</b></p> <p>Invest in our culture and leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and organisational development approaches. (Train).</p>	<p>Our Workforce Strategy Year Two Delivery Plan includes:</p> <ul style="list-style-type: none"> <li>• Deliver the second cohorts for the Extended Leadership Team and Integration Leadership Team system leadership courses.</li> <li>• Introduce Leadership sessions for enhanced mental health clinical leadership that focuses on developing the strategic role.</li> </ul>



## Wellbeing

Where do we want to be in 2026	In 2024, we will:
<p><b>Alcohol and Drug Strategy</b></p> <p>Theme: Children, families and communities affected by substance use are supported.</p>	<p>In partnership with Education and Childrens Services, the Alcohol and Drug Partnership (ADP) intends to recommission its whole family support and young people services to improve support for those affected by substance use - either their own use or within their family. The ADP is also closely monitoring all data including risk of overdose, substance use related death and other high-risk situations for young people and plans to establish a process for coordinating, improving, and integrating the quality of support and information provided to families, parents, children, and young people.</p> <p>Through continued investment in its adult support and carer’s service for people affected by a family members’ use, the ADP will develop a training programme to improve family inclusive practice across the ADP services ensuring the voice of family members is integrated into the system of care.</p>
<p><b>Children’s Services Plan</b></p> <p><b>Supporting wellbeing:</b> promote and support the emotional, mental and physical wellbeing of children and young people, for example we will support parents and carers to maintain healthier options such as reducing smoking and increasing breastfeeding (where appropriate).</p>	<p>Continue to develop a programme in relation to sleep.</p> <p>Develop our approach to supporting breastfeeding in the community.</p> <p>Focus on the impact of vaping and smoking by young people.</p>
<p><b>Children’s Services Plan</b></p> <p><b>Closing the equity gap:</b> improve opportunities and choices for children and young people who experience barriers to good health and wellbeing, for example increasing access to income maximisation advice and looking for</p>	<p>Ensure Getting It Right For Every Child (GIRFEC) is embedded in practice and culture.</p> <p>Develop income maximisation services.</p> <p>Link Anchor Institution ambitions to child poverty priority groups.</p>

<b>Where do we want to be in 2026</b>	<b>In 2024, we will:</b>
ways to minimize the impact of poverty on children's access to healthcare.	Develop approach to Was Not Brought.
<p><b>Children's Services Plan</b></p> <p><b>Promoting children's rights:</b> ensure that the rights of children are embedded into practice across all services, for example ensuring that the voice of the child, their family and carers is heard in service redesign, and reducing appointment waiting times.</p>	<p>Prepare for United Nations Convention of the Rights of the Child (UNCRC) Act being in force on 16 July 2024 across health services in Fife.</p> <p>This will involve training, communications, development of a child friendly complaints process, and Children's Rights Impact Assessment processes, using national resources as appropriate.</p>
<p><b>Children's Services Plan</b></p> <p><b>Delivering the Promise:</b> improve the experiences and outcomes of those who experience care, are on the edge of care, and have additional needs to support them to live safely at home, for example listening to the views of care experienced young people about our services and making any changes required to improve.</p>	<p>Continue to develop online learning resources.</p> <p>Continue work within Child and Adolescent Mental Health Services (CAMHS) for care experienced young people, with the following;</p> <ul style="list-style-type: none"> <li>• offer a service without a threshold,</li> <li>• offer an initial assessment meeting offered within the waiting time threshold unless there is a lack of response from referring social work service,</li> <li>• increase the number of face-to-face meetings for initial assessment meetings to support collaborative working,</li> <li>• continue with pilot of psychiatric liaison for the service,</li> <li>• report on parenting group outcome information.</li> </ul> <p>Begin meaningful engagement with adult services to ensure they recognise their responsibilities to care experienced children and young people as corporate parents.</p>

Where do we want to be in 2026	In 2024, we will:
	<p>Review of the governance arrangements currently in place and bring forward recommendations to strengthen them if needed.</p> <p>Exploration of the development of an evaluation and monitoring framework to evidence our progress and the positive impact this has had on care experienced children, young people and families.</p>
<p><b>Dementia Strategy</b></p> <p>People living with dementia will be supported to live well and participate in their community.</p> <p>People living with dementia and their care partners will have access to timely and culturally sensitive information, advice and support.</p>	<p>Review our existing dementia services and assets and consider how these can be strengthened to improve health and wellbeing outcomes for people living with dementia, their families, and carers.</p>
<p><b>Mental Health Strategy</b></p> <p><b>Prevention, early intervention and recovery:</b> People will have access to the digital and local resources they need to look after and nurture their own mental health and wellbeing.</p>	<p>We will support early intervention, prevention and recovery by enabling access to integrated community-based services and support shaped by local people through the delivery of the Mental Health and Wellbeing in Primary Care and Community Settings Project.</p>
<p><b>Prevention and Early Intervention Strategy</b></p>	<p>Share the approved Prevention and Early Intervention Strategy across the Health and Social Care Partnership and our partner agencies including communicating the P&amp;EI definitions.</p>
<p><b>Prevention and Early Intervention Strategy</b></p>	<p>Promote a culture of proactive health management, leading to healthier individuals and communities.</p>
<p><b>Prevention and Early Intervention Strategy</b></p>	<p>Ensure the voices of those who use and those who deliver health and social care services is heard and actively used to inform the development of services and improvement plans.</p>

## Outcomes

Where do we want to be in 2026	In 2024, we will:
<p><b>Advocacy Strategy</b></p> <p>Provision of eligibility criteria across Fife which meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty.</p> <p>Delivery of a comprehensive professional independent advocacy contract which adheres to legislative requirements and meets the advocacy needs of the people of Fife.</p>	<p>Procurement will progress work for the new advocacy contract (due to start in July 2024).</p> <p>The Joint Advocacy Planning Group (JAPG) will be reinstated to develop a detailed Delivery Plan for the Advocacy Strategy. The JAPG will include colleagues from the Health and Social Care Partnership and other key stakeholder groups: Fife Advocacy Forum, NHS Fife, Fife Council Housing Services and Police Scotland.</p>
<p><b>Alcohol and Drug Strategy</b></p> <p>Theme: People at most risk have access to treatment and recovery and people receive high quality treatment and recovery services.</p>	<p>A robust performance monitoring framework and surveillance of monthly data from services and from people with lived and living experience will continue, and will inform and measure the impact of the improvement work.</p> <p>One-stop-shops will be considered for extension into other localities and provide bespoke delivery for women affected by substance use who have indicated through lived and living experience evaluations to require focused discreet support.</p> <p>The Alcohol and Drug Partnership (ADP) and its partners will implement recommendations from the joint Health Improvement Scotland and ADP audit and assessment of Fife’s residential rehabilitation access service model. This will focus on increasing opportunities for the number of people accessing services and building pathways to ensure there is equity of access for priority</p>

Where do we want to be in 2026	In 2024, we will:
	groups (women, young people, veterans and people with mental health problems) identified by the Scottish Government.
<p><b>Learning Disability Strategy</b></p> <p>We will have a robust framework in place for monitoring the impact of our local strategy (and services) and supporting continuous improvement processes which will include the development of local experience and outcome measures.</p>	<p>Through consultation we will identify the outcomes we want to achieve and coproduce measures and tools (including experience surveys) to monitor if these outcomes are being achieved and where we need to improve.</p>
<p><b>Mental Health Strategy</b></p> <p><b>Talking about Mental Health:</b> People will be able to talk more openly about mental health and wellbeing, without fear or judgement, and feel supported to seek help if needed.</p>	<p>We will work with partners, staff, local communities, and individuals to challenge mental health stigma and discrimination by coproducing and delivering a Fife Mental Health Strategy Communications Plan, aligned to national anti-stigma and awareness raising campaigns.</p>
<p><b>Primary Care Strategy</b></p> <p>A localities-based approach to the transformation of Primary Care Services in Fife that ensures services are co-designed with communities to better meet the needs of people, families, and carers.</p>	<p>We will implement the Fife wide primary care strategic communication and engagement plan and through our locality action plans, cluster improvement plans, and strategic performance and assurance framework, we will evaluate the impact of delivery of the strategy in line with our communities needs, and seek opportunities for ongoing improvement in our approaches and impact, with a focus on quality outcomes for people, families and carers.</p>

## Integration

Where do we want to be in 2026	In 2024, we will:
<p><b>Commissioning Strategy</b></p> <p>Commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focussed, that support the delivery of care provision at the right time and in the right place, and enable people to live independent and healthier lives in their own home, and within their own community.</p>	<p>Fife’s Care at Home Collaborative continues to develop, with an annual Work Plan in place to support collaboration across care at home providers in Fife. In 2023, the Health and Social Care Partnership, along with Fife based care home providers, began discussion around establishing a Care Home Collaborative. In 2024, the Partnership and the providers will continue to develop the collaborative model to support local care home providers and aiming to bring closer working relationships across this sector.</p> <p>During 2024, several care contracts will be awarded through formal tendering processes, supported by Fife Council’s Procurement Service. The main contract to be awarded will be the framework for Supported Living Services, where a number of care providers will be accepted onto the contract framework, and we will build on existing services and relationships, or establish new relationships with new providers who want to deliver care and support services in Fife, with an expectation that all care providers will provide high quality and local services to the people in Fife who need care and support in their own home.</p>
<p><b>Dementia Strategy</b></p> <p>Our workforce (including partners) will be supported. skilled and equipped to best support those living with dementia.</p>	<p>We will recruit a Dementia Coordinator Post and re-establish the Dementia Strategic Implementation Group who will consult on, understand, and progress a plan to support the needs of the workforce.</p>
<p><b>Mental Health Strategy</b></p> <p><b>Our workforce:</b></p>	<p>We will strengthen and diversify our core mental health workforce by commissioning, supporting, and evaluating a pilot to embed peer practitioners in Community Mental Health Teams.</p>

<b>Where do we want to be in 2026</b>	<b>In 2024, we will:</b>
Our core and wider mental health and wellbeing workforce is diverse, skilled, supported and sustainable.	
<p><b>Primary Care Strategy</b></p> <p>A sustainable primary care workforce delivering the right care, to the right people, at the right time and by the right person.</p>	With our strategic focus on the priorities of quality and sustainability, we will continue to develop and deliver the primary care workforce plan in collaboration with our independent contractors and managed services aligned to the Partnership's Workforce Strategy Year Two deliverables.
<p><b>Prevention and Early Intervention Strategy</b></p> <p>Preventative care is fully embedded in care services across Fife.</p>	Establish a Prevention and Early Intervention Strategy Implementation Group (P&EI SIG) consisting of key stakeholders to collaborate and guide the implementation process. Additional delivery groups will contribute and support the P&EI SIG providing feedback and insights to aid decision making process.
<p><b>Re-imagining Third Sector Commissioning</b></p> <p>An outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities and local needs.</p>	<p>Further develop annual monitoring of activities, to be sorted by domains, which will be reported to the Strategic Planning Group to ensure alignment to strategic priorities and local needs, and provide evidence of need to relevant decision-making groups.</p> <p>Develop new health and social care Service Level Agreement (SLA) template, aligned to the wider Fife Council SLA template review, which will better record outcome focussed activities, incorporate specific collaboration activities and expectations of facilitating participation and engagement.</p>
<p><b>Strategic Planning Group</b></p> <p>The Strategic Plan has delivered transformational change that is person-centred, community based, and effectively uses available</p>	<p>Continue to monitor and manage quality and performance updates for the supporting strategies and related delivery plans as they are implemented.</p> <p>Review and support draft strategies as they are developed, and ensure alignment with the Partnership's strategic priorities.</p>



<b>Where do we want to be in 2026</b>	<b>In 2024, we will:</b>
resources to support health and well-being improvements for the people of Fife.	Contribute to the development of the Partnership's Annual Performance Report 2023 to 2024.

## Conclusion

The Strategic Plan for Fife 2023 to 2026 is ambitious, designed to improve health and social care services, deliver integrated care through increased coproduction and multi-agency collaboration, and transform the way that people think about their own health and wellbeing. Greater focus on prevention, early intervention and supported self-management will enable individuals to avoid, or reduce, the impact of some health conditions, and to achieve better health and wellbeing for longer.

During 2023, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned. The Year One Delivery Plan included fifty separate actions, of these: 26 (52%) have been fully completed, 19 (38%) are partially completed, and 5 (10%) were delayed until 2024.

The Year Two Delivery Plan for 2024 sets out seventy-seven actions for the second year of our Strategic Plan. Many of these are already progressing, building on work already completed across the Partnership, and enabling us to continue supporting the people of Fife to live independent and healthier lives.

Further information about the strategic planning process in Fife, including opportunities to get involved in consultations or other engagement events, is available on our website: [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org).



## Appendix

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

Further information is available here: [www.gov.scot/publications/national-health-wellbeing-outcomes-framework](http://www.gov.scot/publications/national-health-wellbeing-outcomes-framework)

<b>Public Health Priorities for Scotland</b>		<b>Fife Themes</b>
<b>1</b>	A Scotland where we live in vibrant, healthy and safe places and communities.	Local, Wellbeing
<b>2</b>	A Scotland where we flourish in our early years.	Local, Wellbeing
<b>3</b>	A Scotland where we have good mental wellbeing.	Wellbeing, Outcomes
<b>4</b>	A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.	Outcomes
<b>5</b>	A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.	Outcomes, Sustainable, Integration
<b>6</b>	A Scotland where we eat well, have a healthy weight and are physically active.	Outcomes

Further information is available here: [www.gov.scot/publications/scotlands-public-health-priorities](http://www.gov.scot/publications/scotlands-public-health-priorities)



<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>28 March 2024</b>
<b>Agenda Item No:</b>	<b>5.3</b>
<b>Report Title:</b>	<b>Fife Alcohol and Drug Partnership Strategy 2024-2027</b>
<b>Responsible Officer:</b>	<b>Fiona Mckay, Head of Strategic Planning, Performance and Commissioning</b>
<b>Report Author:</b>	<b>Elizabeth Butters, ADP Service Manager</b>

## 1 Purpose

**This Report is presented to the Strategic Planning Group for:**

- Discussion
- Decision

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

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

## 2 Route to Approval

The Strategy was considered by the Alcohol and Drug Partnership Committee on 20 February 2024. Amendments were made to reflect affordability of the strategy within the current budget.

The Strategy was considered by the HSCP Strategic Planning Group on 7 March 2024. Amendments were made to increase visual accessibility of the document.

The Strategy was considered by the Quality and Communities Committee on 8 March 2024. No amendments were recommended.

The Strategy was considered by the Finance Performance and Scrutiny Committee on 12 March 2024. Prevalence data was removed as this was considered out of date. ADP income from all sources was added.

The report will be published on the ADP and HSCP websites and forwarded to the Scottish Government

## 3 Report Summary

### 3.1 Situation

Fife Alcohol and Drug Partnership (ADP) is a strategic partner of the Health and Social Care Partnership. Its primary strategic aim is to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife. This involves contributing to prevention approaches, commissioning early intervention services and maintaining a recovery based, trauma informed system of care and support for people, their families and community members. Membership includes senior officers from Fife Council, Fife Health and Social Care Partnership, NHS Fife, Fife Constabulary, Third Sector representatives, HMP Perth Prison and members with lived experience.

The current ADP Strategy expired in 2023 and over the last six months following a detailed project plan, a new three-year strategy has been developed. The ADP strategy is part of the HSCP transformational strategies for 2023-26 and is cognisant of the key themes of local, sustainability, outcomes, wellbeing and integration.

Additionally, the redevelopment of the ADP Strategy is aligned to other local strategies in broader areas of health and social care including mental health, early intervention and prevention, carers, primary care and advocacy and linked to HSCP supporting strategies.

### 3.2 Background

The ADP strategy 2020 – 2023 is based on national strategies “Rights, Respect, Recovery 2018” and “Alcohol Framework: Preventing Harm, Our Next Steps on Changing our Relationship with Alcohol” 2018. These strategies are partly superseded by new national strategies, guidance and initiatives. Some of which are:

- Drug Death Taskforce Recommendations (2023)
- Drug Mission Priorities (2022 2026),
- Medication Assisted Treatment (MAT) Standards 5-year implementation programme, (2022-2026)
- Other improvement work for:
  - i. residential rehabilitation access, pathways and priority groups
  - ii. lived/living experience panel development.
  - iii. whole family support and family inclusive practice

The Scottish Government provides core funds and additional funding linked to improvement initiatives and as such requires all ADPs to have an aligned local strategy as outlined in the Partnership Delivery Framework (2021). The strategy must be redeveloped every three years based on national and local policy drivers, local evidence including a Public Health Need Assessment and the voices of people, families and communities with lived and living experience.

### 3.3 Assessment

The ADP Support Team developed a project plan, working group and installed a project board to produce the new strategy. The 202 –2023 ADP Strategy was reviewed during six focus sessions with the working group, two sessions with the lived experience panel and the living experience group and four sessions with family members attending Scottish Families Affected by Alcohol and Drugs support groups in Fife. This review provided a reflection of the work achieved throughout the previous strategy.

Wider consultation occurred during two events, one with the Health and Social Care Extended Leadership Team and a Wider Stakeholder Consultation Event in August 2023.

In addition, NHS Fife Public Health developed a Needs Synthesis 2023 and analysed national and local data on use of substances and a focus on groups experiencing additional needs or vulnerabilities. Its research consisted of a synthesis of five service user and people with lived and living experiences evaluations commissioned by the ADP. During October to December 2023, in partnership with HSCP Participation and Engagement Team a consultation plan was developed, bringing together the views of communities, the general public and people with lived experience of substance use or working in services.

The above approach enabled the ADP to develop the vision, mission statements, six strategic themes and the principles and values underpinning how the strategy is delivered and implemented.

The new ADP vision for 2024–2027 is:

“To enable all the people of Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma”.

The strategic themes have been matched against the Health and Social Care Partnership themes and are detailed below:

- WELLBEING - Prevention and early intervention
- LOCAL - Risk is reduced for people who take harmful substances.
- INTEGRATION - Treatment and recovery services are easily accessible and high quality.
- OUTCOME - Quality of life is improved to address multiple disadvantages.
- SUSTAINABLE - Children, Families and Communities affected by substance use are supported.

Mission Statements and values underpinning delivery are detailed more fully in the strategy.

#### 3.3.1 Quality / Customer Care

The new strategy includes a review of the achievements made over the previous strategy and how this will be maintained and enhanced over its life cycle. Contained within the strategy is the three-year delivery plan of improvements and this includes the governance arrangements for reporting, escalating and providing assurance to the ADP Committee through the quarterly flash reports from subgroups, the annual report and the performance monitoring framework and impact measures.



Quality is also measured on a six-monthly basis via an activity, output and outcome report from all commissioned services (statutory, voluntary sector and independent) and scrutinised by the ADP Joint Commissioning Group,

The ADP also have a lived experience panel and regular commissioned qualitative interviews with services users or those who could benefit from services. This provides additional feedback from those directly impacted by the strategy on how well it is delivering its vision and mission statements for the people of Fife.

### **3.3.2 Workforce**

This strategy places a greater emphasis on supporting the workforce through continued professional development and most particularly through the investment in ADP system workforce development. This is particularly evident in psychological interventions and trauma informed approaches within the MAT standards programme but also in commitments to improve assertive outreach, harm reduction and family inclusive practice.

### **3.3.3 Financial**

The strategy summarises the investment the Scottish Government and the Health and Social Care Partnership will make for people affected by alcohol and drug use in Fife. The ADP receives an income of £7.539 per annum from both sources.

The commitments proposed through this strategy do not currently exceed the available funding, but an efficiency has been applied and the Joint Commissioning Group on behalf of the ADP will produce a plan to address this. This will minimise the impact on people needing support, stakeholders and services.

### **3.3.4 Risk / Legal / Management**

A risk register for the delivery of this strategy is in development. This will include the high-level risks and mitigations.

Possible risks include:

- Failure to deliver the actions proposed within the strategy to time and quality expectations.
- Failure to adequately resource the delivery of the strategy.
- Failure of Scottish Government to continue funding support for ADPs and its services.

### **3.3.5 Equality and Diversity, including Health Inequalities**

The strategy fully supports the Public Sector Equality Duty. An Equalities Impact Assessment and Children's Rights and Wellbeing Impact Assessment was completed to consider those with protected characteristics, the gaps and how these will be addressed. Some of this is included in strategic theme 5 of the strategy.

### **3.3.6 Environmental / Climate Change**

Environmental impacts are considered within ADP service planning and service delivery. No additional environmental impact is anticipated.

### **3.3.7 Other Impact**

None.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

Some of the participation and engagement was managed by the Health and Social Care Partnership Participation and Engagement Team and supported by the ADP Support Team. It was promoted through locality planning groups, social media and by partners. The consultation managed to gather responses from 138 people, 21% whom had lived experience of substance use.

All ADP commissioned third sector services were invited to be part of the working group and have been consulted on the final draft of the Strategy. Lived and living experience engagement occurred by focus groups at the ADP panel, the living experience group and focused sessions at family support groups. The youth forum linked to a commissioned service was also consulted on the strategy.

All of the engagement and participation work has informed the strategy content and development.

## **4 Recommendation**

- **Discussion** – The Board is asked to discuss the Alcohol and Drug Partnership (ADP) Strategy 2024 to 2027 and highlight amendments required.
- **Decision** – The Board is asked to approve the Strategy.

## **5 List of Appendices**

The following appendices are included with this report:

Appendix 1 – Fife ADP Strategy 2024 – 2027

## **6 Implications for Fife Council**

Following approval by the IJB, services commissioned by the ADP will be required to align delivery to the new strategy.

## **7 Implications for NHS Fife**

Following approval by the IJB, services commissioned by the ADP will be required to align delivery to the new strategy.

## **8 Implications for Third Sector**

Following approval by the IJB, services commissioned by the ADP will be required to align delivery to the new strategy.

**9 Implications for Independent Sector**

None

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

<b>Direction To:</b>		
<b>1</b>	<b>No Direction Required</b>	X
<b>2</b>	<b>Fife Council</b>	
<b>3</b>	<b>NHS Fife</b>	
<b>4</b>	<b>Fife Council &amp; NHS Fife</b>	

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# Fife Alcohol and Drug Partnership

Prevention, Protection, Early Intervention, Treatment & Recovery



FIFE ALCOHOL & DRUG  
PARTNERSHIP

# Strategic Plan

2024 – 2027



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Appendices

It is a pleasure to present Fife's Alcohol and Drug Partnership Strategy 2024 – 2027 which represents our approach to addressing the needs of people and communities affected by alcohol and drugs. The Plan has been developed over several months with people with lived and living experience, our partners, and service providers and takes in to account a number of

local and national policies as well as our Public Health Needs Synthesis Assessment (2023). The strategy includes the current picture of where we are in Fife and the challenges we face to prevent harm and promote and support recovery for all individuals, their families including children and young people, and their wider communities.

Over the last year, in my position as Chair I have been impressed by the commitment and the partnership working, I have seen, not only at the committee but within ADP services. Across all sectors, we want to see the people of Fife affected by alcohol and drug issues get well, achieve their potential and live productive and enjoyable lives.

However, there are still very significant challenges which face us and the people of Fife. Firstly, the rate of drug and alcohol related deaths in Fife are a loss to us all. Across Scotland, long before Covid 19 or the cost-of-living crisis, Alcohol and Drug Partnerships have been attempting to reverse this public health crisis locally. Fife is no exception and for this reason, we will continue with our public health surveillance group to understand drug related deaths and where we can improve within our own system of care and where we can support and inform changes across the whole system. Locally in partnership we have commissioned research to understand better alcohol specific harm and deaths. That research has concluded and, supported by the people and their families with lived and living experience, we now have a clear set of recommendations to implement over the life of this strategy. More than ever, we will need our partners to work collaboratively with us across all sectors and develop innovative ways of working together making the most of our resources and the knowledge and experience we have gained. Crucially, we will continue to place people and families with lived and living experience at the start of decision making and the centre of service redesign

Secondly, we need to reemphasise our messages of prevention and early intervention and the recovery orientated system of care to services and partnerships across the NHS, Council, third and independent sectors. By doing this we hope to intervene earlier with people at risk, reduce barriers, promote awareness of our services, address stigma and create a much more tailored trauma informed response to those affected by alcohol and drugs wherever they need help.

Thirdly, the ADP will review how we work. This will involve changes to our structure and subgroups, scrutinising activity and its impact by continuing to build a performance monitoring framework and ensuring it achieves good outcomes for the targeted client groups, improving processes and procedures so we can respond quickly to emerging risks, changing our strategic approach if required.

The plan we have set for ourselves is ambitious but in my view, absolutely necessary, if we are to achieve our aims. I believe we have some strong assets in our capable, creative and knowledgeable ADP Committee, Support Team, Service Providers and those with lived experience and living experience and I am confident, we can deliver this strategy. I look forward to working together with you all over the next three years.

# Introductory message from our chair



**Nicky Connor**

*Nicky Connor*

**Chair: Fife Alcohol & Drug Partnership Committee**

# Introduction – Fife ADP

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of Fife Health and Social Care Partnership, and the ADP Strategy is one of its transformational strategies. It is also represented in the Communities and Wellbeing Partnership and through this, reports to the Fife Partnership Board.

The ADP's primary strategic aim is to reduce the prevalence, impact and harms associated with alcohol and drug use throughout Fife. This involves contribution to broad prevention approaches to reduce prevalence of drug and alcohol use, early intervention, protection through harm reduction approaches, and maintains and continuous improvement to the recovery based, trauma informed system of care and support for people, their families and communities affected by substance use. The ADP provision is planned, delivered, and evaluated in three-year strategic cycles.

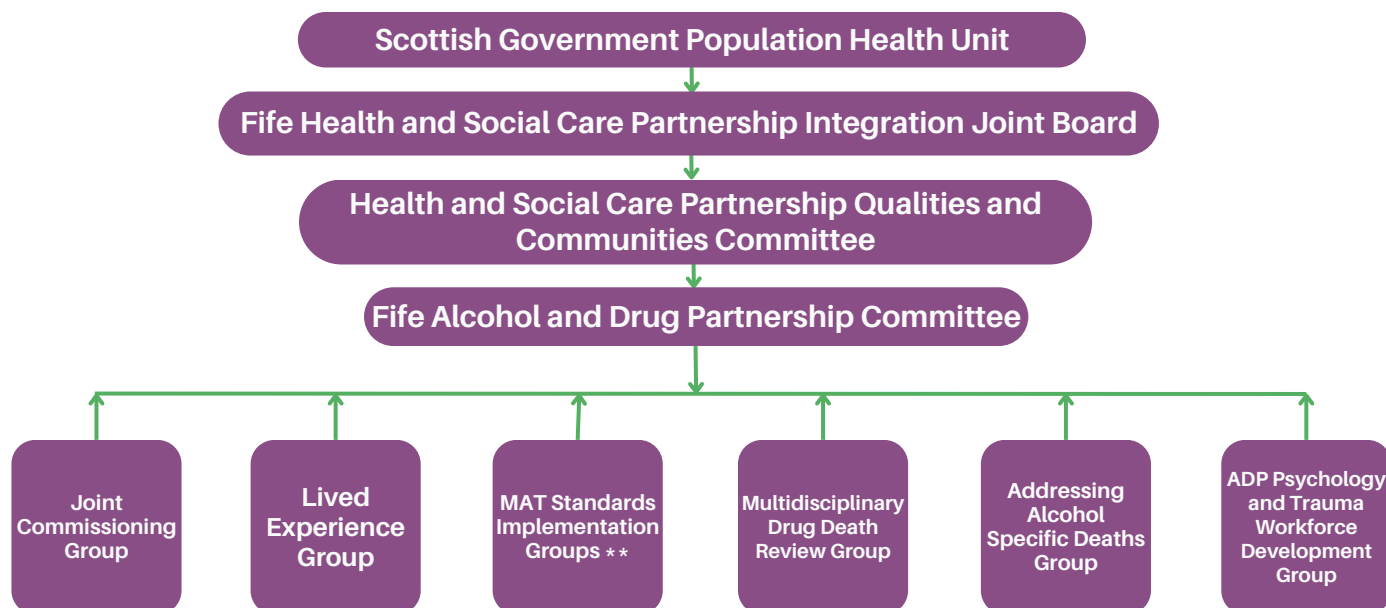
The ADP structure and governance involves an executive committee with delegated responsibility for strategic planning, financial governance, commissioning and implementing

national policy locally dependent on needs of the Fife population. It reports to the Qualities and Communities Committee of the Health and Social Care Partnership and onward to the Integration Joint Board. From here the ADP is required to submit its annual financial report to the Drug Mission Policy Division within the Population Health Unit of the Scottish Government.

Members of the ADP executive committee partnership are senior managers of statutory services and third sector agencies and representation from those with lived and living experience. All have an interest and/or shared responsibility for delivering the ADP strategic priorities and overseeing the annual delivery plan and report.

The ADP's internal structure currently consists of eight subgroups, each led by a member of the ADP Committee and by the ADP Support Team (see Appendix 1 for full list of membership). Each of these subgroups complete projects from the ADP Delivery Plan and submit a flash report to the ADP Committee on a quarterly basis for assurance and escalation purposes.

## ADP Organisational Chart



\*\* MAT Standards Implementation Groups now include:

- MAT 7 - Primary Care Shared Model of Care
- MAT 9 - Mental Health and Substance Use Implementation Group

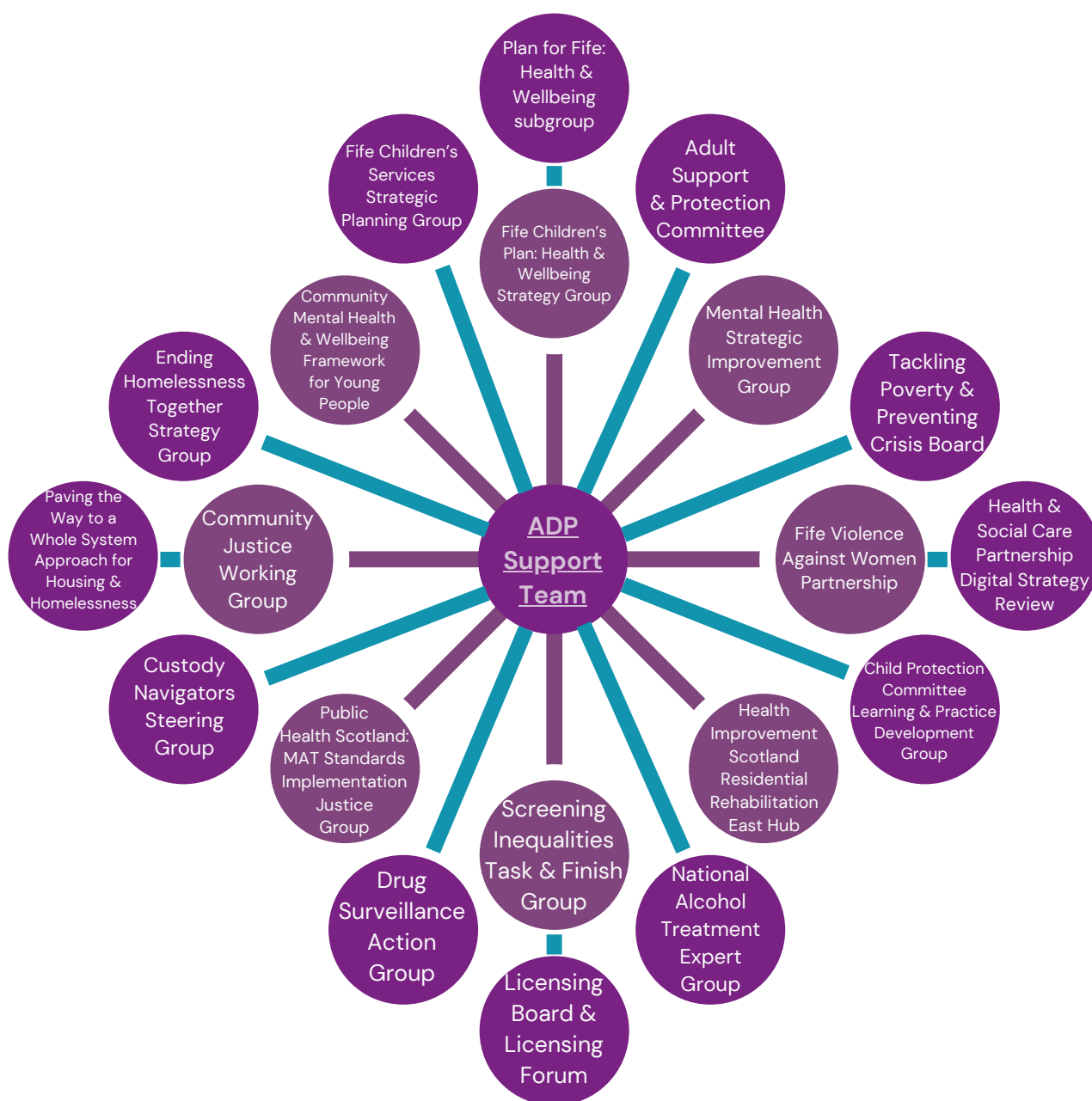
For completion of the strategy and its priorities over the next three years, the ADP Committee during 2024/25 will review its current structure ensuring that subgroups are still aligned with priorities and can be effective in their delivery. This will also include a review of the Executive Committee's terms of reference and all those of the current subgroups except the Lived Experience Group, an autonomous subgroup of the ADP Committee. New subgroups might need to form based on local research and changes in strategy direction. Similarly some subgroups will be dissolved as work has concluded. The ADP aims to complete this work within the first year of its new strategy.

The ADP Support Team has several short life working groups (SLWG) for the purpose of implementing learning from local or national standards and research. These are usually cross partnerships and report into an ADP subgroup, for example:

- **Multiple Drug Death Expert Group**
- **Living Experience Group Services and Management Group**
- **ADP Strategy Development Project Planning Group**
- **MAT 10 Operational Implementation Group**
- **Cowdenbeath Locality and Kirkcaldy Locality One Stop Shop Development Groups**
- **Localities Overdose Awareness and Take-Home Naloxone Group.**



The ADP aligns its support team with several other strategic partnerships mainly local and where there is joined accountability for outcomes to be achieved through synergy of resources and shared project planning and delivery. This involves strategic links to HSCP transformational and supporting strategies of the HSCP and where integration of delivery plans improves outcomes for the people of Fife.



# Equality, Diversity & Human Rights

**Fife Alcohol and Drug Partnership works in line with Health and Locally Authority policies on Equality and Diversity. The Health and Social Care Partnership are committed to providing fair and accessible services to all members of the community as outlined within the strategy.**

The Equality and Diversity Outcomes (2021–2025) set out priorities in relation to all protected characteristics under the Equality Act 2010, on achieving positive outcomes for service users, staff and customers. By advancing equality of opportunity it is ensured that the community is able to access services in a way which meets their needs.

Given the remit and responsibilities of the Alcohol and Drug Partnership, the drivers of health inequalities have been recognised for some time. As has a commitment to be inclusive and strategically and operationally be diverse for all groups. People needing support for alcohol and drug use will face multiple health inequalities due to deprivation, poverty, stigma and access to services but there are additional unintended barriers created, if the strategy and services do not respond well to protected characteristics. The roll out of the National Collaborative Draft Charter of Rights for People affected by substance use (2023) when finalised, will enshrine an approach which protects and ensures people's human rights across multiple public service delivery

and locally the ADP will be required to lead on this work.

Both the EQIA completed as part of the development of this strategy has highlighted the consideration of this and the Public Health Needs Assessment Synthesis has developed a deeper recognition of the differing needs of people within the care group. This applies to understanding the increased risk of prevalence of problematic substance use for some groups and increased difficulties for access and retention in services. The needs assessment identified the groups below as requiring a specific focus over the course of the strategy:

- ***Women***
- ***Young People***
- ***People who are trauma experienced***
- ***People with a risk of homelessness and/or homeless***
- ***People in the criminal justice system***
- ***People with wider health needs***
- ***People of an older age***
- ***People with mental ill health***
- ***People with a disability***

It is entirely incumbent on services for change and improvement and people must be viewed holistically and service delivery adjusted to meet their needs. The ADP will develop as part of its commissioning approach and improving how we work, a review of operational delivery in meeting the needs of these specific groups.

# About Fife – The Challenges We Face

## Drug Use Prevalence, Treatment Access, Hospital Stays and Drug Related Deaths

We are aware that the most recent prevalence data was produced in 2015/16 and is therefore considerably out of date. Public Health Scotland is due to publish up to date findings during 2024/25. This will be reviewed at that point to ensure that our strategy remains up to date with the most accurate figures available to Fife ADP. This will allow us to make fully informed and targeted representations.



National Figures



Location Specific  
Data

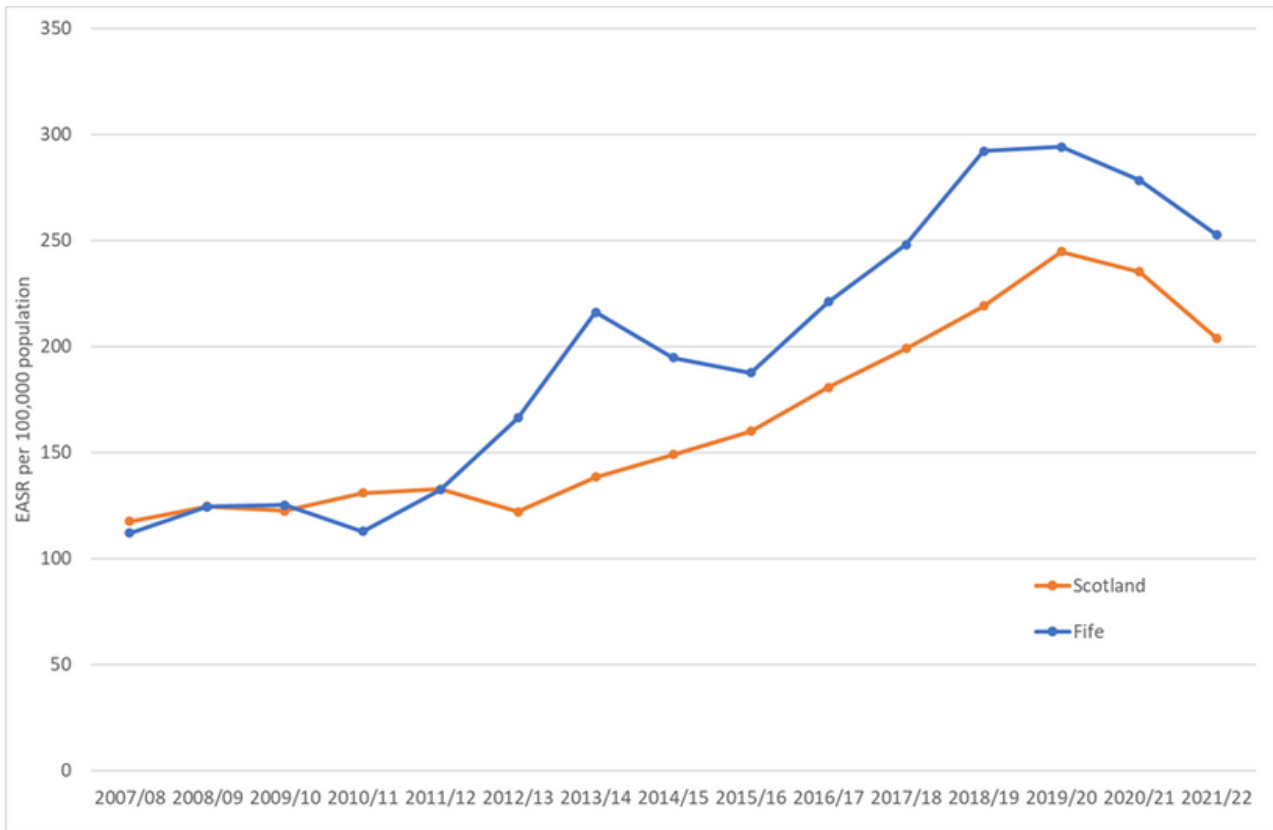


Reviewing Trends

More up to date information indicating use of services throughout can be provided by the Drug Alcohol Information System (DAISy) updated locally by tier 3 services. During 2022/23, 311 (30%) individuals referred to specialist tier three and four interventions were referred for treatment for drug use and 133 (13%) were referred for co-dependency. This compares with the Scottish average of 35% referred for drug use and 12% referred for co-dependency.

A total of 1,011 referrals for drug use were discharged in Fife, of which 446 (44.1%) were discharged before treatment. This compared nationally with a total of 12, 620 referrals for drug use discharged over the year, of which 3,842 (30.4%) were discharged before starting treatment.

### Drug related hospital stays involving Fife residents in acute hospitals

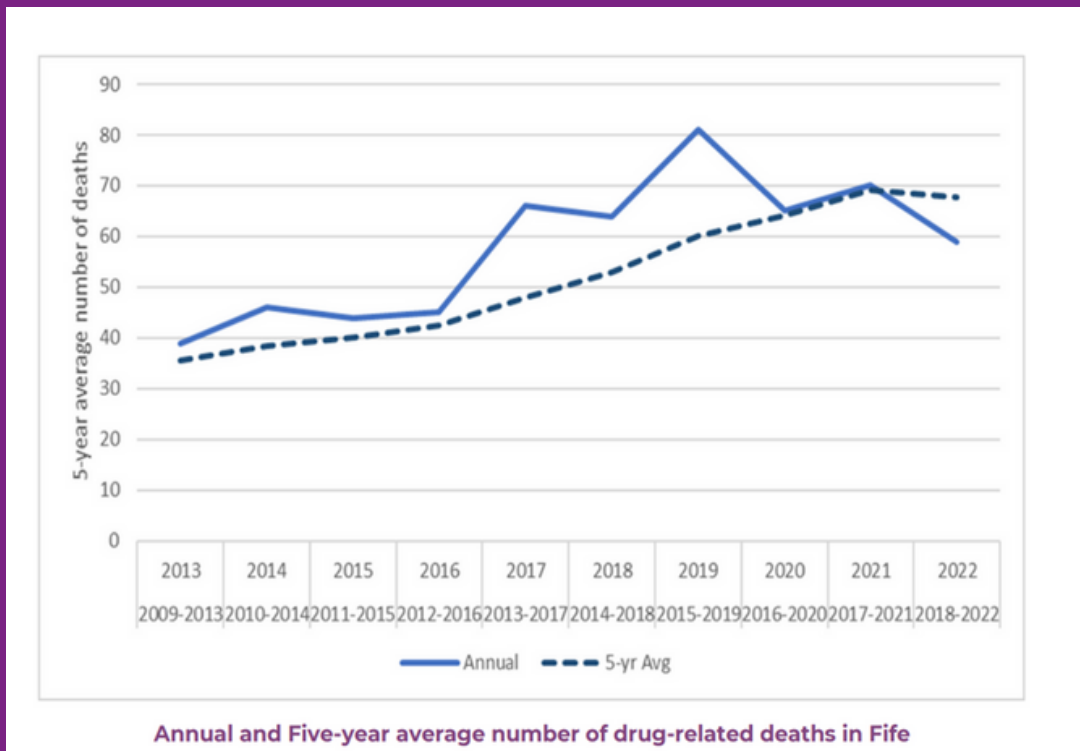


In 2021/22 there were 873 drug-related hospital stays involving Fife residents in acute hospitals. 98% of these stays were as a result of an emergency admission to hospital. In each of the last 10 years emergency admissions have accounted for more than 90% of drug-related stays and in the last five years more than 95%.

Although hospital stays fell in 2020/21 and 2021/22, which may have been expected due to impact of the COVID-19 pandemic, rates in Fife are currently more than double the rate reported in 2007/8 and 52% higher than the rate in 2012/13. (Please see table above for more details).

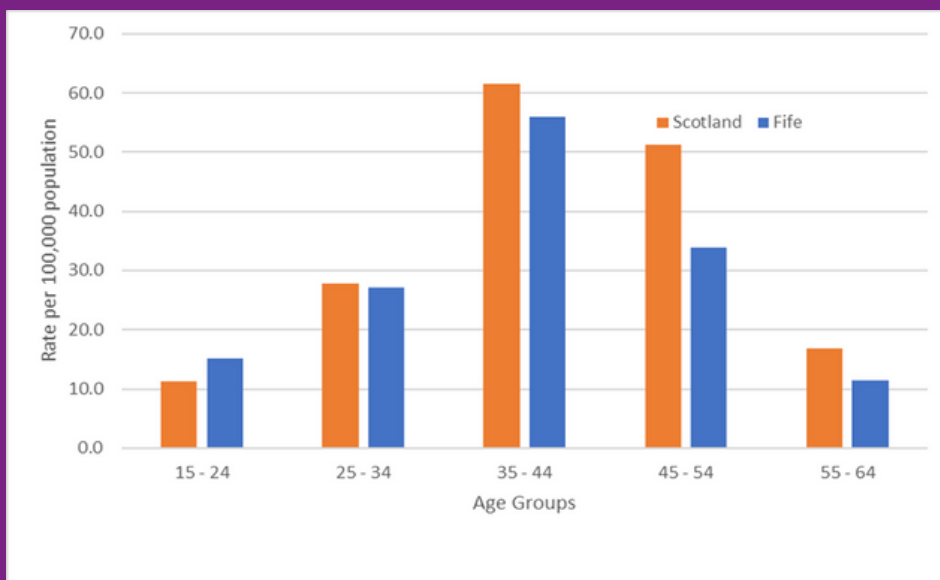
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In this report rates of admissions and deaths refer to European Age-Sex Standardised Rates



Sadly, in Fife, 59 people lost their lives to a drug related death in 2022. This was a decrease from the previous year of 70 in 2021 and the highest total recorded in Fife in 2019 of 81 deaths (as highlighted in the table above). Five-year averages show that an increasing trend in drug related deaths has stabilised and then slightly fallen for the first time since 2015.

The average age for drug related deaths in Fife was 42 in 2022 (please see table below). This is slightly higher compared to 40 in 2021. Across Scotland the age profile of drug-related deaths has become older. Since 2000 the average age of drug deaths has increased from 32 to 45. 63% of drug-related deaths were in those aged 35– 54 in 2022 compared to 29% on 2000. The below graph shows the age categories specifically in Fife compared to Scotland in 2022:



Five-year average age-standardised rates per 100,000 population of drug-related deaths by age group 2018-2022; Fife and Scotland

Five-year average age-specific rates for 2018–2022 show that the highest rates are seen in the 35–44 age groups for both Fife and Scotland. Over the same time period, Fife has a 15.1 per 100,000 population in the youngest age range (15 to 24 years old) compared to 11.2 for Scotland. Lower rates were seen in the 45–54 and 55–64 age groups in Fife compared to Scotland.

# Overview – Drug Use in Fife

Opioids continue to be associated with significant harm in Fife. Between 2019 and 2022, opiates/opioids were implicated in the vast majority of drug related deaths in Fife (81% in 2022) and Scotland (82% in 2022). Methadone (prescribed and illicit) is implicated in more deaths than heroin/ morphine in Fife and Scotland in 2022, 2021 and 2020. 11% of drug related deaths in Fife involved prescribed opioids (excluding OST), these were dihydrocodeine, morphine and codeine. Opioids are the most common drug category recorded in mental and behaviour disorders stays and the second highest in overdose stays in Fife.

There are increasing harms associated with benzodiazepines as measured by drug related hospital admissions. After opioids, the most commonly implicated substance group in drug related acute hospital stays are sedatives/ hypnotics (benzodiazepines and z drugs) (29%). The rate of sedatives/hypnotics stays have increased significantly since 2015/16, more than for any other substance and Fife has higher rates than in Scotland. They were the most reported drugs associated with overdose stays in Fife in 2021/22. Benzodiazepines were the group of drugs most commonly implicated in drug related deaths after opioids, followed by gabapentinoids.

There is an increasing picture of harms associated with cocaine use in Fife. Cocaine was implicated in 41% of deaths in 2022. The proportion of deaths where cocaine was implicated was higher in 2022 and 2021 compared to recent years and compared to Scotland and has been increasing in Fife, whilst staying stable in Scotland. Few drug related deaths involve amphetamines.

Increasing harms are also seen in terms of increasing hospital stays/ overdose, particularly in the under 45s. A sixfold increase was seen in the rate of cocaine overdose stays between 2015/16 and 2020/21. There are also reports of emerging trends of ketamine and cocaine being used together by young people which increases the risk of harm of each substance.

Cannabis is rarely implicated in drug related deaths but cannabinoids are the third most commonly attributed drug in drug-related acute stays in Fife. Rates of cannabinoid-related acute hospital stays have been increasing and exceed those in Scotland. In 2021/22 the rate of cannabinoid stays was more than 4 times the rate in 2007/8 with increases particularly in the under 45s. Synthetic cannabinoids and increased complexity of patients due to co-morbidities and prolonged cannabinoid use may be contributing to this trend. People who use cannabis represent a larger proportion of people accessing tier 3 and 4 services in Fife compared to Scotland.



# Overview – Alcohol Use in Fife

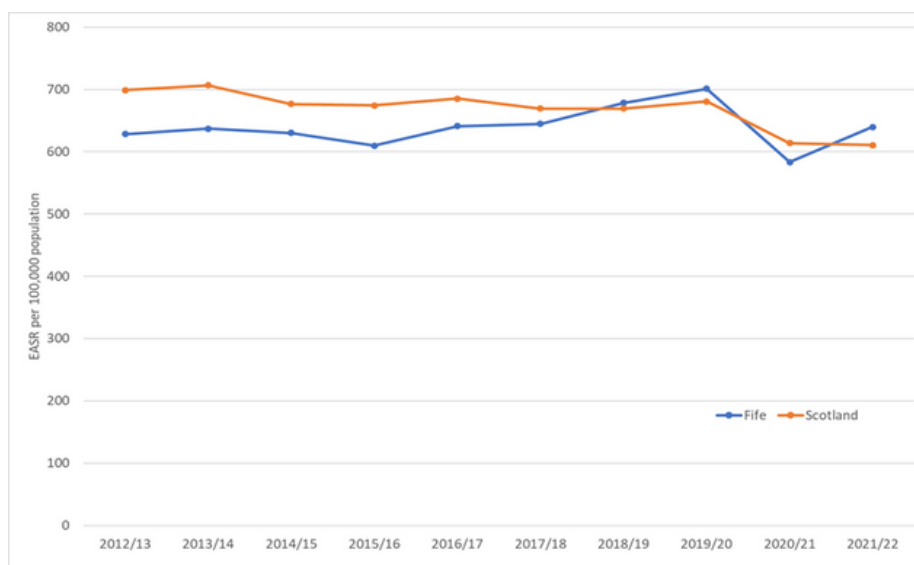
In the 2021 Scottish Health Survey, 1% of all respondents aged 16 and over were assessed as drinking alcohol at harmful levels. In Scotland, this would equate to 45,684 people drinking at harmful levels of which 9,266 (20.3%) were referred to specialist tier 3 and tier 4 services for alcohol use. Data is only available at the Scottish level but if the 1% is applied to the Fife population, this would equate to 3110 people drinking at harmful levels of which 620 (19.9%) were referred to specialist tier 3 and tier 4 services for alcohol use.

In Fife, 620 (59%) individuals referred to specialist tier three and four interventions were referred for treatment for alcohol use, 39% were discharged before starting treatment, higher than the Scottish average of 30%.

There is some evidence of increasing alcohol related harms as measured by alcohol hospital admissions prior to the pandemic. Acute alcohol related hospital stays had increased over time prior to the pandemic but since are lower and are currently slightly lower than in Scotland overall. There are considerably higher rates of alcohol related acute hospital stays in the 11-25 year age group, than in Scotland. In 2021/22 there were 2,370 alcohol-related hospital stays involving Fife residents in acute hospitals. Consistent with previous years more than 90% of these stays were as a result of an emergency admission to hospital.

Rates of alcohol-related acute hospital stays (please see table below) increased in Fife between 2015/16 and 2019/20 to a rate higher than Scotland which had seen rates remain fairly stable in that time. As a possible consequence of the COVID-19 pandemic stays fell sharply in 2020/21 and then increased in 2021/22, but to a level lower than seen in 2019/20, whilst Scotland experienced a further small decrease.

**Figure 1: Alcohol-related acute hospital stays; Fife and Scotland 2012/13 to 2021/22**



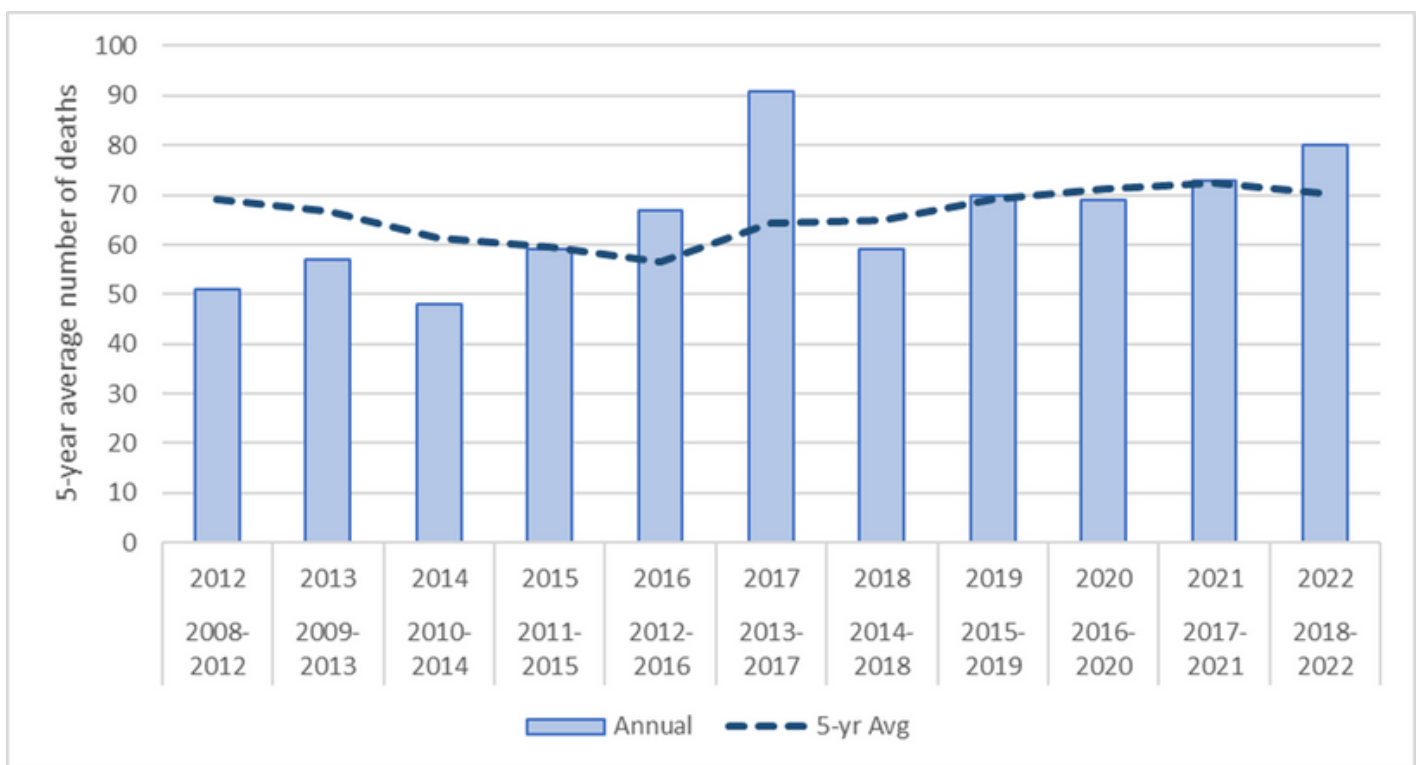
\*Source: Public Health Scotland

At a population level alcohol use is also causing significant harm with an estimated 6.5% of all deaths among adults aged 16 and over across Scotland in 2015 attributable (wholly and partly) to alcohol use. Among adults aged 16–44 years just under 1 in 5 (19%) deaths were attributable to alcohol use. Harms associated with alcohol use are expected to increase significantly due to the impact of COVID-19. Particularly due to levels of drinking in people already drinking at harmful or hazardous levels.

In 2022 there were 80 alcohol-specific deaths in Fife. This was an increase from the 73 deaths in 2021 and the third highest annual number of alcohol-specific deaths in the last 10 years.

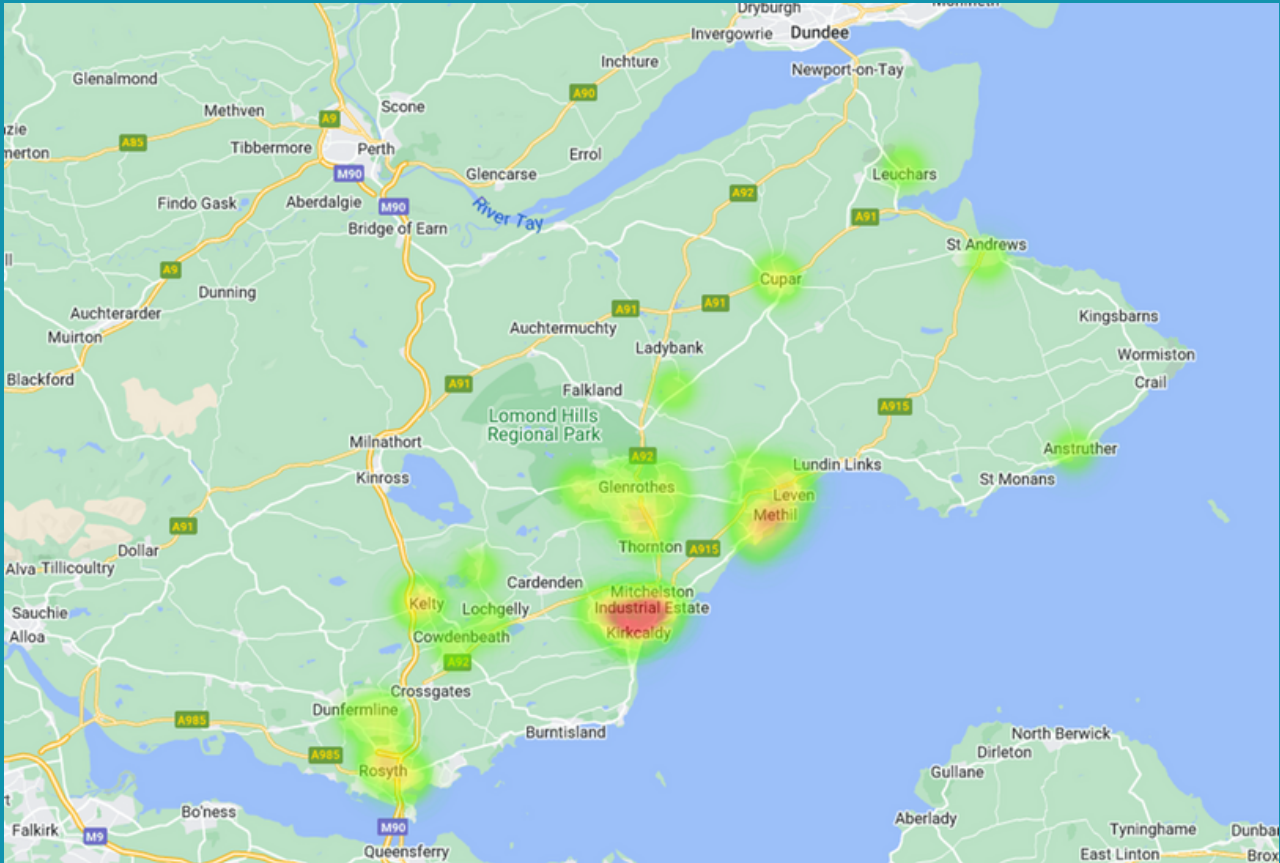
Annual numbers of alcohol-specific deaths in Fife fluctuate year on year. Five-year averages are used to smooth out some of this fluctuation (please see table below). The five-year averages of alcohol-specific deaths in Fife have generally risen since 2012–2016 following a period of declining numbers. Scotland has seen a general increase in numbers since 2012.

Figure 2: Annual and five-year average alcohol-specific deaths in Fife (Source: NRS)





# Localities Alcohol & Drug Use Harm



Heatmap showing the locations where a drug related death has occurred in Fife in 2022.  
**\*Note that this is by location and not by population as stated above.\***

Some localities have higher rates of harm. Levenmouth, Glenrothes and Kirkcaldy, Cowdenbeath have consistently had higher rates of alcohol related acute hospital stays and deaths compared to the other localities. Over the same period, the same HSCP localities also had higher rate of drug-related hospital stays compared to the other HSCP localities. In the recent past, Levenmouth locality has had higher rates of alcohol –specific deaths, alcohol-related acute hospital and drug related hospital stays than the other localities.

# Strategy Review & Development

**Over the course of 2023, the ADP Support Team led a review and development process to produce a new three-year strategy for 2024 – 27 reflective of the needs of the people of Fife. The strategy is based on continuous improvement of the current delivery started within the previous strategy and creating new work to fill gaps in provision or address needs in more innovative and better ways.**

The strategy is informed by the Needs Assessment Synthesis requested by the Scottish Government in the refresh of the Partnership Delivery Framework (2021) and completed by NHS Fife Public Health in December 2023. The HSCP participation and engagement survey completed in November 2023 has also been a significant driver of the strategy themes and improvement work.

The new HSCP Strategic Plan for 2023 to 26 and provides a strong basis for the development of the new ADP Strategy. There is cognisance of the key themes of local, sustainability, outcomes, wellbeing and integration threaded throughout the improvement within this strategy and thus is naturally reflective of the National Wellbeing Outcomes and the Public Health Priorities for Scotland. Strategic alliances with other supporting HSCP strategies including Mental Health, Advocacy and Primary Care are also included within the improvement tables and reflect that the

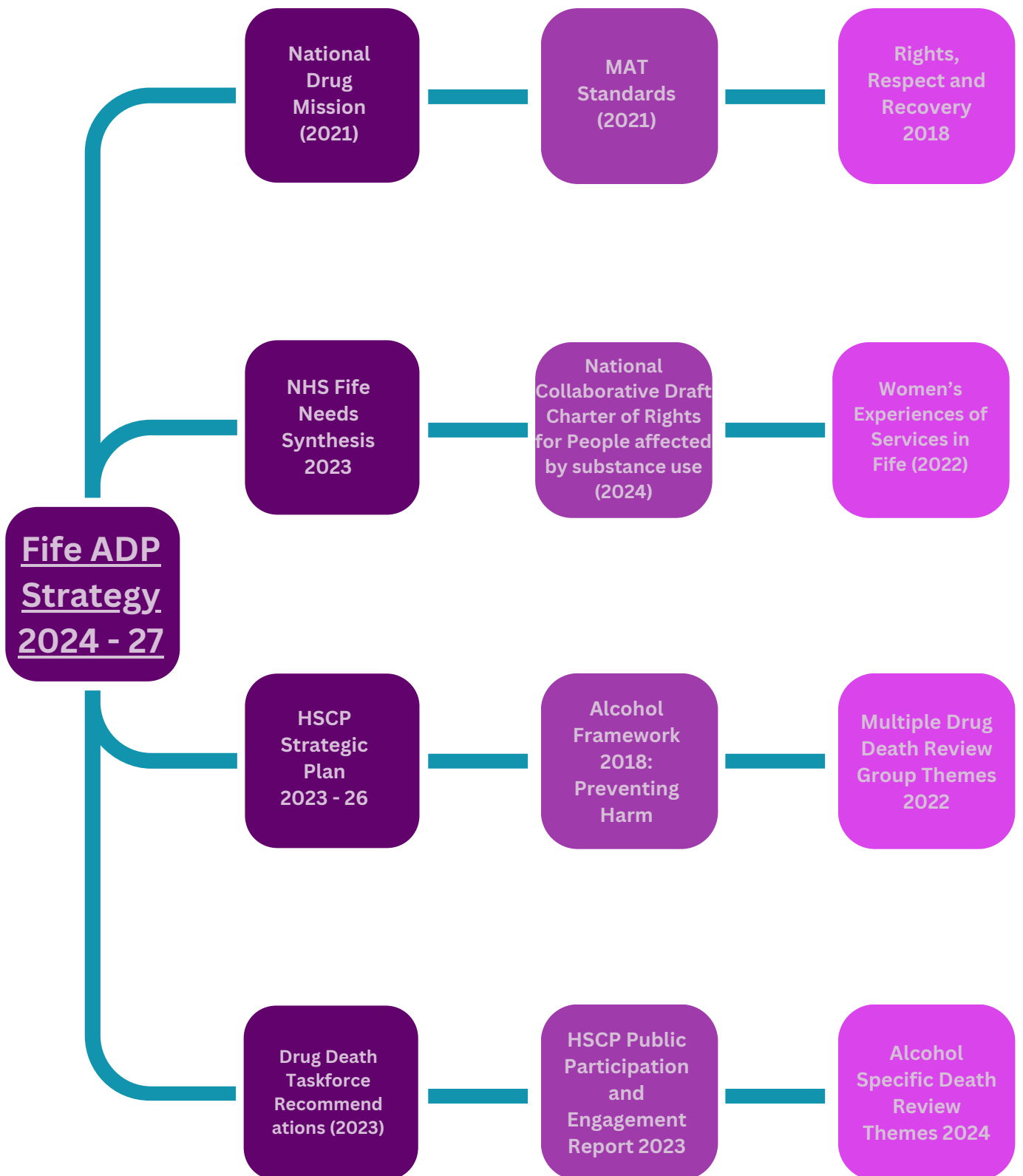
vision and mission of the ADP cannot be achieved without collaboration and coproduction with other transformative strategies.

## **The Process:**

The ADP Support Team developed a project plan (Appendix 2) for the production of the strategy. Several new national strategies, guidelines and research are drivers for the new Fife ADP Strategy, including Drug Death Taskforce Recommendations (2023), Drug Mission Policy (2021), MAT Standards (2021), National Collaborative Draft Charter of Rights for People affected by substance use (2023), Alcohol Framework 2018: Preventing Harm and Rights, Respect and Recovery 2018.

There are also national policies based on improvements for residential rehabilitation pathways, lived and living experience and support for family members including whole family support and family inclusive practice framework. Local research and evaluations in particular the Women's Experiences of Services in Fife (2022), the Multiple Drug Death Review Group findings and the quantitative and qualitative research led by Public Health and SDF overseen by the ADP Addressing Alcohol Specific Deaths subgroup are all key components of the review of the current strategy and the improvements needed for the redevelopment.

# The Process – Driver Diagram



# ADP 2020 – 2023 Summary of Achievements

The 2020 – 2023 ADP Strategy was reviewed during six focus groups with services delivering the current strategy, two sessions with the lived experience panel and the living experience group and four sessions with family members attending Scottish Families Affected by Alcohol and Drugs (SFAD) support groups in Fife. This review provided a reflection of the work achieved throughout the previous strategy and this is summarised below under the previous themes:

## 1

### Theme 1 – Prevention and Early Intervention

#### Outcome: Fewer People develop problem drug and alcohol use

- Commissioned and worked with partners in schools to review the substance use education provided to children and young people
- Commissioned youth friendly services to outreach to young people offering support for those – affected by substance use – either their own use or within their family and increasing provision up to 26 linked with employability services.
- Provided whole family support for all members of the family where there are young children to help them first prevent crisis and manage it if, and when, it does.
- Provided additional support to children and their families affected by substance use as they transition from primary to secondary school.

## 2

### Theme 2 – Developing a Recovery Orientated System of Care

#### Outcome: People access and benefit from effective integrated person-centred support to achieve their recovery

- Extended our overdose awareness and THN training programme to communities, via pharmacies, services, families and businesses in contact with people at risk.
- Created one stop shops in some localities (Kirkcaldy, Levenmouth & Cowdenbeath) for drop in, same day prescribing and support.
- Embedding MAT Standards into the system of care, creating pathways to treatment and support and improving access to residential rehabilitation.
- Improved services to facilitate same day prescribing for opiate replacement therapy and ensuring people continue to have choice about treatment and support and built a MAT Standards performance framework that measures impact on people in Fife.
- Increased THN distribution by developing a peer to peer model and a Fife wide training programme including overdose identification and awareness.
- Improved and extended pathways to residential rehabilitation for people affected by alcohol and drug use.
- Extended our services to engage with people at points of crises for example A&E, hospital wards, custody suites and prisons.
- Invested more in our recovery community service ensuring that people affected by alcohol and drugs have access to activities with others, preventing isolation and promoting wellbeing.
- Created a dedicated independent advocacy service which supports people's rights and helps their voices to be heard.
- Developed and commissioned a four-services partnership model for hospital liaison in reaching into hospital wards and A&E to offer treatment and support and providing community follow up and relapse prevention support once discharged.
- Developed and commissioned a social work team to work with people with severe alcohol and drug dependency and co-morbidities where an intensive and frequent level of support will improve personal outcomes.

# 3

## Theme 3 – Getting it Right for Children and Young People

**Outcome: Children and families affected by drug and alcohol use will be safe, healthy, included and supported**

- Jointly commissioned with Education and Children's Services a whole family support for families with young children at intensive and additional level.
- Created and sustained a lived experience panel with family members included.
- Invested in a family support and carers' service specifically for adult family members or those viewed as family and built a network of support across Fife.
- Invested in additional support with the Social Work Kinship Carers Team for families affected by substance use to assist family recovery and maintain the family.

# 5

## Theme 5 – Alcohol Framework 2018

**Outcome: A Scotland where less harm is caused by alcohol**

- Continued collaboration with Public Health and provided evidence of alcohol harm throughout Fife linked to availability of alcohol.
- Targeted awareness days focused on raising awareness of alcohol specific harm.
- Established an addressing alcohol specific death group and commissioned research from public health and SDF to understand the demographic profile of who is at risk in Fife and identify whole system and service improvements to prevent harm and death.

# 4

## Theme 4 – Public Health Approach for Criminal Justice

**Outcome: Vulnerable people are diverted from Justice System, wherever possible and those in the justice system are fully supported**

- Developed a custody suite navigation service from all police custody suites in Fife to support people affected by alcohol/drug use and mental health into community based support.
- Developed a prison in reach peer coaching and mentoring model for people liberated from prison returning to Fife to maintain their recovery in the community.





# Wider Consultation

Further consultation occurred during two events, one with the Health and Social Care Extended Leadership Team and a Wider Stakeholder Consultation Event in August 2023 (see appendix 3 for summary). The Public Health Needs Synthesis 2023 (appendix 4) analysed national and local data based on use of opioids and benzodiazepines, alcohol, depressants, stimulants and cannabinoids and took a focus on groups experiencing additional needs or vulnerabilities with a focus on development of the six strategic themes. Its research included relevant local and national policy and a synthesis of five previous service user and people with lived and living experiences independent evaluation commissioned by the ADP and undertaken by Scottish Drugs Forum (SDF) using their peer research model.

In partnership with HSCP Participation and Engagement Team a consultation plan was developed and executed bringing the views of communities, the general public and people with lived experience of substance use or working in services. This focused co-production work enabled the ADP to develop the vision, mission themes, six strategic themes and the principles and values underpinning how the strategy is delivered and implemented. (see page 20).

Existing commissioning arrangement with statutory services and third sector were mapped against the new strategic themes and more detail is provided on page 21.

Finally an Equalities Impact Assessment Children's Rights and Wellbeing Impact Assessment was completed to consider those with protected characteristics and people marginalised and subject to harassment, discrimination or victimisation. A summary of this is available on the ADP website. The Needs Assessment Synthesis considered the needs of many distinct groups and this has informed the developed of the strategy particularly within strategic theme 5 people experiencing multiple disadvantage and 6 Children, Families and Young People affected by substance use.



# Vision, Mission, Themes & Values

## THE FIFE ADP STRATEGY 2024 - 27

LOCAL, SUSTAINABLE, WELLBEING, OUTCOMES & INTEGRATION

VISION



MISSION



HSCP & ADP THEMES



VALUES



*“To enable ALL the people in Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma.”*



**Increase opportunities for people with lived/living experience to co-produce and contribute to strategy, policy & service development - placing this at the start of all work we do.**

Prevent the people of Fife from developing problems with alcohol/drugs by addressing root causes/ drivers, such as poverty, deprivation, mental health and early traumatic experiences.

**Provide holistic early harm reduction and early intervention in an integrated way with other services for children, young people, adults, families and communities at risk.**

Create awareness with partners about the impact of stigma & other barriers, and provide education & training on issues impacting our communities.

**Build & enhance services that support & protect the rights of all people affected by alcohol/drug use and respect their recovery and treatment choices.**

Support families and young people (inc. carers) and ensure services are more inclusive and family focused.

- **WELLBEING** - Prevention and early intervention
- **LOCAL** - Protecting People
- **INTEGRATION** - Services Access and Quality.
- **OUTCOMES** - Quality of Life
- **SUSTAINABLE** - Families, Children, Young People and Communities



- Trauma informed
- Person at the start
- Improvement driven
- Inclusive
- Human rights based approach
- Integrity
- Compassionate
- Respectful
- No closed door
- Continuous improvement





# ADP Current Operational Delivery under the Strategic Themes

Theme 1 Prevention & Early Intervention	Theme 2 Protecting People	Theme 3 and 4 – Treatment and Recovery Services are easily accessed and high quality	Theme 5 – Quality of life is improved	Theme 6– Children, families and communities are supported
<p><u>Commissioned:</u> <b>Barnardo's</b> Education Service</p> <p><b>Clued Up</b> Whole Family Transitional Support</p>	<p><u>Commissioned:</u> <b>ABI Delivery</b> (primary care, maternity, A&amp;E and ADP services)</p> <p><b>WAWY</b> Harm Reduction Service, Peer Service and Training Programme</p> <p><b>NHS Pharmacy Services</b> Harm Reduction Service</p> <p><b>ADAPT</b> Non-Fatal Overdose Service</p> <p><b>We Are With You</b> Take Home Naloxone Distribution Programme</p>	<p><u>Commissioned:</u> <b>NHS Fife</b> Addictions Core and MAT Standards Provision</p> <p><b>NHS Fife</b> Addictions Psychological Therapies Service</p> <p><b>FIRST</b> Community &amp; Residential Rehabilitation</p> <p><b>DAPL</b> Psychotherapy and Counselling Service</p> <p><b>Restoration</b> Recovery Communities</p> <p><b>Compass</b> Adult Social Work Service</p> <p><b>Circles</b> Advocacy Service</p> <p><b>Phoenix Futures</b> Recovery through nature Service</p> <p><b>Phoenix Futures</b> Communities of Recovery Fife service</p> <p><b>ADAPT</b> Triage service</p>	<p><u>Commissioned:</u> <b>NHS Fife</b> Addictions ARBD Service</p> <p><b>NHS Fife</b> Psychological Interventions Workforce Development</p> <p><b>ADAPT</b> One Stop Shop (KY Clubs)</p> <p><b>Frontline Fife</b> Recovery Service</p> <p><b>Hospital Liaison Service</b> NHS Addiction Service NHS Pharmacy Services ADAPT WAWY</p> <p><b>SACRO</b> Custody Navigation Service</p> <p><b>Phoenix Futures</b> Peer and Prison Mentoring Service</p>	<p><u>Commissioned:</u> <b>Barnardos</b> &amp; <b>Clued Up</b> Whole Family Support and YP Service</p> <p><b>Social Work</b> Kinship Care</p> <p><b>SFAD</b> Adult Family and Carers Support Service</p>

These services provide key working, whole family support, counselling, psychosocial support, medication assisted treatment, psychological and pharmacological interventions, impatient and community-based detox, housing support, social work support, community-based rehabilitation, harm reduction, peer mentoring, recovery activities, education and information, one stops shops and recovery community development and networks.

# Financial & Commissioning Position

ADPs continue to operate in a challenging climate with significant budget restraints and pressures. ADP core funding originates from two sources: the Scottish Government and Fife Health and Social Care Partnership. In recent years, additional non-recurring funding from Scottish Government has also been provided, to support specific new initiatives within a given timeframe. It is critical that our resources are used effectively to ensure sustainability. The IJB have developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan 2023-2026. The Alcohol and Drug Strategy is one of the HSCP transformation strategies and part of the annual delivery plans as such service provision will be delivered in accordance with the MTFS, and the funds that are made available.

Funding has become increasingly complex in recent years. New investment funding from Programme for Government was provided over the three years from 2017-18 to 2019-20. Two-year funding of for the Drug Death Taskforce was provided over 2020-2022. Drug Mission Priorities funding and MAT Standards initiative also provided additional ring-fenced monies for specific improvements and commissioning. The ADP Committee has an income of £7.539m from ringfenced Scottish Government Funding and the Health and Social Care Partnership and this is distributed across the six strategic themes to achieve our outcomes. Funds have been made available from the CORRA Foundation directly to any alcohol and drug service operating in Fife and third sector and statutory services have applied and been awarded investment for three-to-five-year periods.

These additional funds presented great opportunities for quality improvement and allow the ADP and its services to develop innovative approaches for service redesign without decommissioning or disinvestment. As a result the

ADP has been able to commission new service provision, all of which is detailed in the summary of achievements 2020 -23 (page 17).

The Joint Commissioning Group with support from finance colleagues has commenced work on the financial plan to support the ADP's strategic priorities and affordability of delivering these within the three year cycle. The ADP budget has been set for 2024/25. This includes planning for the use of both core and non-recurring specific funding. This plan will require to align with the resources provided in the MTFS, and the identified efficiencies will be achieved. The ADP and its partners must improve its data gathering and surveillance and evaluation of projects/services to support the development of the plan. A robust approach assessing all expenditure, will ensure that effective and evidence-based project/services are continued. This process will be informed by the MTFS and adhere to the following principles:

- **Ensuring Best Value** – ensure the best use of resources
- **Whole system working** – building strong relationships with our partners
- **Prevention and early intervention** – supporting people to stay well and remain independent
- **Technology first approach** – to enhance self-management and safety
- **Commissioning approach** – developing third and independent sectors

Clearly the demand for ADP services will not reduce, in fact the strategic vision and specifically theme three focus on increasing the reach of services and engaging people affected by substance use in treatment and support. It is imperative that the ADP and its services work smarter and more efficiently by combining resources and integrating with partners within the ADP and those closely linked to the ADP. This will involve a review of the commissioning approach taking into account ethical commissioning, preference for local providers and building wealth and sustainability across our communities.. Specifically the ADP want to build stronger alliances between statutory and third sector services.

# Fife ADP – Theme 1: Prevention and Early Intervention

## Fewer people develop problem drug and alcohol use

- Preventing all the people of Fife from developing problems with substances by addressing the root causes and drivers, such as poverty, deprivation, mental health and early traumatic experiences.
- Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.

### Why is it important?

Fife ADP recognises the four types of prevention and early intervention identified in national strategies Rights, Respect and Recovery (2018), Alcohol Framework: Preventing Harm 2018 and further emphasised in Drug Mission Policy 2022 –2026 published in August 2022. These are further endorsed from the evidence within local sources and policy across the Health and Social Care Partnership, local authority and NHS.

Clued Up's Youth Forum has indicated that all prevention services should be youth friendly, flexible and have a high tolerance for the difficulties young people often experience in engaging with services. They should be community based, careful not to stigmatise in service targeting and ensure equity of provision across Fife by outreaching to children and young people not attending school.

**Environmental** – contributing strategically and operationally to addressing environment and social inequalities including childhood trauma, poverty and deprivation, social exclusion and isolation, poor access to services leading to early onset of alcohol and drug use.

**Targeted** - specific intervention with a focus on families, children, young people or communities where there are vulnerabilities increasing the risk of alcohol and drug use and dependency.

**Education** - drug and alcohol awareness and education aimed at and directed by children and young people of school age reflective of their community and their school environment.

**Availability** - raising awareness and providing evidence of the link between availability of alcohol and harm.

Fife Health and Social Care Partnership (FHSCP) has prioritised prevention and early intervention in its strategic aims over the next three years with a separate supporting strategy reflecting the importance of this work across the whole partnership. This is linked to national wellbeing indicators and also public health priorities for Scotland, in particular priority 4 “A Scotland where we reduce the use of harm from alcohol, tobacco and other drugs”. In the FHSCP Strategy Theme wellbeing “Wellbeing – A Fife where we will support early intervention and prevention”, the ADP Committee has already made commitments reflective of the national priorities. These are detailed below and set the plans for how this work will be enhanced over the life cycle of this strategy.

In delivering these the ADP has two distinct roles first to lead on specialised projects where there is ADP investment and specialised expertise and secondly to provide a contribution and a representation of the care groups’ needs to other preventative work delivered by partners across the Health & Social Care Partnership and in other directorates. This prevents siloed approaches to and duplication of effort for the same people at risk from multiple health and social harms.

## Environmental

Strategically the ADP is aligned with the Tackling Poverty and Preventing Crisis (TPPC) Board and will provide specialised input into general initiatives and interventions to ensure these reach people affected by alcohol and drug use. Within the TPPC delivery plan, the ADP will assist in developing targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group.

ADP services and their workforces have engaged with the NES trauma informed training for children and young people delivered by Fife Child and Family Psychology service as part of the roll out in schools. Our young people service has also benefit from specialist trauma training, supervision and coaching delivered as part of the MAT Standard Programme.

## Targeted & Education

Fife ADP’s Strategy 2020 – 23 indicated a plan to conduct “an evidence-based review of the educational input required with consideration of the universal and targeted provision undertaken with relevant partners” with an expectation that this would lead to a revision of the current education prevention service. This review commenced in December 2022 with a focus on what are children and young people’s substance education needs using a literature review of the evidence base, education stakeholder views from school staff and pupils, contributions from the service delivery staff, analysis of the needs of schools as part of the community, quantitative data about drug and alcohol use prevalence.



The review concluded in July 2023 and four key improvements have been identified and will be incorporated within a test of change in three secondary schools:



### **Additional P7 to S1 Transition Support**

Though transition approaches provided throughout Fife for most children in most settings work well, some children will require a longer, more intensive and more whole family focused additionality to achieve a settled and undisruptive induction to their new school. Clued Up will deliver an intensive transitional service to children in P7 and their families during the transitional year to S1.

The ADP is a key partner of the Health and Wellbeing priority within the Children Services' Strategic Plan and aims to work within existing resource identify opportunities to intervene earlier to prevent harm caused to children and young people. The ADP is also involved in to supporting Education's Community Mental Health Framework, recognising that supporting mental wellbeing and health is a preventative factor against development of problematic substance use.

## Availability

Alcohol is a leading cause of ill-health and early death and it contributes to considerable social and economic harm in Fife communities. Alcohol use and alcohol-related harm are shaped by a wide range of inter-related factors including the availability, accessibility, and affordability of alcohol; socioeconomic factors that affect the conditions that people live and work in, as well as differences between individuals.

To prevent and reduce alcohol related harm in Fife a wide range of interventions are recommended locally, in combination with national policy and legislation. The influence of Fife Licensing Board on alcohol availability and in turn alcohol-related harms is considerable through, the setting of Licensing Policy, including license conditions; the assessment of overprovision; and the review of individual licenses.

Over the last 6 months NHS Fife Public Health team and Fife ADP Support Team have produced evidence of the harms associated with alcohol use and its availability in Fife to the Licensing Board. Two evidence-based documents: an analysis and recommendations relating to availability and harm in Fife have been produced during the previous strategy to inform the overprovision statement; and make suggestions to strengthen the public health objective within the Licensing Policy.

## 3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>Improve our drug and alcohol education in schools across Fife reflective of the community issues and the needs of children, young people and the staff within schools</p>	<p>Fife Education's Health and Wellbeing Survey</p> <p>ADP Strategy 2020 – 23</p>	<p>An improvement in the knowledge of young people of the risks for substance use reflective of their community Teachers and school-based staff confident and knowledgeable to support young people and children's drug and alcohol education needs</p>	<p>Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services.</p>
<p>Improve our harm reduction knowledge, provision and coverage for stimulant use with young people and build better pathways and raise awareness across the whole system about physical and behavioural indicators of hidden use amongst the population.</p>	<p>Multiple Drug Death Review Group learning report</p> <p>PH Needs Assessment Synthesis 2023</p>	<p>Establishment of a multi-strategic taskforce group linked to Health Promotion's suicide, self harm and mental health groups, Child Protection Committee and Fife's Children Services.</p>	<p>An ADP and a whole system workforce knowledgeable about changes in drug use and availability within the different localities and in Fife, capable of educating in supportive and engaging ways to children, young people and families at risk. This will mainstream improvement approaches across whole systems including development of skills and knowledge within a</p>



			<p>broad workforce.</p> <p>Awareness campaign of ketamine use at primary care, further and higher education establishments and other possible presentation sites and build in access to existing referral pathways to treatment and support.</p>
<p>Provide additional whole family transitional support for children moving from primary into secondary school affected by substance use, childhood trauma and mental health and other associated difficulties within their family</p>	<p>The Promise 2021 -2024</p> <p>ADP contractual monitoring 2023</p> <p>HSCP Extended Leadership Team Consultation</p>	<p>Developing positive relationships in their new school and in its community and improving attendance – at school and in class – family members and linking to other supports to address their needs. Family and adults accessing the support needed to prevent crises and create a supportive home environment.</p>	<p>Completed the two-year pilot in Levenmouth delivered by Clued Up fully evaluated (including the voice of families, children and young people) and opportunities to roll out project or mainstream into localities and communities where there is identified need.</p>
<p>Strengthen and improve the evidence provided to the Fife Licensing Board for the causal dependable link between alcohol harm and alcohol availability</p>	<p>Alcohol Framework: Preventing Harm 2018</p>	<p>Developing our policy on responding to individual licence requests in areas of high harm in the absence of an overprovision assessment. Working in co-production with localities most affected by high harm which may in turn also offer an opportunity to influence future overprovision policy. Influencing members of the licensing forum to identify areas where we can work more closely to mitigate the impact of alcohol provision in communities, which may in turn also offer an opportunity to influence future overprovision policy. Consult on the Scottish Government ongoing review of the licensing system.</p>	<p>A locality specific overprovision policy developed and implemented to contribute towards a reduction in alcohol specific harm</p>
<p>Collaborate with Tackling Poverty and Preventing Crisis Board to on general initiatives and interventions to ensure these reach people affected by alcohol and drug use.</p>	<p>ADP Needs Assessment Synthesis 2023</p> <p>HSCP Participation and Engagement</p>	<p>More people will have access to benefit checks from ADP staff at a range of places which will reduce underclaiming of benefits in Fife and maximise people’s and families’ income. The ADP will contribute to the Rowntree review to establish if there are gaps in provision addressing needs of people affected by substance use Within the TPPC delivery plan, the ADP will support targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group</p>	<p>Fewer families and people affected by alcohol and drug use will be as severely impacted by the cost of living crisis</p>



# Fife Alcohol and Drug Partnership – Theme 2

## Risk is reduced for people who take harmful substances

- **Provide early intervention and harm reduction in a holistic and integrated way with other services for children, young people, adults, families and communities at risk.**
- **Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.**

### Why is it important?

Our first commitment to anyone affected by drug and alcohol use is to protect their life and safeguard them from harm. Effective harm reduction includes evidence based and non-stigmatising information, advice and support as well as providing harm reduction training and equipment. This should happen in multiple settings, across the full ADP and ancillary services and be offered and continued at any time or any point in the person's recovery journey. It should be provided without expectation of recovery or engagement with treatment and support and be offered to people in the community and to family members as part of family inclusive practise. The ADP has endorsed the MAT Standards evidence and the findings of the Drug Death Taskforce and recognises harm reduction is entirely complementary with treatment and support they should be delivered simultaneously dependent on need and neither should be withdrawn or assumed unnecessary at any point in a person's life.

Traditionally harm reduction interventions were mostly developed in relation to the use of drugs, particularly injecting use. In this case, the key aims are to reduce risks of overdose, blood borne virus transmission and other harms to health. However, the principles are also applicable to use of alcohol and of non-injected drugs. As outlined with the PH Needs Synthesis report, Fife ADP need to respond to the increasing diversity of substances being used by the population as well as frequent poly drug use as seen in the analysis of DAISy data and in the MDDRG reviews. This includes rising levels of stimulant (crack and other cocaine) and benzodiazepines and the impact that this polysubstance use is having on increasing hospital admission and substance related death rates. Harm reduction in these

circumstances should be based on current knowledge of harms associated with use. Our workforce needs the capacity to develop its learning on specific risks and the advice we need to share with the people and communities to help keep them safe.

Harm-reduction should not be considered incompatible with the commitments of each ADP partner to individual strategic goals such as Police Scotland's role enforcing drugs law or treatment services' ambition to support the goal of abstinent recovery for those who seek it. The overarching purpose of this strategy is to minimise the harm caused by the use of alcohol and other drugs on the people of Fife.

### 3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
With support from Public Health Scotland RADAR team maintaining and refreshing a whole system substance use alert and early warning programme for both public and services this should be community specific	Drug Death Taskforce Recommendation Final Report	Improved gathering of intelligence Supported by an integrated communication strategy inclusive of the voices of people including young people with lived and living experience	New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible.
Increase people at risk having THN kits and access to IEP. Extended our overdose awareness and take-home naloxone training programme to communities, services, families and businesses in contact with people at risk.	PH Needs Assessment 2023 Drug Death Taskforce	Increases in numbers of people trained and numbers of THN kits distributed. Fife kits per person is closer to Scottish average	Improvements in coverage and distribution of THN and IEP from Community Pharmacy Harm Reduction Service Full implementation of MAT standard 4 (all those on ORT– wound care; assessment of injecting risk, risk reduction advice and injecting equipment; testing and treatment for blood borne viruses; take home naloxone. it requires that all services providing ORT have availability and offer this support regularly.
Review alcohol screening in all settings and ABI delivery with ADP services and in priority settings (A&E, maternity, primary care)	NHS Fife Public Health Report 2023 AASDG Alcohol research report	Develop use of screening tool Continuation of meeting target and in priority settings Targeted delivery of ABIs in communities where alcohol harm (hospital rates/alcohol deaths) are highest	ABI coverage is fully preventative and delivered throughout Fife in communities and with people at risk of alcohol specific harm People at risk in various settings (not just ADP services) are offered screening using validated tools and are supported towards treatment
Full ADP workforce Harm reduction training for those in setting where people, families and communities are at risk for all substances including alcohol across the reflective of the poly substance use picture in Fife and Scotland	ADP Workforce Development (skills, knowledge) ADP PH Needs Assessment	Training needs survey and full review of harm reduction approached needed with universal approach agreed for substances based on current evidence	Number of staff completing harm reduction training for stimulant and benzo use

**\*This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced\***

# Fife Alcohol and Drug Partnership – Theme 3 and 4

## Treatment and recovery services are easily accessed and high quality

- **Creating awareness with partners about the impact of stigma and other barriers providing education and training on issues impacting our communities in Fife.**
- **Building and enhancing services that support and protect the rights of all people affected by substance use and respect their choices about recovery and treatment.**
- **Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.**

### Why is it important?

If people develop problems with substances, they and their families want firstly to get good advice and information to support making choices and secondly easy and quick access to their preferred support and treatment. They want kindness, compassion, understanding and most importantly to get the right support, at the right time, in the right place and from the right people. They want their care to be safe, coordinated and integrated, as local as possible and focused on their wellbeing and recovery, all themes within the Health and Social Care Partnership.

As a strategic partnership if we are to meet our whole population aims within this theme, it requires increases in quantity of people accessing treatment and support especially those who are at the highest risk of the most harm. Interdependent to this is improving the quality of the system ensuring that people get what they want from treatment and support and are motivated to stay within it until they've reached their goals, their outcomes etc. For this purpose the ADP and its services are continually improving and this is recognised as a key value within the strategy.

The ADP's treatment and recovery services need to achieve and maintain four specific improvements, increasing quality, choice, access and retention. . These are:

- **Continuing to implement the MAT Standards**
- **Implement improvements from the joint ADP and Health Improvement Scotland audit and assessment for residential rehabilitation**
- **Implement the recommendations from NHS Fife Public health alcohol specific death research and Scottish Drug Forum lived experience evaluation report.**

These are likely to have a positive impact on quantity of people accessing the services.

## The ADP needs to make four system based improvements:

# 01

Throughout both the PHS needs assessment and the engagement and participation consultation report, ADP workforce development has been indicated as a strong area for improvement pertaining the knowledge and skills and ability to respond to existing and also emergent harms for substances specific new benzodiazepines, synthetic opioids and stimulants.

# 02

Secondly the lived experience panel and Scottish Family Support groups indicate strongly that services are not visible in their communities, there is a lack of awareness about support available and this impacts significantly on accessibility. This requires an overarching communication strategy led by the ADP and brings visibility to the fore.

# 03

Interdependent on the above is work on pathways into treatment and support and a need to review and potentially redevelop these addressing any potential barriers including stigma, locality and communication and information sharing between services in the system of care. This is supported by evidence in the wider stakeholder event and also within the participation and engagement consultation. The quality of individual services is good and can be assured but how they work together needs to be improved and stronger operational alliances and partnerships are required.

# 04

Finally, improving data and surveillance gathering is essential to make realistic assessments of progress and ultimately be assured of impact from improvements on the systems of care and for the people who need and use it. The Scottish Government national recording database DAISy (Drug and Alcohol Information System) has a significant role here and data is currently being produced for Fife by Public Health Scotland providing intelligence on demographical and locality profiles on those who use the system, indicators of demand for services and on personal outcomes following engagement with services within the system.

## 3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
Continue MAT Standards implementation for statutory and third sector services	<p>National Drug Mission Priorities</p> <p>DDTF Final Report Recommendations (action 24, 34) Lived Experience Panel</p>	MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	A review of services providing MAT 3 support including pathways concluded PHS assessment supports full implementation of standards MH and Substance use treatment/support is fully integrated Graded model of care between substance use and primary care is in place dependent on locality need and choice A well trained, coached/supervised and supported workforce delivers psychological care and at all tiers improving trauma treatment and trauma informed delivery Numbers in treatment target achieved and maintained
Increase access to and aftercare/support from Residential Rehabilitation	<p>ADP and Health Improvement Scotland Assessment</p> <p>2023 National Drug Mission Priorities</p>	High percentages of people accessing/attending residential rehab from targeted groups Generally higher number of people attending residential rehabilitation Increase in attendance and completion for people affected by alcohol	People able to access and consider residential rehabilitation as standard and part of their treatment and support options at the start of their engagement with ADP services with corresponding pathways
Develop a recovery orientated alcohol and treatment support system of care	<p>NHS Fife Public Health Alcohol Specific Death Research</p> <p>SDF Lived Experience Evaluation Report</p> <p>New UK Clinical Guidelines for Safe and Effective Treatment for alcohol dependency</p>	Increase initial assessments for alcohol in DAISy Fewer hospital stays for alcohol related illness Fewer alcohol specific deaths Consistently meeting waiting times target for people in treatment/support for alcohol across all Tier 3 services	ADP to have implemented and led on quality improvement recommendations made in from the local research via a cross partnership implementation subgroup using learning and QI approaches from MAT Standards implementation approach

<p>Pathways and integration of treatment and care including use of technology and digital solutions to delivering care and support</p>	<p>NHS Fife Public Health Needs Assessment Synthesis</p>	<p>Review of all pathways including assertive outreach and those for specific groups identified in the needs assessment and from key communities and ancillary workforces Development a Fife ADP app with Digital Lifelines Scotland to aid the public in finding the right service at the right time Consider integrating digital enablement approaches within services. To support/understand the work of Reducing Drug Death Innovation Challenge which, aims to develop innovative technologies that help to reduce drug-related harms and save lives.</p>	<p>Improved levels of digital equality and opportunities for people across all communities in Fife.</p>
<p>Service visibility, awareness and access through our enhanced communication strategy</p>	<p>Scottish Drugs Forum Alcohol Evaluation and MAT Standards Evaluation 2022, 2023 &amp; 2024  Participation and Engagement Consultation</p>	<p>Communication Strategy in place</p>	<p>People with lived experience and their families have easier and more accessible means of getting the right support for them when it is needed.</p>
<p>Amplify the voice of lived and living experience and build a right based approach in the ADP Service and within the whole system approach to better understand how both institutional and individual stigma impacts on those affected by alcohol and drug use and mental health and their families.</p>	<p>MAT Standards 2022 Fife ADP Lived Experience Panel Plan  National Collaborative</p>	<p>Continue to develop the independent advocacy service applying learning from the pilot as the service is mainstreamed Continued development of the living group and Lived Experience Panel Develop an addressing stigma strategy/charter with support from Fife ADP LEP Promote the National Collaborative Charter for the rights of people affected by substance use in Fife</p>	<p>A rights based approach understood and implemented within the full ADP. A scoping and feasibility study completed to consider further implementation of the rights based approach into ancillary services used by people and their families affected by alcohol and drugs supported by those with Lived Experience.</p>
<p>Development and progression of recovery-based communities in Fife to support people needing mutual aid</p>	<p>ADP Participation and Engagement Report  Lived Experience Panel</p>	<p>Qualitative and quantitative review with lived experience panel and support provided by them to implement improvements across the ADP recovery network</p>	<p>A greater depth and volume of choice across Fife for people in recovery ensuring that people affected by alcohol and drugs have access to activities with others, preventing isolation and promoting wellbeing and are educated and trained in skills to maintain their own recovery</p>

# Fife Alcohol and Drug Partnership – Theme 5

## Quality of life is improved to address multiple disadvantages

- **Building and enhancing services that support and protect the rights of all people affected by substance use and respect their choices about recovery and treatment.**
- **Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.**

### Why is it important?

Fife ADP recognises that people with alcohol and drug problems, will also be experiencing poor physical and mental health, poorer housing situations, lack of access to universal support and services, involvement with the criminal justice system and will be more severely impacted by the cost-of-living crisis. Combined these needs and other disadvantages make access to the support and recovery – as it is structured and offered currently – more difficult and challenging. The Needs Assessment Synthesis 2023 indicates that overlapping needs require an integration of care and support, clearer and robust referral pathways and better coordination between services. This report has identified specific care groups for focus within this strategy and this is reflected in all improvement work detailed in the improvement tables.

The participation and engagement consultation indicated two priorities for the ADP:

- **Reviewing and enhancing recovery communities for people to sustain their recovery and address stigma in localities**
- **To invest in wellbeing and mental health support ensuring that there is a greater level of integration between services in substance use and mental health**

It's therefore incumbent on the ADP, its services and universal and other specialist services – primary care, mental health services, housing services and justice services – to be agile and responsive in their delivery to ensure (service) equity and increase the reach and retention of people with complex needs. The wider stakeholder event and the participation and engagement consultation indicated that services need to communicate better, strengthen their partnership approaches and integrate aspects of delivery to truly improve outcomes for people. This public health approach



needs to be focused on addressing health and social inequalities with strong commitments to the HSCP themes in making services local, focused on outcomes for people not services, improve wellbeing and integrate approaches and services wherever possible.

### 3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>Provision of targeted support to people and communities at risk of harmful substance use by listening carefully to those communities and building responses and service provision together</p>	<p>Health and Social Care Partnership Strategy  Drug Death Taskforce report 2023</p>	<p>Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development.</p>	<p>Explored extension for one stop shop drop-ins (KY clubs) in the heart of communities where the prevalence/need is high and access to support and treatment is low. Women only one stop shops in localities where there is high prevalence and need</p>
<p>Redevelop assertive outreach and retention approaches and improve follow up protocols and pathways into treatment from hospital wards and A&amp;E and housing services.</p>	<p>Health and Social Care Partnership</p>	<p>Improving access to residential rehabilitation provision by promoting new pathway developments with priority groups in partnership with ADP commissioned services, statutory services and Health Improvement Scotland. Increased use of residential rehabilitation places for those in priority groups. Fully embedded and integrated Hospital Liaison Service across all sites</p>	<p>See a reduction in the number of people affected by drug related, and alcohol specific, harm and death.</p>
<p>Building on the ADP third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody by improving the sharing of information and partnership-working between relevant partners at the pre-release stage.</p>	<p>Justice Strategy and Fife Local Plan (Mar 2024)  Justice Social Work Fife improvement plan 23/24 Safer Communities Priorities – reducing unintentional harm National Community</p>	<p>An ADP led multidisciplinary meeting for each person on a remand or short team sentence returning to Fife from custody. Resulting in a more joined up approach to individual's needs.</p>	<p>Fewer people in Fife leaving custody with no throughcare support. Fewer people leaving custody experiencing a non fatal overdose People receive appropriate support for substance use, housing, therapeutic support and benefits and housing at the point of leaving custody.</p>

<p>Develop integrated and coordinated models of shared care and support between ADP Services and mental health and ADP Services primary care for people affected by alcohol and drug use</p>	<p>Medication Assisted Treatment Standards (7 and 9)</p> <p>Drug Death Taskforce Report 2023 PH Alcohol research</p>	<p>People in Fife experiencing substance use dependency or problematic use and emotional wellbeing and mental health problems are supported at the earliest opportunity and deliver in integrated models of care to support personal self-management and recovery sustainability</p>	<p>Documented service implementation and integration of care plans in place based on the 4-quadrant model this includes differing severity both of mental health needs and substance use including joint working arrangements for dual diagnosis</p>
<p>Consider gender differences in the provision of services including trauma informed approaches</p>	<p>Criminal Justice Social Work Local Priorities</p> <p>Public Health Synthesis of Needs 2023</p>	<p>Review existing services and ensure these continue to be best practice approaches. Have new bespoke services operating to the same standard.</p>	<p>Have developed bespoke women's projects. Secure premises to deliver gender specific interventions. Services will have a meaningful input from those with lived experience.</p>
<p>One stop shop locality model</p>	<p>Drug Death Taskforce Final Report Recommendations</p>	<p>Develop and maintain a community drop-in model provided by specialist Alcohol and Drug Teams. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development.</p>	<p>More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low Evaluation and audit of model completed.</p>

**\*This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced\***

# Fife Alcohol and Drug Partnership – Theme 6

## Children, families and communities affected by substance use are supported

Supporting families and young people, including those who are carers and ensure services are more inclusive and family focused.

Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.

### Why is it important?

Fife ADP acknowledges the current and long term impact alcohol and drug use has on children, young people and families. The NHS Fife’s Director of Public Health Annual Report 2023 emphasised a focus on the needs of children, young people and families affected by substance use and impact on child development and long-term health and the building blocks needed for health across the life course. “Providing early intervention in a holistic and integrated way with other services for children, young people, adults, families and communities at risk.”

These are three care groups identified within all research undertaken by the ADP during the development of this strategy and are reflected in the ADP Mission Statements where it’s strategic implementation can make significant difference in preventing harm causes by substance use and mitigating its impact in the longer term.

### Adult Family Members

Need carers and specialist family support to assist them in supporting their loved ones into recovery but they also a need for support in their own right which is not dependent on service engagement of their loved one.



**SUPPORT**



**CARE**



**FAMILY**



**RECOVERY**

## Families and children affected by parental substance use:

Require dedicated, holistic whole family support based on their needs delivered sustainably and locally within their own communities. That support needs to be integrated, delivered at the earliest opportunities, coordinated and built on hearing and listening to what matters to each family. This must be routed and coordinated with Children's Services Partnership Plan and aligned with the United Nations Rights of the Child, the Promise, The Whole Family Wellbeing Fund and Getting It Right For Every Child. Over the course of the previous strategy working closely with partners, the ADP has commissioned services and reported progress locally and nationally in line with the principles within the "Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice". This framework brings together the current evidence, national policy and best practise to supporting families affected by substance use and associated problems. The Framework approach will remain a priority to the ADP as is our joint commissioning and strategic alliance with Children Services Plan for Fife over the next ADP commissioning cycle. Improvements developed to intervene early with children at risk of developing substance use problems are interdependent with preventative approaches outlined in theme 1,

preventing fewer people from developing problems with substance use. The ADP's family support service addressing current inequalities can be an effective preventative measure for future generations by improving family life and reducing the risk of childhood adverse experiences.

The ADP contributes to work directed by the Whole Family Wellbeing Fund. Potential service development is directed towards high intensity and early intervention whole family support to prevent crises (requiring more intensive support) and enable families to engage with universal family services delivered by health and ultimately transition into universal support and benefit from what is available and delivered at a grassroots level in their community.

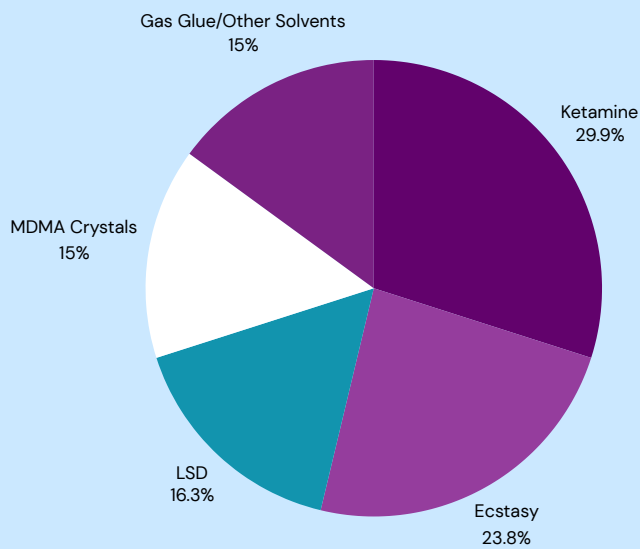


## Young People affected by substance use:

Require effective, integrated and responsive services delivered in youth friendly ways to support them when they are using substances problematically or struggling with other issues or difficulties that are an early indicator for future problematic substance use.

During 2023, there were 4 drug related deaths in children and young people

aged 18 and under in Fife. This is an extremely unusual and unprecedented situation. Nationally there has only been around 2% of confirmed drug related deaths over the last 10 years in this age group. Locally in Fife, after cannabis and cocaine, the most commonly reported drugs used by pupils in S4 who reported having ever used drugs in Fife were:

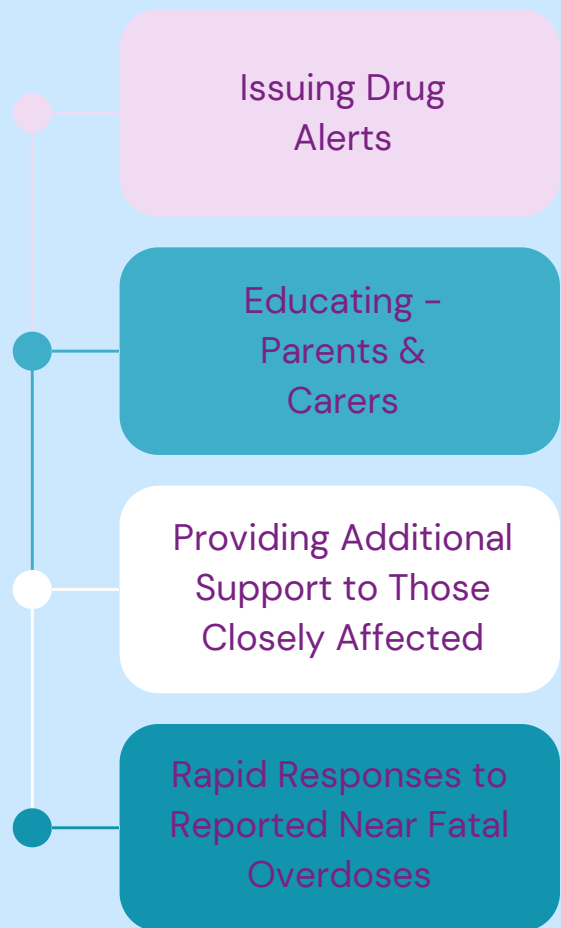


These were all reported to be at lower rates than are reported in Scotland overall, but the methodologies used at Fife and Scotland level differ. It is difficult to understand trends, as there is no data from earlier years to compare this directly.

Within Fife multiple partners and commissioned agencies are involved in prevention, early intervention and supporting young people in Fife. However, prevention with young people in Fife aims to encourage young people not to use substances and early intervention aims to prevent the development of psychological and physical dependence whilst also

providing protection from harms if children and young people are already experimenting with substances. Support for young people will now need to develop to address the new risks and this must include harm reduction and alert messaging about risks. A new cross partnership group within the HSCP will take this work forward.

Immediate effective responses, for example:



Though these have been employed, a broader longer term multiagency and action-based response is required to understand the problem, address the risks fully and prevent further harm to children and young people in Fife.

## 3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>Preventing alcohol specific and drug related harm and death affecting children and young people</p>	<p>NHS Fife PH Needs Synthesis Report 2023</p> <p>PHS hospital rates</p> <p>Drug Harm Assessment Review</p> <p>Fife Children's Plan Health and Wellbeing Strategy</p>	<p>Fewer drug related deaths in 15 – 24 age group in Fife</p> <p>Fewer alcohol and drug hospital stays for children and young people in Fife</p>	<p>Completed Public Health Needs assessment for children and young people incorporating an evidence review of treatment and support intervention models for young people.</p> <p>Incorporate a whole system alert and drug harm communication process with young people. Implement a coordinated multi-agency system strategy response for the needs of young people in relation to their substance use and other associated high-risk situations (mental health, suicide and self harm).</p>
<p>Recommissioning in partnership with Education and Childrens Services the whole family support and young people's service for families affected by substance use</p>	<p>ADP Wider Stakeholder Report</p> <p>HSCP Extended Leadership Team Consultation</p> <p>Fife Children's Plan Commissioning Plan</p> <p>UNCRC The Promise GIRFEC</p>	<p>More families and young people are supported at the intensive level and crises are managed.</p> <p>More families and young people are supported at the additional level and crises are prevented and averted</p> <p>Families achieve their personal and sustainable outcomes.</p> <p>Collaborative and seamless recovery support between ADP adult treatment and children and young people's services.</p>	<p>New community based, holistic and sustainable services delivered at intensive and additional levels reflective of family and young people's needs and underpinned by Children's Rights.</p>
<p>Implement Scottish Government Young People Services Best Practice Standards (yet to be published)</p>	<p>Drug Mission Priorities 2022 –26</p> <p>PH Needs Assessment Synthesis 2023</p>	<p>ADP complete a benchmarking exercise of current young people services against the new standards and have an improvement plan in place if required</p>	<p>A coordinated system of support for young people affected by alcohol and drug use responsive and agile to their needs working preventatively.</p> <p>Consideration given to a young people's substance use treatment service or an adapted and integrated approach based on evidence of what works with young people to treat problematic or dependent use of substances</p>
<p>Better support for adult family members affected by substance use and make more use of universal support from Carers Services available in Fife.</p> <p>Improve family inclusive practice in the system of care.</p>	<p>Drug Mission Priorities 2022 –26</p> <p>PH Needs Assessment Synthesis 2023</p> <p>Participation and Engagement Consultation</p> <p>2023 ADP Wider Stakeholder Event Report (Aug 2023)</p>	<p>Family members affected by substance use feel supported in their own right and can access universal provision including carer's services.</p> <p>Family members are represented on the Lived Experience Panel</p>	<p>Family members affected by substance use are incorporated fully into adult treatment and support services.</p> <p>Families are considered equal partners in care and ADP services are adopting family inclusive practises within their models of support.</p>

**\*This table is for the three year delivery plan and a more detailed delivery plan for year 1:2024/25 will be produced\***

# How We Will Measure Success & Impact

The ADP will measure its success based on achieving milestones contained within subgroup or project action plans and track progress against timelines for each milestone. This is based on progression of activity and assumes that actions undertaken are evidence based, well researched and achieve improvement. This will be detailed in the ADP annual delivery plan and reported quarterly to the ADP Committee. This is entirely focused on output and outcomes but does not provide assurance of the benefits of such improvements nor the impact on a personal, service/stakeholder or strategic basis and does not provide reassurance that such projects are making a real and meaningful difference for the people of Fife.

The ADP has commenced with support from HSCP Strategic Planning and Performance Team development of a performance outcome framework improving their data gathering and surveillance. Some of this work has already commenced with Medication Assisted Treatment Standards measurements. The diagram below provides detail of how the local approach will be developed:

## THE LOCAL APPROACH

Developing Local ADP Measures  
(what matters to all of our stakeholders)

- Statistical information
- Capturing qualitative information

Develop Greater Insight

- Projecting where we are heading
- Identify where improvement needed
- Localities
- Demographics

Path to Continuous Improvement

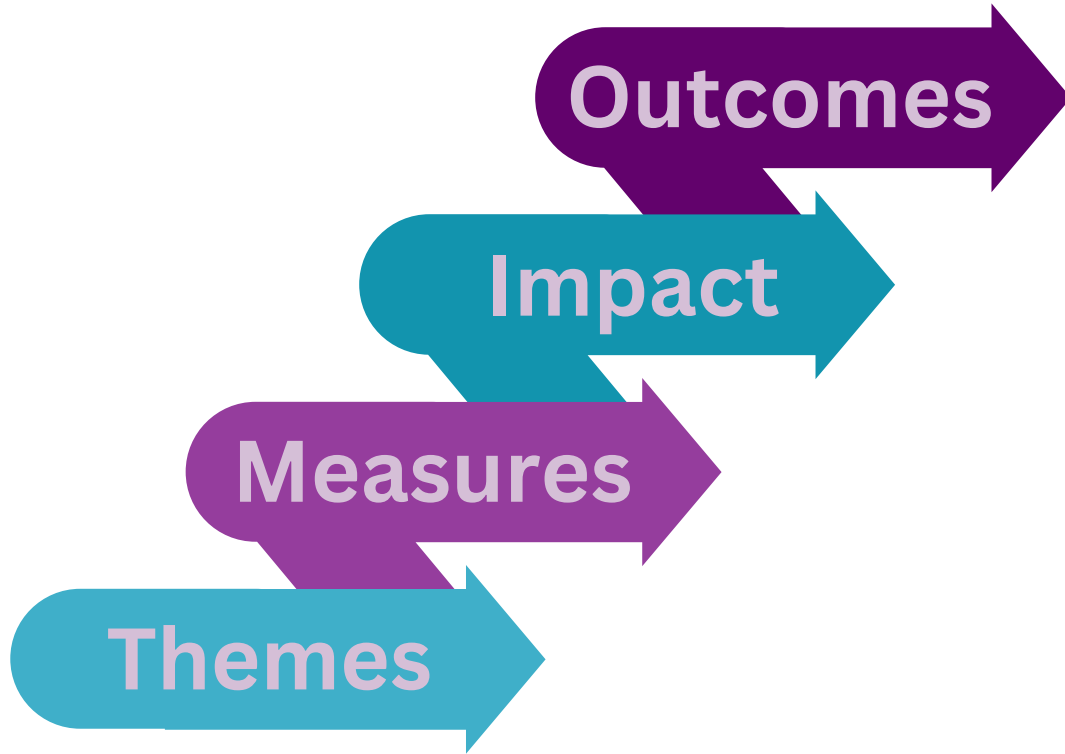
- Reporting arrangements
- Scrutiny
- Improvement Planning

Developing Data Automation

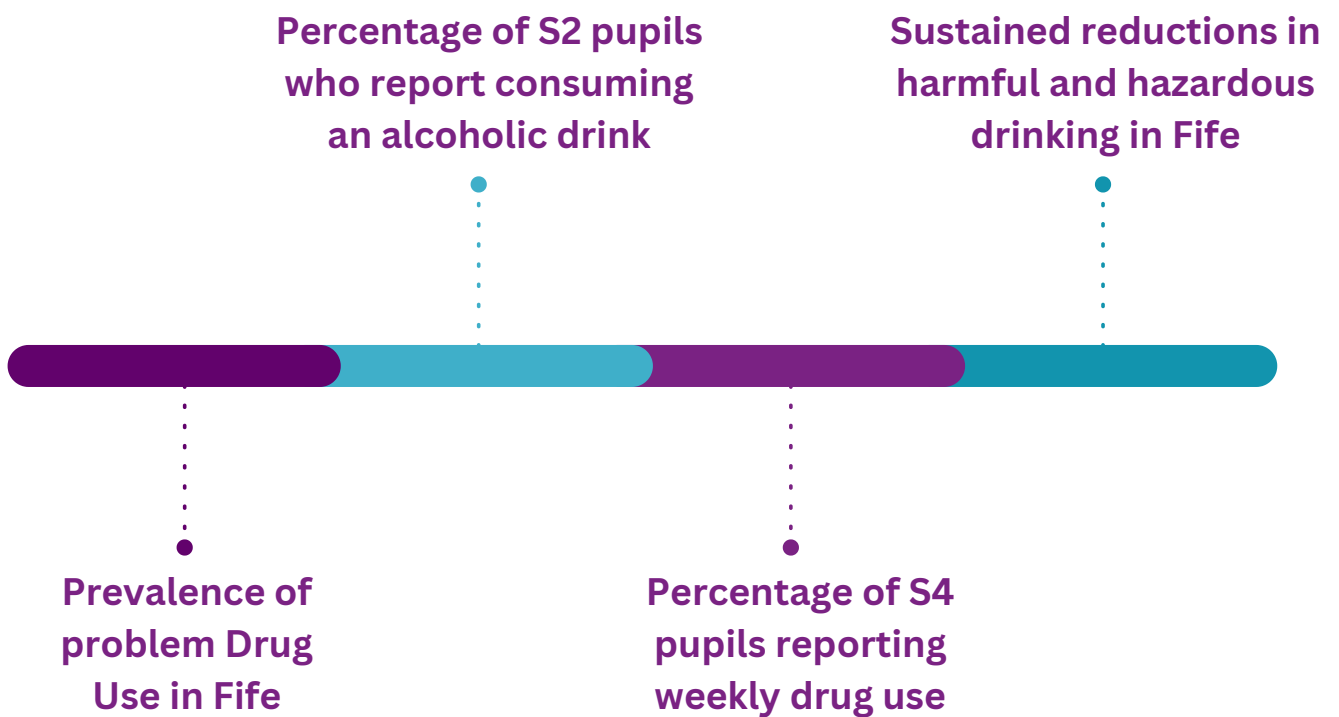
- More efficient reporting
- Focus on ADP requirements



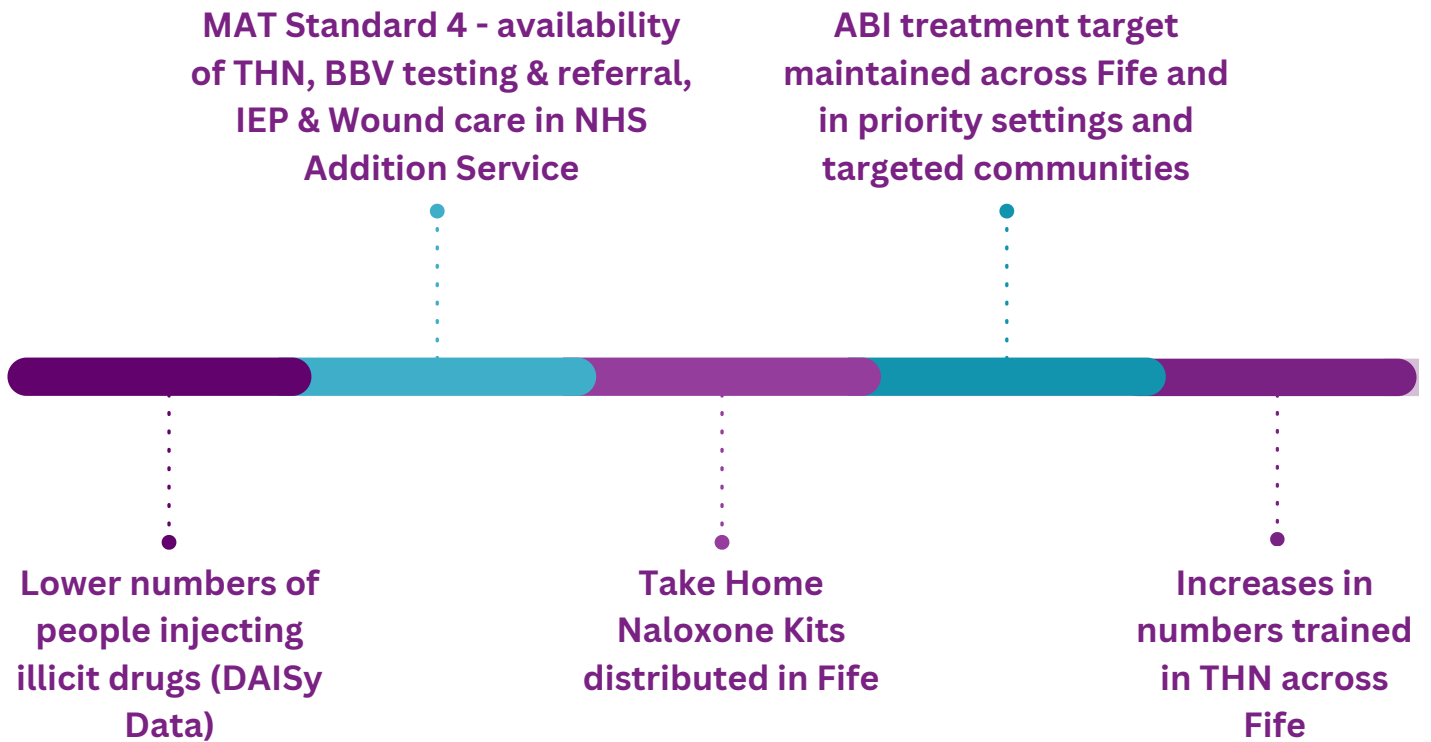
# Impact Measures



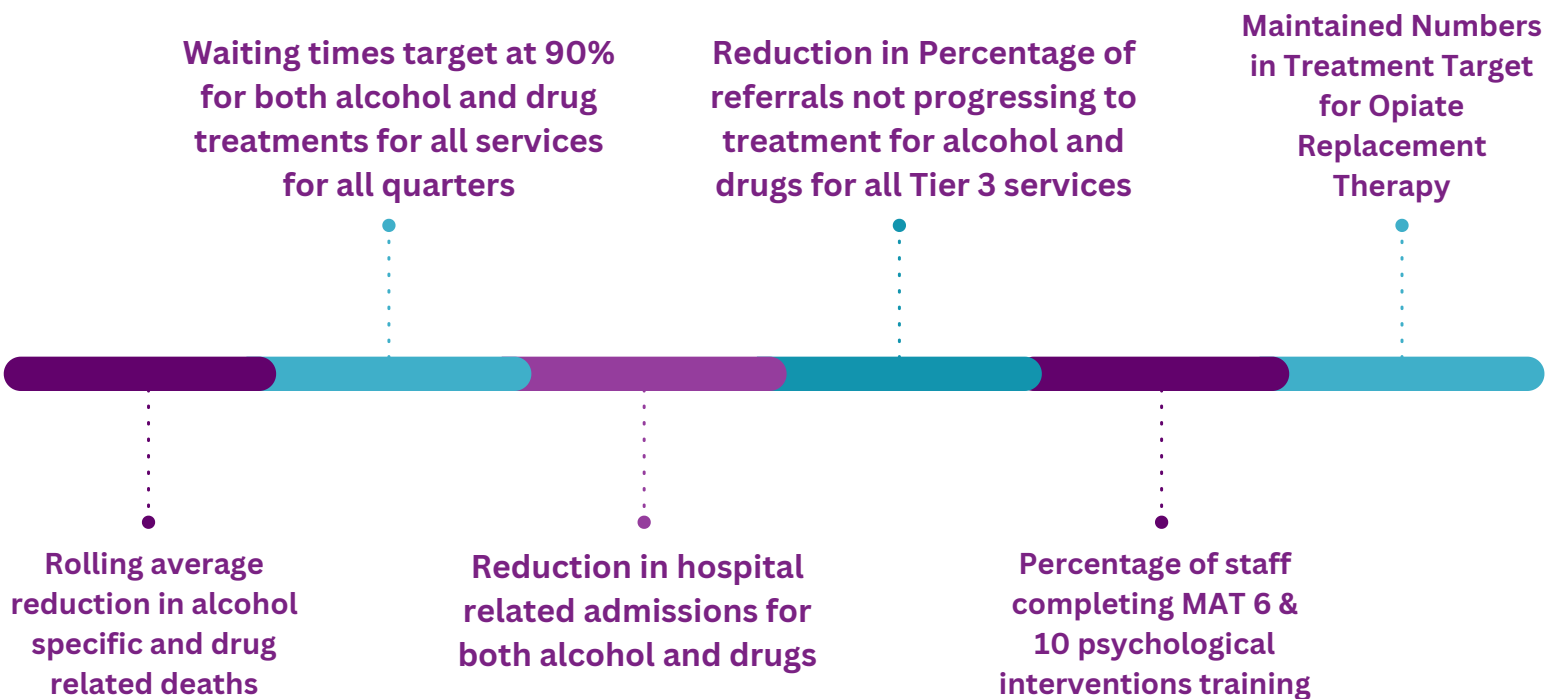
## Theme 1 – Outcome Indicators:



## Theme 2 – Outcome Indicators:



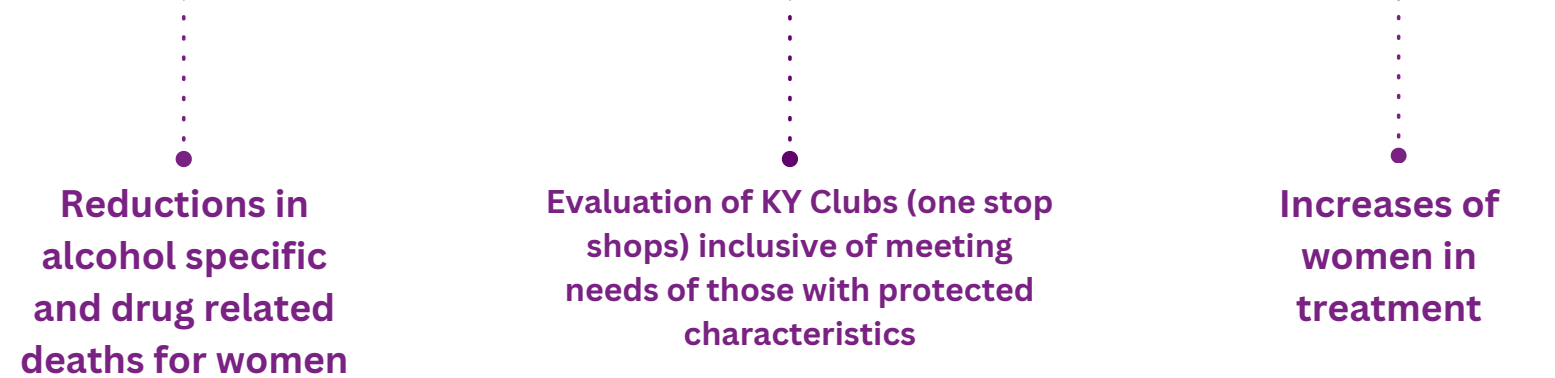
## Themes 3 & 4 – Outcome Indicators:



## Theme 5 – Outcome Indicators:

Increases in access to and completion of residential rehabilitation including from the priority groups

Increase referrals for independent advocacy from the ADP System of Care



## Themes 6 – Outcome Indicators:

Increase in age first used substances (DAISy data)

Fewer hospital related admissions for alcohol and drugs for 15 to 24 year-olds



# Glossary of Terms

- AASDG** – Addressing Alcohol Specific Death Group, a subgroup of the ADP
- ABI** – Alcohol Brief Intervention, a short, structured screening and intervention delivered to people at risk of alcohol related harm
- ADP** – Alcohol and Drug Partnership
- APTS** – Addiction Psychology Therapy Service, an NHS Fife Psychology Service
- ARBD** – Alcohol Related Brain Damage
- Compass** – ADP funded Social Work Team
- DAISY** – Drug and Alcohol Information System, a national database for recording waiting times for treatment for Tier 3 services.
- DAPL** – Drug and Alcohol Psychotherapies Limited
- DBI** – Drug Brief Intervention, a short, structured intervention delivered to people at risk of drug related harm
- FIRST** – Fife Intensive Rehabilitation Substance use Team.
- GIRFEC** – Getting it Right For Every Child
- JCG** – Joint Commissioning Group, a subgroup of the ADP
- LEP** – Lived Experience Panel, a subgroup of the ADP.
- MAT** – Medication Assisted Treatment, a framework for the safe, consistent and effective delivery of care for people who can benefit from opiate replacement therapy.
- MDDRG** – Multi-agency Drug Death Review Group, a subgroup of the ADP
- OST/ORT** – Opiate Substitute Therapy or Opiate Replacement Therapy
- RADAR** – Rapid Action Drug Alerts and Response, Public Health Scotland Team
- SACRO** – Scottish Association for the Care and Resettlement of Offenders
- SFAD** – Scottish Families Affected by Alcohol and Drugs
- SLA** – Service Level Agreement
- THN** – Take-Home Naloxone, a medication that can reverse the effects of an opioid overdose.
- UNCRC** – United Nations Convention on the Rights of the Child
- WAWY** – We Are With You, an ADP harm reduction service

# Appendices

## 01

ADP Subgroups  
Membership

## 02

Fife ADP Strategy 2024 – 27  
Project Development Plan

## 03

Fife ADP  
Stakeholder  
Event Summary

## 04

Needs Assessment  
Synthesis 2023  
Summary Findings

## 05

Participation and  
Engagement Summary

# Appendix 1:

Joint Commissioning Group	Lived Experience Group	MAT Standard Implementation Group	Multi-disciplinary Suspected Drug Death Review Group	Addressing Alcohol Specific Deaths Group	Psychology and Therapy Workforce Development Group (MAT 6&10)	MAT 7 – Primary Shared Model of Care	MAT 9 – Mental Health and Substance use Implementation
<p>Chair – Head of Strategic Planning Performance and Commissioning ADP Service Manager HSCP Chief Finance Officer</p> <p>Representative from Third Sector</p> <p>Representative from Health and Social Care Partnership</p> <p>Representative from Public Health</p> <p>Representative from Housing</p> <p>Representative from Education and Children Services</p> <p>Rep from Senior Manager - Mental Health, Learning Disabilities and Addictions Services</p>	<p>Chair – Scottish Recovery Consortium (Rep) ADP Policy Officer</p> <p>Public with lived and living experience including family members</p>	<p>Chair – Clinical Lead NHS Addiction Services ADP Service Manager Rep from H&amp; SCP ADP Service Manager Third Sector Tier 3 rep Third Sector NFO project rep MH representative Primary Care Representative NHS Pharmacy Services rep NHS BBV&amp;SH Team rep Third Sector HR service and AO rep Rep from LEP Rep from housing and homeless services</p>	<p>Chair – Public Health Rep Rep from Adult SW ADP Coordinator Clinical Lead NHS Addiction Services Rep from Police Scotland Rep from housing and homeless services Nursing rep from NHS Addictions Services NHS third sector reps NHS Pharmacy Services Rep from Harm Reduction Service Rep from Assertive Outreach Service Rep from Emergency Care Directorate C&amp;F SW rep</p>	<p>Chair – Director of Pharmacy ADP Policy Officer Manager FASS Rep for CJ SW Rep from SW Adult Services Rep from LEP Rep from NHS Hepatology Rep from community pharmacy Rep from primary care NHS Addictions Clinical Lead Rep Public Health Rep NHS Health Promotion Rep from Emergency Care Directorate Rep YP and Children</p>	<p>Chair – Head of Addiction Psychology ADP Policy Officer</p>	<p>Chair – Head of Service, Primary and Preventative Care Programme Director, Primary and Preventative Care Pharmacist, Public Health and Community Pharmacy Lead Clinical Pharmacist (General Practice) Clinical Director Head of Nursing Primary and Preventative Care Head of Nursing Complex and Critical Care NHS Addictions Clinical Service Manager NHS Addictions Clinical Lead ADP Commissioned Third Sector re ADP Lived Experience Panel GP Cluster Lead</p>	<p>Chair – Interim Clinical Director, Complex and Critical Care Services NHS Addictions Clinical Lead NHS Addictions Clinical Service Manager NHS Adult Mental Health Clinical Service Manager NHS Adult Psychiatry Clinical Lead NHS Specialisms Clinical Lead ADP Commissioned Third Sector ADP Service Manager Principal Data Analyst Quality Improvement Practitioner Lead Nurse Under 65 Inpatients Lead Nurse Under 65 Community Lead Nurse Specialisms Lead Nurse Addictions Consultant Psychologist, Addictions Consultant Psychologist, Adult Mental Health and Learning Disability Service Administration Lead NHS Addictions Information Manager</p>

# Appendix 2:

Project Milestones	June 2023	July 2023	August 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb – March 2024
Public Health Needs Assessment development									
PH Carry out research/horizon scanning/benchmarking/future-proofing within PH needs synthesis									
Project tabled at ADP Committee									
Project tabled at JCG and agreed JCG to act in oversight role									
ADP Strategy 2020/23 Review & Stakeholder identification and categorisation									
Risk register completed for the strategy development stage									
Launch at ELT/HSCP									
ADP Subgroup Leads meeting									
Review background and context to the development of the strategy - identify if any previous aims/objectives need to be carried over									
Data Analysis of MAT Standards/DAISy									
Carry out a mapping exercise for strategy within a local context (Including HSCP Strategy 2023-26 and HSCP Strategic Needs Assessment, Plan 4 Fife etc)									
Carry out any wider data analysis exercises including a national comparison for context and draw conclusions within PH needs synthesis									
Develop engagement plan & consultation questions with HSCP Participation & Engagement Team									
Engagement with people with lived and living experience utilising SDF support for conducting peer to peer interviews									
Stakeholder events with families with lived and living experience									
Progress report to JCG									
Liaise with HSCP Locality Boards and develop themes for the strategy									
Liaise with staff and service management of statutory and commissioned services P&E									
Wider stakeholder strategy Launch and Write Up of Event submitted to ADP									
Engagement period in localities with support from P&E team									
First draft produced									
Consultation on first draft									
Complete an EQIA									
Approval of strategy at ADP, Qualities and Communities and IJB with final changes made as appropriate									
Promote and embed new strategy									
Development of year 1 delivery plan									



# Appendix 3:

## Event Programme: Presentations



### Setting the Scene:

*Nicky Connor (ADP Chair & HSCP Director):* Opens the event and gives welcome and Purpose of event (ADP position in HSCP strategy, structure, reporting and National and Local Context)



*Fiona McKay (Head of Strategic Planning, Performance & Commissioning):* Continues with a review of the previous ADP Strategy highlighting areas that have performed well and areas that continue to require development.



### Children/Young People and Family Support:

*Laura Crombie (Clued Up Service Manager & young person):* Provide overview of the organisation and the Young People Service including the young person's lived experience .



*Kirsten Holland (Scottish Families Affected by Alcohol and Drugs & Family Member Family Support Development Officer):* Gave an overview of the Family Support Service and supported a family member to discuss their lived experience.



*Rebecca Shovlin (Fife ADP Policy Officer) & Catherine Jeffery-Chudleigh (NHS Fife Public Health Consultant):* Discussed addressing Alcohol Specific Deaths and gave an overview of research carried out.

## Event Programme: Presentations



### Treatment System Improvements :

*Susanna Galea-Singer (NHS Fife Addiction Services Clinical Lead & Consultant Psychiatrist):* Gave an overview of NHS Addictions services along with the MAT Standards and the Hospital Liaison Service.



*Jamie Steele (ADAPT FASS Action Service Recovery Specialist):* Gave an overview of ADAPT Methil One Stop Shop as well as the Non-Fatal Overdose project run in partnership with Fife ADP and NHS Fife.



*Liz Nardone (FIRST for Fife Residential Rehabilitation Co-ordinator & Lauren Murphy FIRST for Fife representing lived experience):* Discussed topics around their Residential Rehabilitation Service and different pathways and routes to and from residential rehabilitation.



### Harm Reduction and Lived/Living Experience

*Marisa Bruce (Fife ADP Policy Officer), Danielle Wong (We Are With You Specialist Recovery Worker and Naloxone Coordinator-Fife) and Matthew Kent (We Are With You Specialist Harm Reduction Worker):* They presented detailed information on Take Home Naloxone, harm reduction and overdose awareness.

## Market Place: Stall Holders

Prior to the event starting and during scheduled breaks, the following services had market stalls and actively engaged with those attending the event to show case their services, work being done and current issues:

1. **Restoration Fife**
2. **Scottish Recovery Consortium**
3. **Scottish Families Affected by Alcohol & Drugs**
4. **DAPL**
5. **ADAPT**
6. **SACRO**
7. **We Are With You**
8. **Barnardo's**

## Main Themes Identified



- Communication pathways - wider strategy



- Accessibility - statutory and commissioned services



- Embedding meaningful lived experience



- Raising awareness - publicly and for service users



- Whole family approaches

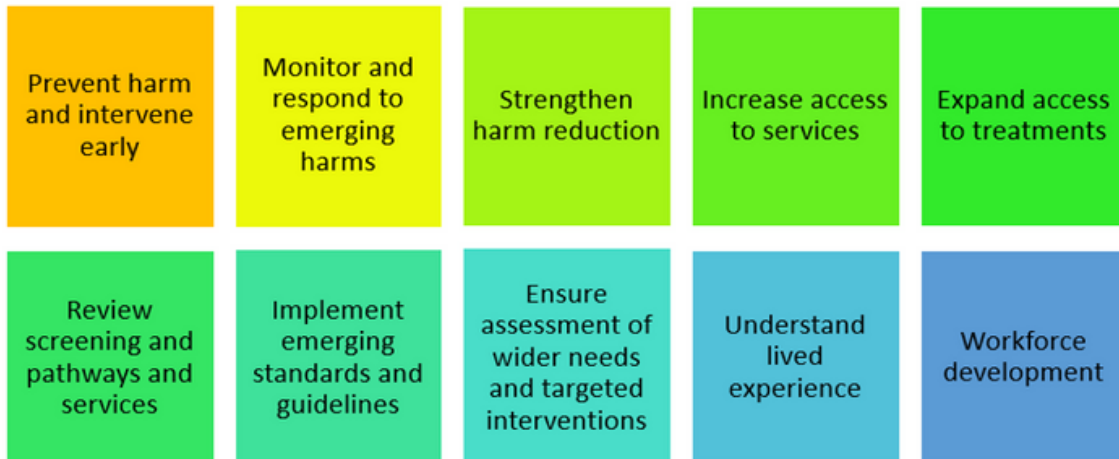


- Joint working and whole systems approach

# Appendix 4:

The Needs Assessment Synthesis identifies many needs associated with substance use in Fife and makes recommendations to address these needs. A summary of priority areas are summarised below:

Common themes across the recommendations relate to:



Areas of concern are:



The full report is published on the ADP website.

# Appendix 5:

Over September a Stakeholder Analysis was completed to identify who will be informed and consulted to ensure all key stakeholders are involved and engaged with in a timely and appropriate manner.

These will include:

- Lived Experience Groups
- Service Users/Families and Carers
- General public
- Protected characteristic groups within Fife
- Third sector and independent sector organisations
- Fife HSCP Locality Planning Groups (staff delivering services across Fife)

The feedback from the consultation process for the proposed Alcohol and Drug Partnership Strategy was completed in December 2023. This highlighted a **shared understanding** of the vital components necessary to create a **meaningful and impactful approach**, cognisant of the varied needs of those affected by substance use directly, or indirectly.

The collective **vision and mission** that emerged from this process both **resonate deeply**, emphasising the significance of prevention, early intervention, and accessible high-quality treatment and recovery services.

The strategy's **six themes**, which revolve around protecting individuals, addressing multiple disadvantages, supporting children, families, and affected communities, **reflect a holistic commitment to nurturing well-being within Fife's communities**. The alignment of **values** between the partnership and its staff and volunteers stands as a testament to the **shared dedication** towards these priority themes.

The identification of potential **barriers** to implementing the strategy highlights areas the ADP can be **cognisant** of when moving into the 'Next steps' of the strategic cycle.

Through the consultation, it is evident the proposed direction of the strategy **reflects the aspirations, concerns, and hopes of the people and communities** who took part in the engagement process. The strategy **offers clear relevance and direction** to meet the immediate needs but also aims to ensure long term positive change. As the partnership moves forward, guided by the insights from this consultation, it **stands poised to deliver on the proposed vision** 'To enable all the people in Fife affected by substance use to have healthy, safe and satisfying lives'.

The full report is published on the ADP website.]

# Prevention, Protection, Early Intervention, Treatment & Recovery

## Acknowledgements

This strategy was developed in by the Fife Alcohol and Drug Partnership in collaboration with the Health and Social Care Partnership, our commissioned services, individuals with lived/living experience and their family/support networks. Below, details those that have had a significant input to reviewing and creating the Fife ADP Strategy 2024/27:

Concept and coordination: ***Elizabeth Butters***

Researchers: ***Sharon Barr, Marisa Bruce, Rebecca Shovlin & Lynda Reid-Fowler***

Writer: ***Elizabeth Butters***

Document designer: ***Lynda Reid-Fowler***

Our colleagues from Local & Partner Organisations.

Contributors: ***Catherine Jeffery-Chudleigh & Pauline Rettie***

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**Meeting Title:** Integration Joint Board

**Meeting Date:** 28 March 2024

**Agenda Item No:** 7.1

**Report Title:** Revenue Budget 2024-25 and Medium-Term Financial Strategy 2024-27

**Responsible Officer:** Audrey Valente, Chief Finance Officer

**Report Author:** Audrey Valente, Chief Finance Officer

## 1 Purpose

**This Report is presented to the Board for**

- Discussion
- Decision
- Direction

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

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

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

- Sustainable
- Outcomes
- Integration

## 2 Route to the Meeting

- Discussed with both NHS Fife and Fife Council Finance Team Colleagues
- IJB Development Session - 23 February 2024
- Extra FP&S Extended Committee (Combined Cttee) -18 March 2024
- Extraordinary Local Partnership Forum - 19 March 2024

## 3 Report Summary

### 3.1 Situation

This report provides information on the estimated resources available to the Integration Joint Board over the 2024-25 period. Despite additional investment being received on a recurring basis the estimates indicate that a gap in funding remains. This paper asks the IJB to approve the budget for next financial year but also gives an indication to the more medium-term position reported in the Medium-Term Financial Strategy (MTFS)

#### **MTFS**

The MTFS for Fife IJB (Integration Joint Board) sets out and ensures that resources are directed effectively to help deliver the outcomes of the Strategic Plan and its 9 Supporting Transformational Strategies. The MTFS quantifies the challenges over the next three years and will inform decision making and actions required to support financial sustainability. It estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife, and therefore highlights any areas of financial pressure. The MTFS details plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and sets out the medium-term transformational change required to allow us to deliver services in the most effective way whilst balancing the budget.

#### **Budget 2024-25**

In setting the core revenue budget for 2024-25 members should seek to maintain a 3-year focus recognising the significant financial challenge that lies ahead. Whilst there is uncertainty in relation to the figures beyond 2024-25, high-level projections point to a considerable budget gap in both 2025-26 and 2026-27. In light of these projections, members are advised to give full consideration to the longer-term consequences of any decisions made in setting the 2024-25 budget.

In order to determine the core revenue budget gap for 2024-25, a comparison of the recurring funding that the IJB is expected to receive with the cost of continuing existing service provision has been made. The latter assumes that the IJB continues to provide the range of services that it currently does in a similar manner. The cost of continuing is illustrative only as it assumes that the IJB responds to demand and operates in the same way as it does currently. This comparison demonstrates an extremely challenging position from 2024-25 onwards.

The model also incorporates new cost pressures which are likely to be incurred during the medium term as well as known inflationary pressures such as pay uplifts, drug costs inflation and the payment of £12 per hour as part of the Living Wage commitment for commissioned services for adult social care.

The January finance update to the IJB indicated that unachieved savings of circa £10m remain undelivered at this point in the financial year, which supports our planning assumption when the budget was set in March 2023.

Savings are required to be delivered over the medium term which have been categorised as Income Generation, Efficiency, Service Redesign, Transformation and Commissioning. Further information in relation to these is included later in the paper.

As part of the budget setting last financial year, one of the main influences in reducing the gap was the short-term strategy to realign budget from areas with recurring underspend. Although not all of these will continue into 2024-25 an element has been recognised as a contribution towards the budget gap and is shown in Appendix 4 Savings Opportunities 2024-25.

The Strategic Plan 2023-2026 was approved in January 2023. The IJB continues to operate in uncertain times, facing significant budget challenges and pressures. It is therefore important that the MTFs include a clear financial framework which will support delivery of the strategic plan within the finite resources available.

It should be noted that the Set Aside budget is not included in the revenue budget. Since inception of the IJB the set aside budget has been delegated to but not managed by the IJB. The Ministerial Strategic Group for Health and Community Care have published proposals for implementation, one of which is to shift the management of set aside into the partnership within 6 months of publication. This has been delayed and a whole system approach has already commenced and will continue to develop further during 2024-25.

The Local Authority budget was approved on 22nd February 2024.

The NHS budget will be approved by end March 2024

The Draft Budget overview is provided in Appendix 1, this details funding provided by partners and highlights areas of pressure facing the IJB.

Directions are provided in Appendix 2.

## 3.2 Background

### Budget

The IJB is reliant on funding contributions from both Fife Council and NHS Fife to enable a balanced budget to be set year on year. Once these contributions are received, they lose their identity to become the 'Fife IJB pound' and it then becomes the responsibility of the IJB to direct both Partner organisations to deliver services to the people of Fife. Although there are formal arrangements, through the Integration Scheme, to notify the IJB of its annual funding allocations, the ability to produce a timely and competent budget is very much contingent on the financial planning and budget setting processes of the partner organisations, as well as the financial settlements from the Scottish Government.

The budget Gap for the next 3 years is provided below, signifying that the gap is likely to be increasing over the 3 years modelled. It should be noted that the figures in the latter two years are less certain and therefore are indicative at this stage. Budget assumptions will be refined as more robust financial intelligence becomes available.

*Table 1*

	2024-25	2025-26	2026-27
	£m	£m	£m
Cost of Continuing	679.591	706.713	734.156
Pressures	34.000	34.000	34.000
Funding Available	674.525	697.048	719.697
<b>Total GAP</b>	<b>39.066</b>	<b>43.665</b>	<b>48.459</b>



Further non-recurring allocations are received in year for specific priorities, particularly in relation to health delegated budgets.

**Savings**

The funding gap in year 1 of £39.066m will require to be met from savings. The table below identifies the options for funding which will be available to the IJB.

*Table 2*

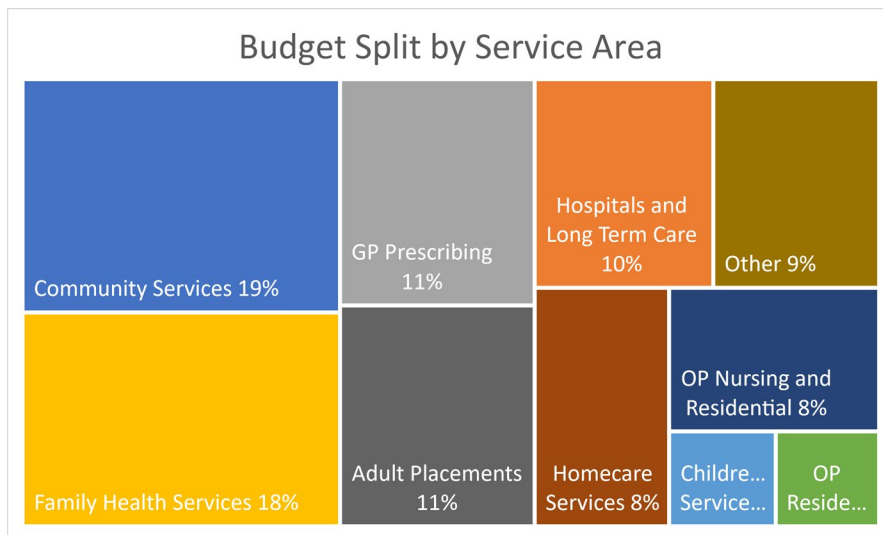
<b>Opportunities/Savings Identified to close Budget Gap</b>	<b>£ m</b>
Previously approved	15.213
Efficiency	12.020
Service Redesign	6.400
Transformation	0.000
Commissioning	3.200
Income Generation	0.500
Use of Reserves	1.700
<b>Total</b>	<b>39.033</b>

**2023-24 Financial Position**

The total contribution from partners is £682.266m (as at January 2024). These contributions are consolidated to become the ‘Fife IJB £’ and the budgets allocated to spend are as follows:



The detailed service breakdown is as follows:



As at January 2024 the projected overspend for the HSCP is £6.725m. It should be noted that any the overspend at March will be funded by IJB reserves. The uncommitted reserves balance at January 2024 is £7.432m, which suggests an uncommitted reserve balance of £0.707m will be available from April 2024.

### 3.3 Assessment

#### Key Issues for the Budget In-Year

##### **Safe Staffing Legislation - Workforce Tools**

The potential costs of compliance with the safe staffing legislation has not been reflected in the budget position. There is a risk that this will create significant additional cost pressures but every attempt to manage within existing budgetary provision will be made.

##### **COVID-19**

Although residual costs of covid continue in 2024-25 these have now been absorbed into business-as-usual activity.

##### **Set Aside**

As detailed above, Set Aside still requires to be transferred to the IJB. Due to other pressures a tripartite agreement has been reached to pause any transfer and discussions are still ongoing as to the exact date of transfer. The current overspend level at January is £12.208m and prior to any transfer, strategic discussions require to be taken forward.

##### **Charging**

Charging is not within the gift of the IJB to govern and remains the responsibility of the Local Authority.

##### **Inflation**

The disinflationary process has stalled in the UK, with inflation flatlining at 4% in January.

There is an indication that disinflation is expected to continue, with momentum really picking up as there is a double digit cut to the household energy price-cap.

The modelling suggest that inflation is on track to fall to the 2% target in April, before picking up slightly in the second half of the year.

Robust monitoring of the position throughout the year will be required to understand any risks associated with this.

### **Pay Awards**

The pay increases agreed for 2023-24 have created significant cost pressures for the IJB both during the year but also in future years. In developing the budget gap, it is necessary to recognise these additional costs pressures to ensure sufficient funding is recognised as part of the planning process. In terms of NHS Fife, it has been assumed that any pay award will be funded by SG.

### **Non-Pay**

During 2024-25 the implementation of the agenda for change review will commence with a focus on protected learning time, a review of band 5 nursing roles and a reduction in the working week. A pilot exercise will analyse the impact on service delivery as well as staff wellbeing. It should however be noted that this is likely to have a significant impact on the financial pressures that the IJB faces. At this point in time the impact has not been reflected in the gap. Officers continue to work with NHS Fife to understand and reflect an accurate position statement of the cost pressures that this will present.

### **2024-25 Budget Position**

Savings have been identified to meet the budget gap and therefore a balanced budget for 2024-25 is reflected in this paper recognising the cost of continuing services at existing levels which include pay and price inflation, pressures, and new developments whether they be health or social care related. Details of the net budget requirement are provided above in Table 1.

Demographic growth is reflected in the model in terms of children transferring to adult services, otherwise known as transitions. As part of future budget planning there is a need to commission work to understand from a strategic perspective the impact of demographics on future Health and Social Care budgets. There is also a need to understand the implications of the National Care Service and what impact this will have on future models of care, and their associated cost implications.

The IJB will be required to continue to deliver efficiencies whilst managing any increases in demand that exceed the levels that have been provided for within the budget model. To mitigate any risk associated with this strategy, the impact will be closely monitored, and alternative measures can be put in place if required.

### **Reserves**

A reserves policy for the IJB was approved in September 2017. The Health and Social Care Partnership has not been in a position in previous years to create a reserve due to legacy overspends and budget pressures.

There is no statutory minimum however, the policy states an ambition to maintain a prudent level of uncommitted reserve of 2% of budgeted expenditure. April 2021-22 was the first year where funds were brought forward to be held in reserve and this was the result of late funding received from Scottish Government in February 2021 and a surplus on our core position. April 2022 saw the reserve balance on uncommitted funds rise to 2% per our ambition, however we are now in

a position whereby limited to no reserves will be carried forward into next financial year. This is concerning as it leaves no flexibility during the next financial year. Financial sustainability is a priority for the IJB and requires effective financial planning, as well as strategic planning to provide assurance to the board, partners, and external audit that we can deliver services to the people of Fife that are both fit for purpose and sustainable.

### **Transformation/ Programme Investment**

The HSCP is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. The transformational change programme spans the entirety of the Partnerships business and requires the partnership to look at what services are delivered, how they are delivered, and where they are delivered from.

There has been significant investment to create a transformation team and the team has progressed a series of programmes and projects. These projects will measure improvements in both outcomes and quality of services and track financial benefits such as cost avoidance through prevention and early intervention, efficiency savings and cashable savings from transforming services.

Given the projected lack of reserves, there is a risk that we will not have sufficient resource to progress our transformation plans, impacting on our financial sustainability. This will be carefully monitored throughout financial year 2024-25.

#### **3.3.1 Quality / Customer Care**

Any savings have been developed in conjunction with clinical and medical colleagues. Quality and customer care is a priority for the IJB, and work will continue to ensure high quality services are delivered to the people of Fife

#### **3.3.2 Workforce**

We will work in partnership with staff side colleagues and trade unions to deliver in line with year 1 of the Medium-Term Financial Strategy 2024-27

#### **3.3.3 Financial**

This paper should be read in conjunction with the Medium-Term Financial Strategy 2024-2027

#### **3.3.4 Risk / Legal / Management**

There is a risk that savings may not be achieved on a recurring basis. A Savings Tracker and Risk register will be completed and kept up to date.

#### **3.3.5 Equality and Diversity, including Health Inequalities**

An impact assessment will be completed in due course.

#### **3.3.6 Environmental / Climate Change**

There are no impacts on the environment.

[ClimateActionPlan2020\\_summary.pdf \(fife.gov.uk\)](#)

### **3.3.7 Other Impact**

None.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

Not applicable.

## **4 Recommendation**

- **Discussion** - Examine and consider the budget for 2024-25 and associated savings.
- **Decision** - Agree the budget for next financial year 2024-25
- **Direction** - Consider and agree the direction to both partner organisation's and instruct both NHS Fife and Fife Council as appropriate.
- **Discussion** - To examine and consider the medium-term financial position of the IJB, recognising that the information may be subject to change as a result of various potential external factors, such as Scottish Government funding, Changes in Inflation, demographic growth to name but a few.

## **5 List of Appendices**

The following appendices are included with this report:

Appendix 1 - Draft Budget Overview

Appendix 2 (a) - Direction to NHS Fife

Appendix 2 (b) - Direction to Fife Council

Appendix 3 - Medium Term Financial Strategy

Appendix 4 - 2024-25 Savings Opportunities

Appendix 5 – Finance Risk Register

## **6 Implications for Fife Council**

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

## **7 Implications for NHS Fife**

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

## **8 Implications for Third Sector**

Any savings have been developed in conjunction with our third sector colleagues. We will continue to work in partnership to ensure quality and customer care remains a priority for the IJB ensuring high quality services are delivered to the people of Fife.

## **9 Implications for Independent Sector**

Any savings have been developed in conjunction with our independent sector colleagues. We will continue to work in partnership to ensure quality and customer

care remains a priority for the IJB ensuring high quality services are delivered to the people of Fife.

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

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

**Report Contact**

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## FIFE HEALTH AND SOCIAL CARE DRAFT BUDGET OVERVIEW

	2024-25 Budget £m	2025-26 Budget £m	2026-27 Budget £m
<b>Increase in Funding</b>			
Budget Uplift Fife Council	2.249	0.000	0.000
Budget Uplift NHS FIFE	0.000	6.324	6.450
Adult Social Care SG Funding	17.003	0.000	0.000
<b>Total</b>	<b>19.252</b>	<b>6.324</b>	<b>6.450</b>
<b>Inflation Increases &amp; Growth Costs</b>			
Pay Inflation	5.438	5.987	6.051
Pharmacy Inflation	2.347	4.588	4.846
External providers: living wage and funding requirements	16.350	0.151	0.151
Non-Pay Inflation	0.183	0.197	0.197
<b>Total</b>	<b>24.318</b>	<b>10.923</b>	<b>11.245</b>
<b>Cost Pressures</b>	34.000		
<b>Budget Gap</b>	<b>39.066</b>	<b>4.599</b>	<b>4.795</b>

## ADDITIONAL FUNDING 2024-25

## Fife Council

In December 2023, the Director of Health and Social Finance confirmed that the Scottish Government was making available additional funding of £241.5 million in 2024-25 for local authorities to support social care and integration. The overall funding to local government includes additional funding of £230m to deliver a £12 per hour minimum pay settlement to adult social care workers in private and third sectors, as well as an inflationary uplift on free personal nursing care payments (£11.5 million)

At its budget meeting on the 22nd February, Fife Council agreed to pass across £2.1m towards pay award. Fife Council had discretion on the use of this additional funding and passported it on a one-off basis to support the Partnership in 2023-24.

**Fife share of the £241.5 m is £17.003m**  
**£2.1m was approved on a non-recurring basis**

## NHS Fife

NHS Fife, as per all territorial boards will receive a total increase of 4.3% for 2024-25 to cover costs related to the 2023-24 pay deals. For clarity the 4.3% relates to the 2023-24 non-recurring funding now being made available on a recurring basis. The element that relates to 2024-25 represents flat cash and this has been passported as per the Scottish



Government funding letter.

Further to the above, funding over various SG priorities will also be made available during 2024-25 for areas such as Action 15 Primary Care Improvement Plan etc.

**There is no uplift to the health delegated budget for 2024-25**

## **2024-27 BUDGET PRESSURES**

### **PAY AWARDS**

#### **NHS Fife**

In terms of NHS pay, there is no recognition of funding from SG. Funding arrangements for Boards will be revisited by the Scottish Government following the outcome of the pay negotiations in the new financial year.

**There is no recognition of funding for NHS Pay at this moment.**

#### **Fife Council**

The public sector pay policy sets out a clear policy for pay across the public sector in Scotland. It should be noted that the local government pay settlement for 2024-25 has not yet been agreed.

An estimate of the 2024-25 pay uplift has been included. Any deviation from estimate will impact on the reported gap.

**No funding has been passported to the IJB.**

#### **Cost Pressures**

Included within the budget model provision has been made for areas of significant cost pressures during 2024-27.

- Inflationary uplifts in relation to medicines.

## **THIRD PARTY PAYMENTS**

### **Externally Commissioned Packages**

An **uplift to £12** for the Real Living wage has been included, the uplift relates to the wage element of the contracted hourly rate. The uplift to the full contracted hourly rate and not only the pay elements, will create a pressure on the IJB budget. This has been reflected in the budget gap.

Commissioning and legislative requirements and additional pressures to fund the National Care Home Contract Rate (NCHC rate) uplift are included. The NCHC rate is negotiated nationally via the cost of care calculator by Convention of Scottish Local Authorities (COSLA), Chartered Institute of Public Finance and Accountancy (CIPFA) and external care providers.

Negotiations are ongoing in relation to this contract with estimates included within the budget model. Any deviation from the assumed uplift within the model will impact on the budget gap.

An estimated uplift on the **NCHC has been included in the model.**

**4% uplift has been included for prescribing costs.**

### **Unachieved Savings 2022-23**

The budget being set today is based on the assumption that any savings undelivered at 31 March 2023 will be carried forward into the following year and delivered. The value of undelivered savings currently stands at £10m and is in line with the decision taken at the IJB in March last year to earmark reserves in recognition of delays in delivery.

Where other savings were substituted in the previous financial year it is assumed that these will continue and the original plan for delivery will continue to be sought.

### **Demographics**

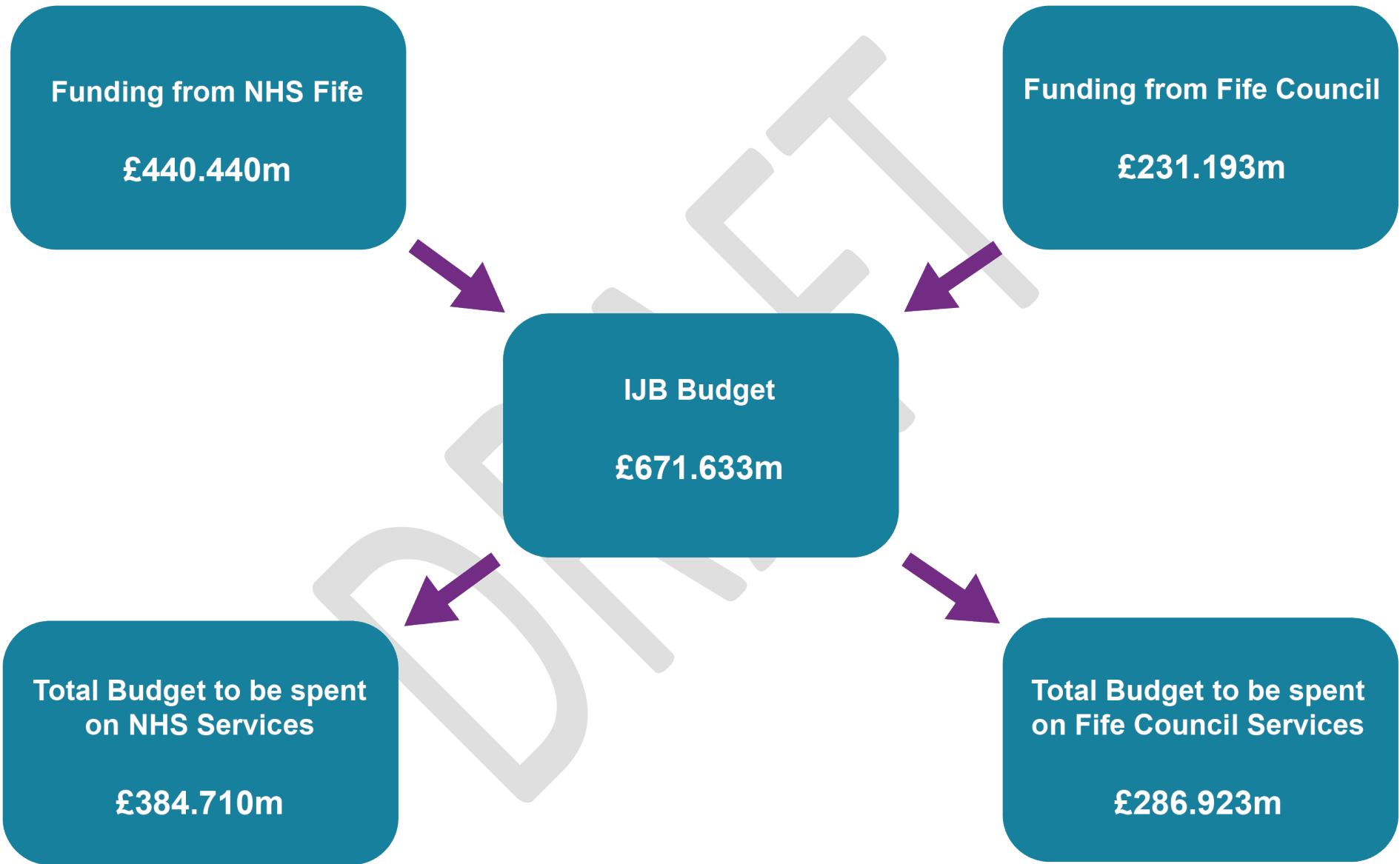
There has been some provision included for demographic growth, but this will be considered at a more detailed level as part of future budget planning. There is an expectation that where there is no provision within budgets that this will be managed within existing budgets and services are expected to redesign to meet the cost of additional pressures within the resources available to them.



## DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	<b>2024.001 (DRAFT)</b>
2	Report Title	Revenue Budget 2024-25
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	
4	Date Direction Takes Effect	
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	<p>All functions delegated to Fife Council by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1A and 1B of Annex 1 (available here: <a href="http://www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022">www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022</a>)</p> <p>All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: <a href="http://www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022">www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022</a>)</p>

8	<b>Full Text of Direction</b>	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHs Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.
9	<b>Budget Allocated by IJB to carry out Direction</b>	For the financial year 2024 to 2025, Fife IJB has allocated a budget of <b>£384.710 million</b> to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.
10	<b>Performance Monitoring Arrangements</b>	Regular monitoring of the financial position will take place during 2024-25 to ensure services are delivered within the resource envelope identified at Appendix A. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year.
11	<b>Date Direction will be reviewed</b>	March 2025



<b>Total Budget to be spent on NHS Services - £384.710m</b>		
<b>Portfolio/ Service</b>	<b>Budget £m</b>	<b>Narrative</b>
<b>Primary Care &amp; Preventative</b>	<b>239.418</b>	<b>A resilient and thriving primary care is at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.</b>
Child Health	15.096	Children's Health Services includes a range of services from Health Visiting, Child Protection, School Nursing, Family Nurse Partnership and Children & Young Persons Community Nursing Services.
Community Immunisation Service	3.584	The Immunisation Service helps to prevent and protect the health of the whole population of Fife by vaccinating against infectious disease and viruses; vaccines are given at different times and at different ages to protect children and adults, supporting them to build immunity, prevent disease and live healthier lives.
Sexual Health + Rheumatology	9.013	Sexual Health provides services to prevent and protect the health of the people of Fife. This includes prevention and management of Sexual Transmitted Diseases and Blood Borne Viruses which includes detection and elimination of conditions including HIV and HEP C. The team also provide a Gender Based Violence Service, contraception, and pregnancy service.  The Rheumatology Service is delivered by the Fife Rheumatic Diseases Unit. The Rheumatology service is made up of a multi-disciplinary team of medical, nursing, physiotherapy, clinical psychology, occupational therapy and pharmacy professionals.
Fife Public Dental Service	6.788	Our Public Dental Service provides access to routine and specialist NHS dental care across Fife. This may include patients who cannot obtain emergency treatment from a general dental practice, may have additional needs, or require specialised dental services.
Health Promotion + Improving Health	2.278	The Health Promotion Service leads on approaches and services which maintain and improve health and wellbeing and helping to reduce health inequalities across Fife. This covers the life course from pregnancy, early years and children to adults and older adults. They provide training, a range of services and information and resources. They lead on and work in partnership on projects and campaigns and activities aimed directly at our localities and communities.

Advanced Health Practitioner Services Fife-wide	15.409	AHP Services Fife-wide provides services covering Nutrition & Dietetics, Physiotherapy, Podiatry, Occupational therapy and Speech & Language Therapy, these services all contribute and are critical to supporting early intervention and prevention activities to promote health and wellbeing ensuring a life course approach.
Urgent Care Service Fife (UCSF)	6.913	The Urgent Care Service Fife (UCSF) formerly known as the Primary Care Emergency Service and is sometimes referred to as the GP Out of hours service. Urgent care is provided by a multidisciplinary team of healthcare professionals. UCSF is accessible to anyone requiring urgent clinical care that cannot wait until their GP surgery re-opens. The service aims to ensure that members of the public can access urgent care during the out of hours period when surgeries are closed, via telephone advice, a treatment centre appointment or where appropriate a home visit.
GP Associated services	0.746	This supports services delivered in partnership or on behalf of the HSCP by General Practice across a range of interventions in community settings such as phlebotomy and primary care nursing.
Primary Care Management + Admin	0.196	Portfolio Management + Admin support to Primary Care & Preventative Teams
GP Prescribing	80.466	GP Prescribing covers expenditure relating to drugs prescribed by GP practices.
Family Health Services	98.929	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
<b>Integrated Community Care</b>	<b>59.343</b>	<b>Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting.</b>
Care Of the Elderly Inpatients	15.423	Covers the strategic and operational management of medicine of the elderly wards (including GP-led wards) across Fife - St Andrews Community Hospital, Adamson Hospital, Cameron Hospital, Glenrothes Hospital and Queen Margaret Hospital. This includes the provision and development of what is a complex and evolving model across health and social care.
Specialist Inpats + Outreach	10.328	Specialist In-patients and Out-Reach Services encompasses the following services: Fife Specialist Palliative Care - specialist in-patient hospice, community out-reach service, SPOA (Single point of access - professional to professional line), children's and families service, adult counselling services and the acute hospital support team. Stroke rehabilitation services are provided from Letham Ward, Cameron Hospital and Queen Margaret Hospital Ward 7. The Fife Rehabilitation Service consists of the Sir George Sharp Unit at Cameron Hospital which delivers neurorehabilitation and multi-disciplinary out-reach services.



Specialist Community Services	14.482	Specialist Community Services include the Cardiac Rehabilitation & Heart Failure Service, Diabetes Service, Respiratory Service, Complex Care Service, Managed Clinical Network Team, Diabetic Eye Screening Service, ME Service, and the Tissue Viability Service. All of these specialised community services ensure that complex care is delivered safely in the community to decrease unnecessary admissions and assist in early discharges from acute settings.
Management + Admin	3.344	Management + Admin support to Integrated Community Care Teams
Fife Equipment Loan Store Service	1.052	Fife Equipment Loan Store (FELS) provides equipment to help support individuals to live as independently as possible in their own home or homely setting. Over 700 prescribers across Fife H&SCP and Education access FELS including OTs, PTs, Community Nurses, and Social Care workers. Equipment such as beds, hoists, bathroom equipment and specialist children's equipment support access to education, timely discharge from hospital and prevention of admission into hospital or long-term care.
Community Flow and Integrated Discharge Hub	2.959	The Hub enhances the patients journey through their hospital stay by identifying and planning their discharge pathway from the point of admission. We are a 7-day integrated service with a new Front Door Assessment Team that focuses on early assessment and prevention of admission. Discharge Pathway Planning commences before medical treatment in line with our Planned Day of Discharge (PDD) Initiative as part of Discharge Without Delay (DWD). Time created to plan and implement complex long-term solutions (housing adaptations). Solutions will be in place for patients clinically fit reducing average LOS & number of patients in delay

<p>ICASS Division</p>	<p>11.755 Integrated Community Assessment and Support Service (ICASS) is multiple services which aims to improve the health and wellbeing of people in Fife by enabling individuals to stay independent in their own home or in their community wherever possible. The ICASS services and functions are as follows -</p> <p><b>Intermediate Care Teams</b> The Intermediate Care Teams have several strands to their function. These include daily rehabilitation to facilitate early discharges from hospital and prevention of hospital admission, community rehabilitation, inpatient rehabilitation and support via Assessment and Rehabilitation Centres.</p> <p><b>Assessment and Rehabilitation Centres</b> The Assessment and Rehabilitation Centres deliver rapid assessment, investigation, diagnostic and rehabilitation service for older people who are living with frailty. The multidisciplinary service including medical, nursing and therapy (OT and PT) come together to triage patients and discuss complexity to enable treatment and input is tailored to individual needs.</p> <p><b>Community Rehabilitation</b> This service comprises of Occupational Therapy, Physiotherapy and Support Workers. The main functions of the team are short term rehabilitation, pulmonary rehabilitation and major trauma coordination service support. The therapy is delivered on an individually assessed basis, often daily but intensive therapy is not provided.</p> <p><b>Daily Rehabilitation</b> This is a short-term service comprising of Rehabilitation Support Workers, Physiotherapy, Occupational Therapy and Nurses. They provide up to a maximum of 4 visits per day, 7 days per week to support recovery activity and prevention of admission. They also facilitate early supported discharge to continue rehabilitation.</p> <p><b>Inpatient Rehabilitation</b> This service includes Physiotherapy and Occupational Therapy. The service provides rehabilitation, a therapeutic MDT approach and provides support with assessment and complex discharge</p>
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planning. They also assist with vascular, major trauma and over 65 stroke pathways. The therapy is delivered on an individually assessed basis but intensive therapy is not provided.

**Hospital at Home**

The role of the Hospital at Home team is to treat patients at home or in a care home by providing the same level of care that would be expected should you be admitted to hospital. The team also facilitate earlier discharge for ongoing treatment where it is safe to do so. The team is led by a medical consultant and includes a skill mix of nursing staff including advanced practitioners and pharmacy services.

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<b>Integrated Complex &amp; Critical Care</b>	<b>58.009</b>	<b>Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work</b>
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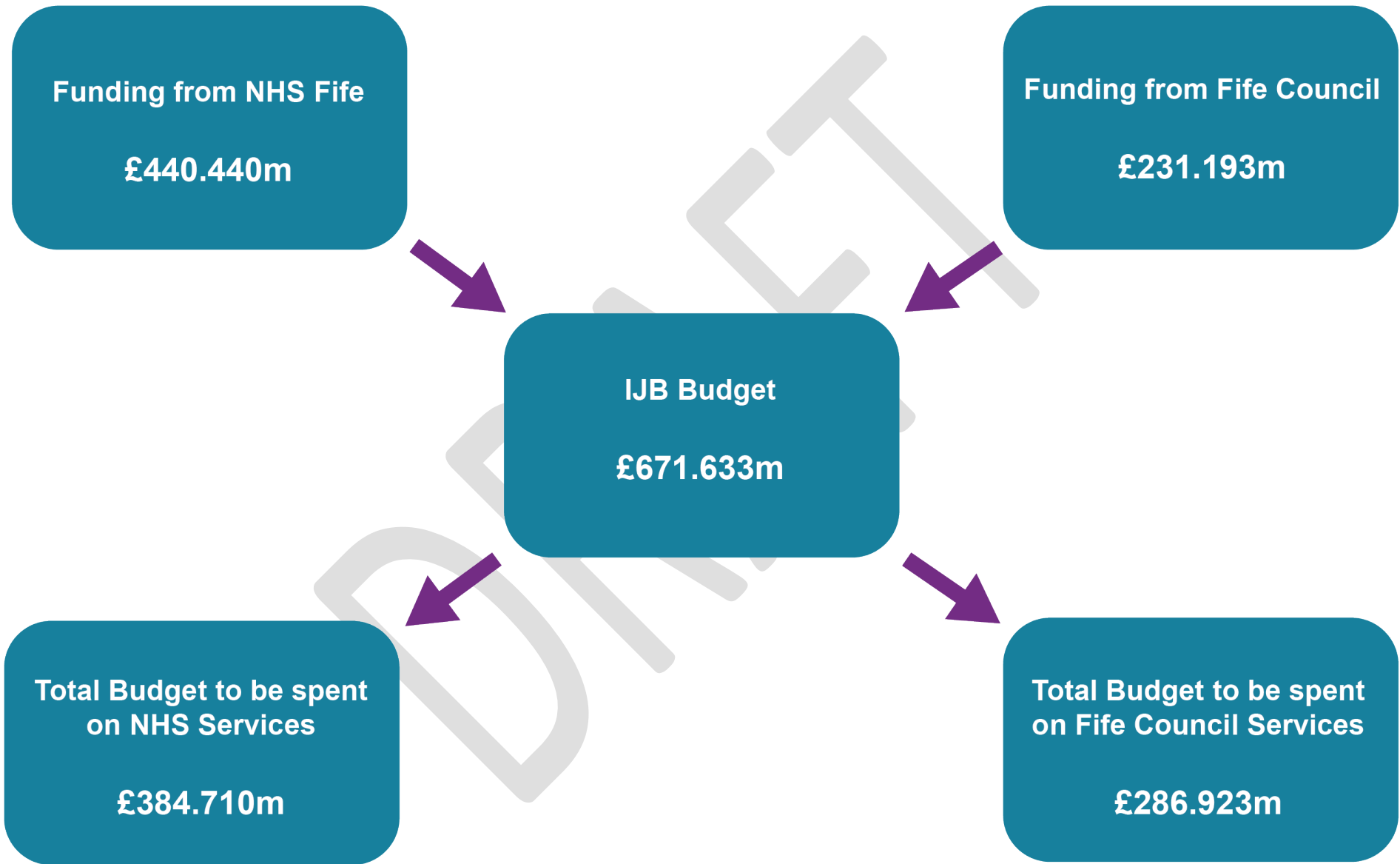
Mental Health Services	44.051	Mental Health Services provides a portfolio of services including the following. Drug & Alcohol Addiction Services, Child & Adolescent Mental Health Services to the Community. Community and In-Patient Adult and Older Adult Mental Health Services, Community and In-Patient Rehab Services, Community, and In-Patient Forensic Mental Health Services. Mental Health Occupational Therapy and Physiotherapy Services. Admin support to Mental health services.
Learning Disability Services	7.771	Learning Disability provides Community and In-Patient Learning Disability services. Forensic Learning Disability services to in-patients, including the Regional Learning Disability Unit, Daleview Ward. Epilepsy Nursing service. Occupational Therapy services
Psychology Service	6.187	Psychology Service provides a range of psychological interventions and therapy services to meet mental health needs across the lifespan as well as specific services in the following areas - physical health settings, learning disabilities, maternity, neonatal and perinatal care, paediatrics, physical rehabilitation, psychiatric rehabilitation, addictions, forensic, staff support and services for military veterans.
<b>Prof &amp; Business Enabling</b>	<b>2.271</b>	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.
<b>Other</b>	<b>25.669</b>	HSCP allocations awaiting distribution & Board Vol Orgs



## DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2024.002 (DRAFT)
2	Report Title	Revenue Budget 2024-25
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	
4	Date Direction Takes Effect	
5	Direction To	Fife Council
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	<p>All functions delegated to Fife Council by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1A and 1B of Annex 1 (available here: <a href="http://www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022">www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022</a>)</p> <p>All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: <a href="http://www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022">www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022</a>)</p>

8	<b>Full Text of Direction</b>	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.
9	<b>Budget Allocated by IJB to carry out Direction</b>	For the financial year 2024 to 2025, Fife IJB has allocated a budget of <b>£286.923 million</b> to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.
10	<b>Performance Monitoring Arrangements</b>	<p>Regular monitoring of the financial position will take place during 2024-25 to ensure services are delivered within the resource envelope identified at Appendix A.</p> <p>A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year..</p>
11	<b>Date Direction will be reviewed</b>	March 2025





**Total Budget to be spent on Fife Council Services - £286.923m**

<b>Portfolio/ Service</b>	<b>Budget £m</b>	<b>Narrative</b>
<b>Integrated Community Care</b>	<b>138.001</b>	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting.
Homecare Services	58.721	<p>The Care at Home Service has 850 staff providing care and support within the homes of 1100 of some of the most vulnerable people within Fife. There are a range of models of care (enablement, end of life support), situated across the whole of Fife for all ages. The Service operates within a formal statutory, regulatory and policy environment. This includes the Care Inspectorate, the Scottish Social Services Council, Health and Safety and we are required to demonstrate compliance, strong governance arrangements and continuous service improvement.</p> <p>The service also operates as a key service within the H&amp;SCP with a focus on improving the wellbeing of people who use health and social care services. In particular the National Health and Wellbeing Outcomes sets out clear the expectations that:</p> <ul style="list-style-type: none"> <li>3. "People who use health and social care services have positive experiences of those services, and have their dignity respected"</li> <li>4. "Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services".</li> <li>7. "People who use health and social care services are safe from harm"</li> <li>8. "People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide".</li> <li>9. "Resources are used effectively and efficiently in the provision of health and social care services".</li> </ul> <p>Linked closely to the National and Regulatory expectations of service delivery, is the H&amp;SCP strategic ambition to achieve the best outcomes for the people of Fife using a whole systems approach</p>
OP Nursing & Residential	55.485	This budget also funds OP Nursing & Residential external care packages for Older People over 65 through Nursing and Residential Placements.

OP Residential & Daycare	17.407	OP Residential provides care for people aged 65 and over in 8 Partnership Care Homes across Fife. The service supports hospital discharge through providing Assessment beds for those where Long-Term Care is a likely plan and Interim Beds for those who are medically fit for discharge and awaiting a package of care at home. Long Term Care beds and planned respite beds are provided across all 8 Care Homes. Three of the 60 bed Care Homes provide 32 Short Term Assessment and Review (STAR) beds for those requiring a multi-disciplinary approach to assessing and supporting a service user to develop independent living skills to enable a safe return home with a package of care commensurate to their needs. Daycare Services are provided by external organisations on our behalf from the Partnership Homes.
OP Fife-wide	1.493	OP Hospital Discharge Services works with multidisciplinary teams to support people to move from hospital to more appropriate settings. Supporting East Fife Community Hospitals and when required service to Fife Residents in Ninewells and PRI. West covers Victoria and QM Hospitals and Fife Residents in Forth Valley and Clackmannanshire.
Community Occupational Therapy	4.895	The Community Occupational Therapy Service work with adults within their home environments. The teams' remit is to identify both what is preventing or limiting individuals in carrying out essential daily living tasks and what assets are available to overcome these. Intervention will vary from alternative techniques, coping strategies, moving, and handling techniques. assistive equipment and adaptations to the home environment. They also provide postural management support if someone has a complex postural management need that impacts upon their ability to support themselves in a sitting or lying position.
<b>Integrated Complex &amp; Critical Care</b>	<b>147.160</b>	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Adults Fife Wide	9.468	Adults Fife Wide Service provides Grants to Voluntary Organisations, the Adult Protection Committee and funds the running costs for the Complex and Critical service management.
Adult Supported Living	31.517	Adult Resources provides Accommodation with Care and Support by internal teams either in group settings or single tenancies. There are also additional services including Shared Lives Fife, the statutory Appropriate Adult Service, and the Deaf Communication Service, plus day support services through the Fife Community Support Service.
Social Care Fieldwork Teams	22.033	Social Work Fieldwork Teams (for Adults and Older Adults), provide a professional social work service that provides assessment of need, Adult Support and Protection duties and crisis welfare support, as required by the SW Scotland Act. Assessment determines the needs of the service users and facilitates suitable care based on these needs. This heading also

		includes grants to voluntary organisations for Older Adults and provides access to funds for the Alternative Care Panel.
Adult Placements	84.142	Adult Placements supports arrangements for external care packages for adults under 65, following social work assessment who meet the critical through Nursing and Residential Placements, Care at Home, and Daycare. It also provides Direct Payments to Service Users to allow them to purchase their own services.
<b>Prof &amp; Business Enabling</b>	<b>5.778</b>	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.
<b>Other</b>	<b>-4.016</b>	Other includes budgets that are held centrally but will be allocated to other areas during the financial year.

DRAFT



**Fife Health  
& Social Care  
Partnership**



**Medium Term Financial Strategy 2024-2027**

# Medium Term Financial Strategy

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## Foreward

Fife Integration Joint Board (IJB) continues to operate in uncertain times, facing significant budget challenges and pressures. It is therefore important to develop a clear financial framework which will support delivery of the strategic plan within the finite resources available.

Our partners in both Fife Council and NHS Fife have been involved in the development of this strategy and fully support and understand that any directions approved by the IJB will require to be delivered to allow financial balance and sustainability.

Audrey Valente, Chief Finance Officer

## Executive Summary

The Medium-Term Financial Strategy (MTFS) for Fife Health and Social Care Partnership (Fife HSCP) sets out the resources available and ensures that they are directed effectively to help deliver the outcomes of the Strategic Plan and its 9 Supporting Transformational Strategies. The MTFS quantifies the challenges over the next three years and will help inform decision making and actions required to support financial sustainability. It estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife, and therefore highlights any areas of financial pressure. The MTFS details plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and sets out the medium-term transformational change required to allow us to deliver services in the most effective way whilst balancing the budget.

The three-year financial strategy sets out the forecast income and expenditure for the Integration Joint Board (IJB), based on projected income and expenditure figures the IJB will require to achieve savings of £48m over the next three years. An overview of the three-year framework is set out below.

Summary	2024-54 £m	2025-26 £m	2026-27 £m
Budget Pressures	713.591	740.713	768.156
Funding Estimates	674.525	697.048	719.697
<b>Budget Gap</b>	<b>39.066</b>	<b>43.665</b>	<b>48.459</b>
<b>Programme for Transformation</b>			
Efficiency	12.020	12.234	12.234
Service Redesign	6.400	8.070	8.070
Previous approved	15.213	23.463	23.463
Transformation			
Commissioning	3.200	3.200	3.200
Income generation	0.500	5.300	5.300
Use of reserves	1.700		
<b>Shortfall / (Surplus)</b>	<b>0.033</b>	<b>-8.602</b>	<b>-3.808</b>

## Introduction and Context

Since the Fife Integration Joint Board became operational, the necessity to achieve savings has been a continuous consideration. Starting from a deficit position, the realisation of savings within a health and social care system which is experiencing rapid growth and under pressure to drive forward change at a pace is challenging to deliver without de-stabilising the system. Significant savings have been delivered to date and our focus is on transformational change.

The vision of the Strategic Plan 2024-2027 is to enable the people of Fife to live independent and healthier lives. Our mission to deliver this is by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes and this MTFS helps enable the Strategic Plan to be delivered.

### Our Strategic Priorities for 2024-27 are

- Local – A Fife where we enable people and communities to thrive
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement
- Sustainable – A Fife where we will ensure services are inclusive and viable
- Wellbeing – A Fife where we will support early intervention and prevention
- Outcomes – A Fife where we will promote dignity, equality, and independence

The MTFS also links with the Fife Integration Scheme March 2022; The NHS Clinical Strategy and the overarching Plan 4 Fife, whilst also demonstrating cognisance to the key strategies, plans and policies of partners where relevant to the operation of the delegated services.

The Ministerial Strategic Group (MSG) Review of Progress of Integration (2019) defined Integrated Finances and Financial Planning as a key feature to support Integration. This means that money must be used to maximum benefit across health and social care with the public pound being used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. Our Commissioning Strategy is being refreshed and this will focus on delivering Best Value for quality and cost in line with the MSG principles.

This MTFS will consider the resources required by the Fife HSCP to operate its services over the next three financial years and estimate the level of demand and growth pressures likely to be experienced by these services. This will define the projected financial challenge and inform actions required to support financial sustainability in the medium term.

## **Reserves**

Since inception Fife HSCP have aimed to be able to hold reserves in line with our policy document. There is no statutory minimum however, the policy states an ambition to maintain a prudent level of uncommitted reserve of 2% of budgeted expenditure. April 2021-22 was the first year where funds were brought forward to be held in reserve and this was the result of late funding received from Scottish Government in February 2021 and a surplus on our core position. April 2022 saw the reserve balance on uncommitted funds rise to 2% and meeting our ambition.

Given the 2023-24 projected overspend position it is likely that there will be little to no reserves carried forward into 2024-25. The main purpose of holding a reserve is to create a contingency to cushion the impact of unexpected events or emergencies. The other reason for holding reserves is a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities. Whilst these are committed, they should still be monitored regularly and change of use will require approval of the IJB. The reserves policy suggests a 2% balance, and cognisance will be taken of this in future budget planning exercises.

## **Uncommitted**

The provisional final outturn position at March 2024 is estimated to deliver an overspend of circa £6.725m. It is unlikely that there will be little to no reserves carried into 2024-25 as they are likely to be required in full to fund the current reported overspend.

## **Covid**

Scottish Government had provided significant funding to meet the costs of COVID-19 which has now been utilised, with all remaining un-used balances returned. There is no further funding for COVID-19 related expenditure and any recurring costs will be required to be funded from existing budgets.

## **Earmarked**

Earmarked reserves reflect government priorities and are required to enable delivery of services at a local level that fit with the national guidelines. There is close working with Scottish Government to ensure spend is aligned with the national priorities and that reserves remain at manageable levels, and delivery continues within expected timescales. We have worked with Scottish Government colleagues to re-purpose earmarked reserves to reflect other local priorities and cost pressures.



A risk register has been developed to be used in conjunction with reserves held, to allow informed judgement on use of balances. This is available at Appendix 4 in the budget paper.

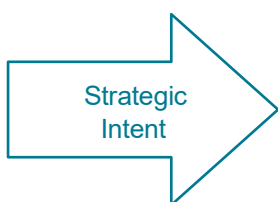
This strategy document should be read in conjunction with the Annual Budget Paper (March 2024).and collectively the two documents will assist in future decision making through:

- Informing priorities to support delivery of the strategic plan
- Improving strategic financial planning
- Maximising the use of available resources and support best value across the medium term
- Detailing high level plans aligned to service; efficiency/reform; redesign and transformation
- Providing a formal document to be utilised in discussion with partners in relation to agreeing and securing funding
- Supporting decision making in the commissioning of services in partnership with the third and independent sector to support a shift in the balance of care to support prevention, early intervention, and community-based locality services
- Progress will be monitored through the IJB Governance Structures

## Delivering Transformational Change

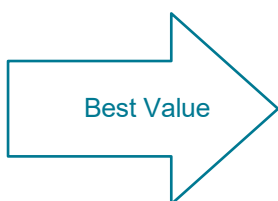
The HSCP is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. The transformational change programme spans the entirety of the Partnerships business and requires the partnership to look at what services are delivered, how they are delivered, and where they are delivered from.

There has been significant investment to create a transformation team and the team has developed a series of programmes and projects. These projects will measure improvements in both outcomes and quality of services and track financial benefits such as cost avoidance through prevention and early intervention, efficiency savings and cashable savings from transforming services.



Transformational Change is supported by the 2023-2026 Strategic Plan and its 9 Supporting Transformational Strategies, to further develop our models of care and transform how we deliver services through purposeful and intentional action.

Delivering the Strategic Plan vision is also supported by 7 enabling strategies, which include this Medium Term Financial Strategy, an integrated workforce strategy and a refreshed participation and engagement strategy.

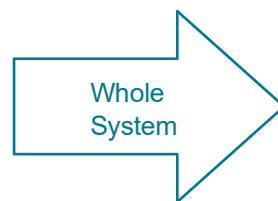


Transformational change will take cognisance of the financial envelope across the whole system to ensure joined up planning and delivery of care utilising the budget available to the Integration Joint Board as a whole.

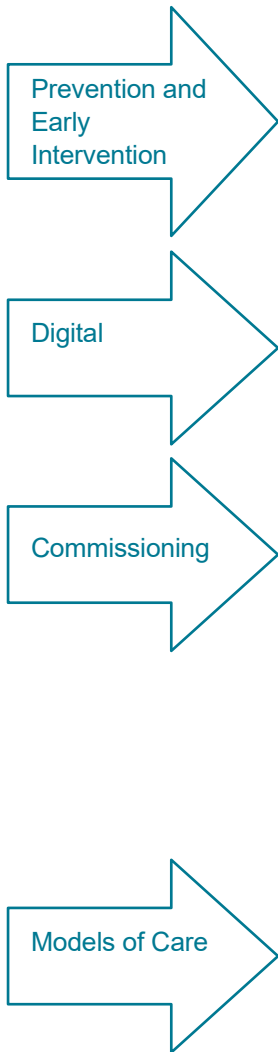
Through an ambitious programme of change delivering large scale redesign and alternative models of care to meet increased and changing demographics.

Elements of redesign will involve working whole system with partners, for example joint working with acute services in relation to front of door models and outpatients and developing the third and independent sector services in line with our commissioning intentions. A strong partnership with Housing to ensure appropriate housing options to support people's ability to stay at home or return to home when their needs have changed following a change in functional ability or health needs.

By targeting and making best value of available resource across the whole system, we can create the conditions for change and a responsive infrastructure to support our workforce and care delivery for the people of Fife.



Support across the system to enable formulary compliance, reducing medicines waste, realistic prescribing.



Community based health services supporting people to stay well and remain as independent as possible, promoting prevention and recovery wherever possible. Prioritising prevention at a population, locality and individual level by working closely with community planning partners and public health to support the individual, community and locality resilience in pursuit of good health and wellbeing. This work is supported by the Prevention and Early Intervention Strategy.

Throughout all our redesign and transformation plans a greater emphasis on technology enabled care and digital solutions is required to enhance people’s lives, enabling greater self-management, supporting safety and changing the way services are delivered including how we interact with people and maximising administrative technology. A refreshed Digital Strategy will support this work.

The Commissioning Strategy has been refreshed for 2023-2026 to ensure strong link to the Strategic Plan to reduce duplication and support best value aligned to commissioning intentions.

Developing models of care including both bed based and community locality models to enable services to be integrated from the point of view of services users. Through transformation we are aspiring towards:

- Reducing over reliance and demand on institutional and bed based care by taking a strength based approach in pursuit of personalised care options to enable fewer preventable admissions, earlier supported discharge and a reduction in delayed discharge and unplanned bed days.
- Further develop our multi-disciplinary/multi-agency “discharge to assess” model promoting a home as the first approach. Good conversations with individuals, families and carers are critical to support appropriate care respecting individual rights and choice within the options available.
- Maximising the value of integration through our structures and processes to strengthen interdisciplinary work between frontline workers at a locality level working closely with community groups and minimising duplication.
- Care at home services are a vital component of care in the community and yet the capacity of service has been under considerable strain over the past two years. This work is supported by the Home First Strategy.
- Strengthen the primary care team skill mix and capacity to cope with growing demand and the provision of more community based treatment in line with the national primary care transformation programme.
- Extensive focus on mental wellbeing and appropriate community based inclusive activities aligned to the delivery of the refreshed Mental Health Strategy.

## Principles

The Medium-Term Financial Strategy has been developed based on the following principles:

1. Financial **Sustainability** is a priority for Fife Integration Joint Board.
2. Resources will be directed to demonstrate **best value** and enable delivery of **Fife Strategic Plan** aligned to the principles of integration and National Health and Wellbeing **Outcomes**, National **Performance** Indicators and Ministerial Strategic Group Recommendations.
3. A commitment to a **whole system approach** and **partnership working** with Fife Council, NHS Fife, the third sector and the independent sector to deliver the best and most efficient services possible with and for the people of Fife within the delegated financial allocations.
4. Directions will be issued to Partners in line with the Statutory Guidance for **Directions**.
5. There is a need to **balance** the combined **complexity** of increasing demand, delivering **quality** and making **financial savings** to support best value and financial sustainability.
6. Spending is expected to be **managed** within the original budgets set during the budget setting process. Where this is not possible, recovery plans within individual services will be required to address overspends in year.
7. Should the **recovery plans** developed have a significant detrimental impact on the services being provided to citizens, then a wider approach to recovery using the budget available to the Integration Joint Board as a whole will be required to manage the position whilst a permanent solution to specific overspends is identified.
8. Given the type of services provided and the reliance placed on these by people then investment and **Project Management Support** may be required whilst the **proof of concept** and benefits are established in relation to the **medium-term transformation** projects in line with our **commissioning intentions**.
9. There is a clear focus towards the delivery of **recurring savings** and an expectation that budgets will be **balanced** on a recurring basis.
10. We will create **conditions for change** recognising our **workforce** as our greatest asset.

### Legislative Context

The Integration Joint Board's role and function is set out in the underpinning legislation – the Public Bodies (Joint Working) (Scotland) Act 2014. The purpose of the integration policy can be summarised as being necessary in order to reshape our whole health and care system in Scotland to enable us collectively to sustain good quality services at a time of unprecedented change and challenge. The system must change and adapt to the new pressures it faces and health and social care integration is seen as a key mechanism toward that.

Integration Joint Boards (IJBs) were set up in order to change the patterns of behaviour, planning and delivery across health and social care and, in large part, to achieve change through an approach which challenges the status quo; deliberately setting strategy, planning and then, utilising delegated budgets directing and commissioning the NHS and Local Authority Partner organisations to delivering more joined-up, community-based models and in doing so, utilising resources 'locked' in traditional silos.

### National Context

The Scottish Government estimates that the need for health and care services will significantly rise by 2030. Coupled with a changing working age population and the known workforce supply challenges, it is clear that the current model of health and care cannot be sustained and that it must change. Pressures span across both acute and community health and social care services.

There are numerous measures being used to monitor the local and national progress of Integration. The Scottish Government's Ministerial Strategic Group for Health and Community Care have identified six priority areas against which progress towards integration is being measured. This coupled with the key features of Integration (2019) and the national Framework for Community Health and Social Care Integrated Services (2019) will support establishing a strong foundation for transformation to enable an increased pace of change, positive outcomes and best value in care delivery.

Integration Authorities are operating within a complex and changing environment where national issues are likely to have an impact on the services provided and how we deliver them locally. Some of the recent legislative or policy changes impacting on integration authorities are:

- Free Personal Care for the Under 65's
- Carers Act (Scotland)
- Scottish Living Wage
- Primary Care Transformation
- The Health and Care (Staffing) (Scotland) Bill.
- Withdrawal from the European Union (Brexit)
- Set aside budgets

### Local Context

To deliver reform, transformation, and sustainability, Fife HSCP was restructured in 2021 to create clearer, more service-user-aligned pathways, that enable the people who need to work together to be a team together. This seeks to create conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards, and business enabling and support services. Localities have also played an important role, bringing decision making about health and social care priorities closer to communities.

The MTFs, Transformational Change Plans and Locality Plans seek to support the understanding surrounding the financial climate within which the Fife IJB will operate over the medium term. There are wide-ranging factors which encompass the complexity that impacts on the financial pressures:



As with all public sector bodies our partners, from whom most of our funds are received, are facing financial challenges. Whilst there is always a place for striving to achieve savings and efficiencies using what could be considered to be more 'traditional' methods, the challenges we face determines the need for a more meaningful and pragmatic approach to be taken which supports delivery of services with and for the people of Fife whilst enabling financial sustainability. This will be aligned to the NHS Fife Clinical Strategy and the Plan 4 Fife 2017-2027.

## Projected Expenditure & New Resources

This reflects the known commitments and income likely to be received in 2024-27.

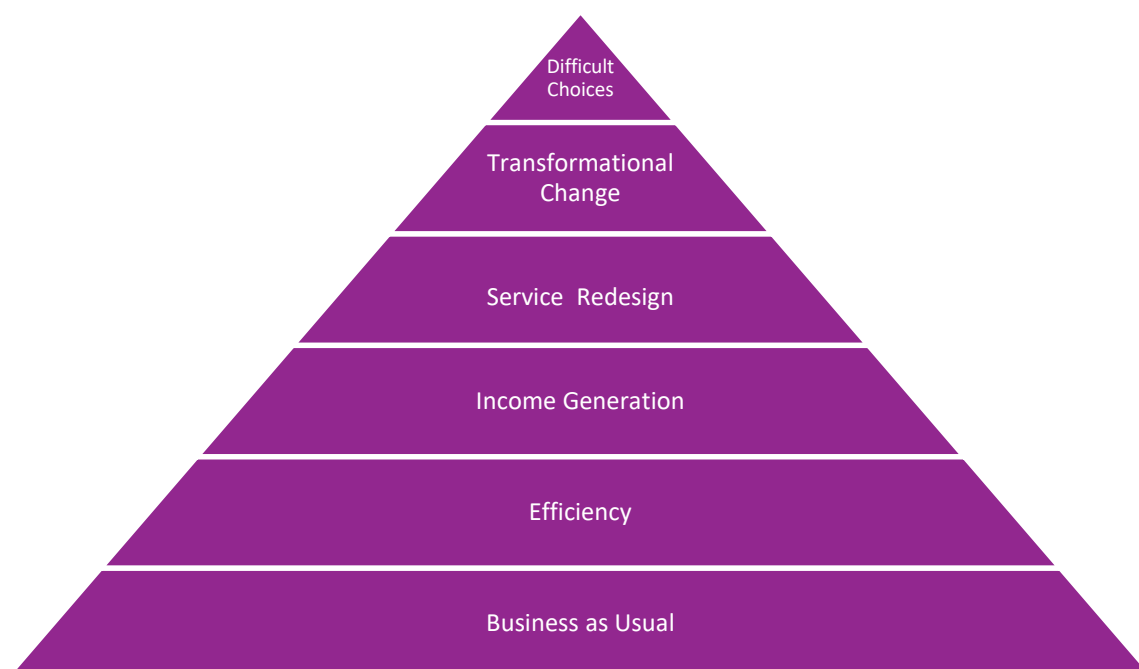
Each year cost pressures will arise during the financial year as service delivery moves to cope with demand. The main cost pressures which the IJB will face over the next three financial years are as follows:

<b>Fife HSCP Draft Budget Overview</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>
	<b>Budget</b>	<b>Budget</b>	<b>Budget</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
<b>Increase in Funding</b>			
Budget Uplift Fife Council	2.249	0.000	0.000
Budget Uplift NHS Fife	0.000	6.324	6.450
Adult Social Care SG Funding	17.003		
<b>Total Increase in Funding</b>	<b>19.252</b>	<b>6.324</b>	<b>6.450</b>
<b>Inflation Increases</b>			
Pay Inflation	5.438	5.987	6.051
Pharmacy Inflation @4%	2.347	4.588	4.846
External providers: living wage and funding requirements	16.350	0.151	0.151
Non-Pay Inflation	0.183	0.197	0.197
<b>Total Inflationary Increases</b>	<b>24.318</b>	<b>10.923</b>	<b>11.245</b>
<b>Cost Pressures</b>	34.000		
<b>Budget Gap</b>	<b>39.066</b>	<b>4.599</b>	<b>4.795</b>
<b>Cumulative Gap</b>	<b>39.066</b>	<b>43.665</b>	<b>48.459</b>
<b>Savings Identified</b>	<b>39.033</b>	<b>52.267</b>	<b>52.267</b>
<b>Net Budget GAP – Shortfall / (Surplus)</b>	<b>0.033</b>	<b>-8.602</b>	<b>-3.808</b>

Please refer to 2024-25 Savings Opportunities at Appendix 4 for granular detail of the savings proposals.

## Decision Making

To support robust decision making and due governance to progress financial sustainability there needs to be a distinction in change being proposed ranging across the spectrum of business as usual, Service Redesign, Transformational change and making difficult decisions.



### Business as Usual

Financial Governance underpins this strategy. In respect of most of our services we need to ensure that patients/service users receive the appropriate care based on their assessed need within available budget. Therefore, budgets and expenditure are managed through robust financial management supporting budget control across all services and all levels of the organisation to achieve an overall year end balanced position.

### Efficiency

We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and supporting us to be a lean organisation. This includes managing demand across a range of settings and services.

### Income Generation

Fees and charges for the provision of a range of discretionary services are a non-delegated function.



### Service Redesign

Maximising opportunities to redesign services to enable modern sustainable services. Digital and technology enabled solutions will be key to increasing efficiency and improve outcomes for people in a sustainable manner. Reviewing structures and processes will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.

### Transformational Change

Involves alternative models of care in line with the ambitions of the Health and Social Care Strategic Plan 2019-2022. Transformation requires us to think and plan services differently to deliver safe and sustainable services in the future, considering demographic growth and increasing long term conditions. Prevention and early intervention are critical to promote healthy and independent living working with communities through locality plans to build resilience and support self-care and carers. Technology will be an enabler to supporting independence.

### Difficult Choices

Should the measures above not achieve financial sustainability at the required pace, then consideration will need to be given to making difficult choices. This will be the hardest to achieve as there might be a potential requirement for us to decommission current services that are not a main priority of the Strategic Plan. Therefore, the focus will be on efficiency, redesign and transformation to ensure that we are delivering the right services at the right time to the right people in the right place to best meet their needs with robust governance arrangements to monitor this.

## **Risk Assessment**

The Medium-Term Financial Strategy is a financial model based on the best available planning assumptions at the time and accordingly has related risks associated with it. Key risks of the Medium-Term Financial Strategy are:

### **Managing Complex Needs**

The increasing level of complexity of need for some of our service users, including transitions to adult services, means that major care packages or out of area care placements might materialise during the year which we have not budgeted for.

### **Prescribing**

Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.

### **Workforce**

Turnover savings is included in the budget to reflect the current staffing levels; should these staffing levels change, this could impact on turnover or supplementary staffing.

### **Commissioning**

The external care market is fragile and work with care providers is ongoing to support stability in the sector whilst also supporting best value from the commissioning strategy.

### **Transformational large-scale change**

This plan requires medium term, large scale and whole system working. This will require change management resource and senior leadership capacity partnership working with statutory, independent, and voluntary sector services.

### **Decision Making**

There may be impact on the Integration Joint Board from decisions by Partners and *vice versa*. Regular meetings with Chief Executives and Directors of Finance along with the Chief Officer and Chief Finance Officer will continue to support whole system working and approach.

### **Public Expectations**

Good conversations and a strong engagement and communication plan will be essential. This can be strengthened further by a review of Governance arrangements in support of public, community, and locality engagement.

### Variability

Projected financial impact which could arise from the impact of both local and national decisions or unexpected change in demand.

### The Set Aside

Requires to be transferred to the IJB. Current overspends level requires to be addressed prior to transfer.

### Charging

Not within the gift of the IJB to govern and remains governed by the Local Authority. Inability to raise funding to levels commensurate with other Integration Authorities is a risk to ensuring a more sustainable approach to delivery of services.

### Resilience

Such as winter pressures or pandemic can result in unpredicted financial pressures.

The Fife Integration Board recognises strategic risks through its Risk Register. This is used to ensure that significant risks are identified, and mitigating actions are effective in reducing these risks to an acceptable level. These risks will be defined in the IJB strategic risk register and monitored and reviewed through the finance monitoring statements on a regular basis.



# 2024-25 SAVINGS OPPORTUNITIES

Integration Joint Board - 28 March 2024 - Appendix 4

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# Introduction

In recent years we have been on a journey with our 'Mission 25', to transform Fife's Health & Social Care Partnership (HSCP) into one of the best performing Partnerships in Scotland. To achieve this ambition, we have created the conditions that have enabled whole-system, collaborative working with all our partners and key stakeholders.

We presented a Medium-Term Financial Strategy (MTFS) for 2023-26 that met the challenge of the reducing availability of resources by setting out a range of initiatives. These were positively supported by our Local Partnership Forum (LPF) and Integration Joint Board (IJB) and are aligned to the principles within the MTFS.

However, further financial challenges for the year ahead in 2024-25 have required new transformation initiatives and further efficiencies which are reflected in our refreshed 2024-27 MTFS. As the Senior Leadership Team, we have been working every day with our services and teams, our partners in NHS Fife, Fife Council, 3<sup>rd</sup> and Independent Sectors, our LPF and Trade Union colleagues, and our IJB to create a plan for 2024-25 that ensures we are continuing to build a sustainable HSCP for the future that delivers the services our citizens need to continue to support the right care and support, at the right time, and in the right place.

The plan we have set out here demonstrates how we will meet the challenges for the year ahead, whilst staying aligned to the priorities and desired outcomes of our Strategic Plan 2023-26. We also remain committed to our belief in #TeamFife and the systems leadership approach that has been successful in developing this vision for health and social care services. All of this work has been done in collaboration with our workforce, underpinned by our key values: being Person-focused, working with Integrity, being Caring, Respectful and Inclusive in our relationships, Empowering people across Fife to take control of their lives and their work, and demonstrating Kindness to others as we represent the Partnership, day-in, day-out.

We believe this plan will support the sustainability of Fife's HSCP by meeting both the short-term and the medium-term financial challenges, through a commitment to supporting our workforce to continue to deliver high quality, best value services to the people of Fife.



**Audrey Valente**  
**Chief Finance Officer**



**Nicky Connor**  
**Chief Officer / Director of Health  
and Social Care Partnership**

# Alignment to Our Strategic Plan

## Vision

To enable the people of Fife to live independent and healthier lives

## Mission

We will deliver this by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes

## Measures:

Our Strategic Plan outlines measures to address the financial challenge, these include:

- **Ensuring Best Value** - Ensure the best use of resources
- **Whole system working** - Building strong relationships with our partners
- **Prevention and early intervention** - Supporting people to stay well and remain independent
- **Technology first approach** - Enhance self-management and safety
- **Commissioning approach** - Developing third and independent sectors
- **Transforming models of care** - Support people to live longer at home/ homely setting
- **Prescribing** - Reduce medicines waste and realistic care & prescribing

# IJB's Strategic Priorities

- **Local** - A Fife where we will enable people and communities to thrive



- **Sustainable** - A Fife where we will ensure services are inclusive and viable



- **Wellbeing** - A Fife where we will support early intervention and prevention

- **Integration** - A Fife where we will strengthen collaboration and encourage continuous improvement



- **Outcomes** - A Fife where we will promote dignity, equality and independence.



# Alignment to Medium Term Financial Strategy

The 2024-25 budget is based on agreed principles within the refreshed Medium-Term Financial Strategy 2024-27:

- Financial **Sustainability** is a priority for Fife Integration Joint Board.
- Resources will be directed to demonstrate **best value** and enable delivery of **Fife Strategic Plan** aligned to the principles of Integration and National Health and Wellbeing **Outcomes**, National **Performance** Indicators and Ministerial Strategic Group recommendations.
- A commitment to a **whole system approach** and **partnership working** with Fife Council, NHS Fife, the third sector and the independent sector to deliver the best and most efficient services possible with and for the people of Fife within the delegated financial allocations.
- Directions will be issued to Partners in line with the Statutory Guidance for **Directions**.
- There is a need to **balance** the **combined complexity** of increasing demand, delivering **quality** and making **financial savings** to support best value and financial sustainability.
- Spending is expected to be **managed** within the original budgets set during the budget setting process. Where this is not possible, recovery plans within individual services will be required to address overspends in year.
- Should the **recovery plans** developed have a significant detrimental impact on the services being provided to citizens, then a wider approach to **recovery** using the budget available to the Integration Joint Board as a whole will be required to manage the position whilst a **permanent solution** to specific overspends is identified.
- Given the type of services provided and the reliance placed on these by people then investment and **Project Management Support** may be required whilst the **proof of concept** and benefits are established in relation to the **medium-term transformation projects** in line with our **commissioning intentions**.
- There is a clear focus towards the delivery of **recurring savings** and an expectation that budgets will be **balanced** on a recurring basis.
- We will **create conditions** for change recognising **our workforce** as our greatest asset

# Risk Appetite:

The IJB set its Risk Appetite in 2023, this tool may help to support decision making and allow members to weigh up the risks and benefits of the following savings opportunities.







Key Risk Impacts	Risk Appetite	Comments
Impact on the Delivery of Strategic Objectives	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Compliance with legislation	Averse/Minimalist	We will not break the law but may take some small, considered risks in the application of untested legislation.
Impacts on Governance arrangements	Cautious/Open	We may take some risks in relation to our internal governance arrangements if this will provide a benefit.
Impacts on Quality of Care	Cautious/Open	We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had.
Impacts on resources, including financial and workforce resources	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Reputation	Cautious/Open	We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain.

**Where key risk information is provided within the savings proposals, it enables the impacts to be assessed at a glance. There is a risk that not accepting these opportunities will result in failure to set a balanced budget.**

# Statutory Obligation:

The IJB is required to set a balanced budget before the start of the financial year as laid out in the financial regulations that govern the IJB. Fife Council have set a budget, however NHS Fife will not formally set a budget until its March Board meeting. An indicative funding position from NHS Fife has been assumed in developing these plans.

This information pack sets out potential saving opportunities for 2024-25. It is envisioned that by considering the outline financial position for the IJB and utilising the information provided within this information pack, members can agree to reach a balanced budget position for 2024-25 for formal approval at March IJB meeting.

			£m
	<b>Previously Agreed Savings</b>	Listed for your information	15.213
	<b>Income Generation</b>	Listed for your information	0.500
	<b>Efficiencies</b>	Listed for your information	12.020
	<b>Service Redesign</b>	A summary is provided with individual proposals outlining key risk impacts for consideration	6.400
	<b>Commissioning</b>	A summary is provided with individual proposals outlining key risk impacts for consideration	3.200
	<b>Use of Reserves</b>	Re-provision of earmarked reserves	1.700
<b>Total</b>			<b>39.033</b>

# Deliverables:

The specific savings proposals have given consideration to readiness, scale of change and alignment to current strategy and policy:-

**Key:** **Green** indicates no issues in delivering the saving.

**Amber** considers the key risk impacts that require to be managed to ensure full delivery of these savings.

## Previously Approved



Previously Approved are savings approved by the IJB and agreed to be feasible, deliverable and are considered business as usual in line with our MTFS 2023-26. This includes those that are redesign and transformation as they have been brought in greater depth to the IJB over 2023-24

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## Income Generation



These proposed income generation proposals are in line with the approved council position on charging agreed in February 2024.

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## Efficiencies



We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and supporting us to be a lean organisation. This includes managing demand across a range of settings and services.

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## Service Redesign



This is aligned to our MTFS description of Service Redesign to redesign services to enable modern sustainable services including reviewing structures and processes which will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.

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## Commissioning



The Commissioning Strategy for 2023-26 ensuring a strong link to the Strategic Plan to reduce duplication and support best value aligned to commissioning intentions.

# Previously Approved:

Savings opportunities approved by the IJB in March 2023 as per of the Medium-Term Financial Strategy are detailed below. These demonstrate an increase of £5.213m in year 2 (2024-25) which contributes to the budget gap taking cognisance of the use of reserves of £10m in 2023-24

<b>Opportunities/Savings Identified to close Budget Gap</b>	<b>B/F Previously Approved £m</b>	<b>2024-25 Increase £m</b>	<b>Total £m</b>
Use of Underspends	2.000	0.000	2.000
Modernising Administration Services	0.000	0.500	0.500
Digital Sensor Technology - Transfer Overnight Care **	3.000	0.000	3.000
Securing a Sustainable Medical Workforce and Reducing Locum Spending	0.500	1.000	1.500
Medicines Efficiencies Programme 2023-25	1.000	0.000	1.000
Nurse Supplementary Staffing	1.000	1.000	2.000
Community Rehabilitation & Care	1.000	0.000	1.000
Home First Commissioning Transformation	1.000	0.500	1.500
Integrated Management Teams	0.500	0.500	1.000
Transforming Centralised Scheduling	0.000	0.413	0.413
Integrated Workforce - Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.000	0.100	0.100
Maximising Core Budget (Alcohol and Drugs Partnership - ADP)	0.000	0.200	0.200
Re-Imagining the Voluntary Sector	0.000	1.000	1.000
<b>Total</b>	<b>10.000</b>	<b>5.213</b>	<b>15.213</b>

\*\* Excluding increase in Year 2

# Income Generation:

Fees and charges for the provision of a range of discretionary services are a non-delegated function. Fife Council approved the following increase in fees and charges for 2024-25 which are attributable to the budget gap.

## Summary

Title	Description	£m
Meals on Wheels	Increase in charges as agreed by Fife Council (up to 5%)	0.050
Community Alarms	Increase in charges as agreed by Fife Council (up to 5%)	0.050
Supported Living Rents	Increase in charges as agreed by Fife Council (up to 5%)	0.400
	<b>Total</b>	<b>0.500</b>

# Efficiencies:

We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and supporting us to be a lean organisation. This includes managing demand across a range of settings and services.

Title	Description	£m
Further expansion and ambition of medicines efficiencies programme	This is an expansion to the previously approved medicines efficiency saving to support effective prescribing and reduction of medicines waste. This additional work will focus on safely, efficiently and effectively reducing unnecessary prescribing in line with realistic medicine and realistic care. This will be undertaken as a collaboration across HSCP services in partnership with Medical, Pharmacy and Primary Care colleagues to seek a reduction and/or elimination of waste. This projects a 5% reduction on total budget.	4.300
Improved commissioning of adults care packages	Modernisation of contracts/Service Level Agreements (SLAs) with care providers moving, where appropriate to block purchasing/negotiation of efficiencies as part of the contractual process. Moving away from direct award to tender processes to stimulate market and provide opportunity for new providers to come to Fife. Business to be delivered by the Centre of Excellence within Quality Assurance & Contracts Team. This will allow for economies of scale to be achieved.	2.400
Maximising Core Budgets	Identify efficiencies for 2024-25 only across a range of core budgets such as Additional Social Work Capacity in Adult Services, Carers Act, Alcohol and Drugs Partnership (ADP)	1.000
Reduce agency spend across care homes	Review of agency costs against vacancies across internal care homes to maximise continuity of care and optimise bed occupancy.	0.800
Cleaning operations in care homes	Eliminate current overspend due to continuation of enhanced cleaning procedures. Return to business as usual cleaning standards following covid recovery.	0.500
Health Visiting Services Workforce Planning	Over the last 2 years the Health Visiting Service has increased the number of trainees it has taken on without any additional funding leading to an overspend. This was to address the projected shortfall of Health Visitors (HVs) due to turnover and age profile of the workforce. The recruitment position has now improved, and we propose to phase recruitment over a 2-year period.	0.230

Title	Description	£m
Urgent Care Services Fife (UCSF) - Conveyance of Clinicians and Patients, and safe transport of medicines and equipment	UCSF requires transport resources out of hours to transport clinicians to home visits and community hospitals. Following renewal of conveyancing contract additional benefits are anticipated as there will no longer be a need for transport minibus or taxi services to bring patients to and from appointments in urgent care.	0.180
Reduce spend on homecare travel costs	Review of mileage costs and use of fleet vehicles and potential creation of peripatetic team to optimise continuity of care and reduce carbon footprint.	0.160
Commissioning Centre of Excellence	Continuation of consolidation of commissioning activity into one team to create a Centre of Excellence. This will involve the merger of the Self Directed Support Team and the Quality Assurance & Contracts team.	0.150
More Efficient use of Specialist Beds	Better planned use of specialist beds to reduce the need to incur rental costs.	0.140
Previously approved underspend saving	20% of all previously identified and approved savings across HSCP portfolios can now be removed from budgets on a permanent basis.	1.110
Miscellaneous Portfolio Budgets	1% Efficiency saving across travel, training, equipment, procurement etc.	0.900
Group Homes	Delivering equity across internal and external providers and efficiencies in household expenditure.	0.100
Skill Mix and Digital Referral within the Discharge Hub	Digital referral received to the hub. Any patient with existing support and requiring any increase will be allocated and reviewed by the Assessment Review Practitioner (ARP) rather than a nurse in the first instance supporting strong alignment to social care.	0.050
<b>Total</b>		<b>12.020</b>



# Service Redesign:

This is aligned to our Medium-Term Financial Strategy description of Service Redesign to redesign services to enable modern sustainable services including reviewing structures and processes which will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.

## Summary

Ref.	Title	£m
SD1	Remodelling of Mental Health Services	6.000
SD2	Community Support Services	0.150
SD3	Nutrition & Dietetics	0.250
		<b>Total</b>
		<b>6.400</b>

## Remodelling of Mental Health Services

Value: £6.000m

Over the past 12 months mental health services have experienced a requirement to significantly increase the use of Locums. This coupled with the increased use of agency nursing staff has resulted in a £6million over spend within the service. The priority for this work is to demonstrate best value and support the service to be working within its allocated budget. This will focus on 3 key areas of work: (1) a 25% reduction in the highest cost locum spend, (2) increase substantive registered nurses to reduce agency spend within inpatient areas; (3) focus on early intervention in relation to both community and urgent care responses to reduce dependency on secondary mental health services.



### Performance and Delivery

A mental health performance framework will monitor key metrics aligned to the national strategy and standards. Further development of community teams across health and social care will support a home first approach within mental health services. We will focus service delivery on priority areas for mental health in Fife, and continue with grip and control measures for locum and agency spend which will be monitored daily at service level and weekly by the Senior Leadership Team. To support Governance Oversight there will be increased detail of reporting to the Finance, Performance and Scrutiny Committee on this delivery area.



### Resources including workforce

Recruitment of Newly Qualified Mental Health Nurses who will commence in September 2024. We will engage with our workforce, staff side and trade unions around opportunities to best align knowledge, skills and experience to support reduction in agency spend and opportunities to remodel service delivery. We will review high cost locum spend in conjunction with operational and professional scrutiny, and target a medical recruitment campaign to attract to Fife and promote opportunities for medical development programmes to support retention and development of medical staff, working in an Integrated approach to utilise Mental Health Practitioners where appropriate. A review of skill mix, roles and responsibilities and development of advanced practice across nursing and allied health professionals will develop these career pathways and support medical staff.



### Quality of Care

Priority will continue to be placed on supporting inpatient care, statutory responsibilities and urgent access to mental health assessment and care. This will be in tandem with further integration with third and independent sector to enable early access to Distress Brief Intervention and community support services at a locality level. A review of all services delivered will be undertaken through senior clinical leadership and advice. We will continue to listen and learn from the voice of lived experience from patients, families and carers



### Organisational / Reputational and Legal

Statutory duties will be delivered. We will promote Fife as the place of choice to develop careers in Fife. Strong Communication with staff and stakeholder will be key. Our refreshed mental health strategy will include a delivery plan to support further work undertaken through a strong participation and engagement and approach.

## Community Support Services

Value: £0.150m

This redesign is aligned to the model emerging from the participation and engagement exercise, where service users and their families have told us what matters to them in relation to their model of care. This involves re-invigorating the use of building bases for part of the activities offered ; taking a locality based approach, promoting independence through the use of public transport where possible. Promoting socialisation and increased activity time through supporting service users to participate in group activities which delivers best value in relation to cost of travel and staffing ratios.

Further integration across local authority, third and independent services to increase the range of specialist providers in Fife to reduce the need and demand for out of fife day placements. This supports local access and reduced travel costs.



### Performance and Delivery

Improved satisfaction rates

Maximise capacity, to support a larger number of service users.

The delivery model is modernised and reflects what matters to the service user, family and carers.



### Resources including workforce

No redundancies.

The service currently has an underspend which will be used to support this model and support further efficiencies in future delivery.



### Quality of Care

Improving choices for individual and greater opportunity for increased social interaction; less time spent travelling.

Continues to support unpaid carers through the provision of building based day care services based on assessed needs and personal outcomes.



### Organisational / Reputational and Legal

Anticipation of positive reputational and organisational benefits from the introduction of this model.

The model supports a human rights based approach.

## Nutrition & Dietetics

Value: £0.250m

The service will continue to focus on the delivery of quality services across core clinical functions and nutrition and dietetic specialist areas aligned to prevention and early intervention right through to more complex care needs. Through this redesign there will be opportunity move to a locality based approach which is aligned to our strategic plan. The service review and re-design will focus on streamlining the leadership and management arrangements, organisational structure, governance, systems and processes which underpin service delivery.



### Performance and Delivery

Due to the focus it is not anticipated there will be negative impacts on performance or delivery. The service will continue to prioritise the delivery of a clinically effective service based on understanding and strengthening both Key Performance Indicators and patient and staff feedback.



### Resources including workforce

There will be communication with and opportunity for staff to engage in the review and redesign aims to support increased opportunities for skill mix, sharing of knowledge, experience and skills. This redesign will be undertaken in line with organisational Change policy and in partnership with staff side, organisational development and Human resource support.



### Quality of Care

The service will continue to prioritise high quality, safe and effective outcome focused care for all people requiring access to a dietitian. The strengthening of systems, processes supports good governance, quality of care and sustainable delivery.



### Organisational / Reputational and Legal

There is no perceived risk to organisation or reputation. The service clinical leads are directly engaged and involved in the programme of work supporting strong clinical leadership.

# Commissioning:

The Commissioning Strategy for 2023-26 ensuring a strong link to the Strategic Plan to reduce duplication and support best value aligned to commissioning intentions.

Ref.	Title	£m
COM1	Reprovision of Care Home Beds	2.500
COM2	Packages of Care - Equity of Allocation	0.700
<b>Total</b>		<b>3.200</b>

## Reprovisioning Care Home Beds to introduce a choice to go home to make decisions about Longer Term Care needs

Value: £2.500m

In line with our Home First Strategy and increased use of Care at Home options, a specialist service (British Red Cross) will be commissioned, that enables people, following a stay in hospital, to be supported and assessed in their own home. This will determine the type and frequency of any care and support they might need to stay at home and to live as independently as possible. In implementing this new model of care, there will be a reduction in the amount of assessment beds required in Fife.



### Performance and Delivery

People may have to wait longer for a long term care bed but evidence supports that if a person goes home to be enabled to make decisions about longer term care needs, further re-enablement results in a 50% reduction in people having to move into care homes.



### Resources including workforce

Opportunity to grow independent sector to meet increase in care at home demand.



### Quality of Care

This promotes independence and takes a person centred care approach allowing individuals to remain at home for as long as possible. Assessments will take place in the person's home, engaging carers as required, allowing for a more accurate understanding of needs compared to assessments in a hospital ward. The service and support provided will be customised to meet specific needs. The service provided enhances support to unpaid carers through recognising the additional support needed upon discharge, and supports families to stay together.



### Organisational / Reputational and Legal

Gives more people choice therefore aligned to persons rights.

## Packages of Care – Equity of Allocation

Value: £0.700m

To ensure equity additional scrutiny will be applied to all requests for care packages, based on individuals assessed need. This will be achieved by the creation of a panel consisting of service managers across social work and social care and finance representatives.



### Performance and Delivery

All people who require a package of care in hospital or in the community will be allocated to the START (Short Term Assessment and Review Team) so any waits for care at home will be reduced due to the streamlining of this new process. Following a period of re-ablement in the START team the panel will ensure robust assessment processes for those who need ongoing care at home. This will result in better performance because the right care and the right level of hours will be prescribed by an expert panel within budget.



### Resources including workforce

Existing staff with opportunities to join up the whole care system further due to the close collaboration with the independent sector to ensure step down packages of care are available following the START period (up to 6-weeks).



### Quality of Care

Care will be proportionate to the needs of the person and due the robustness of the multi-factorial assessment will result in the right care by the right person being received.



### Organisational / Reputational and Legal

Greater compliance with financial regulations and care governance.

This budget plan proposes a Fifth area of transformation to add to the Integration Joint Boards current programme of Transformation alongside

1. Community Care & Rehabilitation
2. Transforming Overnight Care
3. Community Service Redesign
4. Re-imaging the third sector
5. The new proposed area of transformation relates to the ongoing Transformation of Integrated Unscheduled and Urgent Care in Fife.

In line with our Medium-Term Financial Strategy “Transformation” Involves alternative models of care in line with the ambitions of the Health and Social Care Strategic Plan 2023-2026. In this case, transforming unscheduled care is also aligned to the NHS Fife Population Health and Wellbeing Strategy aligned to priority 2 for Quality of Care. Focusing on Urgent and Unscheduled Care is in line with National Strategy Supporting “Right Care, Right Place, Right Time” and the IJB also has key strategies that are aligned to this work including our home first strategy and primary care strategy and this work is a continuation of the national transforming urgent care programme.

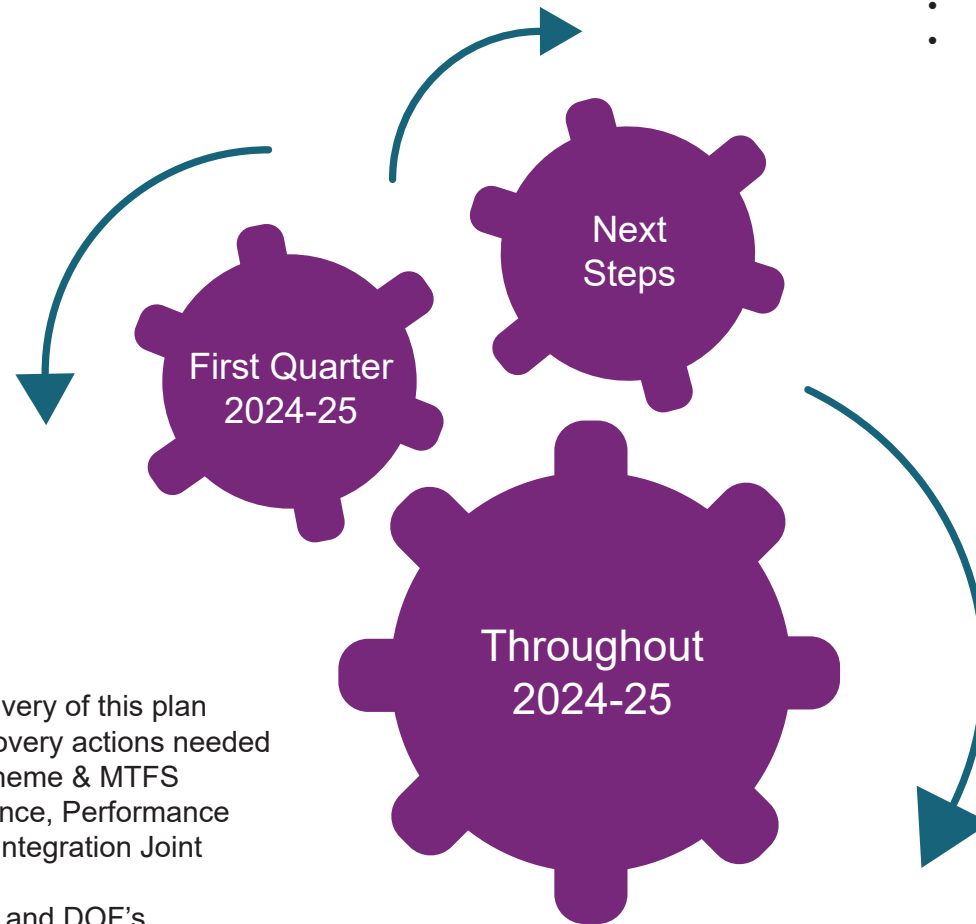
Transformation requires us to think and plan services differently to deliver safe and sustainable services in the future, considering demographic growth and increasing long term conditions, prevention and early intervention, alignment to locality needs, supporting self-care and carers, technology and models of care to support the quadruple aim of balancing quality, workforce, performance and financial risk. Considerable work has already been done to transform care in this area and this was a previous Integration Joint Board Priority. Working with Acute Services we believe there is more that can be done to support a whole systems approach to the next phase of this work enabling further efficiency and effectiveness of the service while maintaining quality.

In line with values of whole system working this transformation plan will be developed and brought forward with full engagement and joint working with Acute Services. This proposal will consider the interfaces and dependencies relating to unscheduled and urgent care across the system to support the future model. There is already an Integrated Unscheduled Care Programme Board in place which is co-chaired by the Director of Health and Social Care and the Director of Acute Service. This will enable us to have joint oversight on the development and delivery of this plan and work together on opportunities, impacts and outcomes for the people of Fife.

A proposal for Unscheduled and Urgent Care using the IJB’s agreed methodology will be presented within the first quarter of 2024-25. It is anticipated that any financial benefits will commence in 2024-25 and continue forward as part of our MTFS and strategic direction.



# Next Steps:



- Once approved by IJB, Issue Directions
- Continue with Grip and Control measures
- Implementation of plan at pace
- Continued staff engagement and wider stakeholder communications

- Evidence progress on the delivery of this plan
- Early Identification of any recovery actions needed in line with the Integration Scheme & MTFS
- Monitoring reports to the Finance, Performance and Scrutiny Committee and Integration Joint Board
- Regular meetings with CEO's and DOF's
- Progress reports to our Local Partnership Forum

- Focus on delivery and recovery
- Specific Reporting on the Medium Term Transformation Projects
- Planning for 2025-26 to enable preparation throughout 2024-25
- Initiate 2025-26 plans when ready in-year for implementation

## Fife HSCP - Financial Risk Register

No	RISK Threat to achievement of business objective	Scope/potential consequences of risk	Assessment of Risk (likelihood x impact) Assume no Controls in Place			Risk Control Measures in Place	Are all Controls Operational? Y/N/Partial	Potential Financial Risk Annual Basis £m	Assessment of Risk (likelihood x impact) With Control Measures		
			Likelihood	Impact	Risk Score				Likelihood	Impact	Risk Score
1	Realigning Budgets	The approach adopted for 2024-25 has been to realign budgets based on the level of overspends/underspends in previous years. There is a risk that these do not realise the required benefits	5	5	25	The risk will be held corporately and future budget gaps may increase should demand increase. There will also be close monitoring of spend and improved grip and control measures put in place.	Partial	Medium	2	5	10
2	Inflationary Upfits	Assumptions have been included in the budget model in relation to uplifts for both pay and externally commissioned. Level of uncertainty in terms of agreed rate	5	5	25	Sharing of best practice with both partners and other IJBs.	Partial	Small	2	5	10
3	Costs relating to short term investment required to ensure Safe Delivery of services whilst also transforming services	To enable safe delivery of services there may be a requirement to incur double running costs to ensure safe delivery of services	3	5	15	Options to minimise risk considered such as test of change in locality with the potential to further roll out	Partial	Small	1	5	5



<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>28 March 2024</b>
<b>Agenda Item No:</b>	<b>7.2</b>
<b>Report Title:</b>	<b>Finance Update</b>
<b>Responsible Officer:</b>	<b>Nicky Connor, Director of Health &amp; Social Care</b>
<b>Report Author:</b>	<b>Audrey Valente, Chief Finance Officer</b>

## 1 Purpose

**This Report is presented to the Board for:**

- Assurance
- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

## 2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- Finance Governance Board
- Finance, Performance & Scrutiny Committee, 12 March 2024
- Local Partnership Forum, 13 March 2024

### 3 Report Summary

#### 3.1 Situation

The attached report details the financial position (provisional outturn) of the delegated and managed services. The forecast for Fife Health & Social Care Partnership at 31 January 2024 is currently a projected deficit £6.725m.

#### 3.2 Background

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

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

#### 3.3 Assessment

As at 31 January 2024 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £6.725m.

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

These overspends are partially offset by underspends in:-

- Community Services
- Adults Fife Wide
- Adults Supported Living

Social care fieldwork teams

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

##### 3.3.1 Quality / Customer Care

There are no Quality/Customer Care implications for this report

##### 3.3.2 Workforce

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

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

### **3.3.3 Financial**

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

### **3.3.4 Risk / Legal / Management**

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

### **3.3.5 Equality and Diversity, including Health Inequalities**

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

### **3.3.6 Environmental / Climate Change**

There are no impacts on the environment

[ClimateActionPlan2020\\_summary.pdf \(fife.gov.uk\)](#)

### **3.3.7 Other Impact**

None

### **3.3.8 Communication, Involvement, Engagement and Consultation**

Not applicable.

## **4 Recommendation**

- **Assurance** – The Integration Joint Board are asked to be assured that there is robust financial monitoring in place.
- **Decision** – The Integration Joint Board are asked to approve the financial monitoring position as at March 2024.
- **Decision** – The Integration Joint Board are asked to approve the use of the reserves as at March 2024.

## **5 List of Appendices**

The following appendices are included with this report:

Appendix 1 – Finance Report at January 2024

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Approved 2022-23 Savings Tracker

## **6 Implications for Fife Council**

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

**7 Implications for NHS Fife**

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

**8 Implications for Third Sector**

This report reflects payments made to Third Sector providers.

**9 Implications for Independent Sector**

This report reflects payments made to Independent Sector providers.

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

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

**Report Contact**

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**Fife Health  
& Social Care  
Partnership**



# Finance Report Projected Outturn as at 31st January 2024



Supporting the people of Fife together



## FINANCIAL MONITORING

### PROJECTED OUTTURN AS AT JANUARY 2024

#### 1. Introduction

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

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

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

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

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

#### 2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the provisional outturn, which is an overspend of £6.725m is provided at Table 2 and a variance analysis provided.

#### 3. Movement in Budget

The total budget for the delegated and managed services has increased by £35.692m since April (£34.463m April - Nov). The table below shows the reason for the budget movement from April to November.

<b>Budget Per Directions</b>	<b>646.573</b>
<b>Movement</b>	<b>35.692</b>
Of which:	
SG Additional Allocations	
PCIF	1.027
Vaccines Covid	5.489
FHS/PMS	20.462
Nursing support	0.725
Other	2.207
Pay Award	8.579
Major Trauma	0.633
MH Triage Nurses	0.816
Band 2-4	1.075
GP resilience	0.014
MDT	0.698
ADP	1.517



PMS	4.016
Medical Pay uplift	1.000
Prescribing	1.400
Earmarked Reserves Drawn	11.552
Misc Income	-19.113
Distress Brief Interventions	0.100
Benzo Funding	0.194
Action 15 revised award	0.308
Adult & Child healthy weight	0.852
PCIF Tranche 2	0.685
Other (Budget Transfer/Accounting Adjusts)	-8.544
<b>Budget at January</b>	<b>682.266</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 projected outturn position at March 2024.

#### 5. Financial Performance Analysis of Projected Outturn as at 31<sup>st</sup> January 2024

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a provisional outturn overspend of £6.725m as below. This position is after the use of £10m of reserves to fund savings which have had a delay in delivery of Year 1 as agreed by Integration Joint Board in March 2023.

Fife Health & Social Care Partnership - Projected Outturn as at January 2024								
Objective Summary	Budget April includes RT	Budget Nov incl RT	Budget Jan incl RT		Forecast Outturn Nov incl RT	Forecast Outturn Jan incl RT	Variance as at Nov	Variance as at Jan
	£m	£m	£m		£m		£m	£m
Community Services	125.213	134.538	131.457		127.623	124.662	-6.915	-6.795
Hospitals and Long Term Care	57.267	63.020	66.158		72.692	76.709	9.672	10.551
GP Prescribing	76.548	77.139	78.139		82.139	84.139	5.000	6.000
Family Health Services	94.282	120.657	120.775		121.498	122.585	0.841	1.810
Children's Services	14.811	17.940	17.956		17.943	17.882	0.003	-0.074
Older People Residential and Day Care	16.031	15.537	17.414		17.037	19.587	1.499	2.173
Older People Nursing and Residential	44.992	51.420	53.610		50.077	52.690	-1.343	-0.920
Homecare Services	55.338	52.645	57.067		54.179	58.521	1.533	1.454
Older People Fife Wide/ Hospital Discharge	1.233	1.182	1.591		1.315	1.615	0.133	0.024
Adults Fife Wide	19.527	9.907	9.760		7.288	7.070	-2.619	-2.690
Integrated Community Team	4.741	5.299	5.791		5.351	5.889	0.052	0.098
Social Care Other - to be allocated	0.673	-5.747	-19.793		-5.458	-20.219	0.289	-0.427

Business Enabling/Professional	8.466	8.321	8.707		8.193	8.070	-0.128	-0.637
Adult Placements	74.408	75.120	76.397		76.008	78.278	0.888	1.880
Adult Supported Living	30.181	30.031	32.517		26.021	28.235	-4.011	-4.282
Social Care Fieldwork Teams	22.861	22.319	23.151		21.595	21.711	-0.724	-1.440
Housing		1.707	1.567		1.707	1.567	0.000	0.000
<b>Total Health &amp; Social Care</b>	<b>646.573</b>	<b>681.036</b>	<b>682.266</b>		<b>685.208</b>	<b>688.990</b>	<b>4.171</b>	<b>6.725</b>

	<b>Budget Nov</b>	<b>Forecast Outturn Nov</b>	<b>Variance as at Nov</b>	<b>Budget Jan</b>	<b>Forecast Outturn Jan</b>	<b>Variance as at Jan</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Primary Care & Preventative	271.349	280.988	7.438	274.040	281.417	7.377
Complex & Critical Care	207.302	208.337	(3.065)	214.462	212.960	(1.502)
Community Care	191.863	196.477	1.415	204.281	207.849	3.568
Professional & Business Enabling	13.354	12.451	(1.403)	14.277	12.285	(1.992)
Other	(2.832)	(3.046)	(0.214)	(24.794)	(25.520)	(0.727)
<b>Total HSCP</b>	<b>681.036</b>	<b>695.207</b>	<b>4.171</b>	<b>682.266</b>	<b>688.990</b>	<b>6.725</b>

## 5.1 Primary & Preventative Care

### **Variance**

The budget as at January is £274.040m. The forecast after funding from reserves is £281.417m, giving an adverse variance of £7.377m. Reserves of £2.200m were allocated to Primary & Preventative Care to fund the delay in delivery of Year 1 savings.

The main variance is due to the increased cost of prescribing, the budget was set on a cost per item of £10.05, and the average price is projected at £10.71, the overspend on prescribing at January is projected at £6m which reflects the increased price and also increased volume. Primary Medical Services has an overspend of £1.810m due to 2C Practice locum costs. Other variances are due to the filling of posts in Health Visiting, CYPCNS (Children and Young People Community Nursing Service) and Child Protection posts which are required to ensure safe delivery of services.

The movement from the November position is a minimal movement of £0.061m.

## 5.2 Integrated Complex & Critical

### **Variance**

The budget as at January is £214.462m. The forecast after funding from reserves is £212.960m, giving a positive variance of £1.502m. Reserves of £4.100m were allocated to Complex and Critical to fund the delay in delivery of Year 1 savings.

Within this position, Mental Health Services has a projected overspend of £6.4m, due to the increasing use of locum staff and difficulties in recruitment. This is partially offset by underspends of £1.4m across Learning Disability and Psychology services.

Adult Placements has a projected overspend of £1.880m which is offset by underspends in Community Services which is currently being re-modelled, Supported Living vacancies and budgets set aside for named individuals who have not yet moved over to the adults' services.

The movement from November is an adverse movement of £1.563m. This is mainly due to increased use of locums in Mental Health Services.

### **5.3 Integrated Community Care**

#### ***Variance***

The budget as at January is £204.281m. The forecast after funding from reserves is £207.849m, giving an adverse variance of £3.568m. Reserves of £3.200m were allocated to Community Care to fund the delay in delivery of Year 1 savings.

The main variances are due to an increase in agency staff in Care of the Elderly Inpatients, Older People Nursing & Residential and Homecare Services.

The increased movement in projection of £2.153m is mainly due to increased use of agency staff.

### **5.4 Professional & Business Enabling**

#### ***Variance***

The budget as at January is £14.277m. The forecast after funding from reserves is £12.285m, giving an underspend position of £1.992m. Reserves of £0.500m were allocated to Community Care to fund the delay in delivery of Year 1 savings.

The main reason for the underspend is vacant posts.

## **6. Savings**

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

As at January reserves of £10m have been allocated for the delay in delivering cashable savings.

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

## 7. Covid-19 and the Local Mobilisation Plan

Covid-19 specific funding ceased at the end of 2022-23 and all expenditure incurred, apart from vaccination costs, will become business as usual.

There are still some ongoing costs from surge wards, PPE costs, staff cover for those who have contracted Covid-19 and increased cleaning. It is essential that we continue to manage these costs to ensure the impact on the outturn position is minimised.

## 8. Reserves

Reserves brought forward at March 2023 were £37.719m.

Reserves Balances	Commitments	Allocated in Year to date	Expected to be drawn by YE	Balance @ YE - required	Available for use
Earmarked Reserves	16.225	8.817	2.320	5.088	
Reserves Available for use	21.494	10.724	1.092	2.246	7.432
<b>Total Reserves</b>	<b>37.719</b>	<b>19.541</b>	<b>3.412</b>	<b>7.334</b>	<b>7.432</b>

Of the £37.719m total reserve, £16.225m relates to reserves earmarked for specific purposes. At January the balance is £5.088m, these reserves are required and any reserves not drawn at year end will be carried forward into 2024-25 for specific use.

The reserves available for use balance at April was £21.494m, of this the IJB approved the earmarking of £10m of reserves in anticipation of delays in delivering cashable savings within 2023-24.

£10m reserves have been allocated against non-delivery of Year 1 savings as follows:

	£m
Medicines Efficiencies	1.000
Underspend Saving	2.000
Digital - Overnight Care	3.000
Locum Reduction	0.500
Supplementary Staffing	1.000
Underspend Saving	1.000
Home First	1.000
Integrated Management Teams	0.500
<b>Total</b>	<b>10.000</b>

A further £0.724m has been allocated in year, it is expected that £1.092m will be drawn by year end and commitments totalling £2.246m have been agreed and will require to be carried forward into 2024-25 (timing delays). This leaves a balance of reserves for use of £7.432m.

Based on the current projected outturn contained in this report, £6.725m of this balance is required to bring the IJB back to a balanced position. This would leave a balance below our 2% policy minimum.

Details are shown in Appendix 2

## **9. Risks and Mitigation**

### **9.1 Savings**

The savings agreed in the three-year Medium Term Financial Strategy (2023-26) increase to £28.650m in 2024-25. These have been recognised and form part of the opportunities identified to close the 2024-25 budget gap.

### **9.2 Forward Planning**

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

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

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

## **10. Key Actions / Next Steps**

There will be continued close monitoring of the projected financial outturn.

**Audrey Valente**  
Chief Finance Officer  
12<sup>th</sup> March 2024

Appendix  
2

Reserves Balances	Commitments	Allocated in Year to date	Expected to be drawn by YE	Balance @ YE - required	Available for use
Earmarked Reserves	16.225	8.817	2.320	5.088	
Reserves Available for use	21.494	10.724	1.092	2.246	7.432
<b>Total Reserves</b>	<b>37.719</b>	<b>19.541</b>	<b>3.412</b>	<b>7.334</b>	<b>7.432</b>

Earmarked Reserves	Opening Balance April 2023	Allocated in Year to date	Expected to be drawn by YE	Balance @ YE - required
	£m	£m	£m	£m
PCIF	0.952	0.714	0.238	0.000
GP Premises	0.785	0.451	0.034	0.300
Interface Care	0.106	0.000	0.061	0.045
District Nurses	0.316	0.000	0.316	0.000
Alcohol and Drugs Partnership	1.619	0.300	0.084	1.235
School Nurse	0.146	0.000	0.146	0.000
Remobilisation of Dental Services	0.313	0.000	0.000	0.313
Care Homes	0.800	0.800	0.000	0.000
Buvidal	0.103	0.103	0.000	0.000
Child Healthy Weight	0.009	0.000	0.009	0.000
Afghan Refugees	0.047	0.047	0.000	0.000
Dental Ventilation	0.259	0.079	0.000	0.180
Learning Disability Health Checks	0.069	0.000	0.069	0.000
Family Nurse Partnership	0.100	0.100	0.000	0.000
Development of Hospital at Home	0.279	0.240	0.000	0.039
Breast Feeding	0.020	0.020	0.000	0.000
Delayed Without Discharge	0.025	0.025	0.000	0.000
Long Covid	0.125	0.011	0.000	0.114
Acceleration of 22/23 MDT recruitment	0.300	0.205	0.041	0.054
Unscheduled Care/ Navigation Flow Hub	2.923	1.177	0.286	1.460
Action 15/ Psychological Therapies/ Mental Health R&R	1.455	0.088	0.068	1.299
Multi Disciplinary Teams	2.166	2.166	0.000	0.000
Workforce Wellbeing Funding	0.093	0.074	0.000	0.019
Interim beds	1.288	1.288	0.000	0.000
Telecare Fire Safety	0.069	0.069	0.000	0.000
Self Directed Support (SDS)	0.407	0.407	0.000	0.000
Community Living Change Plan	1.339	0.371	0.968	0.000
Near Me	0.112	0.082	0.000	0.030
<b>Total Earmarked</b>	<b>16.225</b>	<b>8.817</b>	<b>2.320</b>	<b>5.088</b>

Reserves available	Opening Balance April 2023	Commitments Agreed	Allocated in Year to date	Balance remaining	Required to be carried fwd
	£m	£m	£m	£m	£m
Reserves available/ brought forward plus underspend	21.494				
Commitments previously agreed:					

Additional Staff to create capacity to progress transformation projects		0.594	0.594	0.000	
Participation & Engagement Staff		0.146	0.146	0.000	
Housing Adaptations backlog investment		0.644	0.300	0.344	0.344
Community Alarms - Analogue to Digital		1.235	0.000	1.235	1.235
Contact centre (staffing costs test of change)		0.150	0.030	0.120	0.120
Bed Flow coordinators 4FTE (temp 1 year)		0.102	0.075	0.027	0.027
Hospital at Home		0.010	0.010	0.000	
Renewal of beds in hospitals		0.020	0.020	0.000	
Use of reserves to back up savings programme/ timing		10.000	10.000	0.000	
Test of Change Levenmouth Locality		0.068	0.028	0.040	
Digital - update of website		0.080	0.000	0.080	
MH Triage Car - from Locality funding		0.030	0.000	0.030	0.040
Pharmacy/Pain post		0.060	0.060	0.000	0.080
FELS driver Temp 6 months- increased equipment delivery		0.050	0.050	0.000	0.030
Housing		0.370	0.000	0.370	
NHS IT equipment		0.015	0.012	0.003	
Gas Electric increases		0.491	0.491	0.000	0.370
<b>Total</b>		<b>14.065</b>	<b>11.816</b>	<b>2.249</b>	<b>2.246</b>
<b>Uncommitted amount to be carried forward</b>					<b>7.432</b>
<b>Commitments previously agreed - no longer required:</b>					
Research Manager/ Strategic Planner - perm funding found		0.140			
Childrens Services - Staffing ANPS - alternative funding found		0.273			
Upgrades to Wellesley Unit - balance left		0.014			
Reviews of Adults Packages OP Team Costs - not required		0.064			
Reviews of Adults Packages Adults Team Costs		0.316			
Adults in Delay - Legal post		0.055			
FELS equipment		0.150			
£30k per locality		0.180			

## Appendix 3

Tracked Approved Savings HSCP - Approved 2023-24	Savings Target £m	Forecast £m	(Under)/ Over Achieved £m	Rag Status
Digital Sensor Technology -transform overnight care	3.000	0.000	-3.000	Red
Bed Based Model	1.000	0.000	-1.000	Red
Home First Commissioning Transformation	1.000	0.000	-1.000	Red
Securing a sustainable Medical Workforce and reducing locum spend	0.500	0.000	-0.500	Red
Modernising Administration Services	0.500	0.500	0.000	Amber
Integrated Management Teams	0.500	0.000	-0.500	Amber
Medicines Efficiencies programme 2023-25	3.650	2.650	-1.000	Amber
Nurse Supplementary Staffing	2.000	1.000	-1.000	Amber
Transforming Centralised Scheduling	0.087	0.087	0.000	Green
Implementation of Payment Cards	1.000	1.000	0.000	Green
Community Service Redesign	1.000	1.000	0.000	Green
Day Service Redesign (older people)	0.500	0.500	0.000	Green
Use of Underspends	5.000	3.000	-2.000	Amber
Supported Living Rents Income Maximisation	1.000	1.000	0.000	Green
Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.400	0.400	0.000	Green
Maximising Core Budget (Alcohol and Drugs)	0.300	0.300	0.000	Green
<b>TOTAL</b>	<b>21.437</b>	<b>11.437</b>	<b>-10.000</b>	<b>53%</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	Forecast £m	(Under)/ over £m
Green	4.287	4.287	0.000
Amber	11.650	7.150	(4.500)
Red	5.500	0.000	(5.500)
Total	21.437	11.437	(10.000)





# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>28 March 2024</b>
<b>Agenda Item No:</b>	<b>7.3</b>
<b>Report Title:</b>	<b>Joint Inspection of Adult Services - Progress Update Report</b>
<b>Responsible Officer:</b>	<b>Nicky Connor, Director/Chief Officer Health and Social Care Partnership</b>
<b>Report Author:</b>	<b>Jennifer Rezendes, Principal Social Work Officer</b>

## 1 Purpose

**This Report is presented to the Board for:**

- Assurance.

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

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

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

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

## **2 Route to the Meeting**

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

- Finance, Performance, and Scrutiny Committee, 12 March 2024
- Quality and Community Committee, 8 March 2024
- SLT Assurance, 8 January 2024.
- Joint Inspection of Adult Services (JIAS) Improvement Plan Meeting 22 November 2023
- Improvement actions are reviewed at monthly meetings which have been regular across 2023.

## **3 Report Summary**

### **3.1 Situation**

This report seeks to provide assurance that all identified actions from the Joint Inspection of Adult Services, undertaken between June-October 2022, have been completed and any ongoing activities relating to embedding these improvements will be monitored through existing assurance group arrangements.

### **3.2 Background**

As part of a rolling programme of inspection activity focused on services provided to adults with complex needs, inspectors from the Care Inspectorate and Health Improvement Scotland carried out a joint inspection of Adult Services (JIAS) in Fife. This took place between June 2022 and October 2022, with the aim of the inspection to examine partnership working with a focused methodology and approach around a single question:

*“How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”*

Fife was the first partnership to participate in this inspection programme following the easing of pandemic restrictions. The inspection approach covered seven broad areas of activity:

- Discussions with service users and their carers
- Staff survey
- Submitted evidence from the partnership.

- Case file reading
- Discussions with frontline staff and managers
- Professional discussions with partnership

As part of the context of the inspection the inspectors noted that some of the issues and challenges facing the Fife partnership were also being experienced nationally, and have been recognised in a report by Audit Scotland as including:

- increasing demand leading to tighter eligibility criteria being applied for accessing care and increasing levels of need.
- recruitment and retention issues particularly in the social care sector which puts the capacity, sustainability, and quality of care services at considerable risk.
- the need to develop national systems which support staff to work in a more integrated way.

The inspection also noted the significant impact of the pandemic on how services operated and the consequences of this for staff and for people who need support.

The final Inspection Report was published on 22 November 2022 and from this point Fife developed its improvement plan and a series of activities it would take to embed quality approaches in practices and processes to meet the improvement areas identified. A JIAS Improvement Plan Group was stood up and meetings were held across 2023-2024 to review progress on actions and to discuss how this would be evidenced in practice as embedded improvement.

### **3.3 Assessment**

The Inspection Improvement Plan is a requirement post inspection and Fife provided their proposed plan on time to the Care Inspectorate on 13th December 2022.

The Inspection Improvement Plan was initiated in January 2023 with 24 total Improvement Actions identified. Since this date services have been working to implement improvement actions for integrated services, with some initial timescales requiring revision to meet the scope of the activities intended. These improvement areas align to the Inspection recommendations made by the Joint Inspection Team.

To date all of the activities have been completed, or moved to existing monitoring arrangements as they progress through to completion. There have been regular JIAS Improvement Group meetings to monitor progress. The JIAS Group consisted of various representatives of services across the Partnership who came together to consider progress of actions. Updates to actions were requested ahead of meetings for Group oversight, consideration and approval. Group agreement was sought prior to any action being recorded as complete.

The JIAS Improvement Plan is attached at Appendix 1 for information. The Integration Joint Board is asked to note the detail of activity being undertaken by services to implement improvements and recommendations made. While some actions remain ongoing, the Board should be assured that there are robust arrangements in place for monitoring progress to ensure meaningful oversight of developments. Heads of Service and the Principal Social Work

Officers are ensuring that practices remain on an improvement and learning trajectory in line with the Joint Inspection expectations.

A meeting with the Care Inspectorate to review progress of all actions on the JIAS Improvement Plan will be held in March 2024.

### **3.3.1 Quality / Customer Care**

Inspection activity is legislated through the Public Reform (Scotland) Act 2010, which was introduced to simplify and streamline the public bodies in Scotland to deliver improved public services and better outcomes for the people of Scotland.

The inspection process, and service self-assessment, is an important and helpful tool in helping the Partnership improve key aspects of quality and customer care.

### **3.3.2 Workforce**

The ability to implement and drive forward improvement activity is being undertaken in the context of increased pressure and demand across all service areas.

### **3.3.3 Financial**

There are no immediate financial implications

### **3.3.4 Risk / Legal / Management**

Risks 10 and 11 on the IJB Risk register as they relate to Adult Support and Protection of vulnerable adults are affected by the actions being carried forward through JIAS Improvement actions. Elements across the work being undertaken to improve practices within the Partnership will contribute to the mitigation of these risks.

### **3.3.5 Equality and Diversity, including Health Inequalities**

An impact assessment has not been completed as the actions identified within the Improvement Plan form part of the Partnership's general approach to provision of services and meet existing legislative requirements.

### **3.3.6 Environmental / Climate Change**

The proposals will have a neutral impact on environmental matters.

[ClimateActionPlan2020\\_summary.pdf \(fife.gov.uk\)](#)

### **3.3.7 Other Impact**

No other impact noted.

### **3.3.8 Communication, Involvement, Engagement and Consultation**

Regular meetings have been scheduled to include SLT Leads or their delegates through the JIAS Improvement Group. Relevant colleagues have been invited to attend to support the oversight and assurance of delivery on these key improvement areas. Meeting dates have been as follows:

- JIAS Improvement Group meetings in 2023, 30 January, 27 March, 23 May, 22 August, 24 October, 22 November.

- JIAS Improvement Group met on 30 January 2024 to sign off all completed actions.

#### 4 Recommendation

- **Assurance** – The Integration Joint Board are asked to take assurance that actions have been identified to support recommendations and that improvements are being taken forward in services in line with statutory and quality expectations.

#### 5 List of Appendices

The following appendix is included with this report:

Appendix 1 – Joint Inspection of Adult Services Improvement Plan

#### 6 Implications for Fife Council

Actions identified that impact joint delivery of local authority and health services are captured within the improvement plan.

#### 7 Implications for NHS Fife

Actions identified that impact joint delivery of health and local authority services are captured within the improvement plan.

#### 8 Implications for Third Sector

No implications noted

#### 9 Implications for Independent Sector

No implications noted

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

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

#### Report Contact

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## Key Area 1

**Priority area for improvement:** Key performance outcomes

- The partnership should continue to develop and refine its processes for capturing robust data on outcomes and ensure that this drives targeted efforts to improve outcomes for people and carers.

	Improvement Action(s)	Responsibility/ Workplan	Expected benefit	Outcome Measurement	Due Date	Status
1.1	Current performance reporting frameworks to be strengthened to include more qualitative outcome information to complement existing reporting.	Head of strategic planning, Performance and Commissioning	Improved range of qualitative outcome and activity data available to inform future planning and targeted improvement activity	Revised performance framework containing robust outcome data in place.	November 2023	Complete

### Progress Update

**January 2024 update:**

Performance Board now in place where continued monitoring of the reporting framework will happen– first meeting January 2024 – this will close this action.

**December 2023 update:**

Performance Framework agreed by IJB and Internal Performance Board will be set up in January 2024.

**August 2023 update:**

Draft performance report now in place and will be discussed at relevant committees before final signoff at IJB in September 2023.

**April 2023 update:**

Work is continuing on reframing performance reporting arrangements with first draft of new Performance framework now out for discussion.

**March 2023 update:**

Early discussions have been progressed.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
1.2	Performance reports to be modified to specify links between outcome data and improvement activity.	Head of strategic Planning, Performance and Commissioning	Improvement activity directly informed by qualitative outcome and activity data.	Revised performance framework includes specified improvement activity linked to reported outcome data	June 2024 (revised date – was June 2023)	Complete

### Progress Update

**September 2023 update:**

Revised performance framework approved by IJB future monitoring will revert to the Performance Board starting January 2024. Action closed.

**August 2023 update:**

As above.

**April 2023 update:**

Work is continuing on reframing performance reporting arrangements with first draft of new Performance framework now out for discussion.

**March 2023 update:**

Early discussions have begun with a view to the system being in place in June 2023.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
1.3(i)	Increase social care services capacity as key element of improving outcomes.	Head of strategic planning, Performance and Commissioning  Head of critical and complex care  Head of community care services	Improved outcomes for people in need, including greater choice and control through increase in social care capacity.	(i) Actions in place within partnership planning to further develop capacity within care at home, day services and respite provision.	June 2023 Care at Home contract in place – commenced 01/06/2023  December 2023 Community Support Redesign  June 2024 Overnights	Complete

### Progress Update

#### January 2024 update:

A full programme of transformational activity is underway across Fife HSCP with a primary focus on increasing capacity across all services and in particular care at home, day service and respite provision. This programme places priority on; the redesign of Fife Community Support Services; releasing resource to further develop choice and improve access to day services across Fife; Redesign of our model for overnight care provision to deliver proportionate and least restrictive services; the redesign and development of our internal respite services, increasing capacity of offering and increasing access for those with complex needs; the establishment of a dedicated Review Team, to ensure that our finite resources are targeted to those with the greatest level of need.

In addition, ongoing work is underway by the SDS team to ensure social workers understand the 4 options under SDS and to ensure appropriate recording of how each option is understood by the service user at point of determining outcomes to maintain choice and control over service delivery.

This programme is fully established, and work will progress across 2024. Ongoing monitoring of Work Force capacity will be overseen by the HSCP Work Force Strategy Group. This action can now close.

#### December 2023 update:

Flexible framework contract for Supported Living & Housing Support services has been delayed and will be advertised in January 2024, with the aim for contract to commence from May 2024. As per previous update, the outcome of the tendering process and level of applications unknown, but there has been significant contact and interest from both existing and new care providers regarding this contract opportunity.

#### October 2023 update:

Flexible framework contract for Supported Living & Housing Support services is currently out for tender, with the proposed start date of end of April 2024. Outcome of tendering process and level of applications unknown. As the contract has been set up as flexible framework, should additional capacity be required, new providers can be accepted onto the framework during the contract period. It is an expectation that provider accepted onto this contract will work collaboratively with each other to maximum resources to create capacity, if required (as above tender paused).

#### August 2023 update:

New care at home contract now in place with additional care providers – significant reduction in waiting times for care at home services. Care at home collaborative re-established.

#### July 2023 update:

Redesign of Fife Community Support Services - with the ambition to inflate capacity - due to report to SLT at end of 2023 – 24.

Transformation of overnight care - to improve model of care to be proportionate, person centred, delivering of dignity and privacy, and to deliver best value of deployment of resources.

#### April 2023 update:

First draft of service plan for Adult support and accommodation now completed.

#### March 2023 update:

Early discussions have been progressed. To be reflected in service plans.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
1.3(ii)	Increase social care services capacity as key element of improving outcomes.	Head of strategic planning, Performance and Commissioning Head of critical and complex care Head of community care services	Improved outcomes for people in need, including greater choice and control through increase in social care capacity.	(ii) Individual social care service capacity targets in place	June 2023	Complete

### Progress Update

#### January 2024 update:

Shared Lives Fife remain on target to increase the capacity of the long term placement and short breaks Shared Lives service. Applications continue to be received with an exceptionally positive response to the recruitment campaign. Service in on target to have increased capacity by 11 Shared Lives Carers within 2023/24. Action closed.

#### October 2023 update:

Since May 2023 Shared Lives Fife have recruited: 2x2 person carer households. 1x 1 person carer household and 1 x 1 day support carer to be presented at panel on Tuesday 5th December 2023. 5 currently plus one to be approved in December's panel = 6 out of original target of 10 SLF Carers recruited in first 3 quarters, 60% achieved and full year forecast on trajectory.

#### July 2023 update:

Within Complex and Critical Care portfolio a service specific target in place is to grow Shared Lives Fife by 10 long term care adult placements within the current financial year.

#### April 2023 update:

First draft action plan to develop capacity in adult support and accommodation now in place.

#### March 2023 update:

Early discussions have been progressed for inclusion within service plans

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
1.4	Development of more systematic reporting of complaints, comments, and other feedback in place to help shape services in delivering better outcomes.	Chief finance officer	Greater analysis of people's qualitative experience of services used to enhance practice standards and influence future service developments.	Data from complaints and other feedback systematically gathered and reported on a quarterly basis with both: thematic analysis (type of complaint/comment); and integrated analysis (type of service)	March 2024 (revised date – was April 2023)	Complete

### Progress Update

#### January 2024 update:

Reporting on qualitative analysis of people's qualitative experience of services is now included in reports to relevant Committees and into the Performance Board for ongoing scrutiny– close action.

#### December 2023 update:

Compliance reporting includes thematic information on complaints and feedback from Care Opinion. This will be scheduled in to an appropriate SLT meeting in January 2024 and ongoing to learn from the themes emerging. This, together with the ongoing monthly complaints reporting, will provide the more systematic reporting required to help shape services in delivering better outcomes.

#### October 2023 update:

We are working to include thematic information into a compliance report for SLT, by the end of the year. This will help to provide more systematic reporting which we can build on to improve services and deliver better outcomes.

#### September 2023 update:

We are continuing to work towards improving complaints performance and reporting. Regular monthly reports continue to be issued to the Senior Leadership Team (SLT). SLT had a recent discussion about complaints performance and a further report is being prepared for SLT to consider prior to submission to Committees. Additionally, an action plan to improve complaints performance has been



drafted. An update on the roll out of Care Opinion within Social Work and Social Care services has recently been sent out to Service Managers and sessions for front-line staff on asking for feedback and promoting Care Opinion with service users are being arranged.

**July 2023 update:**

The Communications team have run a piece on Care Opinion in the Director’s briefing this month and will be picking one or two stories per month to showcase in the Briefing until the end of the year. Following that there will be further discussion on how we can promote via social media.

**June 2023 update:**

The team are continuing to work on development of complaints reporting for the HSCP. QMAG are looking at how they can capture the learning from complaints through the portfolio groups and we are working with business managers in the portfolios to refine the complaints process. On Care Opinion we are looking to engage with the Communications team to get key messages from the stories out to staff and the public.

**April 2023 update:**

The team are continuing to work to develop complaints reporting across the HSCP. Information on complaint themes is now available for both stage 1 and stage 2 complaints, and reports, including the theme information, can now be downloaded from both Datix and Lagan. A report on complaint themes, was submitted to the Quality Matters Assurance Group on 21 April 2023 and the group will seek to develop this to provide more meaningful information going forwards. Work is ongoing in Lagan to align complaints against the new HSCP structure. Additionally, the compliance team is supporting the roll out of Care Opinion for the Social Work and Social Care Services within the HSCP. This roll out is due to be completed by December 2023.

**March 2023 update:**

A Sweeney, L Gauld and team taking forward a more systematic approach to complaints.

**Key Area 2**

**Priority area for improvement:** Experience of people who use our services

- The partnership should make sure that it has an integrated approach to providing information and advice, so that people understand their condition and are supported to make informed choices about their care and treatment.

	Improvement Action(s)	Responsibility/ Workplan	Expected benefit	Outcome Measurement	Due Date	Status
2.1	An integrated information portal to be established covering a range of existing conditions alongside details of health and social care services.	Service manager (adults west) Head of nursing Locality planning coordinator	Greater understanding by people and carers of the nature and likely impact of individual conditions and what services are available to provide support.	An integrated information portal established with clear signposting to services, advice and supports	March 2024 (revised date – was November 2023)	Complete

**Progress Update**

**January 2024 update:**

Consultation has concluded and SLT provided with oversight. Updates based on feedback will progress on Monday 29th January with Website launch scheduled by end of March 2024. Working Group will be ongoing beyond this and will continue to provide oversight and review of content, with long term plan being concluded prior to Oversight Group disbanding. Action agreed for closure based on progress achieved to date and ongoing monitoring arrangements in place.

**December 2023 update:**

Consultation is live and SLT have had oversight of Website planning and proposals at this time. Further work to progress following feedback from consultation – launch date of end of March 2024 on track.

**November 2023 update:**

Consultation on new website will roll out week of 4th December for 6 weeks. Following this, analysis and update, final sign off a website launch March 2024.

**September 2023 update:**

Work continues on the website - there has been slight slippage due to work requiring to be completed by an external company. PMO team now involved to support. Further update available following next Website Oversight group on 25.10.2023.

**July 2023 update:**

Progress continues with website planning. On track at this time

**19.6.2023 update:**

Progress continues with website planning. On track at this time.

**April 2023 update:**

Website planning continues with information portal being considered as priority.

**March 2023 update:**

Work has progressed on the HSCP Website with funding being secured, oversight group in place and work streams set up in order to network and design the new HSCP Website. Included in this website will be a portal covering a range of conditions and services/supports that can assist. The Website will be managed and updated and this information will be continually reviewed. The information on the Website will be accessible and downloadable for practitioners to share with those who do not have access to the internet.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
2.2(i)	More consistent provision of information to be given to people receiving support covering both information on the persons condition alongside information about health and social care services and options and rights	Service manager (adults west)  Head of nursing	People and carers are better able to understand their situation and make informed choices.	(i) Practice note issued regarding the consistent provision of information.	April 2023 (revised date – was March 2023)	Complete

**Progress Update****April 2023 update:**

Practice note issued to SW 23.5.2023. Practice note issued to Health 23.5.2023 ACTION COMPLETE 23.05.2023

**March 2023 update:**

Discussions are continuing between SW and Health to finalise the detail of the practice note. Likely to be concluded in April 2023.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
2.2(ii)	More consistent provision of information to be given to people receiving support covering both information on the persons condition alongside information about health and social care services and options and rights	Service manager (adults west)  Head of nursing	People and carers are better able to understand their situation and make informed choices.	(ii) This to include the requirement for this to be explicitly recorded within assessment and review processes/case notes.	September 2023 (revised date – was March 2023)	Complete

**Progress Update**

**November 2023 update:**

The outcome required to meet this requirement is evidence of improved and consistent information being provided to adults relating to their conditions and the supports available. Practice note issued to Health via Tanya Lonergan relating to the requirement to clearly record the sharing of information relating to conditions and support available. Practice note issued to SW via Danielle Archibald relating to the requirement to clearly record the sharing of information relating to conditions and support available. Requirement met. ACTION COMPLETE November 2023.

Ongoing improvement actions:

- To update the POSA to have these conversations clearly recorded within assessment, and any associated actions required to meet outcomes
- To launch the updated POSA on LL

**September 2023 update:**

Slippage in timescale of SBAR to SLT due to ongoing work to ensure the POSA update is aligned with the GIRFE model. Work progressing alongside PSWO to ensure POSA update is robust and SBAR to be completed following. Review of this work by December 2023 and date for SBAR conclusion following.

**July 2023 update:**

Slight delay on SBAR to progress POSA update on LL. This will be with SLT by end August. Following this timescale for work to be undertake requires to be identified.

**19.06.2023 update:**

Confirmation that there is no additional cost associated to the changes. Paper will be progressed following a period of leave, so mid July 2023.

**April 2023 update:**

Business case being progressed to make updates and amendments to LL to ensure POSA has specific and explicit sections related to this ask.

**March 2023 update:**

Discussions are continuing between SW and Health to finalise the detail of the practice note. Likely to be concluded in April 2023.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
2.2(iii)	More consistent provision of information to be given to people receiving support covering both information on the persons condition alongside information about health and social care services and options and rights	Service manager (adults west)  Head of nursing	People and carers are better able to understand their situation and make informed choices.	(iii) Evaluated through existing case file auditing and patient/service user feedback processes including annual POSA review analysis	December 2023	Complete

### Progress Update

**November 2023 update:**

Audit activity has restarted and a specific question relating to evidence of provision of information relating to conditions and associated supports/advice added for Quarter 3 2023/24. Action complete.

**July 2023 update:**

Audit tool and roll out date being discussion across SW Services – view to re-start audit activity by October 2023 (quarter 3).

**April 2023 update:**

Website progresses within timescales. Audit tool to be updated within SW and Health.

**March 2023 update:**

Will be addressed as part of website future developments.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
2.3(i)	Improve the availability of information to carers on support, advice and services.	Change and Improvement Manager (Carers)	Improved carers awareness of the range of support, advice, and services available.	(i) Range of information available to carers revised and updated and issued to all staff engaged in supporting carers.	December 2023 (revised date – was July 2023)	Complete

## Progress Update

### January 2024 update:

Full programme in place monitored via the carers strategy group. Action agreed for closure.

### December 2023 update:

Carers Collaborative Practice Day held in December 2023 bring together all organisations funded by the H&SCP this was well attended and the outcome focussed on information sharing etc.

### November 2023 update:

- We have commissioned new supports for unpaid carers and extended other supports to increase the supply to better meet demand, including for adult carers. These supports include access to short breaks on a universal basis through Crossroads (microbreaks) and Fife Voluntary Action (Respite breaks); additional support for carers in need of postural support; and support for, young adult carers who are in need to additional study support as they prepare for exams.
- Additional services we are preparing to commission include help for carers who are caring for someone with a life-threatening chronic condition and end of life care.
- The supports that we have previously commissioned are available to carers through both adult services and older people services and focus on the needs of the carer as an individual rather than the person they care for.

### October 2023 update:

We have recruited seven out of 10 social work assistants within the partnership whose specific role will be to raise awareness among carers of the support that is available to them. This includes four staff specifically for adult services (although the team will be required to work collaboratively for the benefit of all unpaid carers). The process of recruitment for the additional three post is underway.

We have planning to host a commissioned partners collaboration event at the end of November 2023 in order to raise awareness of each other's support and how to refer into it.

### July 2023 update:

Fife Carers Strategy was agreed by the IJB on 28th July. An accompanying delivery was also agreed.

Have now moved into the delivery phase although the timelines for some of the deliverables will be time shifted by about three months due to the delays in getting approval.

### June 2023 update:

The strategy is still in the process of development and currently progressing through the governance process. We are hopeful it will now be approved at the IJB at the end of July. The delay is as a result of considering fully the comments made by leadership team members as the previous version started its passage through the governance process. This in itself is an example of positive governance.

We launched the Carers Community Chest at the start of June 2023. The chest is an opportunity for carers to develop new support mechanisms in their community that meet the support needs of groups of carers, taking co-production and service creation into the heart of localities. The fund will support up to 35 projects across Fife with up to £10,000 each. The chest's beneficiaries must be unpaid carers.

We have supported the Fife ASPC campaign to raise awareness of the role carers play in identifying and reporting people at risk of harm. Specifically this included a radio campaign with Kingdom FM.

### April 2023 update:

The new Carers Strategy for Fife has been drafted and is in the process of progressing through the governance processes for final agreement prior to publication. The draft strategy includes a range of actions to campaign to raise the awareness of the carers, the support available to carers and how to access this support. The campaign will include dedicated resources to lead on continual awareness raising for multiple carer, public and professional audiences. Once the strategy has been agreed a campaign plan will be developed. Separately but linked are actions to make a greater amount of information available for various audiences online including a revamped web-site presence which will be available to help carers help themselves, and to provide professionals with a single reference point of information in order to ensure carers are fully informed of the support available across Fife and in each locality. It is currently anticipated that the strategy will be approved at the Board meeting in July 2023.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
2.3(ii)	Improve the availability of information to carers on support, advice and services.	Change and Improvement Manager (Carers)	Improved carers awareness of the range of support, advice, and services available.	(ii) Targeted, themed campaigns promoting carer services in place across media channels.	January 2024 (revised date – was July 2023)	Complete

## Progress Update

**January 2024 update:**

As above – carers workers will take forward the plan and report via the carers strategy (Outcome 1). Action agreed for closure.

**December 2023 update:**

Post agreed and recruitment commenced.

**November 2023 update:**

Please see 2.3(i) update

**12<sup>th</sup> October 2023 update:**

The process of recruitment of additional link officers to help raise awareness of the support available to carers has started. We intend to appoint 3 link officers whose roles will be to raise awareness generally and to support our partners to do so.

**July 2023 update:**

As 2.3(i) above.

**June 2023 update:**

As 2.3(i) above.

**April 2023 update:**

As 2.3(i) above.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
2.3(iii)	Improve the availability of information to carers on support, advice and services.	Change and Improvement Manager (Carers)	Improved carers awareness of the range of support, advice, and services available.	(iii) Impact of improvements measured by annual carers survey results.	April 2024 (revised date – was December 2023)	Complete

### Progress Update

**October 2023 update:**

A carer experience survey has been commissioned which will help to plan future information improvements. This will be conducted in early 2024. The results of this will be used in focus groups during carers week in June 2024 to co-produce appropriate improvements for the longer term. Action in progress with confirmed review and follow up monitoring planned through the Carers Strategy Group. On this basis it was agreed that the action could be closed.

Action closed.

**July 2023 update:**

As 2.3(i) above.

**June 2023 update:**

As 2.3(i) above.

**April 2023 update:**

The new Carers Strategy for Fife has been drafted and is in the process of progressing through the governance processes for final agreement prior to publication. The draft strategy will include a range of performance measures to assess the impact of the investments made and outcomes for carers.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
2.3(iv)	Improve the availability of information to carers on support, advice and services.	Change and Improvement Manager (Carers)	Improved carers awareness of the range of support, advice, and services available.	(iv) Updated website containing revised and expanded information in place	December 2023	Complete

### Progress Update

**January 2024 update:**

Carers Information Officers will support development of this information for the website and will regularly report back to Carers Strategy Group. Close outcome.

**November 2023 update:**

Please see 2.3(i) update

**12<sup>th</sup> October 2023 update:**

We are in the process of making temporary updates to the website information. The new link officers will refine this once in post.

**July 2023 update:**

As 2.3(i) above.

**June 2023 update:**

As 2.3(i) above.

**April 2023 update:**

As 2.3(i) above.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
2.4	All Self-Directed Support options to be routinely discussed and people/carers views recorded at POSA review stages (already discussed at assessment stage).	Head of strategic planning, Performance and Commissioning/SDS board	Improved people and carers understanding of self-directed support options as possible alternative to in-house provision	Confirmation of discussion of all four SDS options detailed within annual POSA review analysis	July 2023	Complete

### Progress Update

**July 2023 update:**

POSA has been updated to reflect and will be used in practice as soon as LL is updated. As an interim measure, a request has been made for a case note recording the discussion of all 4 SDS options on LL for all new assessments and all reviews from 14.8.2023. This will be monitored through regular case file auditing. Action complete

**March 2023 update:**

There has been an expansion to the draft POSA. Action in hand to be progressed within timescale – dependent on roll-out demand on BTS to be able to make change.

### Key Area 5

**Priority area for improvement:** Delivery of key processes

- The partnership should improve how it responds seamlessly from the point of view of people and carers by developing a model of integrated practice, with defined processes for its core services. The partnership should improve its processes for anticipatory care planning, including monitoring the number of plans completed and how effectively they support positive outcomes.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome measurement	Due Date	Progress Update
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5.1	Model of integrated practice to be developed within Fife as part of the GIRFE Preventative and Proactive Care (PPC) Pathfinder Project, to ensure processes are in place that support staff to share information and provide an integrated response.	Principal social work officer	Provision of services to feel seamless to those in receipt of support with simple access to a range of well-coordinated support.	New model of integrated practice and associated processes developed and implemented. This to include designated key worker/care coordinator role.	April 2024 (revised date – was November 2023)	Complete
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### Progress Update

#### December 2023 update:

Fife have been active contributors to the national GIRFE development. Locally the team involved from Fife have identified strengths, learning, and areas to develop, in our practices pending the completion of the national model. Fife practices will develop in line with the national model and we will seek to implement it across our services once it has been approved. National development and final GIRFE model set to be completed in 2027 (approx.). Once GIRFE is rolled out and implemented, future governance of this work will be provided through the Partnership QMAG structure. Action complete.

#### November 2023 update:

Sense making session on 15th November. We are into phase 3 and we are working together to create a prototype to take forward the brilliant initiatives gathered at coproduction.

#### September 2023 Update:

Phase 2 of the GIRFE Pathfinder has been completed and the outcome of this across all the Pathfinders will be considered at a National Sensemaking event in November. This will lead into Phase 3 “prototyping” when new ways of working will begin to be tested out. This is due to last from November 2023 to April 2024.

#### July 2023 update:

The GIRFE Pathfinder is progressing and phase 2 – codesign - is due to conclude in November 2023. The final phase which will involve testing out new ways of working is due to run from November until April 2024

#### June 2023 update:

Work is continuing in developing GIRFE. The first phase of co- production – understanding - has now been completed and discussed at “national sensemaking” events across the country. The second phase with a focus on co-design is due to start at the end of July and run until the end of August. Testing of new prototypes of working will begin in September.

#### April 2023 update:

Work in continuing in line with the Govts. GIRFE Pathfinder model. The revised schedule indicates that that prototypes of new ways of working will be introduced from October onwards.

#### March 2023 update:

The Partnership has begun work as part of the GIRFE pathfinder initiative to help develop the new national framework for integrated practice. The target date is to have the outline framework drawn up by Autumn 2023.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
5.2(i)	Agree service criteria/triggers/responsibility for establishing/reviewing anticipatory care plans across health and social care.	Service manager (older people residential and day service management) and Service Manager Adult West	Greater number of people benefit from reassurance that plans in respect of future care needs are in place for when needs change	(i) Revised practice guidance for completion of anticipatory care plans in place.	January 2024 (revised date – was June 2023)	Complete

### Progress Update

#### January 2024 update:

Guidance needs to be developed- now we have the right membership this will be drafted and actioned as a priority at the next subgroup. Currently meeting with other HSCP to look at their approach. Given the comprehensive approach planned to ensure guidance meets service and service user expectation it has been agreed that the oversight of this work will be monitored by SLT going forward. To this end, we have agreed to close the action on this plan and monitor future work as outlined above.

#### December 2023 update:

Guidance for anticipatory care plan will sit alongside POSA development work. Final work on POSA review is being progressed across January 2024. This will not be uploaded to LL prior to the end of January 2024, sign off process alone will take us beyond this timescale. Recommend consideration of extension to due date. – DA

Revised group implemented and co-chaired with Joy Reid Frailty consultant lead nurse. Group to work up and agree joint H & SCP guidance with single agreed approach. July 24 completion. - TC

**November 2023 update:**

ACP Template to be included in the SW POSA and first meeting of Home First ACP scheduled 28.11.2023 - DA

**September 2023 update:**

TC - In line with development around our Home First strategy we are progressing with the review but at this stage have not been able to undertake this.

The review has not stalled but we are looking to incorporate wider system developments that have come to light in acute and palliative services to ensure whole system approach. Joy Reid Nurse Consultant: Medicine of the Elderly and Frailty is supporting with this work.

We are reviewing the membership of the group and structure at this time.

**July 2023 update:**

DA - SM OP has now left post and new SM in post. SM and SMAW to meet to progress this work. Some slippage in timescale.

TC - Evaluation to be started following JC moving post.

**19.06.2023 update:**

ACPs will be part of the updated POSA within SW/SC going forward.

**April 2023 update:**

Test of change started in May 2023 between Abbotsford and H&SCP Care Homes. The test will run till the end of June 2023, and an evaluation will follow as well as a joint PDSA cycle.

**March 2023 update:**

ACP has been shared across the 8 Partnership Care Homes and 8 Abbotsford Nursing Homes in advance of rolling out the test of change. As part of the test of change, John Cooper and Alyson Vale (Operations Director Abbotsford) are meeting monthly to discuss any ongoing practice or training requirements for staff

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
5.2(ii)	Agree service criteria/triggers/responsibility for establishing/reviewing anticipatory care plans across health and social care.	Service manager (older people residential and day service management) and Service Manager Adult West	Greater number of people benefit from reassurance that plans in respect of future care needs are in place for when needs change	(ii)Arrangements for monitoring number and quality of anticipatory care plans developed.	January 2024 (revised date – was November 2023)	Complete

**Progress Update**

**January 2024 update:**

To date a small sample audit has been undertaken including Partnership Care Homes and an external care home. This identified themes in recording and sharing of information, including clinical portal and the lack of guidance and process to support system wide approach. A whole system approach is required to ensure future care planning in line with policy expectation. Work to be undertaken to look at other HSCP to see what is working well to support our work. Please see ongoing approach for monitoring noted in 5.2(i). Action to be closed.

**December 2023 update:**

Arrangements are in place to monitor ACPs contained within POSA. Data will be collated as part of reporting and analysis via CCC QMAG. Audit tool will be updated following launch to review quality and consistency across ACPs. This will align and be fed into Home First ACP data also. – DA

Audit being undertaken 26th January in line with ToC generating actions. - TC

**September 2023 update:**

TC - TC has actioned updates and tried to meet 2 x with little response. Membership is being reviewed and updated due to members leaving post. TC liaising with DA revised membership.

**July 2023 update:**

DA - SM OP has now left post and new SM in post. SM and SMAW to meet to progress this work. Some slippage in timescale

TC - Updates requested aligned to KPI's and to be evaluated following JC moving post.



**19.6.2023 update:**

For SW/SC this will be auditable from POSA and reports will be able to be pulled and aligned with other services to contribute to overall numbers.

**April 2023 update:**

PDSA cycle between Abbotsford and Fife H&SCP Homes will run during the test of change with an evaluation taking place after June 2023.

**March 2023 update:**

By June 2023 the test of change will conclude. Monthly ACP meetings and regular meetings with Abbotsford, GP cluster Lead and Secondary Care Consultant to oversee number and quality of ACPs

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
5.2(iii)	Agree service criteria/triggers/responsibility for establishing/reviewing anticipatory care plans across health and social care.	Service manager (older people residential and day service management) and Service Manager Adult West	Greater number of people benefit from reassurance that plans in respect of future care needs are in place for when needs change	(iii) Audit arrangements in place to analyse impact of new processes	January 2024 (revised date – was November 2023)	Complete

### Progress Update

**January 2024 update:**

Sample audit completed and future care planning approach to be developed from this information. Please see ongoing approach for monitoring noted in 5.2(i). Action to be closed.

**December 2023 update:**

ACP group has been reinstated. This will be co-chaired by TC and JReid, Frailty consultant lead nurse. This group will develop and agree a joint H & SCP ACP guidance/process with single agreed approach. July 2024 is the anticipated completion date.

**September 2023 update:**

In line with development around our Home First strategy, progress is being made to complete a review of this action. The review will incorporate wider system developments that have come to light in acute and palliative services to ensure whole system approach. Joy Reid Nurse Consultant: Medicine of the Elderly and Frailty is supporting with this work. We are reviewing the membership of the group and structure at this time.

**July 2023 update:**

DA - SM OP has now left post and new SM in post. SM and SM AW to meet to progress this work. Some slippage in timescale.

TC - Evaluation to identify impact of Toc and how to embed audit.

**April 2023 update:**

PDSA outcomes will inform the ongoing audit.

**March 2023 update:**

Conclusion of Test of Change will set audit arrangements going forward.

## Key Area 6

**Priority area for improvement:** Strategic planning, policy, quality, and improvement

- The partnership should consistently monitor performance and outcomes at a locality level to balance responding to local needs with a consistent response across localities.

	Improvement Action(s)	Responsibility/ Workplan	Expected benefit	Outcome measurement	Due Date	Progress Update
6.1(i)	Review current locality performance reporting and data analysis to help services balance responses to locality need within the partnership's overall strategic priorities.	Head of strategic planning, Performance and Commissioning  Locality planning coordinator	The partnership has a better understanding of where it can prioritise and respond to locality needs within a consistent partnership strategy	(i)Locality reporting data updated.	November 2023 (revised date – was July 2023)	Complete

## Progress Update

### November 2023 update:

As part of ongoing review of localities, we have found that, the seven locality groups are multi agency led, with a representative from the senior leadership team who meet on a quarterly basis, with one annual event to inform priorities for the following year. Localities are at the heart of the refreshed Strategic Plan for 2023 – 26 and to ensure that we are fully supporting Locality Planning, HSCP have increased the team. Localities now have dedicated development officers and a culture specialist. Each locality has an action plan which is monitored by the development officer. Annual reports are submitted to IJB via committee and Fife Council Area Committee's. Action complete

### September 2023 update:

The last core group meetings of 2023 took place between 1st and 18th Sept. The main areas for discussion were:

- Action Plans – review progress, agree actions to be carried over to 2024. Identify what has worked well, and what has been a challenge.
- Locality Wider Stakeholder events will take place between the 1st and 30th November. The aim of the events is to review local data/intelligence to inform priorities for 2024.
- 24 out of the 32 applications secured funding from the community chest fund.

Phase 2 of the community chest fund re-opened October 23.

### August 2023 update:

- 32 community chest applications received – currently under review.
- Priority - "Supporting People affected by drug and alcohol" - KY2 and KY5 Club launched 17/8 and 28/8.
- Locality SWAY issued

### July 2023 update:

- Launched Community Chest Fund (supporting unpaid carers)
- Locality SLWGs continue to progress actions.
- Locality groups will meet between 1<sup>st</sup> and 18<sup>th</sup> Sept 2023

### June 2023 update:

Following the 7-locality group meetings the SLWGs have progressed:

- Supporting Mental Health & Wellbeing**
  - The MHPCCS Coproduction roadmap for activity over the next year has been confirmed and agreed by the project board and oversight group. The Local Engagement groups are in the process of being established and recruited to for NEF, Cowdenbeath and Levenmouth Localities. Sept 2023 update: community engagement (P&E Team) events taking place Sept/Oct.
  - Cowdenbeath Locality continues to support the Active Fifers group – Locality group agreed to support funding a test of change to increase attendance and referrals by reducing the cost to attend the FSLT Active Options Programme. Sept 2023 update: FSLT secured funding for 12 months to offer health classes at a reduced cost from 1<sup>st</sup> Sept.
  - The funding for the MH triage car in Levenmouth was approved by Area Committee. Recruitment underway. Sept 2023 update: recruitment currently underway, start date TBC.
  - Glenrothes Locality Group are working in partnership with community planning partners to deliver the community of kindness project (Community Garden and Kitchen).
- Supporting Unpaid Carers**
  - The Community Chest Fund was launched on 5<sup>th</sup> June during Carers Week. LDOs continue to work within their localities supporting applications which will be reviewed and approved by the Panel in August 2023. SLWGs have been set up in each Locality to promote the CCF to encourage and support applications by the deadline of 31/7/23. Sept 2023 update: 24 applications approved, phase 2 live.
- Community Led Support**

- Kirkcaldy working collaboratively with NHS (acute) commenced 3-month ToC in May 2023 with as additional Well providing support to people attending clinics at the National Treatment Centre. Sept 2023 update: ongoing.
- The Well is now established weekly, Wednesday and Friday mornings at the VHK and currently exploring further opportunities for promotion of the Well with other services.
- Cowdenbeath Working Group preparing questionnaire to host engagement with Older Population “What Matters to You?” event at end of July/August. Sept 2023 update: Consultation completed, fundings will be presented at wider stakeholder event for core group to action.
- S&WF have a Well pop up roadshow planned to commence in August. Work is ongoing with community partners to identify locations for The Well, will be promoted through the health centres in S&WF. Sept 2023 Update: S&WF Anti Anti-Poverty Group have agreed to fund a Link Worker to support additional Wells/Community Assistance Hubs in S&WF for 12 months.
- **Home First**
  - Working Group in process of being established, scheduled to meet 10/7/23 with priority to build a model that utilises a multi-agency approach that will have a focus on preventable emergency hospital admissions within Levenmouth Locality. Sept 2023 Update: Change & Improvement Manager has been recruited to support the test of change, start date 16/10.
- **Living Well with Long Term Conditions**
  - A Single Point of Access is being tested for Health Professionals to refer to Community Led Support - commenced 2/5/23 for 6 months. This test of change is a collaboration between The Well and Psychology Services. Sept 2023 Update: ToC evaluation will be presented at wider stakeholder event in November.
- **Supporting people affected by drug / alcohol harm and death**
  - Fife ADP presented data at Cowdenbeath & Kirkcaldy locality meetings resulting in SLWGs being established take forward a test of change based on the successful KY8 model from Levenmouth. Cowdenbeath have identified venues and have delivery timescale August 2023. Kirkcaldy are in the process of identifying possibly 2 venues, with flexible timeline of September 2023 delivery. Sept 2023 update: Kirkcaldy and Cowdenbeath initiatives “live” started in August/Sept 23.

**April 2023 update:**

The seven locality group meetings took place between 13th March and 5th April 2023 to finalise the priorities and agree next steps/action plans for 2023. Each locality has identified short life working groups to take forward the thematic priorities which include:

- Supporting Mental Health & Wellbeing
- Supporting Unpaid Carers
- Community Led Support
- Home First
- Living Well with Long Term Conditions
- Supporting people affected by drug/alcohol harm and death

The locality groups will meet again in June.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
6.1(ii)	Review current locality performance reporting and data analysis to help services balance responses to locality need within the partnership’s overall strategic priorities.	Head of strategic planning, Performance and Commissioning  Locality planning coordinator	The partnership has a better understanding of where it can prioritise and respond to locality needs within a consistent partnership strategy	(ii) Locality mapping exercise of services undertaken, plotted against need	November 2023 (revised date – was July 2023)	Complete

**Progress Update**

**November 2023 update:**

There is a process in place for Community Led Support Services to identify gaps in community provision and report via locality planning groups/community planning partners. This is then fed back to IJB as part of our governance. Action complete.

**September 2023 update:**

Refer to 6.1(i) and updates in purple (SLWGs)

**August 2023 update:**

Refer to 6.1(i)

**July 2023 update:**

- Launched Community Chest Fund (supporting unpaid carers)
- Locality SLWGs continue to progress actions.

- Locality groups will meet between 1<sup>st</sup> and 18<sup>th</sup> Sept 2023

**May/June 2023 update:**

Refer to 6.1(i)

**April 2023 update:**

As above

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
6.2	The partnership to review the strategic plan to ensure it allows responses to locality need within overarching partnership priorities.	Head of strategic planning, performance and Commissioning Locality planning coordinator	The partnership can respond to locality need within a consistent strategic approach.	The partnership's strategic plan addresses how it will respond to locality need while maintaining its overarching strategy	November 2023	Complete

**Progress Update**

**July 2023 update:**

- Launched Community Chests Fund (supporting unpaid carers)
- Locality SLWGs continue to progress actions.
- Locality groups will meet between 1<sup>st</sup> and 18<sup>th</sup> Sept 2023

Easy Read version signed off 27<sup>th</sup> July 2023. Actions taken forward support response to locality need and have ongoing monitoring arrangements in place, as such this action has been agreed as complete.

**April 2023 update:**

The locality priorities are linked to HSCP Strategic Plan and Locality Community Plans. Between 22nd March and 26th April, a "H&SCP Locality Planning Update" report was presented to all Area Committees - members agreed to receive a 6 monthly update highlighting progress and joint areas of interest.

**March 2023 update:**

Strategic Plan was signed off in January 2023 and has been concluded, formally rolled out following an extended consultation process, and will be reviewed late in the year. Delivery Plan was signed off in March 2023.

## Key Area 9

**Priority area for improvement:** Leadership and direction

- Leaders should continue to evaluate the effectiveness and impact of their approaches to organisational development as it is rolled out across the wider workforce, including understanding staff experiences of change and of continuing increases in demand.

	Improvement Action(s)	Responsibility/ Workplan	Expected benefit	Outcome measurement	Due Date	Progress Update
9.1(i)	Effectiveness of current organisational development approach to be fully evaluated across the wider workforce.	Principal lead for organisational development	Managers are better informed as to staff perceptions and resilience in relation to change and increased demand and use this to inform new organisational developments.	(i) Impact of organisational development evaluated and reported to the IJB through the annual workforce strategy progress report	July 2023 Year 1 complete	Complete

## Progress Update

### November 2023 update:

The Year 1 Action Plan Report, Summary of Short-Term Actions and Year 2 Workforce Action Plan 2023-24 are progressing through the Committee cycle, including the Local Partnership Forum, to IJB this month. An Internal Audit on our Workforce Strategy & Plan was very positive, providing reasonable assurance and moderate recommendations, which have been addressed in the Year 2 Plan and Reports to IJB.

The Partnership's first Systems Leadership Programme for senior leaders completed in November. An external evaluation will be completed in January 2024 to review the impact of the programme on participants and assist in the design of the 2024 cohort. A Leadership Programme for first line/middle managers has begun and will complete and evaluate in April 2024. Impact of OD work was included in the Annual Delivery Report on the Partnership's Strategic Plan. These actions have enabled the workforce to feed into workforce planning. Action has been agreed for completion based on ongoing process of informing, monitoring, and feeding back to the IJB.

### July 2023 update:

Consultation and planning is in an advanced stage with all stakeholders to ensure the Year 2 Action Plan will meet the Partnership priorities and will be ready for presentation to the IJB and associated committees for endorsement in November 2023.

### June 2023 update:

The report to IJB is the second update for the Partnerships Workforce Year 1 Action Plan having previously reported in February 2023 and received Assurance from SLT in June 2023. The Year 1 Action Plan update for May demonstrates a range of actions that are supporting the Partnership to achieve the aims of the Plan and records actions that are now achieved, including youth pathways, workforce planning methodology and skill set banding structure evaluation. Meetings are now taking place to consult with all stakeholders during June – August to ensure the Year 2 Action Plan will meet the Partnership priorities and will be ready for presentation to the IJB and associated committees for endorsement in November 2023.

### April 2023 update:

The action plan updates continue to be populated with the second of three updates due in May 2023, ready for SLT in June. The oversight group membership has continued to evolve with the addition of HEI leads and HR specialists committing time to support the conversation. Planning for the year 2 Action Plan is in the preliminary stages and the pace will pick up throughout June / July to ensure the content includes the highest priority for service delivery provision.

### March 2023 update:

The first Action Plan achieved approval from IJB in October 2022 and the progress update was reported to SLT Assurance on 20th February. The Workforce Strategy oversight group met in January, March and will meet in May prior to the submission of the second progress update to SLT Assurance on 12th June. The year 2 Action Plan will commence through the committee stages culminating with a final draft to IJB for year 1 and approval of year 2 in November.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
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9.1(ii)	Effectiveness of current organisational development approach to be fully evaluated across the wider workforce.	Principal lead for organisational development	Managers are better informed as to staff perceptions and resilience in relation to change and increased demand and use this to inform new organisational developments.	(ii) Results and associated improvement actions agreed by the strategic team and communicated to staff	September 2023	Complete
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## Progress Update

### November 2023 update:

The EDIWG has delivered an Interim Action Plan aligned to the Communications Plan to connect across the whole Partnership. Internal facilitators have been recruited to be trained to hold conversations with the workforce at all levels around our Medium-Term Plan for EDI. The Integration Leadership Team will come together at the end of the month to continue the work done in May and in between. A guest speaker will focus on Kindness and run a workshop to engage with around 150 representatives from across the whole Partnership. The session will continue to grow our engagement and face to face communication to shape our shared future.

Our Extended Leadership Team recently completed our development sessions for 2023, which have focused on creating a working group to drive our 'Anchor' ambitions, shaping our Primary Care and Early Intervention & Prevention strategies, thinking about how we address some of the wicked problems identified by our Systems Leadership Programme. The Partnership has employed an OD & Culture Specialist Wellbeing to lead a Partnership approach to the wellbeing challenges faced by our workforce supporting employers in NHS Fife, Fife Council, Voluntary sector and Independent Sector. The Specialist will connect with staff at all levels across the Partnership to develop a range of actions that will inform the creation of a Partnership Wellbeing Action Plan 2024-25.

### September 2023 update:

We achieved 82% of team action plans being submitted by the September deadline. This has increased nearly 87% now. The team action plan is the key to ensuring staff feel heard through the use of iMatter.

### July 2023 update:

Our iMatter response rate increased from 63% in 2022 to 73% this year. We are now supporting managers to facilitate and complete the team Action Plan stage. A meeting has been arranged early September to look at lessons learned to support planning for 2024.

The work continues in relation to the stress assessment with the University of Hull. A report was brought to SLT May 2023 which provided a way forward on last year's recommendations for SLT's consideration. This was subsequently discussed at the Steering Group meeting held after SLT and work is continuing to form a SMART plan.

### June 2023 update:

Services with particularly low response rates to iMatter were targeted for additional support by attending manager team meetings to review imatter process and their involvement. In addition the iMatter roadshow is visiting OPS care homes and adult community services centres to support and encourage involvement. Planning for support for the Action Plan stage of iMatter is underway with sessions planned to run from mid July to mid September.

### April 2023 update:

Plans are in place to support all managers with iMatter. This includes leaflets for staff, packs for managers, and drop in sessions during the process.

The work continues in relation to the stress assessment with the University of Hull. A report will be brought to SLT May 2023 which will provide a way forward on last year's recommendations for SLT's consideration.

### March 2023 update:

Plans are in place to encourage engagement with iMatter, both by managers and staff. New cycle of iMatter starts in June 2023, with results due to be published 24<sup>th</sup> July 2023 and Action Plans completed and submitted by 19<sup>th</sup> September. Improved engagement will provide more information on staff perceptions which we are supporting managers to discuss further and develop team action plans to support improvements. There is also ongoing work with University of Hull in relation to the staff stress survey and the completion of an Action Plan to make improvements in relation to staff feedback.

	Improvement Action(s)	Responsibility/Workplan	Expected benefit	Outcome Measurement	Due Date	Status
9.2	Review current senior management staff communication and engagement processes (including face to face contact) and identify any areas for improvement.	Principal lead for organisational development	Staff, including those in hard-to-reach services, are fully engaged with partnership strategic developments	Clear process in place for systemic communication and engagement between staff at all levels and senior strategic managers.	July 2023	Complete

## Progress Update

### **November 2023 update:**

The EDI WG has delivered an Interim Action Plan aligned to the Communications Plan to connect across the whole Partnership. Internal facilitators have been recruited to be trained to hold conversations with the workforce at all levels around our Medium-Term Plan for EDI. The Integration Leadership Team will come together at the end of the month to continue the work done in May and in between. A guest speaker will focus on Kindness and run a workshop to engage with around 150 representatives from across the whole Partnership. The session will continue to grow our engagement and face to face communication to shape our shared future.

Our Extended Leadership Team recently completed our development sessions for 2023, which have focused on creating a working group to drive our 'Anchor' ambitions, shaping our Primary Care and Early Intervention & Prevention strategies, thinking about how we address some of the wicked problems identified by our Systems Leadership Programme. The Partnership has employed an OD & Culture Specialist Wellbeing to lead a Partnership approach to the wellbeing challenges faced by our workforce supporting employers in NHS Fife, Fife Council, Voluntary sector and Independent Sector. The Specialist will connect with staff at all levels across the Partnership to develop a range of actions that will inform the creation of a Partnership Wellbeing Action Plan 2024-25.

Processes in place were deemed sufficient to meet this action, Action complete.

### **September 2023 update:**

Work is ongoing in relation to EDI and the Communications Plan has been developed.

The next ILT meeting in November has been advertised and bookings to attend are coming in across the Partnership.

### **July 2023 update:**

The Equality, Diversity and Inclusion Initiatives Short Life Working Group (EDIISLWG) has recently partnered with Fife Centre for Equalities (FCE). The group are to receive subject matter expertise from FCE and subsequently, a short presentation on possible actions is to be devised and delivered to EDIISLWG. In order to collect more robust data from the wider workforce across FHSCP, in place of a one-off event, the group are looking to hold a series smaller of inventions where there will a greater opportunity to collect data from the workforce, which will IN TURN, inform the Action Plan. Collaboration has commenced with colleagues in the Communications Team to develop a strategic communications plan.

SLWG have now been created to develop the next ILT meeting in November and to look at how we support managers across the Partnership to stay connected in between to promote integrated working.

Dates and venues for the You Make a Difference (Intelligent Kindness) sessions have now been agreed and are due to be advertised before end of August. There will be 7 dates, one in each locality, offering approximately 30 sessions with 2 additional sessions online.

HSCP e-Induction is at first draft stage and out for comment to SLT, 3rd sector reps and HR in the first instance.

### **June 2023 update:**

Our first ILT meeting was held on 18<sup>th</sup> May and was attended by 156 managers across the Partnership, including from voluntary and independent sectors. A new working group is being established to support the development of 'staying connected' sessions and planning for the next meeting in November. One of our key speakers, Tommy Whitelaw, had such an overwhelming response, we are now looking to expand the reach of his talk on 'You Make a Difference (Intelligent Kindness)' across the Partnership.

Work continues the new HSCP Induction.

In a bid to bolster inclusion and step-up DEI efforts more broadly, the Diversity and Inclusion Working Group has been established and, initial planning has commenced. A workshop with a wide range of stakeholders from across FHSCP is to be arranged, the data collected will shape the Action Plan.

We will work with our colleagues in the Communications Team to develop a strategic communications plan to compliment work ensuring we maintain engaging consistent and deliberate messaging.

### **April 2023 update:**

Our new Integration Leadership Team will have its first meeting on 18<sup>th</sup> May. Around 200 leaders across the Partnership have been invited. Those attending will represent their team/service/ organisation as well as themselves.

A new interactive Induction for anyone joining HSCP is in development. This will include information on Mission25, Strategic Plan, Success Statement – an overview of what the Partnership stands for and how we work together to achieve this.

### **March 2023 update:**

Currently, communication and engagement from SLT has been through our Extended Leadership Team Sessions, with an expectation that key messages are shared with their wider teams and any views or comments directed back to SLT. We are now developing a wider leadership team to improve communication and engagement at the next level. This will include Independent and 3<sup>rd</sup> Sector representation. In addition, SLT are ensuring direct visits to services to get out and about to meet staff working across the Partnership, with over 50 planned visits on top of those already completed.



# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>28 March 2024</b>
<b>Agenda Item No:</b>	<b>8.1</b>
<b>Report Title:</b>	<b>Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation 2024</b>
<b>Responsible Officer:</b>	<b>Fiona McKay, Head of Strategic Planning, Performance, and Commissioning</b>

## 1 Purpose

### **This Report is presented to the Board for:**

- The Integration Joint Board is asked to note the Partnership's progress towards the Ministerial Strategic Group (MSG) integration proposals.
- The Board is also asked to review the MSG Self Evaluation 2024, advise of any updates required, and provide final approval for the report.

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

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



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

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

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

## **2 Route to the Meeting**

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

- Senior Leadership Team – SLT Assurance, 4<sup>th</sup> October 2023.
- Finance, Performance and Scrutiny Committee - 10<sup>th</sup> November 2023.
- Integration Joint Board – 24<sup>th</sup> November 2023.
- IJB Development Session – 15<sup>th</sup> December 2023.
- Senior Leadership Team – SLT Assurance, 4<sup>th</sup> March 2024.
- Quality and Communities Committee – 8<sup>th</sup> March 2024.

It was suggested that a full IJB development session should be arranged to review and update progress on the MSG integration proposals prior to the Partnership's next Self-Evaluation process. The Committee agreed that the report should progress to the Integration Joint Board.

- Finance, Performance and Scrutiny Committee – 12<sup>th</sup> March 2024.

The Committee agreed that the report was now set out more clearly and were appreciative of the restatement, and way in which this had been progressed. The Committee were happy with the recommendations and agreed that the report should progress to the IJB for final approval.

## **3 Report Summary**

### **3.1 Situation**

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

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

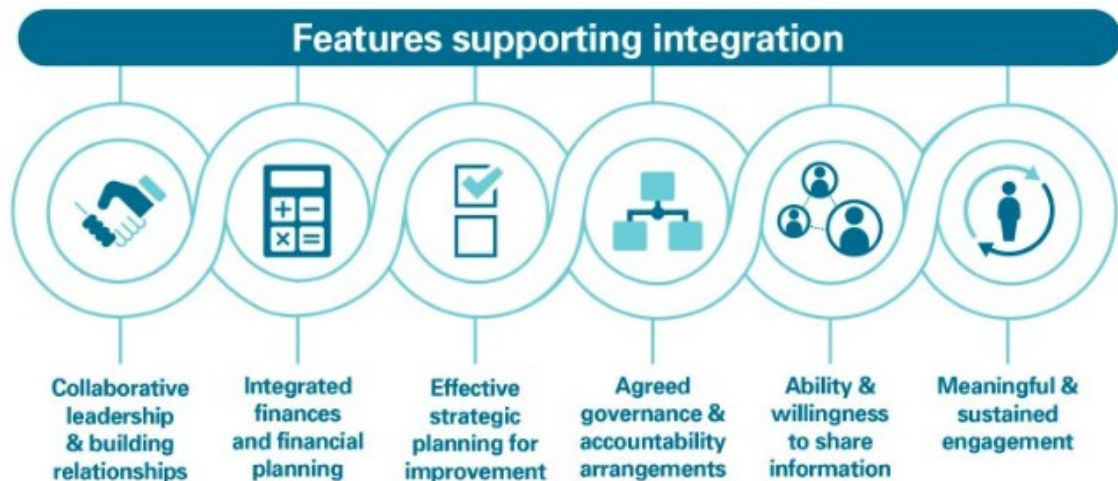
1. Collaborative leadership and building relationships.
2. Integrated finances and financial planning.
3. Effective strategic planning for improvement.
4. Collective understanding of governance and accountability.

5. Information sharing in relation to frameworks and good practice.
6. Meaningful engagement of communities supported people and carers.

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

### 3.2 Background

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



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

	Exemplary
	Established
	Partly Established
	Not Yet Established

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

### 3.3 Assessment

A previous Self-Evaluation Update (dated October 2023) was provided to the Finance, Performance and Scrutiny Committee, and the Integration Joint Board in November 2023. This is the extract from the IJB minute:

*This report had been discussed at the Finance, Performance and Scrutiny Committee on 10 November 2023. Arlene Wood introduced Fiona McKay who presented this report which was an annual update. There are six areas of self-evaluation to be undertaken and discussion has taken place on best to take this forward. Arlene Wood then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee, it was felt that good progress was being made against agreed targets.*

*Morna Fleming expressed her disappointment that Board members had not been invited to contribute to this self-evaluation, despite assurances pre-covid that this would happen. Fiona McKay will discuss this with Morna Fleming out with the meeting. The Board noted the Partnership's progress towards the Ministerial Strategic Group (MSG) integration proposals as detailed in the Self- Evaluation Update (Appendix 1) and approved the report. Once finalised the Self-Evaluation Update can be provided to the Scottish Government/Ministerial Strategic Group for information and noting. Arlene Wood asked that this be brought to the next Development Session (15 December 2023) to assist Board members in understanding the process for self-evaluation for MSG and other items.*

Following feedback from the IJB Development Session on 15<sup>th</sup> December 2023 the Self Evaluation Report has been updated (February 2024) and transferred into the Scottish Government template (see Appendix 1).

The key themes identified in the self-assessment are:

- Collaborative leadership and building relationships have improved significantly over the last three years and the Partnership' current performance is exemplary in most areas.
- Further work is required in financial planning. Whilst some areas are established, particularly risk share agreements and delegated budgets, it is acknowledged that there are ongoing challenges relating to delegated hospital budgets and set aside budget requirements. This reflects the current national position and is not unique to Fife.
- Strategic planning for improvement is exemplary, however further progress is required to improve capacity for strategic commissioning of delegated hospital services.
- Governance and accountability arrangements between partners is established in most areas, and accountability processes are exemplary. Further work is required to support the directions provided by the IJB to the Fife partner agencies.
- The Partnership's ability and willingness to share information is well established and exemplary in some areas.
- Meaningful and sustainable engagement, particularly with carers, people using services, and local communities is well established. Further work is required to fully embed effective approaches for community engagement.

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

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

### 3.3.1 **Quality / Customer Care**

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

### 3.3.2 **Workforce**

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

### 3.3.3 **Financial**

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

### 3.3.4 **Risk / Legal / Management**

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

### 3.3.5 **Equality and Diversity, including Health Inequalities**

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

### 3.3.6 **Environmental / Climate Change**

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

### 3.3.7 **Other Impact**

None.

### 3.3.8 **Communication, Involvement, Engagement and Consultation**

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

## 4 **Recommendation**

- The Integration Joint Board is asked to **note** the Partnership's progress towards the Ministerial Strategic Group (MSG) integration proposals.
- The Board is also asked to **review** the MSG Self Evaluation 2024, **advise** of any updates required, and provide final **approval** for the report.

**5 List of Appendices**

The following appendices are included with this report:  
Appendix 1 – MSG Self Evaluation (February 2024).

**6 Implications for Fife Council**

No additional implications.

**7 Implications for NHS Fife**

No additional implications.

**8 Implications for Third Sector**

No additional implications.

**9 Implications for Independent Sector**

No additional implications.

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

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

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**Ministerial Strategic Group for Health and Community Care**  
**Integration Review Leadership Group**

**Self-evaluation**  
For the Review of Progress with Integration of Health and Social Care

February 2024



## **MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION**

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4<sup>th</sup> February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15<sup>th</sup> May 2019 – by sending to Kelly.Martin@gov.scot**

It is our intention to request that we repeat this process towards the end of the 12-month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

**Thank you.  
Integration Review Leadership Group  
MARCH 2019**

## Features supporting integration



<b>Name of Partnership</b>	Fife Health and Social Care Partnership
<b>Contact name and email address</b>	Fiona McKay, Head of Strategic Planning, Performance and Commissioning Email: <a href="mailto:Fiona.McKay@fife.gov.uk">Fiona.McKay@fife.gov.uk</a>
<b>Date of completion</b>	February 2024



Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 All leadership development will be focused on shared and collaborative practice.				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
2020 Rating			Established	
2024 Rating				Exemplary
Evidence / Notes	<p>The new Strategic Plan for 2023 – 2026 was approved by the IJB in January 2023 and is available on the Partnership’s website, along with an Easy Read Version and an Equality Impact Assessment. The Year One Delivery Plan was approved in March 2023 and an update on the actions planned is due in March 2024. This will also include the Year Two Delivery Plan for 2024.</p> <p>There is a comprehensive programme of support to IJB members including a risk appetite programme and agreed position statement, also a number of areas developed in conjunction with the new Board members to support their understanding of their joint responsibilities has been delivered successfully.</p> <p>Significant work has been carried out by the Partnership’s Programme Management Office with reports to the IJB on progress.</p> <p>The Care at Home Collaborative continues to develop with the introduction of a new care at home contract there has been significant interest from providers to work in Fife, this has seen our delays for a care at home service reduce dramatically (weekly report to Scottish Government).</p>			
Proposed improvement actions	<p>The Strategic Plan - Year Two Delivery Plan for 2024 will be progressed, along with the agreed delivery plans for the individual supporting strategies.</p> <p>A number of IJB development sessions have now taken place in person, a full programme has been developed and this will continue to be rolled out.</p> <p>In 2024, the Partnership will continue to develop the collaborative model by working with care providers to establish a Care Home Collaborative that will support local care home providers and bring closer working relationships across this sector.</p>			

<b>Proposal 1.2</b>				
<b>Relationships and collaborative working between partners must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>The Senior Leadership Team has linked in with a significant number of different Partnerships to discuss our system for allocation of services – for example Pinpoint.</p> <p>The Care at Home Service has worked collaboratively with Edinburgh Health and Social Care Partnership in respect of assessment planning.</p> <p>Work is underway to develop strong links with Dumfries and Galloway Health and Social Care Partnership and a visit is planned to the Care Village in Methil.</p> <p>A Primary Care Strategy alongside a high-level Delivery Plan (the first in Scotland) has been approved by the IJB.</p> <p>Development Sessions continue virtually every alternate month on topics of specific interest to IJB members.</p>			
<b>Proposed improvement actions</b>	<p>Work will continue with progress on joint transformation plans across NHS Acute and Fife Council.</p> <p>A detailed Year One Primary Care Delivery Plan is being developed, this will include SMART objectives relating to workforce, finance, technology, premises and communication.</p> <p>The Associate Medical Director is leading Primary Care Implementation with key stakeholders.</p> <p>The Partnership will continue to develop locality work, ensuring the leaders, partners and members of the public within the seven locality areas, meet the needs of locally defined communities, reporting to Local Area Committees.</p> <p>Build on networking and shared learning from other IJB's and contribute to co-production of a framework for Community Health and Social Care Integrated Services.</p>			

<b>Proposal 1.3</b>				
<b>Relationships and partnership working with the third and independent sectors must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>				<b>Exemplary</b>
<b>Evidence / Notes</b>	<p>The Carers Strategy 2023-2026 has been approved by the IJB. The Community Chest has been developed with over 30 applications for grant funding – this has been a significant achievement from all involved.</p> <p>Phase One of the Reimagining the Third Sector Project has concluded with strong collaboration from the third sector (report available). The Care at Home Collaborative continues to develop with the introduction of a new care at home contract. There has been significant interest from providers to work in Fife, this has seen our delays for a care at home service reduce dramatically (weekly report to Government).</p>			
<b>Proposed improvement actions</b>	<p>The Carers Strategy Delivery Plan will be taken forward to further develop the support to carers.</p> <p>The Business Case for Phase Two of the Reimagining the Third Sector Project has been approved by the IJB. Work is underway to review the voluntary sector service delivery and funding. This will be undertaken in partnership with the sector and will be supported by the clear priorities highlighted within priority one of the Strategic Plan which highlights the need to work locally with input from local organisations.</p> <p>Work has started to establish a Care Home Collaborative to support local care home providers and bring closer working relationships across this sector.</p> <p>Working within localities, the Partnership plan to ensure that engagement with third and independent sector is strengthened at a local level, which will ensure that partnership working is supporting a stronger preventative agenda.</p>			

<b>Key Feature 2 Integrated finances and financial planning</b>				
<b>Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.  Improved longer term financial planning on a whole system basis is in place.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	The Medium-Term Financial Strategy is refreshed on an annual basis taking cognisance of any external factors and influences. Regular meetings (six-weekly) between Director of Finance and Chief Finance Officer to discuss progress against medium term financial plan.			
<b>Proposed improvement actions</b>	Work to be progressed in relation to Directions to ensure the impact of financial decisions by the IJB are clearly articulated to both partners. Regular updates to directions will be made available with the financial projected outturn position presented to the IJB at regular intervals throughout the financial year. Further discussions/consideration of risk share agreement to reach consensus on way forward between all funding partners.			

<b>Proposal 2.2 Delegated budgets for IJBs must be agreed timeously</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	Continual refresh of Medium-Term Financial Strategy which recognises external factors such as demographic growth, cost of living and funding increase/decreases from both partners and Scottish Government. A one-year budget approved by the IJB aligned to the Medium-Term Financial Strategy.			
<b>Proposed improvement actions</b>	Further workshops to be organised with representation from all partners. Analysis of data from initial workshop to be used as the baseline moving forward. Developed into a short- and medium-term financial plan approved by IJB.			

<b>Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements.  The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance.  The set aside budget is being fully taken into account in whole system planning and best use of resources.
<b>2020 Rating</b>	<b>Not Yet Established</b>			
<b>2024 Rating</b>	<b>Not Yet Established</b>			
<b>Evidence / Notes</b>	The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland. The current position regarding the National Care Service is an extended timeline till Jan 2024 for Stage 1 of the Bill with completion of Stage 2 by summer 2024. This was discussed with the Chief Officer and Chief Executives in August 2023 and agreed there will be no further change to set aside arrangements in Fife till there is this national clarity on any pending reform.			
<b>Proposed improvement actions</b>	For assurance however there continues to be strong team working and collaboration across NHS Fife, Fife Council and Fife Health and Social Care Partnership on pathways of care and joint working in relation to unscheduled care, capacity and flow.			

<b>Proposal 2.4</b> <b>Each IJB must develop a transparent and prudent reserves policy</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	We have a robust reserves policy in place which was endorsed by the IJB in 2017. A recommendation for the use of reserves is presented at the appropriate governance committee, (Finance, Performance and Scrutiny) prior to formal agreement by the Integration Joint Board.			
<b>Proposed improvement actions</b>				

<b>Proposal 2.5</b>				
<b>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
<b>2020 Rating</b>			<b>Established</b>	
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	Discussions ongoing re operational responsibility for financial information with good progress being made.			
<b>Proposed Improvement actions</b>	Regular meetings with Directors of Finance in NHS Fife and Fife Council. Commence discussion regarding future operating model for Finance.			



<b>Proposal 2.6</b> <b>IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>Working within the parameters of the integration scheme the risk share will be implemented as required, whilst recognising other important policies and guidelines, such as reserves policies, to ensure effective financial governance within the IJB.</p> <p>Work to be progressed in relation to Directions to ensure the impact of financial decisions by the IJB are clearly articulated to both partners. Regular updates to directions will be made available within the financial projected outturn position presented to the IJB at regular intervals throughout the financial year.</p> <p>The Strategic Planning Group is in place, reporting into the Partnership's Senior Leadership Team, committees and the IJB on a regular basis.</p>			
<b>Proposed improvement actions</b>	<p>Risk Share agreement will be a key agenda item for the Chief Executive Officers/Director of Finance/Chief Finance Officer meetings. This will inform decisions that are made to support a whole system approach, a common understanding of the reason for variances, and to support a collective responsibility as to how to tackle these.</p> <p>The Strategic Planning Group will continue to monitor and manage quality and performance updates for the supporting strategies and related delivery plans as they are implemented, review and support draft strategies as they are developed, and ensure alignment with the Partnership's strategic priorities.</p>			

<b>Key Feature 3</b>				
<b>Effective strategic planning for improvement</b>				
<b>Proposal 3.1</b>				
<b>Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of recognition of and support for the Chief Officer's role in providing leadership.	The Chief Officer is not fully recognised as pivotal in providing leadership.  Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.  Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.  There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>				<b>Exemplary</b>
<b>Evidence / Notes</b>	The Health and Social Care Partnership have carried out a review of the structure of the organisation and redesigned the portfolios to ensure that any critical gaps have been identified. Work is underway to consider the next stage of the review of the structure with a dedicate plan for a test of change in Levenmouth area considering a locality-based model and a staffing structure to accommodate this.			
<b>Proposed improvement actions</b>	The evidence from the test of change will provide a “blue print” for the future of the planning.			

<b>Proposal 3.2</b>				
<b>Improved strategic inspection of health and social care is developed to better reflect integration.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<b>NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE</b>			

<b>Proposal 3.3</b>				
<b>National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<b>NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE</b>			

<b>Proposal 3.4</b>				
<b>Improved strategic planning and commissioning arrangements must be put in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.  The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.  The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high-quality services and supports are in place that better meet local needs.  The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
<b>2020 Rating</b>			<b>Established</b>	
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>The Strategic Planning Group had five meetings in 2023. This included reviewing and supporting the development/implementation of 14 different strategies, and providing feedback on key areas of work such as equalities, the Armed Forces Covenant Duty, and the Partnership's Annual Performance Report 2022 to 2023.</p> <p>The new Strategic Plan for 2023 – 2026 was approved by the IJB in January 2023 and is available on the Partnership's website, along with an Easy Read Version and an Equality Impact Assessment. The Year One Delivery Plan was approved in March 2023 and an update on the actions planned is due in March 2024. This will also include the Year Two Delivery Plan for 2024.</p>			
<b>Proposed improvement actions</b>	<p>Develop a new health and social care Service Level Agreement (SLA) template, aligned to the wider Fife Council SLA template review, which will better record outcome focussed activities, incorporate specific collaboration activities and expectations of facilitating participation and engagement.</p> <p>In 2024, the Partnership and the providers will continue to develop the collaborative model to support local care home providers and aiming to bring closer working relationships across this sector.</p> <p>The Strategic Planning Group will continue to monitor and manage quality and performance updates for the supporting strategies and related delivery plans as they are implemented, review and support draft strategies as they are developed, and ensure alignment with the Partnership's strategic priorities.</p>			

<b>Proposal 3.5</b> <b>Improved capacity for strategic commissioning of delegated hospital services must be in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.  Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.  There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
<b>2020 Rating</b>	<b>Not Yet Established</b>			
<b>2024 Rating</b>	<b>Not Yet Established</b>			
<b>Evidence / Notes</b>	The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland. The current position regarding the National Care Service is an extended timeline till Jan 2024 for Stage 1 of the Bill with completion of Stage 2 by summer 2024. This was discussed with the Chief Officer and Chief Executives in August 2023 and agreed there will be no further change to set aside arrangements in Fife till there is this national clarity on any pending reform.			
<b>Proposed improvement actions</b>	For assurance however there continues to be strong team working and collaboration across NHS Fife, Fife Council and Fife Health and Social Care Partnership on pathways of care and joint working in relation to unscheduled care, capacity and flow.			

<b>Key Feature 4 Governance and accountability arrangements</b>				
<b>Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.  The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>Quarterly tripartite meetings including the Chief Officer and both Chief Executive Officers are scheduled where progress of the Partnership is a significant standing agenda item.</p> <p>The Governance Manual is regularly updated to ensure it remains relevant.</p> <p>Members of the Partnership's Senior Leadership Team (SLT) lead in each of the seven localities within Fife, this provides a strategically evidenced provision at a local level.</p>			
<b>Proposed improvement actions</b>	<p>Meetings will continue to develop a shared understanding of the accountabilities and responsibilities of NHS Fife, Fife Council and the Health and Social Care Partnership. This will offer opportunities for delegated functions and to support the interface between all parties.</p> <p>Continual review of information available to officers, committees and the IJB.</p>			

<b>Indicator 4.2</b>				
<b>Accountability processes across statutory partners will be streamlined.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped, and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	There is a strong governance reporting structure in place which aligns with our partner bodies, where required, to provide assurance.			
<b>Proposed improvement actions</b>	Explore governance structures in other Health and Social Care Partnerships and continue to streamline reporting across the IJB, NHS Fife and Fife Council			



<b>Proposal 4.3</b>				
<b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions, but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
<b>2020 Rating</b>			<b>Established</b>	
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>Board Development Sessions are held every alternate month on a variety of topics which are suggested by IJB Members or emerging issues.</p> <p>Chief Officer, Head of Corporate Governance, Chair and Vice-Chair meet regularly to agree agenda for future meetings or discuss any developing issues related to IJB business meetings.</p> <p>Forward work planner incorporating all IJB and governance committees' business has been developed to track progress of reports.</p> <p>Regular meetings are scheduled between Chief Officer, Chief Finance Officer, Chair and Vice-Chair.</p> <p>Bimonthly meetings arranged with Chief Officer, Head of Corporate Governance, Chair, Vice Chair, and Chairs of three governance committees.</p>			
<b>Proposed improvement actions</b>	Implement actions arising from recent Self-Assessment for IJB and Committees.			

<b>Proposal 4.4</b>				
<b>Clear directions must be provided by IJB to Health Boards and Local Authorities.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision-making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision-making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>A review of the Direction Policy, including a schematic on its use, is in development.</p> <p>An annual report on Directions is reported to the Partnership's Audit and Assurance Committee as per our annual governance reporting cycle.</p>			
<b>Proposed improvement actions</b>	<p>Strengthen how Directions are used in Fife in line with national guidance.</p> <p>Provide greater clarity in reports to the IJB and its committees on how decisions are fulfilling Directions.</p>			

<b>Proposal 4.5</b>				
<b>Effective, coherent and joined up clinical and care governance arrangements must be in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making.  Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB.  Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence / Our Notes</b>	A short life working group has been convened to refresh the overall Clinical Governance Framework and associated reporting structures and processes.			
<b>Proposed improvement actions</b>	<p>Agree an appropriate clinical and care governance system that is efficient and appropriately balanced and focused on both social work and NHS services.</p> <p>Refresh the Clinical and Care Governance Strategy which will inform and strengthen the clinical and care governance arrangements across Fife.</p> <p>Build on the guidance, direction and policy as a foundation for transformational change and offer a clear line of accountability and responsibility for delivery, drawing on the work undertaken to develop clinical and care governance arrangements to strengthen assurance.</p>			

<b>Key Feature 5 Ability and willingness to share information</b>				
<b>Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
<b>2020 Rating</b>			<b>Established</b>	
<b>2024 Rating</b>				<b>Exemplary</b>
<b>Evidence / Notes</b>	<p>The Partnership's Performance Framework has been refreshed and approved by Fife Integration Joint Board. A new Planning and Performance Board (PPB) has been established to embed the Performance Framework. The PPB reports directly into the Partnership's Strategic Planning Group.</p> <p>Annual Performance Reports are published on the Partnership's website. An Easy Read Version, and a Summary Version (in Microsoft Sway) are also available for 2022 to 2023</p>			
<b>Proposed improvement actions</b>	<p>The Performance Framework will be implemented over the coming year as a key part of our improvement drive. This will consolidate many of the improvements to our performance system which have already been put in place while setting out how we will build on this to further support improvement. The Framework will enable the Partnership to make better and more efficient use of our significant data assets to underpin service improvement. It will also more clearly link strategies to actions and the required impact, regularly reporting on progress.</p>			

<b>Proposal 5.2</b>				
<b>Identifying and implementing good practice will be systematically undertaken by all partnerships.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.  Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.  Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.  Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.  All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence/ notes</b>	Fife's Locality Core Groups were remobilised in May 2022. To ensure the quality of localities' they must function with the direct involvement and leadership of the Partnership's Senior Leadership Team, health and social care professionals, housing sector, representatives of the third and independent sector, and community planning partners. The groups met in May, September and a wider stakeholder event took place in November 2022. The groups agreed the priorities and actions for 2023 to 2024 and a number of Short Life Working Groups have been established to support tests of change across the different localities. These include Mental Health Triage Car; KY Cafes Project; Community Chest Fund; What Matters to You; Living Well with Long Term Conditions; Ageing Well.			
<b>Proposed improvement actions</b>	The Partnership's website has been updated and this will be rolled-out in 2024. The new format/layout will ensure that partners agencies, and people across Fife, have easy access to information and services, and will support enhanced collaboration locally and nationally. A new IJB Equality Peer Support Network was established in January 2023 to provide a mutually supportive forum where IJB equality colleagues from across Scotland can collaborate, share expertise, and link directly with the Equality and Human Rights Commission (EHRC) to promote best practice. Fife has been actively involved in the Peer Support Network and will continue to participate during 2024.			

<b>Proposal 5.3</b>				
<b>A framework for community-based health and social care integrated services will be developed.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<b>NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE</b>			

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
2020 Rating		Partly Established		
2024 Rating		Partly Established		
Evidence / Notes	<p>Recruitment for the full Participation and Engagement Team has been completed and a service operating model, structure, and framework (reflecting the National Standards for Participation and Engagement) has been developed.</p> <p>The Locality Planning Stakeholder Groups provide opportunities for engagement with community groups across all seven localities, and the information and expertise collected feeds into all aspects of service planning and delivery.</p> <p>We are working in partnership with the Fife Centre for Equalities to develop our equality, diversity and inclusion journey as part of our Workforce Strategy 2022 to 2025. Our staff survey “iMatter” showed an improvement on the key question “I am treated with dignity and respect” from last year. The overall experience of working for Fife Health and Social Care Partnership also demonstrated an improving picture.</p>			
Proposed improvement actions	<p>Work is ongoing with key partners and local communities to support Locality Planning Groups identify, prioritise and implement agreed priorities.</p> <p>Moving forward we will continue to roll-out the new equality training and guidance materials across the Partnership, and provide support to colleagues completing Equality Impact Assessments (EQIA) for key policies, strategies and decision making. We will also continue to promote mainstreaming of equality rights in our service planning and delivery.</p>			

<b>Proposal 6.2</b>				
<b>Improved understanding of effective working relationships with carers, people using services and local communities is required.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities.  There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place.  There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.  There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.
<b>2020 Rating</b>		<b>Partly Established</b>		
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>The Carers Strategy 2023 to 2026 was approved by Fife Integration Joint Board in July 2023. The Strategy and supporting Delivery Plan were developed in consultation with unpaid carers across Fife, voluntary sector partners, and colleagues across the Health and Social Care Partnership.</p> <p>The Participation and Engagement Team have developed an engagement partnership with staff and service users from People First (Scotland). This ensures that the Partnership's strategies and transformation programmes are underpinned by the needs of the individuals who access health and social care services.</p>			
<b>Proposed improvement actions</b>	Ongoing delivery of the Strategy will be monitored through the Annual Carers Survey, quarterly performance reporting, active contract management for all commissioned partners, and internal quality checks.			



<b>Proposal 6.3</b>				
<b>We will support carers and representatives of people using services better to enable their full involvement in integration.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement.  Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities.  Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
<b>2020 Rating</b>			<b>Established</b>	
<b>2024 Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>The Carers Strategy was approved by the Integration Joint Board in July 2023 and is available, along with an Easy Read Translation on our website.</p> <p>A collaboration event with most of our commissioned partners was held in December 2023 with the key outcomes being to promote the Strategy and agreed outcomes, and for partners to share with each other the support they have been commissioned to deliver in order that they are better able to help carers by cross organisational working and referrals.</p> <p>Significant additional investment in services has been completed including additional respite opportunities through partners Fife Voluntary Action and Crossroads, and locally based carer-led support by way of the Carers Community Chest funding.</p>			
<b>Proposed improvement actions</b>	<p>The Carers Strategy 2023 to 2026 includes an investment approach for commissioning new services; this will increase the resources available to support unpaid carers. Work is underway to raise awareness among carers, partner agencies, and other professionals of the increased support that is available.</p> <p>The Partnership has established carers groups in several localities, work is ongoing in other areas. We will continue to involve carers representatives within transformational programmes to ensure the carers voice is taken into consideration.</p> <p>We will continue to improve the process of distribution of Board papers, ensuring time is built in for review.</p>			



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 19 JANUARY 2024 AT 10.00 AM (MS TEAMS MEETING)

**Present:** Dave Dempsey (Chair), Fife Council  
John Kemp, (Vice Chair) NHS Non-Executive Board Member  
Sinead Braiden, NHS Non-Executive Board Member

**Attending:** Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)  
Audrey Valente, Chief Finance Officer (Fife H&SCP)  
Vanessa Salmond, Head of Corporate Services (Fife H&SCP)  
Jocelyn Lyall, Chief Internal Auditor, FTF Audit & Management Services (Fife H&SCP)  
Shona Slayford, Principal Auditor (NHS Fife)  
Avril Sweeney, Risk Compliance Manager (Fife H&SCP)  
Roy Lawrence, Principal Lead for Organisation Development & Culture (Fife H&SCP)  
Amy Hughes, Public Sector External Auditor, Azets.

Isabella Middlemass, Management Support Officer (Note taker)

**Apologies:** Sam Steele, Fife Council

		<b>ACTION</b>
<b>1.</b>	<b>WELCOME AND APOLOGIES</b> Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
	<b>DECLARATION OF INTEREST</b> No declarations of interest were noted.	
<b>2</b>	<b>MINUTES OF PREVIOUS MEETING OF 8 NOVEMBER 2023</b> Minutes of the previous meeting approved as an accurate record.	

<p><b>3</b></p>	<p><b>ACTION LOG</b></p> <p>Chair made observations on no progress/notes for items listed below.</p> <p>Item 5 – Still receiving input on the Output Sharing Protocol. This document will be updated and ready for March Committee.</p> <p>Item 8 – 2 actions in this box - Participation and Engagement Risk was agreed at the Quality and Communities Committee so now can be closed.</p> <p>Mitigating actions and timescales - Audrey Valente and Avril Sweeney working together on this and there is a first draft brought to this Committee to consider today.</p> <p>Action Note - approved.</p>	
<p><b>4</b></p>	<p><b>INTERNAL AUDIT PROGRESS REPORT</b></p> <p>Jocelyn Lyall stated that the Progress report provides an update on the Fife IJB audits and any relevant audits from the partner organisations and is being presented to this Committee for awareness and discussion.</p> <p>Appendix 1 - 22/2023 Audits reports. Workforce Planning has now been finalised and is on the agenda today as item 6 for full discussion.</p> <p>Contract Work/Capacity Audit is the only one still outstanding from 22/23. This will be finalised and presented at the March Committee.</p> <p>The 23/24 plan - The Assignment Plan for the Internal Control Evaluation Work was just issued yesterday so will be starting on this now.</p> <p>The paper distributed on the Resilience and Business Continuity Audit has moved from planning to fieldwork and will be out in draft at least by the next Committee meeting in March.</p> <p>Appendix 2 - The summary of the relevant NHS and Fife Council Reports issued - Fife Council Finance and Corporate Services follow-up report on IT Performance - Management is reporting that all the recommendations have been partly implemented and 2 of them haven't yet reached the revised implementation date but does say that satisfactory actions have been agreed to address the 8 partially implemented recommendations by the end of the financial year.</p> <p>NHS Fife Internal Control Evaluation - This report has been through the NHS Fife Audit &amp; Risk Committee and has also been presented to the other NHS Fife Standing Committees so overall it is a positive report.</p> <p>The Information Sharing Protocol remains under review.</p> <p>The committee assurance principles - Jocelyn Lyall will be presenting a refreshed version to the SLT on 5th February along with a proposal for a process for formal approval and adoption by the IJB.</p> <p>John Kemp asked for reassurance of how certain the Contract &amp; Capacity Audit will be at the March Committee . Jocelyn Lyall stated that they would make every effort that this report will come to the March Committee</p>	

	<p><b>Recommendation:</b> Members of the Committee to consider and note this report. Considered and noted.</p>	
<p><b>5</b></p>	<p><b>FOLLOW UP OF INTERNAL AUDIT RECOMMENDATIONS &amp; DRAFT AUDIT FOLLOW UP PROTOCOL</b></p> <p>Shona Slayford presented the Follow Up of Internal Audit Recommendations and the updated Protocol for approval.</p> <p>The blueprint for Good Governance in NHS (Scotland) states that it is key that the audit and risk Committee adopt a robust approach to the oversight of the completed actions identified in audit reports. Every possible action should be dealt with within the current financial year rather than being carried forward, therefore included are actions that were reported more than a year ago on a separate document at appendix 2. The Internal Audit Follow Up Protocol was approved last year at the November meeting and the update reflects a revised blueprint which includes a more robust approval structure.</p> <p>From 5<sup>th</sup> December 2023 there was 33 live internal audit recommendations 4 of the 33 are in progress but not due, 21 of the remaining 29 have been completed and validated and 2 have been completed but not yet validated. Time extensions were previously agreed for 5 recommendations. 1 extension was agreed for this period in line with internal audit work protocol and all actions from the financial regulations report have been completed and validated.</p> <p>Discussion took place around the report, and it was proposed that a clean-up exercise take place to come up with a revised deadline to complete these actions. Nicky Connor agreed that it would be good to put a timescale around this and will follow this up with the team and make sure that there is a mechanism in place around the oversight of this and bring back to the next committee.</p> <p><b>Recommendation:</b> To note the report and approve the follow up protocol. Agreed.</p>	
<p><b>6</b></p>	<p><b>FIFE HSCP INTERNAL AUDIT REPORT IJB F05-23: IJB WORKFORCE PLAN</b></p> <p>Roy Lawrence presented a report around the internal workforce audit that took place towards early 2023 with the internal audit team as they looked at 3 areas on how we were utilising the Scottish Government checklist and how we designed our workforce strategy. The Committee were asked to take time to discuss the paper and take assurance from the report and the positives in place which details a wide range of mitigating actions to address our workforce risks that are in place and for the Committee to give consideration to the report being presented to a more wider audience within the partnership .</p> <p>Discussions took place around the report, and it was felt that this was a good report and the Committee will be updated on the standard follow up</p>	

	<p>process timescales.</p> <p><b>Recommendation:</b> This report does not need to be shared further as it has been shared with the IJB when discussing the workforce strategy and the with local partnership forum.</p>	
<p><b>7</b></p>	<p><b>IJB STRATEGIC RISK REGISTER</b></p> <p>Avril Sweeny presented this report to the Committee for assurance and discussion. There are 3 key areas for discussion which is highlighted in section 4 of the SBAR. Discussion around the risk register itself and as part of that asking members to recommend submission of the risk register to the IJB for approval.</p> <p>The Risk Register was last presented to Committee in September and the risks have been more recently reviewed in December of last year and all risks have been presented to the two other Governance Committees earlier this week. The participation and engagement risk which has reduced to the target level was approved for closure by the Qualities and Communities Committee earlier this week and all other risks on the risk register have remained the same in terms of scoring but the target risk scoring dates for risk 19-Demographic Risk and risk 20-Transformation Change Risk have both moved out to March 2026.</p> <p>There is a trend analysis showing the risks from November 2020 up to the target date of March 2025 on para 3.4 for information.</p> <p>Part of the discussion today is about consideration as to whether target scores seem realistic or achievable.</p> <p>Members had previously requested consideration be given to the mitigating actions for the strategic risks in a way that will show that they are being delivered within the timescale and appendices 4,5 and 6 give examples.</p> <p>Discussions took place around the report and decision was made that an abbreviated form of the diagram on page 74 can be used for the Committee to look at as they do not need all the detail of the internal control but need to know that they are in place and what is expected and this will reflect in the full risk register.</p> <p><b>Recommendations:</b></p> <p>Consider options for presenting the SMART actions with relevant tracking. Done.</p> <p>Decide whether to recommend the risk register for approval to the IJB - Yes.</p> <p>The report is presented for assurance that risks continue to be managed - Yes.</p>	
<p><b>8</b></p>	<p><b>COMMITTEE SELF ASSESSMENT</b></p> <p>Vanessa Salmond presented this report to the Committee for assurance. This report is an overall analysis of the self-assessment exercise following</p>	

	<p>the online electronic form. Members of both the board and committee were invited to take part in this during October. This is the initial analysis from board members and the same exercise has been replicated at committee level which will be reported to each committee in due course. Members today have a draft action plan from the output analysis following this exercise. Results were very positive. Recommendation today is to take this forward to the IJB Development Session scheduled for February or take to the board in two weeks' time.</p> <p>Discussion took place and Nicky Connor and Vanessa Salmond will look at the IJB agenda and identify where this should be presented and update the chair.</p>	
<b>10</b>	<p><b>DRAFT 2024 A&amp;AC WORKPLAN</b></p> <p>Audrey Valente gave a brief overview for the workplan explaining that that workplan is a trend analysis based on historical papers that come to this Committee. Today is to give the members of this Committee the opportunity outwith the meeting is there anything missing from the workplan as it stands now.</p> <p>It was raised that it would be helpful for the plan to show what the members would expect from this committee to go to the IJB. Also standing items can be moved to the bottom of the paper etc. Presentation wise if the plan can be condensed to one singular page.</p> <p>Audrey Valente will consider these recommendations and make necessary adjustments to the plan.</p>	
<b>11</b>	<p><b>AOCB</b></p> <p>None</p>	
<b>12</b>	<p><b>DATE OF NEXT MEETING</b></p> <p>Friday 15<sup>th</sup> March, 10:00 a.m. via TEAMS</p>	



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE THURSDAY 18<sup>TH</sup> JANUARY 2024 AT 10.00 AM VIA MICROSOFT TEAMS

**Present:** Alastair Grant, NHS Non-Executive Board Member [Chair]  
Colin Grieve NHS Non-Executive Board Member  
John Kemp, NHS Non-Executive Board Member  
Cllr Graeme Downie

**Attending:** Nicky Connor, Director of Health & Social Care  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Audrey Valente, Chief Finance Officer  
Vanessa Salmond, Head of Corporate Services  
Rona Laskowski, Head of Complex & Critical Care  
Lisa Cooper, Head of Primary and Preventative Care Services

*In attendance:*

William Penrice, Service Manager, Performance Management & Quality Assurance  
Avril Sweeney, Manager (Compliance)  
Tracy Hogg, Finance Business Partner  
Jane Sinclair, Interim Clinical Service Manager  
Gillian Muir, Management Support Officer (Minutes)

**Apologies for Absence:** Ben Hannan, Director of Pharmacy and Medicines  
Margo McGurk, Director of Finance  
Helen Hellewell, Associate Medical Director  
Cllr Dave Dempsey  
Cllr David Alexander  
Lynne Garvey, Head of Community Care Services  
Lynn Barker, Associate Director of Nursing  
Jennifer Rezendes, Professional Social Work Lead

No.	Item	ACTION
1.	<p><b>WELCOME AND APOLOGIES</b></p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	

2.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were noted.</p>	
3.	<p><b>MINUTE OF PREVIOUS MEETING – 10<sup>TH</sup> NOVEMBER 2023</b></p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p><b>MATTERS ARISING / ACTION LOG</b></p> <p>The action log was reviewed. All actions noted have been actioned and are complete.</p>	
5.	<p><b>TRANSFORMATION BUSINESS CASES</b></p>	
5.1	<p><b>Transformation of Overnight Care</b></p> <p>The Committee considered a report from Rona Laskowski, Head of Complex &amp; Critical Care providing members with further information following the Combined Committee held on 21<sup>st</sup> November 2023, during which several comments and observations were asked to be addressed before the report is presented to the Integration Joint Board (IJB) in February 2024.</p> <p>Committee members were asked to take assurance that the issues raised at the last Finance, Performance &amp; Scrutiny Committee and the subsequent Combined Committee had been addressed, discuss the updated proposal and support the recommendation of submission to the IJB as well as the strategic direction of the proposal and noting that the Senior Leadership Team continue to work with partners to operationalise the model.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included benchmarking undertaken, the number of service users using the service and the care arrangements, the range in value of packages, what have the views of the services users and their families been to the potential changes in their care package, do we have projections of what will happen in the future, how many people will the service be looking to support in the future and what that means for costings and the balance of care delivered between internal and external providers.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the content of the report.</li> <li>2. Provided feedback.</li> <li>3. Agreed paper progress to the IJB.</li> </ol>	
6.	<p><b>FINANCE</b></p>	



## 6.1 Finance Update

The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the financial position (provisional outturn) of the delegated and managed services as at 30 November 2023. Noting the forecast for the Partnership is currently projecting a £4.1m overspend, a considerable movement from the previous report in September of £2.5m.

Members noted that the adverse movement was due to three particular areas namely the pay award being higher than provided for, increasing costs of prescribing and the increase in costs of locums particularly within mental health services.

Based on the current projected position members noted that the reserves that are now projected to be carried forward have significantly decreased. The report suggests that there will be a carry forward of just under £9m of uncommitted reserves, however, require to use reserves to fund the overspend if this does not reduce by the end of the year. Committee noted that just under £9m will become just under £5m which will be carried forward into the next financial year and will be below the policy minimum of 2%.

Committee noted that it will now be required to use all earmarked reserves which is a change in position from previous report whereby it was projected the use of only £8m. Overall, seeing a worsening of the financial position.

Committee noted that work continues to be undertaken with both partner organisations to work on the financial position and meetings have been held with Fife Council and NHS Fife EDG colleagues.

The discussion was opened up to Committee members who provided their comments and feedback on the report. Considerable discussion was had around the reporting position of the report, the information provided by each partner organisation, the complexities of both partner organisations, the difficult decisions/conversations that will require to be made, and the usefulness for the Integration Joint Board to know the best and worst case scenario for the year end outturn.

### Decision

#### The Committee

1. Agreed an additional / special Finance, Performance & Scrutiny Committee meeting to be arranged ahead of March Committee to talk through the budget position prior to it being presented to March Committee.
2. Sought an up-to-date finance position from each partner organisation.
3. Took assurance that there is robust financial monitoring in place.
4. Agreed onward submission to the IJB for approval of the financial monitoring position as at November 2023.

	<p>5. Agreed onward submission to the IJB for approval of the use of reserves and proposed recovery actions as at November 2023, though aggrieved that it is required to use the reserves but recognise no other option.</p>	
<p><b>6.2</b></p>	<p><b>Finance, Performance &amp; Scrutiny Strategic Risk Register</b></p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer brought for discussion and sets out the IJB's strategic risks that may pose a threat to the partnership in achieving its objectives in relation to financial and performance management.</p> <p>The risk register was last presented to this Committee in March 2023 and is presented to Committee twice per annum with a deep dive risk review being undertaken on individual risks in the intervening Committee dates.</p> <p>The risks held on the risk register continue to be managed by the risk owners and are presented in order of residual risk score.</p> <p>Members noted that there are currently four risks with high residual risk score those being finance which was subject to a deep dive review on 12<sup>th</sup> May 2023, Primary Care Services which was subject to a deep dive on 15<sup>th</sup> September 2023. The deep dive risk review for demographics and changing landscapes risk is presented at this meeting and a further deep dive risk review is scheduled for the workforce in March this year.</p> <p>In addition to the risk register there are a number of financial and performance related risks at an operational level within the partners bodies risk systems. These are actively managed by service managers and regularly monitored at the Finance Governance Board and as part of the budget process.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included a query around reference 3 on the IJB risk register and whether wording was correct that there is a risk that the finance resources available to the IJB may not be sufficient to deliver the integrated services as set out in the strategic plan would it be more accurate to say will not be sufficient? Discussed the level of risk for reference 3 and the need to relook at level of risk given the current financial climate.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the risk register and comments and suggestions provided.</li> </ol>	
<p><b>6.3</b></p>	<p><b>Deep Dive risk Review – Demographics / Changing Landscapes Impacts</b></p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer for discussion and assurance as part of the IJB risk</p>	

	<p>Management policy and strategy, noting shared ownership between Audrey Valente and Fiona McKay.</p> <p>The purpose of the deep dive risk review is for members to gain assurance that risks are being effectively managed within the IJB's agreed risk appetite and at the appropriate tolerance levels.</p> <p>Committee noted that the deep dive review at Appendix 1 sets out the risk description, risk scoring and provides relevant assurances, performance measures, linked risks and also highlights the external and internal factors that may impact on the risk. Appendix 2 provides questions set to help members with their scrutiny of the risk and the review seeks to respond to these questions as far as possible.</p> <p>The key mitigations for this risk are the delivery of the transformational change programme and the implementation and roll out of the key enabling strategies that support delivery of the strategic plan.</p> <p>Committee noted that there are mechanisms in place to monitor progress with these mitigations through the Transformation Change Board and the Strategic Planning Group. The new performance framework will also provide additional assurances and control measures as well as information on performance and benefits being sought on both a qualitative and quantitative perspective.</p> <p>Members noted that Officers have confidence that there is a reasonable level of assurance in place to support management with this risk. Work is ongoing and close scrutiny is being applied to delivery actions and performance monitoring.</p> <p>Members also noted that it is acknowledged that there are a number of external factors out with the Partnerships control which can impact on this risk and these continue to be monitored closely.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included how the modelling of services are undertaken taking account of an aging population and demographics etc, this is a very broad risk that covers demography changes to health &amp; social care system, finance etc should we be refining the risk a bit?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the report contents.</li> <li>2. Provided comments and suggestions for improvement.</li> <li>3. Took assurance of the level of assurance provided in the risks.</li> </ol>	
<b>7.</b>	<b>PERFORMANCE</b>	
<b>7.1</b>	<p><b>Performance Report</b></p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance &amp; Commissioning providing an</p>	

	<p>update on the refreshed Performance Framework, where the Partnership is at, and the work being taken forward.</p> <p>Committee noted the report had been simplified and work continues to change the formatting of the regular performance reports and to update the content, specifically the indicators reported. This is laid out in the revised Performance Framework which outlines an approach based on enhanced data and analytics capability which is currently under construction. Fiona McKay also highlighted that a performance scorecard had been included with the report for the first time looking at a 13 month trend.</p> <p>Committee noted that the workplan provides an update on where the Partnership thinks it can move from established to exemplary or from partly established to established and is evidenced within the report.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included the reduction in waiting times for care packages, if there was any correlation between the increasing emergency admissions from A&amp;E subsequently putting more pressure on delayed discharges, assessment bed length of stay upon discharge although improving performance target still not there is that target unrealistic and the number of nursing home beds across Fife.</p> <p>There was also considerable discussion around the CAHMS waiting list which Nicky Connor and Rona Laskowski provided further detail and assurance on.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance from the work being undertaken.</li> <li>2. Appreciated the inclusion of the performance scorecards and 13-month trends which was found to be very useful.</li> </ol>	
<p><b>7.2</b></p>	<p><b>Complaints &amp; Compliments Update</b></p> <p>The Committee considered a report from Avril Sweeney, Manager Risk Compliance who provided an overview of the complaints closed by the Partnership during the period January – September 2023.</p> <p>Avril Sweeney highlighted that due to the close monitoring of complaint response dates the Partnership recognised a drop in its performance during 2022-23. Committee noted that an action plan and additional resource had been put in place to support improvement in complaints performance and is detailed in Appendix 2 of the report.</p> <p>It was also highlighted that the Partnership has seen an improvement in the number of outstanding complaints each month which has reduced from 63 in January 2023 to 39 in September 2023.</p>	

	<p>Committee noted that the report provides information on complaint themes and work is underway to understand and utilise the information to support learning and improvement going forward.</p> <p>Compliments continue to be received for services and work is underway towards integrating some of the stories received via Care Opinion into the reporting going forward.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included what learning can be taken from the themes coming through and the helpfulness of the inclusion of stories from Care Opinion.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the contents of the report.</li> <li>2. Took assurance that complaints performance continues to be closely monitored and action plans are in place to support improvements.</li> </ol>	
<p><b>7.3</b></p>	<p><b>CAMHS Performance &amp; Recruitment Update</b></p> <p>The Committee considered a report prepared by Rona Laskowski, Head of Complex &amp; Critical Care submitted to provide members with assurance that from the ongoing improving and sustained performance of the delivery of CAMHS access times and the progression towards providing 90% or more children and young people with access to treatment within 18 weeks from the point of referral.</p> <p>Committee agreed as there had been considerable discussion on this item under the performance report and having noted the reports contents, no additional questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance from the details provided in the report and from the meetings discussions.</li> </ol>	

<p><b>8.</b></p>	<p><b>ITEMS FOR NOTING</b></p>	
	<p><b>Chief Social Work Officer Report 2022-23</b></p> <p>The report was provided to Committee for noting.</p>	

	<p>Following the reports submission and approval at Fife Council's People and Communities Scrutiny Committee on 16<sup>th</sup> November 2023 the report was submitted to the Scottish Government as part of the statutory responsibilities of the role of the Chief Social Work Officer. The report provides members with an overview of key aspects of social work provision in Fife.</p> <p>Committee noted the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the Local Authority and by the Health and Social Care Partnership.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Noted the contents of the report.</li> </ol>	
<p><b>9.</b></p>	<p><b>ITEMS FOR HIGHLIGHTING</b></p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 2<sup>nd</sup> February 2024.</p>	
<p><b>10.</b></p>	<p><b>AOCB</b></p> <p>No issues were raised under AOCB.</p>	
<p><b>11.</b></p>	<p><b>DATE OF NEXT MEETING</b></p> <p>Tuesday 12<sup>th</sup> March 2024 at 2.00 pm via MS Teams</p> <p>Additional Finance, Performance &amp; Scrutiny Committee meeting to be arranged to look at the budget position ahead of the next Committee on 12<sup>th</sup> March.</p>	<p><b>GM</b></p>



# Fife Health & Social Care Partnership

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## CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE WEDNESDAY 17 JANUARY 2024, 1000hrs - MS TEAMS

**Present:** Councillor Rosemary Liewald (Chair)  
Councillor Margaret Kennedy  
Councillor Sam Steele  
Councillor Margaret Kennedy  
Paul Dundas, Independent Sector Lead (PD)  
Morna Fleming, Carer’s Representative (MF)  
Colin Grieve, Non-Executive Board Member (CG)  
Alistair Grant, Non-Executive Board Member (AG)

**Attending:** Nicky Connor, Director of Health & Social Care (NC)  
Dr Helen Hellewell, Deputy Medical Director (HH)  
Roy Lawrence, Principal Lead for Organisational Development & Culture (RLaw)  
Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)  
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)  
Fiona McKay, Head of Strategic Planning, Performance and Commissioning (FMcK)  
Rona Laskowski, Head of Complex and Critical Care Services (RL)  
Vanessa Salmond, Head of Corporate Services (VS)  
Audrey Valente, Chief Finance Officer, HSCP (AV)  
Amanda Wong, Director of Allied Health Professionals (AW)  
Avril Sweeney, Risk Compliance Manager (AS)  
Dougie Dunlop, Independent Chair of the Child Protection Committee (DD)  
Hilary Munro, Professional Head of Service, Speech and Language Therapy (HM)  
Jacquie Stringer, Service Manager (Locality/Community Led Support) (JS)

**In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

**Apologies for Absence:** Sinead Braiden, NHS Board Member (Chair) (SB)  
Lynn Barker, Director of Nursing (LB)  
Councillor Lynn Mowatt  
Ian Dall, Service User Rep, Chair of the PEN (ID)  
Christine Moir, Head of Education and Children's Services (Children and Families/CJSW and CSWO) (CM)

No	Item	Action
1	<b>CHAIRPERSON’S WELCOME AND OPENING REMARKS</b> Cllr Liewald informed those present, Sinead Braiden was unable to join the meeting and she had been asked to step in as Chair. She welcomed everyone to the January HSCP Quality & Communities Committee.	

2	<b>ACTIVE OR EMERGING ISSUES</b>	
	Helen Hellewell stated there were no emerging issues to advise the Committee of.	
3	<b>DECLARATION OF MEMBERS' INTEREST</b> No declarations of interest were received.	
4	<b>APOLOGIES FOR ABSENCE</b> Apologies were noted as above.	
5	<b>LIVED EXPERIENCE</b>	
5.1	<p><b>Lived Experience – Head and Neck Cancer</b></p> <p>This subject matter was brought to Committee by Lisa Cooper who introduced Hilary Munro, Professional Head of Service, Speech and Language Therapy. She advised the presentation came through QMAG, celebrating the success which has been realised through the dedicated care for people experiencing Head and Neck Cancer Treatment. The item was presented by Hilary Munro, Roy Lawrence supported with the video.</p> <p>The Patient Story is shared with full consent from the patient involved.</p> <p>HM advised the Head and Neck Cancer work within Speech and Language Therapy is led by Rachel Swan, who won the NHS Fife Staff Award for Service Improvement.</p> <p>HM provided background to the Service and the impact of the commitment to implement the National Cancer Quality Work Programme. She spoke of funding challenges within Speech and Language Therapy, the Development Plan which was agreed and the journey this took the Service on. Patient involvement, quality improvement methodology and robust data collection was integral to the development of the Pre-habilitation Service. HM reported now, 95.6% of newly diagnosed patients in Fife are seen prior to their Head and Neck cancer treatment, a ten-fold increase. She stated, Fife is the top performing Board in Scotland and strive to meet and exceed the 90% target. Patient feedback around the pre-habilitation services is excellent.</p> <p>HM told the story of a tongue cancer patient's journey and the support provided prior to surgery. She explained the expected impact of a full tongue removal and the many resulting difficulties for the patient. Extensive work was put in place to enable the patient to use her own voice to communicate going forward. The technology used and work involved was explained. A video was played of the patient post-surgery where she is able to explain, using her own voice, the support she has received from the Service.</p> <p>Questions were invited.</p> <p>Cllr Kennedy, having had previous experience as an ENT Nurse, ward and theatre, gave thanks for the presentation and felt it was very powerful. She hoped this model will be used extensively.</p>	



	Cllr Liewald praised the team for their extensive work and thanked the patient for sharing her story.	
<b>6</b>	<p><b>MINUTES OF PREVIOUS MEETINGS HELD ON 02 NOVEMBER 2023</b></p> <p>The previous minutes from the Q&amp;CC meeting on <b>02 November 2023</b> were reviewed and no alterations or corrections were requested.</p> <p>The minutes were taken as an accurate record of the meeting.</p>	
<b>7</b>	<p><b>ACTION LOG</b></p> <p>The Action Log from the meeting held on <b>02 November 2023</b> was approved as accurate and updates provided were noted.</p> <p>HH advised an update around the Re-Phasing of the Flu and Covid Vaccination Programmes will come to the next meeting on 08.03.24. Also, the OT Waiting Times Update.</p>	
<b>8</b>	<p><b>GOVERNANCE</b></p>	
<b>8.1</b>	<p><b>Quality Matters Assurance</b></p> <p>The report was brought for assurance by HH in Lynn Barker's absence. HH gave an overview of the current clinical and care governance arrangements, systems and processes which are in place across the Partnership and outlined the matters discussed at Fife HSCP QMAG. The paper also represents the 4 Quality Matter Assurance Huddles which have been held in the last reporting time.</p> <p>HH highlighted good discussion around the role of the Principal Social Worker and how this will influence matters going forward, providing a robust framework. She referred to the excellent feedback from the Mental Welfare Commission from the inspections which are referred within the paper presented.</p> <p>CG drew attention to the good work around the adverse events relating to incidents within the Partnership and improved compliance to target dates.</p> <p>MF asked for any acronyms be explained in full the first time they are used. CG will bear in mind for future papers.</p> <p>The Committee were Assured by the report.</p>	
<b>8.2</b>	<p><b>Deep Dive Risk Review – Demographics/Changing Landscapes Impacts</b></p> <p>This report was brought to Committee by Audrey Valente for Discussion and Assurance. AV advised, as part of the IJB Risk Management Policy and Strategy a Risk Reporting Framework is in development, each Risk on the IJB Strategic Risk Register is assigned to either Q&amp;CC or the Finance, Performance &amp; Scrutiny Committee, or both. A Risk Register Report will come to Q&amp;CC twice per annum and a Deep Dive Risk Review will come quarterly.</p> <p>AV advised a Deep Dive Review on Primary Care came to Q&amp;CC on 07 Sept '23 and explained the purpose of the Deep Dive Risk Review is to give assurance Risks are being effectively managed within the IJBs agreed Risk appetite and at the appropriate tolerance levels. AV</p>	

	<p>outlined the scoring used and the questions set which are to aid members on their scrutiny of the Risks. AV spoke of the mitigating actions and links to the Transformational Change Programme and implementation and roll out of the key enabling strategies which support delivery of the Strategic Plan.</p> <p>There were no questions from Committee.</p>	
<b>8.3</b>	<p><b>IJB Quality and Communities Strategic Risk Register</b></p> <p>This report was brought to Committee by Audrey Valente for Discussion and Decision. AV explained the report sets out the Strategic Risks which may pose a threat to the Partnership in achieving its objectives in relation to clinical and care governance in delivery of care.</p> <p>The Committee was asked to agree the closure of Risk 15, the Participation and Engagement Risk, as SMART actions have been completed and the Risk has been reduced to target levels.</p> <p>AV explained the Risks held on the register continue to be managed by the Risk Owners and were most recently reviewed Dec '23.</p> <p>Currently there are two Risks with a high residual score, PC Services Risk and Demographic Changing Landscapes Risk. Deep dives have been conducted on both.</p> <p>AV referred to the Risks at an operational level and advised these are monitored regularly at QMAG and actively managed by Service Managers. Any concerns are escalated to SLT.</p> <p>AG queried when a Risk becomes a reality. AS explained, at a strategic level, are managed as an issue with mitigating actions put in place. All actions will be noted within the register.</p> <p>NC agreed with AS and felt the Risk would be reframed and the specific issue would be dealt with.</p> <p>CG advised, the full Appendices have not come through in the Papers. AS will circulate the relevant files.</p> <p>Cllr Liewald confirmed the Committee were content with the Strategic Risk Register.</p>	<b>AS</b>
<b>9</b>	<b>STRATEGIC PLANNING &amp; DELIVERY</b>	
<b>9.1</b>	<p><b>Transformation Update: Transforming Overnight Care</b></p> <p>This report is brought to Committee by Rona Laskowski. It comes for Information and Discussion. RL advised the paper is an update to the Transformation of Overnight Care which came to November '23 Committee. Comments and feedback have been noted and explored, resulting in amendments where required and the Paper continues its journey through Governance.</p> <p>RL recapped on the model of care currently available and the proposed transformation.</p> <p>Cllr Liewald thanked RL for the report and was appreciative of the workshops which provided extra information to members.</p>	

	<p>PD advised he has discussed Risks with employers/providers and sleepover sustainability. RL spoke of work to be taken through the Proposed Providers Forum to fully understand implications.</p> <p>Cllr Kennedy commented on the quality improvements made and was encouraged to see the emphasis around agreement of an assessment outcome. She queried the Business Continuity Plan and staff safety. RL gave assurance these aspects have been considered and spoke of work which has taken place.</p> <p>The Q&amp;CC agreed they are supportive of continuing to support the Transformation of Overnight Care in its journey through Governance.</p>	
<p><b>10</b></p>	<p><b>LOCALITIES</b></p>	
<p><b>10.1</b></p>	<p><b>Locality Planning Progress - 2023</b></p> <p>The report is brought to Committee by Fiona McKay. It comes for Assurance and Decision. FMcK introduced Jacquie Stringer, Service Manager (Locality/Community Led Support), who explained she came into post in 2022 to continue work on locality planning, post Pandemic. By the end of 2022, staff were recruited to support Locality Planning Groups. She stated, by the beginning of 2023, there were 3 Local Development Officers recruited to support the Groups which made a fabulous impact upon Locality Planning. The Groups meet quarterly, with one wider stakeholder event each year. JS spoke of the work the SLWGs do to produce outcomes for Locality Planning.</p> <p>JS spoke of the work which has taking place, including launch of the Community Chest Fund (CCF), a Fife wide initiative which has provided locality planning groups the opportunity to support and engage with unpaid carers. Community engagement events in Cowdenbeath and Glenrothes have taken place and a test of change took place in North East Fife to support people with long term conditions. JS explained the opportunity for Professionals to refer patients to a single point of access (The Well) for community led support.</p> <p>JS added, Locality Planning plays a key role in maintaining positive relationships between HSCP, Fife Council, NHS Fife and the Third and Independent Sectors. Evidence is provided in the annual report 2023 of work being carried which highlights the positive impact achieved by multi agency working. JS spoke of the key areas of work to be carried out in 2024 and beyond.</p> <p>JS proposed Locality Planning undertakes a two-year planning cycle. One annual event a year to bring together locality planning and show case what work has been done and a wider stakeholder event every 2<sup>nd</sup> year which will use local intelligence and data to inform priorities.</p> <p>MF voiced concern the wider stakeholder meetings may be moved to bi-ennial rather than annual. She felt, even an annual meeting is rather limited. She felt public involvement could be lost through moving to biennial. Reporting cycle could move to 2 years but the events kept at annual. FMcK wanted to bring all localities together this year to enable learning. Stakeholder events, which are only for one locality, will move to two years, with the bigger event involving all localities, giving greater learning, will move to bi-annually. However, MF's view will be taken on</p>	

	<p>board and discussed further. JS suggested a SLWG to consider options, MF invited to be involved.</p> <p>Cllr Liewald confirmed the Committee are happy for the paper to progress.</p>	
<b>11</b>	<b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b>	
<b>11.1</b>	<p><b>Fife Child Protection Committee Annual Reports - 2021/22 &amp; 2022/23</b></p> <p>The reports were brought to Committee by Dougie Dunlop, Independent Chair of the Child Protection Committee for Assurance.</p> <p>DD introduced the report and gave background, explaining there has been changes to key personnel within the CPC over the past two years. This has had impact upon the pace of the developmental work being undertaken, the team is working hard to catch up and meet targets.</p> <p>The quality of intervention has remained high, borne out by the quality assurance work and work undertaken through SCIM (Scottish Child Investigative Model), who have provided very positive feedback.</p> <p>DD explained, over the past two years there has been a steady decline in the number of children involved in the Child Protection process, this is reflected across Scotland. Cause is unclear, however, DD felt this reflects the preventative services which have been developed over the past few years and gave examples. The main issue remains one of neglect with this being the problem for over 60% of children on the register, followed by MH, substance mis-use and domestic violence. Comparing Fife to the rest of Scotland, neglect is significantly higher, 63% compared to 43%. DD highlighted links between poverty and neglect.</p> <p>DD spoke of the priority areas for development during 2024 to include major procedural requirements and spoke of the great amount of time this can consume. The three key practices to be taken forward are neglect, child sexual exploitation and Contextualised Safeguarding and listening to the voice of the child.</p> <p>Working groups have been reshaped moving into 2024 which DD explained. Questions were welcomed.</p> <p>Cllr Liewald praised DD for the work taking place and referred to the Corporate Parenting Board which she Chairs.</p> <p>MF commented on the appalling level of child poverty, particularly within Fife. She queried why Fife should be so much worse than Scotland as a whole. DD advised it was a difficult question to answer, however, because Fife are responding to a need and recording more data than other areas, could be a reason, also Fife has a higher number of instances of substance misuse and alcohol problems.</p> <p>Cllr Liewald agreed with DD's response.</p> <p>The Committee were Assured by the reports.</p>	
<b>11.2</b>	<b>Director of Public Health Annual Report 2023 - Children and Young People in Fife: the Building Blocks for Health</b>	

	<p>The report is brought to Committee by Lisa Cooper and was presented by Dr Lorna Watson, Deputy Director of Public Health, Child Health Commissioner, NHS Fife. The report comes for Discussion.</p> <p>LW advised annually, the Director of Public Health produces a report of their choice. Joy Tomlinson chose Children and Young People. LW was happy to bring the report which explores and delves deeper into the data around Children and Young People and makes recommendations. She stated the report is written, not exclusively by Public Health, but by the people most closely working within the varying topics and edited by PH. The paper has been through the Governance Route and a launch event was held in September '23.</p> <p>The key themes of the report are UNCRC Children's Rights Bill, ensuring children/young people's voices are being heard in decisions made directly or indirectly involving them. Also, The Promise which requires a fundamental rethink in how public services are delivered to Care Experienced children and Looked After children to improve outcomes. LW spoke of the work being undertaken.</p> <p>LW spoke of child development and wellbeing, problems relating to child poverty/ inequalities which has become more acute with the cost of living increases. Recommendations were referred to. Questions were invited.</p> <p>Cllr Steele thanked LW for the report which she found very interesting. She referred to maternal health and birth and queried birth trauma and how this may initially impact the relationship between mother and newborn. LW was aware of work within the maternity dept, she felt clinics had been established, (but will verify this with Councillor Steele), which considers birth trauma and provides support. LW will gather further information and report back to Cllr Steele.</p> <p>MF was pleased The Promise was mentioned and was aware of funding supporting Consultants. She believed there was a mapping activity being undertaken, she asked what work was being done to fulfil The Promise and if further funding is to be released. LG will contact colleagues and feed back to MF.</p> <p>LC advised, the Partnership's Children Services Plan, captures a lot the report 2023-26, and a Lead Officer has recently been appointed for The Promise. LC suggested, as the Plan is implemented, the Lead Officer could be invited to bring a paper to Q&amp;CC. Councillor Liewald stated Fiona Morrison, who sits on Corporate Parenting Board, has been recently appointed as Lead Officer for The Promise. It was agreed this subject should be brought to Q&amp;CC.</p> <p>CG thanked LW and the wider team for the detail within the report.</p>	<p><b>L Watson</b></p> <p><b>L Watson</b></p>
<p><b>11.3</b></p>	<p><b>Care Inspectorate Grades for Social Care Services</b></p> <p>The report is brought to Committee by Fiona McKay for Assurance.</p> <p>FMcK advised the report sets out care gradings given by the Care Inspectorate. She stated, new registrations or transfer of ownership</p>	

	<p>requires the grading assessment to begin again, grades are not transferred over.</p> <p>An update on Care at Home gradings was provided, FMcK spoke of new Contractors who have been introduced. She advised, some of the providers are still to be inspected. It was explained, providers who may be experiencing difficulties are supported throughout investigations involving multi-disciplinary teams, including social work services. Questions were invited.</p> <p>PD stated there are providers who have not been graded over the past 2-3 years. He commented it is a changing picture and for some the grades have improved and some reduced since time of writing. He felt it would be useful to acknowledge, for the vast majority of the themes of the grades, the provider organisations are all graded at good or above, many at very good/excellent. He felt grades are significant in managing effectiveness and quality of improvement, however, do not tell the whole picture. He referred to being connected around collaborative and cooperative arrangements and supportive improvements for quality and effective care. He thanked FMcK and the team for all the work involved.</p>	
<p><b>11.4</b></p>	<p><b>Mental Welfare Commission – Reports and Action Plans</b></p> <p>The report is brought to Committee by Rona Laskowski for Assurance. RL advised, 13 scrutiny visits took place between Jan – Nov 2023 across the range of Services – General Adults, Older Adult and Speciality Services. In general, feedback and commendation from the Welfare Commission was a change from previous scrutiny reports received. She stated, all reports acknowledged significant improvement seen from leadership through to care arrangements and the efforts made to address environmental conditions. RL felt the Service really has delivered and moved forward significantly. Particularly in terms of improvements in multi-disciplinary team working, patient and carer experience and robustness of the care and treatment offered. Also, improvement in compliance with legislation in recording.</p> <p>RL advised, particular acknowledgement was given regarding dementia friendly and dementia friendly environments being very advanced. An ongoing programme of refurbishment will take place over 2024-2025, seeing investment across 4 MH wards and an advancing programme for further environmental improvement.</p> <p>An issue raised was the need to improve use of surge beds. She felt, post pandemic impact is still having an effect with General Admission wards at full capacity. Also staffing levels are a concern. RL spoke of a vast range of activities taking place to address these issues.</p> <p>Clr Liewald commented on the huge improvement seen and referred to the stresses upon staff.</p> <p>AG commented on a tour of Queen Margaret Hospital prior to Christmas, he felt it was obvious the stark differences in provision of care. She queried if something was being done. NC spoke of refurbishment of Adult MH wards and a programme of phased improvements. She would be delighted to invite AG back to Queen</p>	

	<p>Margaret once these wards have been refurbished. NC spoke of improvement for patients and staff and the ongoing work.</p> <p>Councillor Sam Steele commented on the huge improvement seen at Mayfield Ward at Lynebank for both clients and their families. Particularly with the challenges within LD currently and wanted to comment on the positive improvement seen.</p>	
<b>12</b>	<b>ITEMS FOR NOTING</b>	
<b>12.1</b>	<p><b>Chief Social Work Officer's Report</b></p> <p>This report was brought to Committee by FMcK in Christine Moir's absence. It came for Noting and Assurance.</p> <p>FMcK commented, the Chief Social Work Officer's Report is a regular report which is required to come on an annual basis. FMcK referred to page 320 re the Partnership and the work of the Social Work Service within the Partnership.</p> <p>PD stated, the report includes ethical and collaborative commissioning, oversight and responsibilities of commissioning, however, does not reference size, scale and complexity. Queried if further information may be included to give the reader greater understanding. FMcK advised the report is prescriptive of what is to be reported. Jennifer Rezendes, Principal Social Work Officer will be close to the report going forward. NC suggested PD contacts JR to discuss how we may influence going forward.</p>	
<b>12.2</b>	<p><b>AHP Professional Documents</b></p> <p>This report was brought to Committee by Helen Hellewell in Amanda Wong's absence. The report comes for Noting and Assurance.</p> <p>HH explained, operational and professional services have worked together to bring forward an assurance framework to meet professional and regulatory requirements, as well as meeting service delivery. The majority of AHP Colleagues are managed within the Partnership. It was suggested Annual reports on delivery come forward.</p>	<b>A Wong</b>

13	<b>EXECUTIVE LEAD REPORTS &amp; MINUTES FROM LINKED COMMITTEES</b>	
	<p><b>13.1 Quality Matters Assurance Group</b> Confirmed Minute from 06.10.23</p> <p><b>13.2 Clinical Governance Oversight Group</b> Unconfirmed Minute from 03.11.23</p> <p><b>13.3 Fife Drugs and Therapeutics Committee</b> <i>October meeting was cancelled</i></p> <p><b>13.4 Equality &amp; Human Rights Strategy Group</b> Confirmed Minute from 10.11.23</p>	
14	<p><b>ITEMS FOR ESCALATION</b></p> <p>NC commented very good reports have come to Committee which she felt was assuring and should be highlighted to the IJB. Particularly the Lived Experience and Deep Dive reports.</p>	
15	<b>AOCB</b>	
16	<b>DATE OF NEXT MEETING</b>	
	<b>Friday 8<sup>th</sup> March 2024, 1000hrs, MS Teams</b>	





# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 16 JANUARY 2024 AT 9.00 AM VIA TEAMS

**PRESENT:** Wilma Brown, Interim Staff Side Representative, NHS Fife (Chair)  
Nicky Connor, Director of Health & Social Care  
Debbie Fyfe, Joint Trades Union Secretary  
Audrey Valente, Chief Finance Officer, H&SC  
Ben Morrison, Royal College of Podiatry, NHS Fife  
Billy Nixon, Health & Safety, NHS Fife  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Jennifer Bell, Chartered Society of Physiotherapy  
Kenny McCallum, UNISON  
Kirsty Cairns, UNISON, NHS Fife  
Lee Ryan, HR Business Partner, Fife Council  
Lisa Cooper, Head of Primary & Preventative Care Services  
Tanya Lonergan (for Lynn Barker, Director of Nursing – HSCP)  
Lynne Garvey, Head of Community Care Services  
Melanie Jorgensen, HR Team Leader, NHS Fife  
Morag Stenhouse, H&S Adviser, Fife Council  
Rona Laskowski, Head of Complex & Critical Care Services  
Roy Lawrence, Principal Lead Organisation Development and Culture  
Sharon Adamson, RCN  
Steve Michie, Fife Council Health & Safety  
Vicki Bennett, British Dietetic Association Representative  
Wendy McConville, UNISON Fife Health Branch  
Yvonne Batehup, UNISON Welfare Representative  
Wendy Anderson, H&SC Co-ordinator (Minutes)

**APOLOGIES:** Eleanor Haggett, Staff Side Representative, Fife Council  
Elizabeth Crighton, OD & Culture Specialist (Wellbeing)  
Hazel Williamson, Communications Officer, H&SC  
Helen Hellewell, Deputy Medical Director, H&SC  
Liam Mackie, UNISON Fife Health Branch  
Lynn Barker, Director of Nursing - HSCP  
Lynne Parsons, Employee Director / Society of Chiropractors and Podiatrists  
Paul Hayter, NHS Fife

NO	HEADING	ACTION
1	<b>APOLOGIES</b>  As above.	
2	<b>PREVIOUS MINUTES / ACTION LOG FROM 21 NOVEMBER 2023</b>  The Minute and Action Log from the meeting held on 21 November 2023 were both approved as accurate records of the meeting.	

NO	HEADING	ACTION
3	<b>JOINT CHAIRS UPDATE</b>	NC/LG
	<p>Wilma Brown updated on a recent visit she made to Glenrothes Hospital where she was impressed by the staff and how welcoming it felt. Lynne Garvey acknowledged Wilma's comments on her visit and felt it reflected the work which has been undertaken. Nicky Connor asked to accompany Lynne Garvey on a future walk about at Glenrothes Hospital.</p> <p>Nicky Connor gave a brief update on the ongoing recruitment to the head of service for complex and critical care post, interviews will be held towards the end of January and an update will be provided to LPF members in due course.</p> <p>Debbie Fyfe asked that brief updates on ongoing projects be given to keep staff up to date.</p>	
4	<b>SUSTAINABLE WORKFORCE AND SUPPLEMENTARY STAFFING</b>	AV
	<p>Tanya Lonergan provided this update on behalf of Lynn Barker. This paper is part of a series of reports providing an update on Fife HSCP workforce development and use of supplementary staffing. In February 2023 NHS Scotland directed all boards to implement an initial set of measures during April 2023 to reduce the usage/reliance. This directive came to support achieving consistency in agency controls across all health boards and within services to support patient safety, as required by the Health and Care (Staffing) (Scotland) Act 2019 and to address the value sustainability relating to use of an agile and flexible workforce. This work is overseen by the NHS Fife Bank &amp; Agency Programme Board and HSCP Sustainable Workforce Group.</p> <p>Tanya gave an overview of the progress being made, which is in line with similar sized boards in Scotland. There are no current areas of concern.</p> <p>Debbie Fyfe commented that this report provides comprehensive information from a health perspective, but nothing is provided from the social work/social care side. Previously a report on this was provided and Debbie has requested that this be reinstated. Audrey Valente confirmed that the first of these reports would be presented to the March LPF meeting.</p>	
5	<b>HEALTH &amp; WELLBEING</b>	
	<b>Employee Relations Cases</b>	
	<p>Melanie Jorgensen had provided a written update on the current NHS cases which have increased to 20, resolution timescales vary depending on a number of factors, but managers are being signposted to appropriate resources and advice to ensure cases can be dealt with efficiently. Discussion took place around whether some cases could be dealt with by managers without being made formal grievances, which could be helped by additional training for newer managers. There is a lot of information for managers on the Once for Scotland website.</p> <p>Lee Ryan gave a verbal update on 37 current Fife Council cases which has also increased since the last report. Experiencing similar issues to NHS Fife on timescales and the challenges with investigations.</p>	

**5 HEALTH & WELLBEING (CONT)**

**Staff Health & Wellbeing**

Melanie Jorgensen had provided a written report on this from an NHS perspective. Melanie highlighted Value Based Reflective Practice which is being introduced with seven facilitators currently being trained. The person organising this is Lynne Innes who is currently seconded to NHS Fife from NES.

Roy Lawrence gave a brief update including outlining Elizabeth Crighton's new role as OD & Culture Specialist (Wellbeing) which covers the whole partnership. The Wellbeing Group are working on a Framework for the partnership.

**6 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)**

Rona Laskowski covered this update which gave an overview of ongoing areas of work including lone working, mandatory training compliance and peer to peer audits. At the end of 2023 an exercise took place to update information on lone worker fobs.

Discussion took place around reporting of health and safety incidents and ensuring that employees and managers were aware of what needed to be recorded and how to log them. This appears to be an issue in some parts of both Fife Council and NHS Fife.

Steve Michie advised that Fife Council has set up a Corporate H&S Strategy Group which is looking at mandatory training in all Fife Council services. A Health, Safety and Wellbeing Survey is being issued to all FC staff in February.

**Mandatory Training – Dashboard and Trajectory - Update**

The most up to date figures available were shared at the LPF Meeting on 21 November 2023 and there will be an update at the next meeting on 13 March 2024.

**H&S Updates – NHS and Fife Council**

Billy Nixon and Morag Stenhouse had both provided written updates which had been circulated with the papers for the meeting.

Morag gave a quick summary of her report which covered January to December 2023.

Discussion took place around ensuring staff who are issued with lone worker fobs are compliant with the need to wear them for their own safety. This is raised in all team meetings within the service. There was also discussion around risk assessments around house visits and the wearing of head torches and ice grips by home carers to reduce risks. Staff engagement will be key to ensuring compliance.

## 7 FINANCE UPDATE / BUDGET

### Finance Update

Audrey Valente gave an overview of this paper which is projecting an overspend of around £4m, which is a significant change from the September 2023 position. This is due to the Fife Council Pay Award, use of locum staff and GP prescribing (volume rather than increased costs). This will have an impact on unmarked Reserves.

Regarding the upcoming Budget, dialogue is still ongoing with both Fife Council and NHS Fife. Agreement is awaited on the final budget allocation and this is expected to be reported to the March LPF meeting.

### Transformation Update – Transforming Overnight Care

Rona Laskowski presented this report which had been updated since it was taken to governance committees and the LPF in November 2023. The report is going to Quality & Communities on 17 January 2024 and Finance, Performance and Scrutiny Committee on 18 January 2024 prior to the IJB meeting on 2 February 2024.

Rona covered the detail in the report and outlined how it was proposed to modernise the model of delivery with the provision of technology enabled care and responder hubs where appropriate. Work is ongoing with the 19 external providers through the setting up of a Forum. A range of digital options are being considered and the emphasis will be on rights-based practice.

Once fully implemented this programme will provide around £7m in savings and timelines will be at the appropriate pace for service users. Modelling for responder hubs is required to ensure equity of care and a range of staff ratios are being considered. Formal communications will begin following the IJB meeting on 2 February 2024.

Debbie Fyfe requested that communications to staff and service users/families is done in parallel.

RLas

## 8 SERVICE PRESSURES & WORKFORCE UPDATE

Lynne Garvey advised that a Multi-Factorial Review of Attendance was being undertaken and would be shared at a future LPF meeting.

LG/RLas/  
LC

Within Lynne's area vacancies and absences are highest within the Medicine of the Elderly and Care at Home services. HR data helps highlight where the key areas of focus are. Sickness and absence panels continue to be held. Work is ongoing to identify suitable recruitment campaigns.

Rona Laskowski advised that Mental Health and Adult Resources (Accommodation) are the vacancy and absence hotspots within her portfolio. These are adding particular pressure to the substantive workforce and work is ongoing to recruit via a Mental Health campaign.

Lisa Cooper is currently looking at alternative models of care as there have been difficulties recruiting staff with appropriate skills to AHP posts. The Flow and Navigation Hub has now transferred from the partnership to Acute and this took place following active dialogue with all staff.

NO	HEADING	ACTION
<b>8</b>	<b>SERVICE PRESSURES &amp; WORKFORCE UPDATE (CONT)</b>	
	<p>Over the festive period the Urgent Care service were particularly busy with around 2,000 face to face appointments, 1,000 telephone calls and 500 home visits, an increase on previous activity.</p> <p>A daily huddle continues to be held to look at resources and support sustainability.</p> <p>Discussion took place around the staffing and recruitment issues in all three portfolios as well as the independent and private sectors. It was agreed that a novel approach would be needed to engage with younger people and encourage them into a career working within the care sector.</p>	
<b>9</b>	<b>UPDATE ON NATIONAL CARE SERVICE</b>	
	<p>This had been circulated prior to the meeting although it was felt there was not much of an update to report. There is a further meeting scheduled for later in January which may provide more information.</p>	
<b>10</b>	<b>WORKFORCE STRATEGIC RISK DEEP DIVE</b>	
	<p>Roy Lawrence advised that the Finance, Performance &amp; Scrutiny Committee were undertaking a deep dive into each of the high scoring risks within the Strategic Risk Register. This one will be taken to the March FP&amp;S Committee and Roy was keen to ensure LPF members can influence design.</p>	
<b>11</b>	<b>INTERNAL AUDIT REPORT ON WORKFORCE</b>	
	<p>Roy Lawrence advised that an Internal Audit has recently been completed which scrutinised the IJB Workforce Plan and the mitigating actions within the design and delivery of the three-year Workforce Strategy &amp; Plan 2022-25 and ongoing annual Workforce Action Plans that support the delivery of the Strategy. Four action points were raised, three of these have already been dealt with and work is ongoing on the fourth.</p> <p>The report will be taken to the Audit &amp; Assurance Committee on 19 January 2024.</p> <p>LPF members can provide feedback to Roy out with the meeting.</p>	
<b>12</b>	<b>LPF ANNUAL REPORT 2023-2024</b>	
	<p>Roy Lawrence advised that work on the Annual Report would begin in late March/early April.</p>	
<b>13</b>	<b>ITEMS FOR BRIEFING STAFF</b>	
	<p>Communications in relation to Transformation should be issued to staff and service users/families at the same time.</p>	
<b>14</b>	<b>AOCB</b>	
	<p>Debbie Fyfe raised an issue regarding three vacancies which have been advertised within Fife Council at FC12 with no apparent consultation with Trade Unions. Debbie has requested to meet with Nicky Connor to discuss.</p>	

NO	HEADING	ACTION
14	<b>AOCB (CONT)</b>	
	Debbie also requested that a list of all posts in the partnership on FC8 and above (and NHS equivalent) be provided to the LPF. This was done previously but not for a number of years.	<b>MJ/LR</b>
15	<b>DATE OF NEXT MEETING</b>	
	<b>Wednesday 13 March 2024 – 9.00 am – 11.00 am</b>	



# Fife Health & Social Care Partnership

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## UNCONFIRMED

### MINUTE OF THE STRATEGIC PLANNING GROUP HELD VIRTUALLY ON THURSDAY 7<sup>TH</sup> MARCH 2024 AT 2.00 PM

<b>Present:</b>	<p>Cllr Graeme Downie (Chair)          Fiona McKay, Head of Strategic Planning, Performance &amp; Commissioning          Cllr Dave Dempsey          Cllr Rosemary Liewald          Cllr Sam Steele          William Penrice, Service Manager, Performance Management &amp; Quality Assurance          Paul Dundas, Independent Sector Representative          Paul Short, Service Manager, Housing Services          Claire Dobson, Director of Acute Services          Jacquie Stringer, Service Manager, Locality/Community Led Support          Lisa Cooper, Head of Primary &amp; Preventative Care</p>
<b>Apologies for Absence:</b>	<p>Ben Hannan, Director of Pharmacy and Medicines          Vicki Birrell, Team Manager, Strategic Planning          Lynn Barker, Associate Director of Nursing          Tracy Harley, Service Manager, Participation &amp; Engagement          Audrey Valente, Chief Finance Officer          Morna Fleming, Carer Representative          Lynne Garvey, Head of Community Care Services          Fay Richmond, Executive Officer to Chief Executive &amp; Board          Rona Laskowski, Head of Complex &amp; Critical Care          Ian Dall, Service User Representative          Lesley Gauld, Team Manager, Strategic Planning          Kenny Murphy, Third Sector Representative          Jennifer Rezendes, Professional Social Work Officer          Nicky Connor, Director of Health &amp; Social Care          Helen Hellewell, Associate Medical Director</p>
<b>In Attendance:</b>	<p>Alan Adamson, Service Manager, Quality Assurance          Elizabeth Butters, Service Manager, Fife Alcohol &amp; Drugs Partnership          Heather Gibson, Senior Participation &amp; Engagement Officer          Gillian Muir, Management Support Officer (Minutes)</p>

NO.	TITLE	ACTION
1.	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Graeme Downie welcomed everyone to the meeting and apologies were noted as above.</p>	

NO.	TITLE	ACTION
2.	<p><b>MINUTE OF LAST MEETING – 13<sup>TH</sup> NOVEMBER 2023 AND ACTION LOG</b></p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> <p>All actions noted have been taken forward and are noted as either complete or in progress.</p>	
3.	<p><b>STRATEGY FLASH REPORTS</b></p> <p><b>a</b></p> <p><u>Commissioning Strategy</u></p> <p>Alan Adamson provided an overview of the flash report submitted and progress of work undertaken to date. Areas highlighted within the report included :</p> <ul style="list-style-type: none"> <li>• The establishment of a working group to ensure the work is being progressed to meet the strategy delivery plan.</li> <li>• Tender evaluation process currently underway for the supported living contract framework, the outcome of which should be known by the end of March beginning of April with new contract starting from 1<sup>st</sup> May.</li> <li>• Work has commenced to look at how the contract renewal for advocacy is taken forward and noted this meets one of the requirements within the delivery actions of the advocacy strategy.</li> </ul> <p>Paul Dundas acknowledged the work underway in Fife and the strong relationships which have been built with all providers.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included how many contracts would be awarded through the supported living framework tender and what the range of value of these would be?</p> <p><b>b</b></p> <p><u>Digital Strategy</u></p> <p>Fiona McKay provided a brief overview of the flash report submitted and progress of work undertaken to date.</p> <p>Noted work has progressed well with the development of the Digital Strategy with the first drafted presented to the Senior Leadership Team in November 2023 for feedback and comment. The document continues to be developed further and has a target date for presentation to the Integration Joint Board in May 2024.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Considerable discussion took place regarding digital technology. Items raised for discussion included what were the areas of feedback provided from the Senior Leadership Team and what in particular were the areas highlighted that may not have already been highlighted?</p>	



NO.	TITLE	ACTION
3.	<p><b>STRATEGY FLASH REPORTS</b> (continued)</p> <p><u>Digital Strategy</u> (continued)</p> <p>Agreed the Digital Strategy be brought back in more detail to the next meeting to get a clearer picture of the work being done. Also noting when the full strategy does come forward that there is sufficient time allocated to its discussion.</p> <p><b>c</b> <u>Carers Strategy</u></p> <p>Fiona McKay provided an overview of the flash report submitted and progress of work undertaken to date. Areas highlighted within the report included.</p> <ul style="list-style-type: none"> <li>Community Chest funding - second round of funding has concluded. In excess of 80 applications received with over £350k being allocated to organisations across Fife to support unpaid carers. Next round of funding will open 1<sup>st</sup> April.</li> </ul> <p>Link was shared to the recent SWAY - Carers Community Chest Fund <a href="https://sway.cloud.microsoft/38c2FxHkWsFmCyak?ref=Link">https://sway.cloud.microsoft/38c2FxHkWsFmCyak?ref=Link</a></p> <ul style="list-style-type: none"> <li>First Carers Collaborative event held in December 2023 for all commissioned partners with the key outcomes being to promote the Carers Strategy and to facilitate cross organisational working and referrals.</li> </ul> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included when will the carers experience survey be issued and how did we reach new and smaller organisations for the Community Chest funding and how can this be replicated?</p>	
4.	<p><b>STRATEGIES</b></p> <p><b>a</b> <u>Alcohol &amp; Drug Partnership Strategy 2024 - 2027</u></p> <p>Elizabeth Butters presented the Alcohol &amp; Drug Partnership Strategy 2024 - 2027 to the Strategic Planning Group for discussion, highlight any changes required and provide agreement that the strategy be progressed through the required Governance Committees and onto the Integration Joint Board for final approval.</p> <p>It was noted that the strategy is a requirement of Scottish Government, and a delivery plan is also in development.</p> <p>The current Alcohol &amp; Drug Partnership Strategy expired in 2023 and work has been ongoing since then to develop a new three-year strategy for 2024 – 2027.</p>	

NO.	TITLE	ACTION
4.	<p><b>STRATEGIES</b> (continued)</p> <p><b>a</b> <u>Alcohol &amp; Drug Partnership Strategy 2024 – 2027</u> (continued)</p> <p>The strategy is part of the Health &amp; Social Care Partnership transformational strategies for 2023 to 2026 and is cognisant of the key themes of local, sustainable, outcomes, wellbeing and integration. Additionally, the redevelopment of the Strategy is informed by other local strategies in broader areas of health and social care including mental health, early intervention and prevention, carers, primary care and advocacy and linked to the Partnerships supporting strategies and themes.</p> <p>The strategy has been developed through wide consultation with full public engagement, informed by public health, developed with lived experience and family support groups and third sector and statutory partners. A launch was also held last year at a stakeholder event.</p> <p>An easy read version is also in development as well as a user-friendly version as requested by the lived experience group.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> <li>• Discussed the Alcohol and Drug Partnership (ADP) Strategy 2024 - 2027, highlighted changes required.</li> <li>• Recommend that the report progresses through the required Governance Committees and onto the Integration Joint Board for final approval.</li> </ul> <p><b>b.</b> <u>Prevention &amp; Early Intervention Strategy</u></p> <p>Lisa Cooper presented the draft Prevention &amp; Early Intervention Strategy to the Strategic Planning Group to provide assurance that the strategy has been developed in accordance with identified requirements and stakeholder expectations, to review the draft strategy, supporting documents and provide any changes required to enable its continued progression to Committees and onward submission to the Integration Joint Board for decision.</p> <p>The Prevention and Early Intervention Strategy is identified as one of the nine transformational strategies of Fife Health and Social Care Partnership's Strategic Plan 2023 to 2026 and is one of the Scottish Governments six key principles for public health reform.</p> <p>The background to prevention and early intervention stems from the recognition that addressing issues at their root cause or early stages can lead to more effective and sustainable outcomes.</p>	

NO.	TITLE	ACTION
4.	<p><b>STRATEGIES</b> (continued)</p> <p><u>Prevention &amp; Early Intervention Strategy</u> (continued)</p> <p>Noted that the 'Vision' is currently being tested through further consultation to ascertain whether this is framed correctly and has been designed in collaboration with the community and stakeholders as well as associated priorities.</p> <p>Noted that the strategy is also aligned to other strategies and can't be delivered within the Partnership alone but as part of a whole system to deliver prevention and early intervention to enable communities to live well.</p> <p>Members attention was drawn to the 'Wellbeing Pledge' and feedback and comments were sought which members provided.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included an ask for perinatal mental health to be included.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> <li>• Took assurance that the Partnership's draft Prevention and Early Intervention Strategy had been developed in accordance with identified requirements and stakeholder expectations.</li> <li>• Reviewed the draft Prevention and Early Intervention Strategy and supporting documents; and advised changes required.</li> </ul>	
5.	<p><b>ANNUAL REPORTS</b></p> <p><u>Strategic Plan – Year One Delivery Plan : Annual Report 2023</u></p> <p>Fiona McKay presented the Strategic Plan – Year One Delivery Plan : Annual Report 2023 to the Strategic Planning Group to provide assurance that the Partnership is progressing the implementation of the Strategic Plan 2023 – 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023) and sought recommendation that the report progresses through the relevant Governance Committees before onward submission to the Integration Joint Board.</p> <p>Noted the Year One Delivery Plan includes 50 separate actions. The Annual Report 2023 provides an update on these actions, the improvements that have been delivered, and activities which are still ongoing, noting that some of these have been carried forward into 2024. The Report is structured using the same format as the Strategic Plan (2023 to 2026) and the Year One Delivery Plan (2023) to provide consistency and enable cross-referencing.</p>	

NO.	TITLE	ACTION
5.	<p><b>ANNUAL REPORTS</b></p> <p><u>Strategic Plan – Year One Delivery Plan : Annual Report 2023</u> (continued)</p> <p>During 2023, the Year One Delivery Plan provided a robust framework to progress the Partnership’s strategic priorities, and ensure that the transformation and supporting strategies developed, along with their targeted delivery plans, align with the strategic vision to deliver the improvements planned.</p> <p>The RAG Status is also included and identifies the actions which have been fully completed, partially completed and any that have been rescheduled. The Annual Report 2023 also included the Year Two Delivery Plan for 2024 and some of the key actions planned. Many of these actions are already progressing and regular updates for each of the supporting strategies and their delivery plans will continue to be reported to the Strategic Planning Group through the current governance process.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. A query was raised with regards to the Home First Strategy Scoping Single Point of Access Project – how close was this to being implemented?</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> <li>• Took assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023).</li> <li>• Recommended that the report progresses to the relevant Governance Committees for review, and onto the Integration Joint Board for final approval.</li> </ul>	
6.	<p><b>ANY OTHER BUSINESS</b></p> <p>No other business was offered.</p>	
7.	<p><b>DATE AND TIME OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• Thursday 2<sup>nd</sup> May at 2.00 pm via MS Teams</li> </ul> <p>This meeting will be framed around the current budget position.</p>	