Fife Health & Social Care Partnership

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AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON

FRIDAY 29 JULY 2022 AT 10.00 AM

THIS WILL BE A VIRTUAL MEETING AND JOINING

INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT

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

16	**DUTY OF CANDOUR ANNUAL REPORT**	**Lynne Barker**	**471-501**
17	**MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED** **Audit & Assurance Committee (was Audit & Risk Committee)** Confirmed Minute from 27 April 2022 Verbal update from 19 July 2022 **Finance, Performance & Scrutiny Committee (was Finance & Performance Committee)** Confirmed Minute from 11 March 2022 Verbal update from 8 July 2022 **Quality & Communities Committee (was Clinical & Care Governance Committee)** Confirmed Minute from C&CGC 4 March 2022 Confirmed Minutes C&CGC 20 April 2022 Verbal update Q&C 5 July 2022 **Local Partnership Forum** Confirmed Minute from 16 March 2022 Confirmed Minute from 19 April 2022 Confirmed Minute from 11 May 2022 Confirmed Minute from 21 June 2022	 **Dave Dempsey** **Arlene Wood** **Sinead Braiden** **Simon Fevre**	**502-542**
18	**AOCB**	**All**	
19	**DATES OF NEXT MEETINGS** **IJB DEVELOPMENT SESSION – FRIDAY 26 AUGUST 2022** **INTEGRATION JOINT BOARD – FRIDAY 30 SEPTEMBER 2022**	**All**	**-**
MEMBERS ARE REMINDED THAT QUERIES ON THE DETAIL OF A REPORT SHOULD BE ADDRESSED BY CONTACTING THE REPORT AUTHORS IN ADVANCE OF THE MEETING			

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

Copies of papers are available in alternative formats on request from Norma Aitken, Head of Corporate Services, 6th Floor, Fife House – e:mail Norma.aitken-nhs@fife.gov.uk

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UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 22 APRIL 2022 AT 10.00 AM

Present	Christina Cooper (CC) (Chair) Rosemary Liewald (RLi) (Vice-Chair) Fife Council – (DA), Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR), Jan Wincott (JW) NHS Fife Board Members (Non-Executive) – Alistair Morris (AM), Martin Black (MB), Sinead Braiden (SB), Arlene Wood (AW) Wilma Brown (WB), Employee Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Debbie Thompson (DT), Joint TU Secretary, Fife Council Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Simon Fevre (SF), Staff Representative, NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associate Medical Director Kathy Henwood (KH), Chief Social Work Officer, Fife Council Lynn Barker (LB), Associate Director of Nursing
Attending	Bryan Davies (BD), Head of Primary & Preventative Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION

1 CHAIRPERSON'S WELCOME / OPENING REMARKS

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

As this is the last meeting for the eight appointed members of the IJB from Fife Council, as the Council Elections will take place on 5 May 2022, The Chair passed on her thanks for the time and commitment that they have given to the Partnership over the years.

Those present were reminded that, in an effort to keep to timings for the meeting, all questions and responses should be succinct.

The Chair advised members that a recording pen is in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

NO TITLE **ACTION**

2 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Janette Owens, Chris McKenna, David Alexander and Paul Dundas.

3 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

4 MINUTES OF PREVIOUS MEETING 25 MARCH 2022

The Minute from the meeting held on 25 March 2022 was approved as an accurate record.

5 MATTERS ARISING – ACTION NOTE

The Action Note from the meeting held on 25 March 2022 was approved as accurate, with one small variation to Item 2.

6 REVIEW OF GOVERNANCE COMMITTEE STRUCTURES

The Chair handed over to Nicky Connor, who presented this report.

With the Integration Scheme being approved by Scottish Government in March 2022, the Governance Committee structures and Terms of Reference (ToR) are being reviewed and improvement actions are proposed to strengthen our governance arrangements.

Nicky thanked everyone who was involved in shaping the new structure and ToRs. Feedback had been received from internal and external audit as well as IJB members.

The new governance arrangements should be in place, in time for the next IJB meeting on 29 July 2022 and assist the IJB in delivering the National Health & Wellbeing Outcomes as well as assisting in the review of the Strategic Plan.

Each governance committee will now have a Chair and a Vice-Chair and they will be renamed as follows:-

- Audit and Risk Committee becomes Audit and Assurance Committee.
- Finance & Performance Committee becomes Finance, Performance & Scrutiny Committee.
- Clinical & Care Governance Committee becomes Quality & Communities Committee.

Other changes include:-

- ToR for each new governance committee gives new emphasis to the remit of that committee.
- Membership of committees has been expanded to include non-voting members and professional advisers.
- Papers for governance committees will be made available to the public via the H&SC website following meetings.

NO TITLE **ACTION**

6 REVIEW OF GOVERNANCE COMMITTEE STRUCTURES(Cont)

- The reporting template for committees and the IJB will have sections relating to Environmental / Climate Change.
- The remit of the Strategic Planning and Integration Professional Advisory Groups will show clear connections to the governance committees.

Discussion took place around the process to date on shaping the new ToRs, the golden thread which is going to run through all governance arrangements and the reviewed Induction process which is being worked on.

Fiona McKay advised that the Strategic Planning Group (SPG) was being restarted and would feed up into the governance committees and IJB. The Chair of the SPG would be an IJB member and progress reports would come to future IJB meetings.

Whilst the Audit & Assurance Committee and Finance, Performance & Scrutiny Committee ToR's were accepted as proposed, there was further discussion on the content of the Quality & Communities ToR. It was felt that this lacked ambition regarding the Community aspects of the remit, which were not reflected in the ToR. It was agreed to strengthen the thread between Communities and Localities and ensure the Committee sought to reduce health inequalities. It was agreed that this ToR would be looked at again before being finalised and this would be approved at the first meeting of this Committee.

There was a request from Tim Brett for draft committee papers to be available for pre-agenda meetings of each committee going forward. This may not be possible immediately but will be explored.

There was discussion about the involvement of carers, the public and localities, using a bottom-up approach to shape how we move forward. The Participation and Engagement Strategy is currently out for consultation. Seven community forums will be set up in the coming months.

The Board approved the new governance committee structure to commence from June 2022. The Terms of Reference (ToR) for the for Quality and Communities Committee will be updated based on the feedback from the IJB and following the three new ToRs for the Governance Committees will be endorsed at the Committees first meetings. The wider improvement actions to strengthen governance arrangements were also approved and will be progressed.

7 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 24 JUNE 2022 – 9.30 AM

INTEGRATION JOINT BOARD – FRIDAY 29 JULY 2022 – 10.00 AM

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 22 APRIL 2022

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	**MINUTES OF PREVIOUS MEETING 26 NOVEMBER 2021 -** AW queried Section 8 - discussion at A&R Committee re outstanding recommendations from 2020 Annual Audit and will this be reported back to IJB. NA confirmed a high-level mid-year report will be brought to provide assurance that actions are being closed off.	**Audrey Valente**	**25 November 2022**	**Actions are being monitored and updated**
2	**MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED -** Arlene Wood queried the narrative that highlights random variations across falls and pressure ulcers (pg 144). Nicky Connor asked the authors of the Quality Report to review and discuss out with meeting LB/HH to organise discussion with TB/AW	**Lynn Barker / Helen Hellewell**	**29 July 2022**	**Complete – Meeting took place prior to local government election in May 2022**
3	**REVENUE BUDGET 2022-2023** – request for a paper/discussion at a future Development Session on Set Aside.	**Audrey Valente**	**During 2022**	**Complete – on list of Development Session topics for future sessions**

COMPLETED ACTIONS

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Meeting Title:	**Integration Joint Board**
Meeting Date:	**29 July 2022**
Agenda Item No:	**7**
Report Title:	**Finance Update**
Responsible Officer:	**Nicky Connor, Director of Health & Social Care**
Report Author:	**Audrey Valente, Chief Finance Officer**

1 Purpose

This Report is presented to the Board for:

- 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, Performance & Scrutiny Committee – 8 July 2022 where caution was noted, although the budget appears to be very positive, going forward it is unlikely that the Partnership will receives further funding from the Scottish Government for Covid-19 and it is anticipated that there will be significant reduction of core funding resulting in a substantial financial gap going forward.
- Local Partnership Forum – 20 July 2022 where the budget was reviewed highlighting the over and underspends, the reserves that are brought forward on behalf of the IJB by Fife Council.

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed services based on 31 March 2022. The forecast for Fife Health & Social Care Partnership is currently a surplus £5.846m.

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 Services 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 March 2022 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £5.846m.

- Currently the key areas of overspend are: –
- Hospital & Long-Term Care
- Family Health Services
- Older People Nursing and Residential
- Social Care Other
- Adult Placements

These overspends are offset by the underspends in:-

- Community Services
- GP Prescribing
- Children's Services
- Older People Residential and Day Care
- Adults Fifewide
- Adults Supported Living
- Social Care Fieldwork Team
- Housing

There is also an update in relation to savings which were approved by the IJB in March 2021 and the reserves balance carried forward into 2022-23.

3.3.1 Quality / Customer Care

There are no Quality/Customer Care implications for this report

3.3.2 Workforce

There are no workforce implications to this report.

3.3.3 Financial

The medium-term financial strategy will be reviewed and updated in alignment with the completion of the strategic plan.

3.3.4 Risk / Legal / Management

Full funding was made available by the Scottish Government (SG) to fund the costs of Covid-19 and to also fund the unachieved savings as a result of Covid-19.

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.

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

Not applicable.

4.4 Recommendation

- **Decision** – approve the provisional outturn position as at March 2022
- **Decision** – approve the reserves balance to be carried forward into 2022-23.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report 31 March 2022

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Approved Savings Tracker

6 Implications for Fife Council

There are no financial implications for Fife Council as the Partnership did not exceed its budget therefore implementing the Risk Share Agreement was not required.

7 Implications for NHS Fife

There are no financial implications for NHS Fife as the Partnership did not exceed its budget therefore implementing the Risk Share Agreement was not required.

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	

11 To Be Completed by SLT Member Only (must be completed)

Lead	Audrey Valente
Critical	SLT
Signed Up	
Informed	

Report Contact

Author Name: Audrey Valente

Author Job Title: Chief Finance Officer

E-Mail Address: Audrey.Valente@fife.gov.uk

Appendix 1

www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership

Finance Report – Provisional Final Outturn as at 31 March 2022

May 2022

NHS Fife

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Fife Council

FINANCIAL MONITORING

FINANCIAL POSITION AS AT MARCH 2022

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.

The revenue budget of £553.747m for delegated and managed services was approved at the IJB meeting on the 28th March 2021 IJB. The net budget requirement exceeded the funding available and a savings plan of £8.723m was approved at that same meeting.

The revenue budget of £38.134m for acute set aside was also set for 2021-22.

2. Financial Reporting

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

3. Additional Budget Allocations for Year

Additional Budget allocations are awarded in year through Partners. The total budget for the delegated and managed services has increased by £99.038m m since April 2021, through additional allocations for specific projects, of this £66.542m has been carried forward in reserves to 2022-23.

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 2022.

5. Financial Performance Analysis of Provisional Outturn as at 31 March 2022

The combined Health & Social Care Partnership delegated and managed services are currently reporting a provisional final outturn underspend of £5.846m as below.

As at 31 March	2021/22								
Objective Summary	Budget April	Budget Jan NHS/Dec FC	Budget Mar		Forecast Outturn Jan NHS/ Dec FC	Forecast Outturn Mar	Variance as at Jan NHS/Dec FC	Variance as at Mar	Movement
	£m	£m	£m		£m	£m	£m	£m	£m
Community Services		116.171	163.319		113.369	160.733	-2.802	-2.586	0.216
Hospitals and Long Term Care		55.743	55.840		56.083	56.500	0.340	0.660	0.320
GP Prescribing		74.670	74.730		74.670	73.925	0.000	-0.805	-0.805
Family Health Services		108.540	107.679		108.890	108.053	0.350	0.374	0.024
Children's Services		18.772	18.614		17.777	17.496	-0.995	-1.118	-0.123
Resource transfer & other payment	385.844	52.117	51.925		52.082	51.886	-0.035	-0.039	-0.004
Older People Residential and Day Care	14.640	14.693	15.984		14.526	15.125	-0.167	-0.859	-0.692
Older People Nursing and Residential	35.663	35.471	43.558		36.052	43.919	0.581	0.361	-0.220
Homecare Services	30.447	30.540	40.155		30.680	40.287	0.140	0.132	-0.008
Adults Fife Wide	4.743	4.735	5.002		4.106	4.723	-0.629	-0.279	0.350
Social Care Other	1.404	1.459	-10.859		2.239	-10.173	0.780	0.686	-0.094
Adult Placements	43.947	43.947	48.461		48.148	49.796	4.201	1.335	-2.866
Adult Supported Living	20.798	20.796	21.802		19.751	20.644	-1.045	-1.158	-0.113
Social Care Fieldwork Teams	16.745	16.758	17.059		15.466	15.153	-1.292	-1.906	-0.614
Housing	1.529	1.929	1.529		1.929	0.885	0.000	-0.644	-0.644
Total Health & Social Care	**555.760**	**596.341**	**654.798**		**595.768**	**648.952**	**-0.573**	**-5.846**	**-5.273**
Revised Outturn figure					**595.768**	**648.952**	**-0.573**	**-5.846**	**-5.273**

The main areas of variances are as follows:

5.1 Community Services underspend £2.586m, adverse movement of £0.216m

Community Services provisional outturn position is an underspend of £2.586m which is a movement from the January position of £0.216m. The main reason for the underspend is difficulties in recruiting to vacant posts.
The movement is attributable to posts in psychology being funded from Earmarked Mental Health Recovery and Renewal rather than core funding, additional funding for Major Trauma & Counselling and a reduction in activity within sexual health and rheumatology services.

5.2 Hospital and Long-Term Care overspend £0.660m, adverse movement of £0.320m

Hospital & Long-Term Care provisional outturn is an overspend of £0.660m. The overspend has increased by £0.320m from January and is mostly attributable to agency staff invoices of £0.100m for Mental Health Adult Services, Old Age Services and Specialist Services, and over £0.200m in Nursing Agency invoices for Community Inpatient Services and Hospital Services.

5.3 GP Prescribing £0.805m underspend, favourable movement of £0.805m

GP Prescribing provisional underspend of £0.805m is based on available data to the end of January. Whilst the worldwide pandemic and economic situation leave supply, demand, and pricing of medicines at risk to increases, several positive factors

influencing prescribing are also currently in play, including stabilised Tariff prices and new Primary Care Rebate schemes. The current underspend is due entirely to rebates received in 21/22 in excess of those anticipated. Within the reported position, £400k of costs over April to September attributable to Covid/Covid impact have been identified and recharged to Covid funding. The costs relate to switches to reduce direct patient contact and price increases driven by supply/demand conditions exacerbated by impact of Covid on economic and supply conditions. Ongoing analysis of the impact of Covid on prescribing costs will be maintained.

5.4 Family Health Services £0.374m overspend, adverse movement of £0.024m

The projected outturn is an overspend £0.374m, a movement of £0.024m from the January position. £0.116m is due to practices being handed back to the board and the additional costs associated with covering for staff absences. Care Home and Residential Home Medical Supplies has an overspend of £0.116m against budget and the remainder is due to enhanced services for GP extended hours.

5.5 Children's Services £1.118m underspend, favourable movement of £0.123m

The provisional outturn is an underspend position of £1.119m, a favourable movement of £0.123m. The movement is due to underspend is due to unexpected income retained in Children and Young People's District Nursing service (CYPDNS). The remaining underspend is due to vacancies throughout Children's services - Vacancies currently sit at around 8% on average. Retention and recruitment are difficult as children's services roles are highly specialist and therefore hard to fill. Vacancies are being experienced in Health Visiting, School Nursing and CYPDNS.

5.6 Older People Residential and Daycare £0.859m underspend, favourable movement of £0.692m

The provisional outturn is an underspend of £0.859m, a favourable movement of £0.692m. £0.606m of the underspend is due to agency and staffing underspends due to high turnover of staff and the difficulties in recruiting replacements. The vacancies in Daycare are not currently being recruited to as the service remains unavailable due to Covid. The movement is mainly attributable to the continued closure of day services and recruitment difficulties.

5.7 Older People Nursing and Residential £0.361m overspend, favourable movement of £0.220m

The projected outturn position is an overspend of £0.361m and a favourable movement of £0.220m. This is mainly due to an increased provision for bad debt of £0.166m and a shortfall in income against annual budget. The movement is due to more income than anticipated being received in the period from December to year end.

5.8 Adults Fife Wide £0.279m underspend, adverse movement of £0.350m

The provisional outturn is an underspend of £0.279m, an adverse movement of £0.350m. The underspend is mainly attributable staff vacancies and respite for carers. The movement is due to continued delay in the implementation of respite.

5.9 Social Care Other £0.686m overspend, favourable movement of £0.094m

The provisional outturn is an overspend of £0.686m, a favourable movement of £0.094m. The overspend is mainly attributable to the pay award agreed which was higher than had been originally budgeted and was backdated to January 2021.

5.10 Adults Placements £1.335m overspend, favourable movement £2.866m

The provisional outturn is an overspend of £1.335m, a favourable movement of £2.866m. The overspend is due to packages that have been commissioned in excess of the budget. The favourable movement is due to new funding received for the Real Living Wage increase (full funding had not been received, nor anticipated, for the initial annual increase from £9.10 to £9.50).

5.11 Adults Supported Living £1.158m underspend, favourable movement £0.113m

The provisional outturn is an underspend of £1.158m, a favourable movement of £0.113m. Due to the Community Support Service being closed the staff are currently providing cover for holidays and sickness within the Group Homes reducing the need for relief staff or additional hours to be worked (£0.686m). There are also some held vacancies within the Community Support Services that will not be filled until the future design of the service is established (£0.435m). The movement is mostly due to further vacancies with the Community Support Service.

5.12 Social Care Fieldwork Teams £1.906m underspend, favourable movement of £0.614m

The projected outturn is an underspend of £1.906m, a favourable movement of £0.614 since December position. This is mainly due to a delay in projects being started. The movement is mainly due to funding being received for unachieved savings, further delays in the implementation of projects, and additional staff vacancies.

5.13 Housing £0.644m underspend, favourable movement of £0.644m

The projected outturn is an underspend of £0.644m, a favourable movement of £0.644 since December position. This is partly due to Covid-19 and work taking longer to complete due to safety protocols and vulnerable service users wishing to delay the work due to shielding.

6. Savings

A range of savings proposals to meet the budget gap was approved by the IJB as part of the budget set in March. The total value of savings for the 2021-22 financial year is £8.723m. The financial tracker included at Appendix 2, provides an update on all savings and highlights that savings of £7.479m (85.7%) will be delivered against the target.

Previously approved savings which were unmet as at 31 March 2021 require to be made in 2021-22 to balance the budget, these total £5.484m and £2.934m (53.5%) is provisionally achievable.

There is no movement from the position reported in January 2022.

Savings which could not be achieved due to the pandemic in 2021-22, totalling £2.594m, were funded by Scottish Government. £3.794m of unachieved savings (£1.244m from 2021-24 and £2.550m from 2020-23) will require to be met in 2022-23 as part of the budget setting process. Finance will work with the Senior Leadership Team to ensure plans are in place to achieve these savings in 2022-23.

7. Covid-19 and the Local Mobilisation Plan

In addition to the core financial position, there is a requirement to report spend each quarter in relation to Covid-19 and remobilisation costs in the Local Mobilisation Plan (LMP).

Quarter 4 provisional full year costs for Covid-19 related expenditure is £33.052m. Reserves for Covid-19 brought forward from 2020-21 of £13.719m was fully utilised. Additional funding received offset the remaining Covid-19 related expenditure in full.

The main areas of expenditure are

Final Costs for Covid-19	**Total £m**
Additional PPE	0.419
Covid-19 Vaccination	6.081
Flu Vaccination	6.077
Additional Care Home Placements	1.172
Additional Capacity in Community	6.888
Additional Equipment and Maintenance	0.433
Additional Staff Costs	2.427
Additional FHS Prescribing	0.400
Additional FHS Contractor Costs	0.370
Social Care Provider Sustainability Payments	5.691
Loss of Income	0.326
Other	0.174
Unachievable Savings	2.594
Total Covid-19 Costs	**33.052**

9. Reserves

Reserves totalling £29.643m were brought forward on behalf of the IJB. £13.719m relates to Covid-19 and a further £9.036m is ear-marked for specific use with the remaining £6.888m brought forward as uncommitted.

Appendix 2 shows allocations of £16.473m in year, with the remaining balance of £13.170m being carried forward for use in 2022-23.

The core underspend of £5.846m, further funding received in March 2022 for Covid-19 related expenditure and additional Earmarked Reserves increases the carried forward balance of Reserves from £13.170m to £79.712m for 2022-23. Detail shown in Appendix 2.

10. Risks and Mitigation

10.1 Savings

Non-Delivery of savings is an area of risk in future. Unmet savings from 2020-21 and 2021-22 are carried forward to 2022-23 and must be met to balance the budget. Work is ongoing with SLT to update plans and take action to meet these agreed savings in 2022-23.

Audrey Valente
Chief Finance Officer
18 May 2022

Fife H&SCP – Reserves

	Opening Balance April 2021	Utilised 2021-2022	Balance at March 2022	Additional Funding	Opening Balance April 2022
	£m	£m	£m	£m	£m
Earmarked	9.036	(2.717)	6.319	23.884	30.203
Covid	13.719	(13.719)	0.000	35.993	35.993
Uncommitted	6.888	(0.037)	6.851	6.665	13.516
Total	**29.643**	**(16.473)**	**13.170**	**66.542**	**79.712**

Earmarked Reserves	Total Held at March 2021	Utilised 2021-2022	Balance at March 2021	Additional funding	Opening Balance at April 2022
	£m	£m	£m	£m	£m
PCIF	2.524	(1.011)	1.513	5.072	6.585
Action 15	1.349	(0.716)	0.633	1.588	2.221
District Nurses	0.030		0.030	0.183	0.213
Fluenz	0.018		0.018		0.018
Alcohol and Drugs Partnerships	0.315		0.315	1.385	1.700
Community Living Change Plan	1.339		1.339		1.339
Free Style Libre/ Other	2.000	(0.500)	1.500		1.500
Urgent Care	0.935	(0.408)	0.527	0.423	0.950
Care Homes	0.526	(0.082)	0.444	0.373	0.817
Mental Health Recovery & Renewal				4.118	4.118
Buvidal				0.213	0.213
Child Healthy Weight				0.023	0.023
Acceleration of 22/23 MDT recruitment				0.300	0.300
Multi Disciplinary Teams				1.384	1.384
GP Premises				0.430	0.430
Afghan Refugees				0.047	0.047
Dental Ventilation				0.669	0.669
Interface Care				0.170	0.170
Care at Home				3.345	3.345
Interim beds				2.320	2.320
Telecare Fire Safety				0.069	0.069
Social Care RLW Workforce Uplift				0.516	0.516
Self Directed Support (SDS) ***				0.417	0.417
Workforce Wellbeing Funding				0.196	0.196
Housing				0.644	0.600
Total Earmarked	**9.036**	**(2.717)**	**6.319**	**23.884**	**30.203**

** Spend at quarter 4 is £33.052m. The covid reserve was fully utilised. The remaining expenditure was offset against additional covid funding received. The additional funding of £36m is for use in 2022/23 **Proposed funding of Review of care home packages, MORSE and Medicines Efficiencies not required. Project Support Officers funded part year from Uncommitted Reserve. *** Self Directed Support in 2020/21 was classed as a Grant held by Fife Council on behalf of H&SCP. The balance has in 2021/22 been transferred to IJB Reserves*

Appendix 3

TRACKING APPROVED 2020-21 SAVINGS
HEALTH & SOCIAL CARE

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under) / over achieved £m	Rag Status
All	2021-24	Travel Review	0.450	0.450	0.000	Green
All	2021-24	Supplementary Straffing and Locums	0.250	0.250	0.000	Green
All	2021-24	CRES	5.429	5.429	0.000	Green
Complex & Critical	2021-24	Bed Based Model	0.500	0.300	(0.200)	Amber
Prescribing	2021-24	Medicines Efficiency	0.500	0.500	0.000	Green
All	2021-24	MORSE	0.800	0.000	(0.800)	Amber
Complex & Critical	2021-24	Review of Payment Cards	0.040	0.040	0.000	Green
Community Care	2021-24	Review of Payment Cards	0.010	0.010	0.000	Green
Complex & Critical	2021-24	Review of respite services	0.130	0.070	(0.060)	Amber
Community Care	2021-24	Review of respite services	0.020	0.010	(0.010)	Amber
Complex & Critical	2021-24	Review of Alternative travel arrangements - Service Users	0.349	0.175	(0.174)	Amber
Complex & Critical	2021-24	Review of Media Team	0.045	0.045	0.000	Green

Complex & Critical	2021-24	Community Services review	0.200	0.200	0.000	Green
Grand Total			**8.723**	**7.479**	**(1.244)**	**85.7%**

Previously Approved Savings

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under) / over achieve	Rag Status
Complex & Critical	2020-23	Supplementary Straffing and Locums (20/21)	0.600	0.600	0.000	Green
Community Care	2020-23	BED Based Model	1.000	1.000	0.000	Green
Complex & Critical	2020-23	Managed General Practice Modelling	0.200	0.000	(0.200)	Amber
Complex & Critical	2020-23	Resource Scheduling (Total Mobile)	0.123	0.000	(0.123)	Red
Community Care	2020-23	Resource Scheduling (Total Mobile)	0.627	0.000	(0.627)	Red
Complex & Critical	2020-23	High Reserves	0.611	0.533	(0.078)	Green
Community Care	2020-23	High Reserves	0.089	0.167	0.078	Green

Complex & Critical	2020-23	Procurement Strategy	0.200	0.000	(0.200)	Red
Community Care	2020-23	Review Care Packages	0.450	0.450	0.000	Green
Complex & Critical	2020-23	Re-provision of Care	0.875	0.000	(0.875)	Red
Community Care	2020-23	Re-provision of Care	0.525	0.000	(0.525)	Red
Community Care	2019-22	Previously Approved - Day Care services	0.184	0.184	0.000	Green
Grand Total			**5.484**	**2.934**	**(2.550)**	**53.5%**

Rag Status Key:-

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

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

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

Summary			
Rag Status	**Savings Target £m**	**Overall Forecast £m**	**(Under)/ over £m**
Green	**9.858**	**9.858**	**0.000**
Amber	**1.999**	**0.555**	**(1.444)**
Red	**2.350**	**0.000**	**(2.350)**
Total	**14.207**	**10.413**	**(3.794)**

73%

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**29 July 2022**
Agenda Item No:	**8**
Report Title:	**Kincardine and Lochgelly Health and Wellbeing Centre – Outline Business Cases**
Responsible Officer:	**Bryan Davies, Head of Primary & Preventative Care Services** **Joy Tomlinson, Director of Public Health**
Report Author:	**Ben Johnston, Head of Capital Planning**

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.

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:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.
- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

The governance route for the IJB has been affected by the political process and Purdah. The H&SCP and IJB governance routes are outlined below. Discussions about the Lochgelly and Kincardine developments have taken place with the IJB members at IJB meetings.

Governance milestones noted below:

Project Board – complete

H&SCP Transformation Board updates January and March 2022 – complete

NHS Fife, FCIG: 27 January 2022 – complete

H&SCP SLT Business 21st February 2022 – complete

NHS Fife, Portfolio Board: 17 March 2022 – complete

NHS Fife, FP&R: 10 May 2022 – complete

NHS Fife Public Health & Wellbeing Committee – 16 May 2022 – complete

NHS Fife, Board: 31 May 2022 - complete

SCIG Submission: 18 May 2022 - complete

SCIG Meeting: 29 June 2022 – complete

Quality & Communities Committee – 5 July 2022 - complete

IJB Meeting 29 July 2022

3 Report Summary

3.1 Situation

The purpose of this paper is to present the Outline Business Cases for the Kincardine and Lochgelly Health and Wellbeing Centres.

3.2 Background

The Initial Agreements for these projects were approved by the Scottish Government in January 2020. The project development process was then paused due to the global pandemic and the Outline Business Case stage commenced in earnest with associated project governance around March 2021.

The projects were initiated to tackle the following key needs for change:

- Restricted access to local clinical services
- Constrained ability to provide integrated care models
- Inability to increase accommodation to offer capacity to meet demand
- Current accommodation does not meet modern standards
- Safety and operational issues resulting from ongoing maintenance requirements

These needs for change are recognised by the Scottish Government's Place Based Needs Planning tool which places Kincardine and Lochgelly within the "top 3" primary care facilities requiring investment and improvement within Fife's portfolio.

The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live

independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; where services can be provided within a community setting, closer to where service users live. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.

3.3 Assessment

Within the Outline Business Case stage the following key activities have taken place.

- Development of the services and requirements taking account of General Medical Services (GMS) contract obligations
- Initial work around tests of change and service re-design based on the patient's perspective (ongoing)
- Development of the schedule of accommodation to align with the updated service requirements
- Public engagement to capture end-user views and expectations on what the facilities might deliver
- Development of the outline design proposals
- Development of the associated costs

3.3.1 Quality / Customer Care

Quality and patient care are at the forefront of this important work as we are fundamentally seeking to deliver an appropriate compliment of integrated services locally within modern facilities. This has and will continue to progressively be delivered though two key workstreams.

<u>Service</u>

The service will concentrate on maximising the benefits of new accommodation through exploring service re-designs, integration opportunities and new ways of working to support the patient's needs. The Project Team will work with stakeholders including the public, local community and services to define operating models for the new facilities. These operating models will create a blueprint of how the facilities should function and form a basis for the change, improvement, integration and test of change work. This process will make use of a variety of strategic change and improvement methodologies (e.g. Systems Thinking principles, Service design, Process Improvement/Lean) as we as use the Patient Personas & Pathways work already undertaken. This will ensure service business perspectives, as well as patient/service user perceptions and journeys, both inform the service redesign process. This workstream has commenced but will continue through the Full Business Case and construction stages of the projects.

<u>Design & Construction</u>

The facilities to date have been designed around briefing from the services in respect to their needs and around the design statement which was generated at the initiation of the project.

Furthermore, the facilities will be designed in accordance with all statutory regulations and relevant healthcare guidance. Critical friend key stage reviews will take place by NHS Scotland Design Assessment Process (NDAP) and NHS Assure ensuring that the facilities are compliant and fit for operational use.

3.3.2 Workforce

The expected staff environment was briefed as part of the design statement process. Taking account of these requirements and embedding them into the design, it can be said that the facilities will offer excellent places to work, develop and rest.

There is likely to be changes to the working culture with a more agile environment being offered for office spaces. This will allow space within the asset to maximised and used flexibly by multiple services. This cultural change will be worked through as part to the re-design work.

Operational (FM) workforce requirements and costs have been estimated within the Outline Business Case.

The clinical/business support workforce and costs have been established and set out within the Outline Business Case. These will be further refined and tuned during the Full Business Case stage as the detailed service re-design work progresses and operating models are agreed upon. This element will be responsibility of the HSCP via the Project Team.

3.3.3 Financial

Capital

The project costs have increased since the Initial Agreement where initial budget costs were established. The key reasons for this are:

- More maturity around GMS requirements leading to an increase in building area.
- Volatile market conditions with an excessive inflationary impact
- More stringent sustainability/energy requirements.
- Site survey/investigation information being incorporated into the design

The capital cost position for each project is summarised in the table below (inclusive of VAT):

	IA Budget	Current (OBC) Budget	Difference
Kincardine	£4,656,975	£7,817,528	£3,160,553
Lochgelly	£8,155,615	£13,031,178	£4,875,563

Despite the increases in capital cost, given the mitigating circumstances the projects are considered to represent value for

money in the current market place and this view has been upheld by our independent Lead Advisors who have helped us to interrogate and understand the cost movements.

Revenue

The estimated revenue costs are noted in the table below for each project.

Kincardine			
Description	**Baseline**	**Preferred Option**	**Difference**
Property pays (NHSF)	£12,605	£33,474	£20,869
Property non-pays (NHSF)	£16,612	£76,550	£59,938
Property non-pays – GP offset (NHSF)	-£16,584	-£27,142	-£10,558
Net Increase (NHSF)	**£12,633**	**£82,882**	**£70,249**
Service model (FHSCP)		£31,500	-

Lochgelly			
Description	**Baseline**	**Preferred Option**	**Difference**
Property pays (NHSF)	£24,467	£75,566	£51,099
Property non-pays (NHSF)	£61,920	£178,330	£116,409
Property non-pays – GP offset (NHSF)	-£37,718	-£83,165	-£45,448
Net Increase (NHSF)	**£48,670**	**£170,731**	**£122,061**
Service model (FHSCP)		£724,500	-

- NHS Fife's revenue costs have increased from the baseline primarily due to the increase in the size of the facilities.
- The revenue costs relating to the service model continues to be developed in consultation with the Scottish Government around MOU1/2 for urgent care and what Multi-Disciplinary Teams (MDT) means for Fife. The service model costs will have a nil impact on the revenue outturn position as funding sources have been identified.

3.3.4 Risk / Legal / Management

A risk register has been prepared for the projects and is appended to business case papers.

For each project, to cover risk from a financial position at this stage, Hubco have retained 5% to cover further inflation and some design development. At the end of the Full Business Case stage their risk provision is capped at 1%.

From NHS Fife's perspective, for each project, 13% has been retained at this stage in the process. An optimism bias matrix has been completed to substantiate the maturity of the projects and this resulting allocation.

Two key risks arising should be highlighted and noted – these are:

1. NHS Key Stage Review: the key stage review has been undertaken however the draft report from NHS Assure is delayed. The comments may have an impact on cost/programme depending on the findings.
2. Sustainability: the project briefing in respect to sustainability was established using the Building Research Establishment Evaluation Assessment Method (BREEAM) 2018 tool (current at the time of project implementation), however Scottish Government and Health Facilities Scotland have recently stated that the projects must be assessed during Full Business Case against SHTN 02-01 Sustainable Design and Construction Guide (SDaC). This guidance incorporates a new sustainability tool that is untested so the possible effects on the projects are difficult to quantify. That said, Scottish Government are mandating the use of the tool so will need to be aware and accept any associated cost escalation through its use.

3.3.5 Equality and Diversity, including Health Inequalities

Stage 1 of the Equality Impact Assessment (EQIA) has been completed. Stage 2 will be developed during the Full Business Case stage.

3.3.6 Environmental / Climate Change

Sustainability will be assessed against Sustainable Design and Construction Guide (SDaC) at Full Business Case stage.

3.3.7 Other Impact

Not applicable

3.3.8 Communication, Involvement, Engagement and Consultation

A communication engagement plan has been prepared for the projects – this is a live document and will be updated progressively as the projects develop.

During the Outline Business Case stage the following key pieces of engagement have taken place.

- Public engagement survey
- GP's integrated into design process
- Public representation during design process
- Public representation groups established
- Service communication and engagement meeting established
- Attendance at Councillor ward meetings
- Staff and public attendance at Achieving Excellence Design Evaluation Toolkit (AEDET) workshops

4.4 Recommendation

- **Assurance –** assure members of current position

5 List of Appendices

The following appendices are included with this report:

Appendix 1 - Kincardine Outline Business Case

Appendix 2 - Lochgelly Outline Business Case

6 Implications for Fife Council

7 Implications for NHS Fife

8 Implications for Third Sector

9 Implications for Independent Sector

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

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

11 To Be Completed by SLT Member Only (must be completed)

Lead	
Critical	
Signed Up	
Informed	

Report Contact

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Kincardine Health and Wellbeing Centre

Outline Business Case

20 April 2022, Rev. 5

VERSION CONTROL

Draft R.0	29.09.21	First OBC Draft
Draft R.1	03.12.21	Updated Draft
Draft R.2	11.01.22	Updated Draft – Ben Johnston
Draft R.3	16.02.22	Updated Draft to incorporate FCIG comments – Ben Johnston
Draft R.4	28.03.22	Updated Section 4.4.14 – Ben Johnston
Draft R.5	20.04.22	Updated risks Section 1.4 and 4.5.2 – Ben Johnston

Contents

Glossary of Terms

ADAPT	Alcohol and Drug Abuse Prevention & Treatment
ADB	Activity Data Base
AEDET	Achieving Excellence Design Evaluation Toolkit
A&DS	Architecture & Design Scotland
BEP	Building Information Modelling Execution Plan
BIM	Building Information Modelling
BPC	Benefit Point Cost
BREEAM	Building Research Establishment Environmental Assessment Method
BRUKL	Building Regulations UK Part L
BSL	British Sign Language
CAB	Change Advisory Board
CDM	Construction (Design and Management)
CHaWS	Community Health and Wellbeing Sub-group
CHD	Coronary Heart Disease
CLD	Community Learning & Development
COPD	Chronic Obstructive Pulmonary Disease
CTAC	Community Treatment & Care
DBDA	Design and Build Development Agreement
DSM	Dynamic Simulation Model
DVLA	Driver and Vehicle Licensing Agency
EIR	Employers Information Requirements
FASS	Fife Alcohol Support Service
FBC	Full Business Case
FHSCP	Fife Health & Social Care Partnership
FVA	Fife Voluntary Action
GIFA	Gross Internal Floor Area
GMS	General Medical Services
GP	General Practitioner
HAI	Healthcare Associated Infection
HAI SCRIBE	HAI System for Controlling Risk in the Built Environment
HFS	Health Facilities Scotland
HHG	High Health Gain

HIS	Healthcare Improvement Scotland
HV	Health Visiting
IA(D)	Initial Agreement (Document)
IJB	Integration Joint Board
ISD	Information Services Division
LAC	Local and Community
L&D	Learning & Development
M&E	Mechanical and Electrical
MDT	Multi Disciplinary Team
MOU	Memorandum of Understanding
NCM	National Calculation Methodology
NDAP	NHSScotland Design Assessment Process
NPC	Net Present Cost
NSS	National Services Scotland
OBC	Outline Business Case
PA	Per Annum
PBA	Project Bank Account
PPD	Practice & Professional Development
PPE	Post Project Evaluation
PSCP	Principal Supply Chain Partners
QOF	Quality Outcome Framework
RAG	Red Amber Green
RIBA	Royal Institute of British Architects
SA	Strategic Assessment
SCIM	Scottish Capital Investment Manual
SFT	Scottish Futures Trust
SIMD	Scottish Index of Multiple Deprivation
SoA	Schedule of Accommodation
SPARRA	Scottish Patients at Risk of Readmission and Admission
SRO	Senior Responsible Officer
STAND	Dementia Friendly Fife
STAR	Stop Think Assess Respond/Report/Refer Method
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
VfM	Value for Money

WBP	Weighted Benefit Points
WLC	Whole Life Cost
WFVF	West Fife Villages Forum
WTE	Whole Time Equivalent

1 Executive Summary

1.1 Introduction

Fife Health and Social Care Partnership is working with local communities, teams and stakeholders to support the delivery of a fully integrated 24/7 community health and social care model that ensures sustainable, safe, individual partnerships of care. The purpose of this outline business case (OBC) is to seek approval to develop the full business case (FBC) to re-provide Kincardine Health Centre in purpose designed facilities whilst making provision for a holistic offer of local health and wellbeing services to fulfil the General Medical Services (GMS) contract[1] requirements.

The OBC establishes the need for investment, building on the NHS Fife and Fife Health and Social Care Partnership (FHSCP) strategic goals to deliver a model of local care, focused on individual outcomes, supported by health and social care delivered by the right person in the right place at the right time. It describes the appraisal of a long list of options, identifies the short list, and recommends a preferred way forward to enable the delivery of Fife's Community Health and Wellbeing Hub model within the Kincardine community. The OBC's commercial, financial and management cases have been developed further to identify how the project can be practically delivered.

The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; where services can be provided within a community setting, closer to where service users live. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.

1.2 Strategic Case

1.2.1 Current Arrangements

Kincardine Health Centre, located on the edge of the village, provides General Medical Services through Clackmannan and Kincardine Medical Practice who are contracted by NHS Forth Valley, as part of a two centre practice arrangement. Community services are provided by both NHS Fife (including District Nursing, Health Visiting and Podiatry) and NHS Forth Valley (the majority) for Kincardine residents. Services are working to deliver high quality person-centred health and social care services in a way which promotes and enhances the health and wellbeing of the people of Fife.

The Kincardine Health Centre Practice population is circa 3,200, the locality population is predicted to grow by 9% in the 25 years. However, the population in the older age group is projected to increase by 52%, this will see the proportion of the practice population who are frail, whom our local care model has demonstrated benefit from integrated holistic care management, grow from 4% to 5%.

[1] GMS contract: 2018 - gov.scot (www.gov.scot)

The current facility is a 1930's construction, originally built as a police station. Models of care have changed over time with the building considerably modified and extended throughout its lifetime. Our new model of working requires accommodation that is fit for purpose, which enables multi-disciplinary and group working, which supports the community and partners to deliver collaboratively. The current building and configuration is not fit for purpose, the building does not work for modern health and social care delivery, with corridors and treatment rooms which do not meet minimum standards, areas which do not enable disabled access and no storage.

The development of the health and wellbeing model and delivery of the new GMS contract is constrained by structural and layout constraints. All possible reasonable changes have been made to the existing building. Kincardine Health Centre fails to meet the spatial, organisation and design standards for Primary and Community Health Care premises and has no capacity for further growth. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation to meet patient quality, staff standards and efficiency objectives.

1.2.2 The Patient Perspective

It has been recognised for many years, service providers across Scotland and the UK have planned care separately in different parts of the system including primary, community, acute care and mental health. Services have often been planned around buildings, individual service providers or even clinicians.

What is now proposed is a shift toward an overarching whole systems model which focuses on the needs of people who use the different health and social care services within the Kincardine Practice. This is described as a more holistic community health and wellbeing approach.

The central underlying principle of the development of the new centre is to focus on the patient outcomes, their journey and experience. This will help to identify where service improvements are necessary and involve a wide range of service users and providers in analysing and redesigning improved patient pathways to positively impact on outcomes.

The agreed way forward was to develop patient personas and pathways to enable the patient perspective and journey to be captured. We have identified seven people (personas) who typify patients or people who use the Kincardine Practice and whose care represents key requirements and challenges for NHS Fife, FHSCP and partners. The personas and pathways in this document were developed in using local profile and practice data as well as in collaboration with a range of clinical services, community and voluntary sector partners.

We have used the personas to illustrate pathways and through mapping their care needs - we can agree how they can be met more effectively and efficiently. A designed and managed process of patient and service provider engagement including wider public involvement has taken place and is expected to shape development of the new centre – moving from the traditional medical model to a more holistic community health wellbeing service model of delivery.

The Health & Wellbeing Model was developed by change and improvement colleagues in NHS Fife and FHSCP. This is illustrated below.

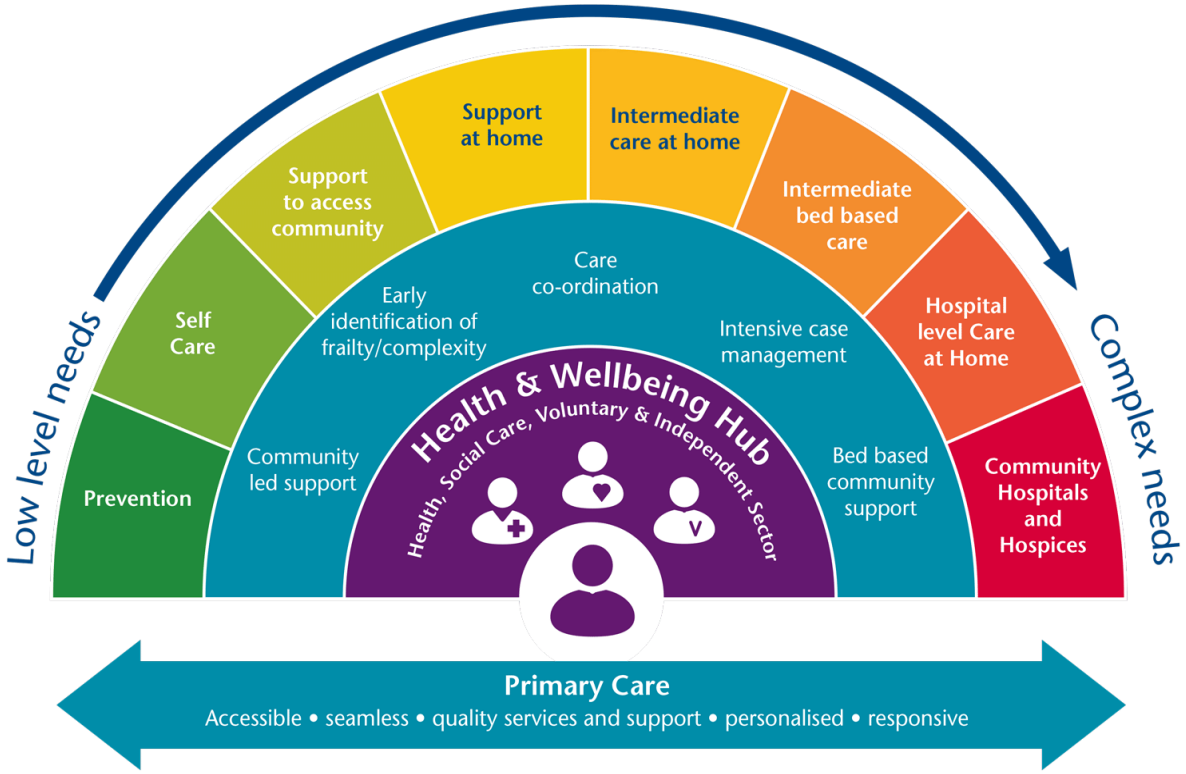


Figure 1 - Health and Wellbeing Model

The Project Team is using the Patient Personas & Pathways to look at possible improvements through a number of tests of change. This workstream has commenced but will continue through the FBC and construction stages of the project.

1.2.3 The Need for Change and Investment Objectives

The drivers for change and developed Investment Objectives to enable this change are set out in the table below. Associated benefits are set out in Section 2.4.4.

Effect of the need for change on the organisation:	**Investment Objectives**
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in physical capacity.
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of	Enable earlier access to proactive and anticipatory care through local delivery via

the parties to deliver the full range of integrated services locally.	integrated seamless service across health and social care.
Existing configuration, as a result of a 1930's building, being modified and extended with a 'best fit' approach. Current facilities have treatment rooms below minimum acceptable standards.	Delivery of safe and effective care with dignity –by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

Table 1 - Needs for Change and Investment Objectives

1.2.4 Fife Place Based Planning Tool

NHS Fife have recently been engaging with Scottish Government around their proposal to develop a longer-term primary care strategy. Scottish Government have recently developed a Place Based Needs Planning tool which helps Boards to understand their investment priorities based on community health, demographics, supporting infrastructure and the condition of the estate. Analysing the data for Fife in totality, Kincardine Health Centre has an Estate Need Score of 83 (top primary care priority), bolstering the case for change and intervention.

Property	Postcode	Intermediate Zone	Floor Area	Age	Estate Need Score
Kincardine Health Centre	FK10 4QX	Kincardine	254	91	83
Oakley Health Centre	KY12 9QH	Oakley Comrie and Blairhall	918	71	73
Lochgelly Health Centre	KY5 9QZ	Lochgelly West and Lumphinnans	822	81	70
Valleyfield Health Centre	KY12 8SJ	Valleyfield Culross and Torryburn	1,012	51	65
Path House Medical Practice	KY1 2PG	Kirkcaldy Pathhead	612	329	56
Strathmiglo Auchtermuchty Practice	KY14 7QA	Auchtermuchty and Gateside	50	59	55
Leven Health Centre	KY8 4ET	Leven East	1,624	56	53
Rosyth Health Centre	KY11 2SE	Rosyth East	946	39	47
Kelty Health Centre	KY4 0AE	Kelty East	754	60	44
Lundin Links Scoonie Medical Practice	KY8 6DB	Largo	48	59	43

Table 2 - Priority Order of Estate Need

1.3 The Economic Case

A wide range of options were developed and considered. These were then consolidated into a shortlist of options which were scored via a wide range of stakeholders. The option scores are presented below.

Investment Objective	Option 1: Status Quo	Option 2: Feregait	Option 3: Station Road	Option 4: Tuliallan School
Net present cost (NPC) - £m	723,705	6,307,702	6,368,662	6,368,662
Weighted benefit points (WBP)	221	539	509	739
BPC per WBP - £000	3,275	11,703	12,512	8,618
	Rejected	Possible	Possible	Preferred

Table 3 - Short-listed Option Scores

Option 4 scored highest in respect to benefit points. Once the net present costs were factored in, option 1 is highlighted at the lowest cost per benefits point – this is purely because of low net present cost owing to the limited capital that could be invested in the existing facility. As option 1 does nothing to tackle the needs for change as demonstrated, it is not a legitimate option but included for comparative purposes.

Given the balance of legitimate options, option 4 offers the highest benefits score and the lowest cost per benefits point, indicating that it is the strongest option. Option 4 is therefore the preferred option.

1.4 The Commercial Case

The Commercial Case has been developed significantly since IA. Key aspects contained within the commercial case are summarised below.

- The project is community focussed and more than £750k, therefore the Scottish Futures Trust hub initiative has been selected as the most appropriate route to deliver the project. The East Central hubCo have been appointed to deliver this public funded project under the design and build option.
- Currie & Brown have been appointed through the Frameworks Scotland Lead Advisor lot to support the Board with multiple services including Project Management, Cost Advisor, Technical Advisor and Clerk of Works.
- The design has been fully developed in conjunction with the Project Team and Stakeholders. With exception to the NHS NSS Design Quality Assurance and NDAP processes which are ongoing, the design has been well received through the HAI, AEDET and focussed design workshops.
- Discussions with Fife Council in respect to leasing the required land are advanced appropriately for the stage in the project. These will continue during the FBC stage with a view to concluding arrangements at the point of completing the FBC.
- The current key risks/issues facing the project are summarised in the table below:

Risk/issue	Mitigation
Brief inadequate/unreliable This issue relates to developments around the GMS contract and effect this has had on the area requirements for the building.	The required area increase from IA to OBC has been factored into the current design and corresponding cost plan.
Stop/start nature of the programme – keep people engaged through these periods.	Updates are being provided to community groups via newsletters and the public via press releases. NHS Fife's communication team are supporting this effort.
Project cost increases due to: ▪ Change in requirements ▪ Inflation / market conditions	This is a current issue where the cost increases have rose beyond the IA budget projection. Refer to Financial Case for further substantiation.
Programme delay The OBC programme has been affected because of COVID which has impacted resources, engagement activity and costs.	Potential to commence FBC activity in parallel with the OBC governance approval process. The project now has a full complement of resources to help drive the project forward.
Change of policy – NHS Assure Key Stage reviews Programme delays / cost increases arising	Key stage review process was implemented half-way through OBC and is required to achieve capital funding. Risk had to be accepted, but impact can be mitigated through collaboration.
Change of policy – SHTN 02-01 Sustainable Design and Construction Guide (SDaC) Programme delays / cost increases arising	Informed by HFS at OBC NDAP review that new guidance must be followed at FBC. Guidance is untested to impact is difficult to quantify. As such this risk has not currently been factored into OBC cost estimates.

Table 4 - Key Risk Summary

1.5 Financial Case

1.5.1 Capital Costs

A capital cost summary is provided in the table below demonstrating the total OBC estimated cost for the project, together with the movement in cost since IA.

IA	OBC	Movement
£4,656,975	£7,817,528	£3,160,553

Table 5 - Capital Cost Summary

The key reasons for the movement in cost since IA, are set out below:

- Building area increase to take account of service and GMS contract evolving requirements – accounts for circa 35% of the construction cost increase
- Inflation and extraordinary market conditions considered to driven by the COVID-19 pandemic and the resulting global effect on supply chains – accounts for circa 20% of the construction cost increase
- Site and design abnormals: this relates to site conditions, more onerous energy requirements and creating a building that satisfies the conditions of the brief and design statement – accounts for circa 45% of the construction cost increase
- Associated percentage mark-ups based on an increased construction cost
- Some further adjustments to the IA budget allowances, notably equipment and internal direct labour costs

A number of value engineering / cost saving opportunities have been identified and these have already been accounted for in the presented OBC figures above.

Notwithstanding the cost increases noted, given the current project environment, the costs are considered to represent value for money in the current marketplace and this view has been endorsed by our consultant Cost Advisor.

1.5.2 Revenue Costs

A summary of the revenue costs is provided in the table below.

Description	Baseline	Preferred Option	Difference
Property pays (NHSF)	£12,605	£33,474	£20,869
Property non-pays (NHSF)	£16,612	£76,550	£59,938
Property non-pays – GP offset (NHSF)	-£16,584	-£27,142	-£10,558
Net Increase (NHSF)	**£12,633**	**£82,882**	**£70,249**
Service model (FHSCP)	In development	£31,500	-

Table 6 - Revenue Cost Summary

The increase in cost from an NHS Fife perspective is largely associated with the increase in building area.

The revenue costs relating to the service model continues to be developed in consultation with the Scottish Government around MOU1/2 for urgent care and what MDT means for

Fife. The service model costs will have a nil impact on the revenue outturn position as funding sources have been identified.

1.6 Management Case

The Management Case identifies the actions that will be required to ensure the successful delivery of the scheme. The management case has been significantly updated for this the IA stage and demonstrates that the Board and Partnership are well prepared to deliver the project successfully during the construction phase and beyond. Key milestones for the project are identified in the table below:

Description / activity	Date
Full Business Case	
Commencement	February 2022
Completion	January 2023
Governance Approvals	April 2023
Construction & Handover	
Commencement	May 2023
Completion	June 2024
Operational	August 2024

Table 7 - Key Milestone Summary

2 Strategic Case

2.1 Introduction

The main purpose of the Strategic Case is to confirm the background and drivers for change for the proposition. It also sets out the key investment objectives and associated benefits.

2.2 Revisiting the Strategic Case

The Initial Agreement Document (IAD) was approved by Scottish Government in January 2020. The next phase involved undertaking a widespread engagement exercise with key stakeholders and the people of Kincardine. This process was paused as a result of the global pandemic and was eventually reinstated in November to December 2020. The outcome of the engagement exercise can be reviewed within the Economic Case. The recovery plan in relation to the pandemic also caused delay to timescales for the Outline Business Case and design process. However, these have since resumed at pace. There are new sections added which were not previously in the IAD including:

- The patient perspective and service integration in Section 2.4.1.2
- A summary of services (existing versus proposed) in Section 2.3.2
- A description of associated buildings and assets in Section 2.3.3

The critical success factors have been retained although are not reflected in the current Scottish Capital Investment Manual (SCIM) guidance. The residual balance of the Strategic Case has been retained and updated where necessary.

2.3 Current Arrangements

2.3.1 Service Arrangements

The holistic multi-disciplinary primary and community care services in Kincardine are currently delivered from the existing Kincardine Health Centre, a 1930's constructed facility – originally built as a residential property and then utilised as a police station - that has been considerably modified and extended throughout its lifetime. The building is owned by NHS Fife.

GP services in Kincardine are delivered as part of a two-centre practice, along with Clackmannan Health Centre, with each operational unit given equal standing and operating full time to meet their respective local needs. The GP Practice is contracted to NHS Forth Valley to provide General Medical Services.

The services delivered from the existing Kincardine Health Centre are primarily provided in support of the population needs of the people of Kincardine and surrounding areas, with 98% of the resident population registered (see figure 2 - map of Kincardine interzone) with the practice. In accordance with NHS Fife's statutory obligation to provide access to Primary Medical Services there is a requirement to continue provision of these services within this geographic area.

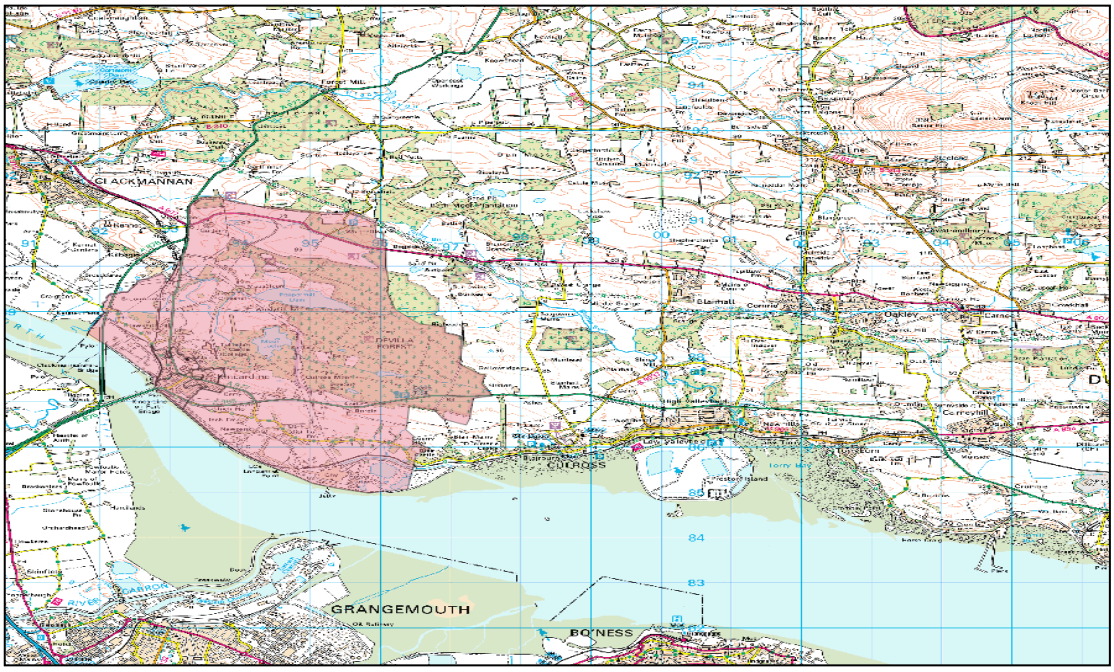


Figure 2 - Map of Kincardine Interzone

Aligned to the Practice there are a range of community health services provided from the current facility including District Nursing, Health Visiting, Midwifery and Podiatry. In addition, there are services working with the Practice and wider community team who cannot access accommodation locally, requiring patients to travel to them. This includes Mental Health Nursing and Physiotherapy. There are dependencies with the District General Hospital at Forth Valley Royal Hospital Larbert and Local General Hospital at Queen Margaret Hospital, Dunfermline, and other hospitals in the East Region for provision of diagnostic services, consultant advice, elective and unscheduled inpatient care and outpatients for a variety of specialties to meet the health care needs of their local population. The Forth Valley Primary Care Out of Hours Service and Fife's Primary Care Emergency Service provide out of hours care from other facilities.

The GPs together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients' wellbeing throughout their lives.

The GPs and multidisciplinary team are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community. Practice based multi-disciplinary team working is identifying people who could benefit from a case management approach and supporting people to access the right support where there is:

- Complexity in their care and support arrangements through locality multi-disciplinary teams, or
- Clinical complexity rapid access to assessment through the locality community health and wellbeing hub teams

Kincardine Health Centre has a current practice population of 3285 (July 2021), which has grown by 3% over the past 18 months. The current demographic of the population are[2]:

- 50.7% female: 49.3% male
- 24% are over the age of 65 and 13.4% are 0-15 years
- 9.1% of the population are income deprived, 10.8% of the population are employment deprived and 14.4% of children (under 16) live in poverty
- 0.1% of the practice population live in the most deprived quintile and 0% on the least deprived
- 25.9% of patients of the practice have at least one long term condition

Since long-term condition data was previously not available in the IAD and the Quality Outcome Framework (QOF) is no longer in use, up-to-date long-term condition data was sourced from the Practices and Public Health Scotland using the SPARRA[3] (Scottish Patients at Risk of Readmission and Admission) tool.

Local Profile & Practice Data - Kincardine

Long Term Condition Rates	Kincardine	Fife
Arterial Fibrillation	1.78%[1]	1.92%[1]
Asthma	6.34%[1]	4.61%[1]
Cancer	2.22%[1]	4.25%[1]
CHD	3.61%[1]	3.97%[1]
COPD	1.61%[1]	1.7%[1]
Dementia	0.88%[1]	0.81%[1]
Depression	6.53%[1]	9.54%[2]
Diabetes	4.71%[1]	2.94%[1]
Hypertension	13.47%[1]	15.43%[1]
Mental Health	0.65%[1]	0.87%[1]
Psychiatric Admissions	n/a	24.5 per 1,000[2]

Data sourced from:

1. Public Health Scotland (PHS), SPARRA at 1 December 2020 - the percentage of people with each Long Term Condition are calculated by dividing the number of people with each Long Term Condition by the number of people registered at the GP practices (i.e. the "Population Register") then multiplying by 100.
2. Initial Agreement Documents, approved by Scottish Government in January 2020 data via QOF calculator 1 April 2019.

Figure 3 - Local Profile and Practice Data - Kincardine

Mental health conditions including addictions have been exacerbated and impacted during the global pandemic. Therefore, the need for mental health and related services has significantly increased during this period.

Projections for future demand for primary care and community services with Kincardine are driven by the population projections which see the older population growing by 52% by 2041. This would therefore see the practice population who have severe and moderate frailty grow significantly. It is this group whom Community Nursing are seeking to work with to maintain and improve their position on the life curve through the care management intervention and the wider hub programme is seeking to support through local delivery of rehabilitation programmes.

[2] Based on 2011 census, 2016 SIMD datazone data and ISD Practice data 2019
[3] https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/SPARRA/SPARRA-Model/

The current workforce delivering services is outlined below along with potential future workforce required to deliver primary care and community services. Recent and continuing changes to the workforce are being phased in line with population growth and service model developments which take into account the requirements to implement the GMS (2018) contract[4] and enhance the primary healthcare team, community health and social care teams and Health Visitor pathway. The Practice is also a training practice with a GP trainee and provides training placements for 5th year medical students.

	Existing Provision (WTE)	**Recent Change (WTE)**	**Future provision * Incl. new roles**
General Practitioners (7)	2.35	0.25	
Advanced Nurse Practitioner (2)	0.6	0.6	
Practice Nursing (2)	0.78	0.05	
Practice Phlebotomist	0.1		
Practice Manager (shared with Clack)	1		
Admin staff (10)	4.1	1.46	
District Nursing Team (3 shared with High Valleyfield)	2.2		Treatment room service extension Hosiery / Doppler follow up clinics Extending the range of treatment for patients who could attend the centre
Community Phlebotomist (2)	0.12	12 sessions per month	
Community Teams Admin Staff	0.2		
GP Trainee	(1)		
Visiting teams	WTE	Sessions	Future provision * Incl. new roles
Primary Care Pharmacist	Circa 0.5 WTE		
Midwifery Team	(0.1)	2 per month	

[4] https://www.gov.scot/publications/gms-contract-scotland/

Health Visiting clinic Baby weighing	0.05 0.05	1 per month HV also arrange ad hoc appointments	Opportunity to hold child wellbeing meetings locally
Physiotherapy		4 per month	
Podiatry	0.3	12 per month	
Mental Health Nursing (Primary Care)		4 per month	
Smoking Cessation specialist	(0.13)	See patients in Clacks.	Opportunity to deliver locally
Child immunisation clinic		4 per month	Potential future flu clinic
Social Workers / Social Care Workers	0		MDT time
Continence Nurse		4 per month	
Dermatology Nurse		4 per month	

Table 8 - Kincardine Staffing

2.3.2 Service Details

The accommodation in Kincardine is provided over one level with a total floor area of 237m^2, supports:

- GP activity associated with the Kincardine Health Centre (circa. 13,000 appts PA and a practice population of circa. 3,200)
- Nurse activity associated with the Kincardine Health Centre (circa. 6,400 appts PA)
- Practice employed Phlebotomist activity associated with the Kincardine Health Centre(circa. 2260 appts PA)
- Community nursing treatment room activity (circa. 1,500 episodes[5] PA)
- Community Phlebotomy services (circa. 1,325 episodes PA)
- Midwifery ante-natal clinic activity (circa. 200 appts PA)
- Podiatry services (circa 410 appts. PA)
- Health Visiting
- Stop Smoking sessions (circa. 200 appts PA)

[5] Episode refers to inpatient, outpatient or Allied Heathcare Profession treatment as defined by https://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?ID=241&Title=Episode%20of%20Care

- Mental Health
- Health Visiting Clinic
- Physiotherapist

The primary care and community services have been developed as far as possible however the development of the clinical (Health & Wellbeing) model and increasing demand for services has exacerbated the issues of an inefficient layout, internal and external envelope deterioration. Whilst the GP Practice and Health and Social Care Partnership are working collaboratively to modernise and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises.

Services delivered from the existing Kincardine Health Centre amount to a total of circa 25,000 attendances per annum, 96 attendances per day or around 23 patients / clinical room activity per day.

Patients initial experience is very poor with one small reception hatch and reception area of $10m^2$ (NB no separate records area now exists as all GP records are held electronically). There is one waiting area (total $22m^2$) with no age-specific provision. Local Politicians have indicated their concern about the fabric of the building and the constraints it places on the local delivery of integrated health and social care.

Clinical care is delivered through five poorly configured consulting rooms which also support administrative activity. These are distributed throughout the current facility and, for the most part, used very flexibly. With 100% utilisation of the available capacity it is clear that a lack of available space is impacting upon the provision of local care. Mixed function means sub optimal use of clinical space. The AEDET review exercise confirmed that the layout and fabric of the building place considerable limitations on effective and safe service delivery (Section 2.3.3).

The office accommodation available for the administrative functions is well below the minimum standards and staff facilities are insufficient for the 21 staff working in the building on a daily basis as well as the wide range of visiting colleagues.

Although all possible reasonable changes have been made to the building Kincardine Health Centre fails to meet the spatial, organisation and design standards for Primary Health Care Premises and has no capacity for further growth. It has reached the end of its economic life as a clinical facility. Major improvements to address maintenance and statutory standards are not feasible due to structural and layout constraints.

A number of services are only available from the Clackmannan Health Centre because of capacity constraints. Resulting in patients from Kincardine travelling to Clackmannan to see a health professional, with best estimates indicating that this may be as many as 2,000 times per annum. People may be asked to attend Clackmannan for stop smoking support, CTAC, physiotherapy, mental health nurse consultation, coil insertion/removal, implant insertion/removal and joint injections as well as medicals such as fostering or DVLA medicals. It is extremely difficult to put an actual figure on this, as the baseline number has not been recorded historically and there is good anecdotal evidence to suggest that Kincardine patients would rather cancel / delay an appointment rather than travel to Clackmannan – further masking the true extent of the problem.

Local and proactive care is further confounded by problematic public transport to Clackmannan from Kincardine; there are no direct public transport (bus) routes. One appointment may take up to three hours out of a patient's day.

Where services are not/cannot be delivered locally in Kincardine, patients are referred to different locations – mostly within the NHS Forth Valley Board area - that include:

- Clackmannan Health Centre (GP overflow activity)
- Forth Valley Royal (Out-patient activity) (unless specifically requested by patient to be referred to a Fife hospital)
- NHS Fife provided services e.g. Physiotherapy provided in other Fife locations
- Community Nursing provide home based support for people who are not housebound, meaning that fewer patients are being seen than could be seen within a clinic setting, with wider MDT input potential

Out of Hours Primary Care is delivered from Urgent Care Centres in Forth Valley. Both Health Boards do not have current plans to extend the number of Urgent Care Centres. Kincardine Health Centre does not routinely deliver out of hours services, but offers a small number of clinics over an extended period. It is not feasible to deliver evening services including extended hours from the health centre.

The model of care is developing in line with the new GP Contract, with the Primary Care Development implementation plan progressing along with the Business Planning process. Historical re-development of the facility has meant that many areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. This means that the facility no longer has any meaningful storage (with a consequential impact on consulting rooms, staff morale and patient experience); does not have: a utility room; a disposal hold; cleaner's room/facilities; a quiet/interview room; or an effective disabled WC.

This is effectively demonstrated by comparing the baseline Schedule of Accommodation of the current Kincardine Health Centre with that proposed for a replacement facility that has been developed based on the current and developing clinical model, future capacity requirements and relevant health planning guidance. Such a comparison shows that, even although the number of consulting rooms has only increased by three from the baseline, the actual area now required is 1,013m^2 compared to the existing area of 237m^2.

The table below summarises the services using the current facility and also a list of services that could be provided from the new as a result of a lager functional facility.

No:	Name of Service	Currently in Health Centre	Will be based in (or using) the new CH&W Centre
1	Fife Young Carers		X
2	Community Nursing		X
3	The Well		X
4	Complex Care Team		X
5	Clinical Psychology		X
6	Speech & Language Therapy		X
7	Health Promotion		X
8	Children's Services		X
9	Community Nurse Respiratory Team		X
10	Nursing	X	X
11	Occupational Therapy		X
12	Pharmacy		X
13	ADAPT/FASS (Addictions Services)		X
14	NHS Addictions Service		X
15	Local Area Coordinators (Locality Planning)		X
16	Frailty & Older People's Service		X
17	Immunisations Service		X
18	Podiatry Service	X	X
19	Mental Health Services		X
20	MSK Physiotherapy	X	X
21	Nutrition & Dietetics		X
22	Obstetrics and Gynaecology		X
23	Fife Carers Centre		X
24	Mental Health Nursing		X
25	Dementia Friendly Fife		X
26	Diabetes MCN		X
27	Midwifery	X	X
28	Diabetic Retinopathy		X
29	Physiotherapy		X
30	Orthoptics		X
31	Coalfields Regeneration Trust & Fife Voluntary Action services		X
32	Social Work		X
33	Multi-Disciplinary Team meetings		X

Table 9 - Kincardine Services

Approximately 35+ services were engaged prior to lockdown in March 2020 and all re-engaged in September and again in November 2020, to develop a service schedule and see if anything had changed or additional requirements were needed due to Covid-19: requirement of space in the centres, days of use and frequency, any special requirements etc. An exact number has not been provided as there are numerous services which sit under

single or multiple providers. This data has however been collated into a spreadsheet that has informed an updated schedule of accommodation.

2.3.3 Associated Buildings and Assets

The current facility is based centrally in the village of Kincardine. Established in 1930 and previously used originally as a residential property and then utilised as a police station. As a health facility the property has been considerably modified and extended throughout its lifetime. The accommodation in Kincardine is provided over one level with a total floor area of 237m^2. The building is owned by NHS Fife.

Figure 4 - Kincardine Practice

The building block condition is category C and the risk adjusted back-log cost is £85,000.

Condition, space and functionality of the facility are best summarised within the AEDET benchmark assessment which is outlined below.

Category	Benchmark
Use	1.0
Access	1.1
Space	2.0
Performance	1.3
Engineering	1.4
Construction	0.0
Character & Innovation	1.3
Form & Materials	2.1
Staff & Patient Environment	1.3
Urban & Social Integration	2.6

1 = virtually no agreement / poor *6 = virtually total agreement / excellent*

Table 10 - AEDET Benchmark Score - Kincardine

2.4 Strategic Context

2.4.1 Drivers for Change

2.4.1.1 Local Context

NHS Fife Clinical Strategy[6] sets the strategic direction with Fife Health & Social Care Partnership (FHSCP) that is focused on local early, preventative care. In working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system we will strengthen primary care and community services.

Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, adding and adapting services responsively to meet and sustain outcomes.

Our development of community health and wellbeing hubs is designed to flexibly and responsively layer services where required, adjusting support and care incrementally. In light of the changing demography this has focused on supporting people to minimise and modify the impact of frailty (including younger people frail because of long term conditions, addictions etc). Providing holistic assessment and care management, focused on individual outcomes, anticipatory planning and supporting a reduction in unscheduled care. Fife has a population of 371,910[7], (midyear estimate 2018), with slightly above the Scottish average for the over 65's age group described in Table 11.

	Total Population	65+	75+	85+
Fife	371,910	20%	9%	2%
Scotland	5,438,100	19%	8%	2%

Table 11 - Population Demographic Summary

Fife H&SCP has seven localities. Kincardine is in the South West Fife locality. The South West Fife locality sits within the West Division of the H&SCP. The H&SCP is developing a locality clinical model with GP Clusters focused on the needs of the locality population. Table 12 demonstrates the percentage of locality populations over 75.

	Population >75	
City of Dunfermline	3928	7%
Cowdenbeath	3360	8%
Glenrothes	4109	8%

[6] https://www.nhsfife.org/media/32112/c64_cs-finalforintranet.pdf

[7] Mid-Year Population Estimates Scotland, Mid-2018, National Records of Scotland. Publication (nrscotland.gov.uk)

Kirkcaldy	5549	9%
Levenmouth	3560	10%
North East Fife	7192	10%
South West Fife	3845	8%

Table 12 - Locality Demographic Summary

Over the next 25 years the total population within South West Fife is projected to increase by 9% by just around 4,600 by the year 2041. Most of the areas' population growth is expected to take place in the older people age group, an increase of circa 52% which will place and increasing demand on health and social care.

Population Projections		
	2016	2041
Overall	49,777	54,400
0-15 years	17.1%	17.5%
16-64 years	63%	55%
>65 years	19.7%	27.5%

Table 13 - Population Projections

The Local Development Plan indicates that housing developments will see circa 317 new homes built by 2032 (potentially an additional 790 people). The local development plan includes potential for the development of a further 259 homes within the Kincardine Health Centre catchment area.

The local and national goal, supported by NHS Fife's Clinical Strategy (2016-21)[8], NHS Forth Valley Healthcare Strategy (2016-21)[9] and the Fife Health and Social Care Partnership's Strategic Plan for Fife 2019-2022[10] is to provide safe, effective and sustainable care at home or as close to home whenever possible. The model being implemented will support robust, integrated health (primary and community), social care and third sector services with a strong focus on early intervention, prevention, anticipatory care and supported self-management.

The proposal for investment into fit for purpose health and social care facilities in Kincardine will not only address the current restrictions upon local delivery of clinical services and deficiencies in facilities at the existing Kincardine Health Centre but also enable the delivery of the above key areas within the Kincardine area.

The well-rehearsed pressures in General Practice in Scotland can be illustrated by the following indicators:

- 10% of the population consults with a GP practice clinician every week
- 34% of all GPs are aged 50 and over in 2015, compared with 29% in 2005

[8] https://www.nhsfife.org/media/32112/c64_cs-finalforintranet.pdf
[9] NHS-Forth-Valley-Healthcare-Strategy-2016-21.pdf (nhsforthvalley.com)
[10] https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0028/188263/HSCP_Strategic_Plan_2019-2022.pdf

- 37% increase in female GPs and 15% decrease in male GPs over the ten-year period to 2015
- 2015 – 1 in 5 GP training posts unfilled

Fife's Primary Care Improvement Plan sets out how primary care and General Practice are reshaping to implement the new GMS 2018 Contract. This is facilitating the development of GPs as expert medical generalists within expanded Primary Health Care Teams, by implementing new roles and ways of working. This is underpinned by the guiding principles of:

- Contact: accessible care for individuals and communities
- Comprehensiveness: holistic care of people – physical and mental health
- Continuity: long term continuity of care enabling an effective therapeutic relationship
- Co-ordination: overseeing care from a range of service providers

Care pathways are patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and the need to provide a wider range of services to people in their local communities and to develop greater local integration is being hampered by the accommodation available within the Kincardine area. The effect of which is evidenced in the continued reliance upon the traditional medical model of relatively high acute hospital attendance and admission rates. Section 2.4.1.2 below highlights the patient journey using personas.

Local accessibility and improved joint working with other Health and Social Care Partners as part of wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes. This will be underpinned by practice multi-disciplinary team working, supported by responsive wider locality teams in reaching to deliver local care. This is further illustrated in Section 2.4.1.3 below.

2.4.1.2 The Patient Perspective

It has been recognised for many years, service providers across Scotland and the UK have planned care separately in different parts of the system including primary, community, acute care and mental health. Services have often been planned around buildings, individual service providers or even clinicians.

What is now proposed is a shift toward an overarching whole systems model which focuses on the needs of people who use the different health and social care services within the Kincardine Practice. This is described as a more holistic community health and wellbeing approach.

The central underlying principle of the development of the new centre is to focus on the patient outcomes, their journey and experience. This will help to identify where service improvements are necessary and involve a wide range of service users and providers in analysing and redesigning improved patient pathways to positively impact on outcomes. To support this work seven patient personas have been developed which serve to inform key considerations when designing new pathways and the integration of services. Full details of

this work is contained in the supplementary document, “The Patient perspective” (Appendix J).

2.4.1.3 Sustainable Workforce and Staff – Health & Wellbeing

Since the launch of Everyone Matters 2018-2020[11], key priorities and actions have been identified which are contributing greatly to achieving a healthy organisational culture. Everyone Matters Implementation Plan actions will be integrated into the new centre where appropriate – initial considerations include:

- Health & Wellbeing and Healthy Organisational Culture – take action to promote the health, wellbeing and resilience of the workforce. Create an environment which supports working across teams, open office space, bookable quiet space and hot-desks, collaborative spaces, wellbeing space, access to support services – these are considered vital to staff wellbeing and morale. Wellbeing Hubs have been established in various sites to support staff, particularly during the global pandemic. Bookable peaceful indoor and outdoor spaces could be established within the centre for both (practice-based and visiting) staff and community use. Providing opportunities for staff to take part in wellbeing-related sessions as appropriate including mindfulness, kindness, resilience and self-care related activities. Sessions are planned with the local Health Psychologist to provide some of these activities within GP clusters, Lunchtime Bytes, Community Health & Wellbeing Services (CHaWS) Subgroup and with practice staff. Other elements will include Staff Cycle to Work Scheme, bike racks, outdoor gym, community garden with covered area, showers and changing facilities etc.

- Sustainable workforce: over 35 clinical and non-clinical services engaged in relation to: requirement of space in the new centre, days of use, frequency, special requirements etc. A service schedule was developed from the feedback which formed the Schedules of Accommodation and this information was used to start the early design of the new building. This will ensure that local services can be planned, coordinated and delivered within the new centre as close to home for people as possible. The new centre will have the space to accommodate a wider range of services as per GMS (General Medical Services) contract and aforementioned drivers for change. There is ongoing engagement with the Kincardine Practice and services throughout the process including via the CHaWS Subgroup, the Design Team meetings etc.

- Capable workforce:

    - NHS Fife and FHSCP offer a suite of development opportunities for their workforce. Educational support services include: Health Promotion, Organisational Development, Learning & Development and Practice & Professional Development (PPD). The PDD is embedded below and includes: managerial coaching, observational visits to support recruitment, clinical skills,

[11] Everyone matters: 2020 workforce vision implementation plan 2018-2020 - gov.scot (www.gov.scot)

leadership, dementia awareness, palliative and end of life care. PPD provision and training is offered to all staff including those working in residential, nursing and care homes in Fife. HR, Patient Relations, Infection Prevention & Control, Pastoral, Resuscitation and Manual Handling all offer training to NHS staff.

- Work across organisational and professional boundaries (i.e. between primary and secondary care, across sectors etc) to share good practice in Learning & Development (L&D), evidence-informed practice and organisational development. Facility available regarding L&D space e.g. face to face training or a computer room where staff can participate in virtual training, update their core skills, LearnPro, Turas etc. Engaging with the staff regarding what they would like and to ensure they feel included as part of the process in relation to the new building.

- Workforce to deliver integrated services: Working with partners to develop workforce planning capacity and capability in the integrated setting including ways of working – exploring opportunities to work differently before the building completion e.g. using the Patient Personas & Pathways in order to establish a service coordination approach and tests of change.

- Change management – ensuring change is managed appropriately and providing opportunities to keep all key staff and stakeholders informed, involved and engaged in the process where possible. The Staffside representative also attends Project Team meetings and has had input into these sections of the OBC. This will be organised through a range of methods such as Subgroup meetings, staff updates, Blink, websites, newsletters and ongoing communications with key stakeholders etc. It is important to give staff ownership particularly if the new building is to be their main base. How and when to ask staff for views is important - all views need to have equal importance.

- Longer opening hours – these will be considered as part of the new building where designated areas could potentially be 'locked-down' for out-of-hour use as a community asset.

- Health & Social Care and Design & Construction Career Pathways – work with L&D to ensure links with local schools and education providers are established to showcase Health & Social Care and Design & Construction as career pathways including options for apprenticeships, internships, student placements and work experience etc.

2.4.1.4 National and Local Strategies

Key national and local documents have influenced the development of our health and care model and thereby this proposal, although this is not an exhaustive list. It should be noted that along with Caithness and Ayrshire Fife's Community Health and Wellbeing Hub programme has been selected as a national pathfinder site to support a Once for Scotland approach to delivering the shift in the balance of care from hospital to community.

National

- Commission on the Future Delivery of Public Services (The Christie Report) (June 2011)
- 2020 Vision for Health and Social Care (September 2011)
- Healthcare Quality Strategy (2012)
- A National Clinical Strategy for Scotland (February 2016)
- Health and Social Care Delivery Plan (December 2016)
- Property Asset Management Strategy (2017)
- NHS in Scotland 2016 – Audit Scotland Report (October 2016)
- Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland (August 2017)
- General Medical Services Contract (2018)
- Health and Social Care Integration – Audit Scotland (November 2018)
- Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)

Local

- Health and Social Care Partnership Strategic Plan for Fife Plan (2019-2022)
- NHS Fife Clinical Strategy (2016-21)
- NHS Fife Property and Asset Management Strategy (2022)
- NHS Fife Operational Delivery Plan (2018/19)
- Let's really raise the bar: Fife Mental Health Strategy (2019-2023)

This proposal interacts with these key local and national strategies in terms of:

Quality Strategy ambitions in relation to:

- Person centred care - through improving access to Primary Care and providing more care closer to home
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation
- Effective – bringing together a wider range of health and care services to make more effective use of resources

2020 Vision aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

Technology Enabled Care projects are being tested within the current service model to modernise primary care, support earlier identification and self-management.

NHS Fife's Clinical Strategy and **Operational Delivery Plan** are focused on delivering person centred care, closer to home where possible. The proposed development will support the local provision of health and social care services within Kincardine, facilitating person centred care and support.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general Practice requires collaborative working, with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP Practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:

- Maintaining and improving access
- Introducing a wider range of health professionals to support the expert medical generalist
- Enabling more time with the GP for patients when it is really needed
- Providing more information and support to patients

The **Public Bodies (Joint Working) (Scotland)** Act 2014[12] aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population. Fife's local Health and Social Care Strategy describes how the nine National Outcomes for Integration can be met through prevention, local earlier integrated working focused on peoples own outcomes.

Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway**[13] and the Named Person role conferred by the **Children and Young People (Scotland) Act** (2014)[14]. The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017)[15] sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. Within this framework redesign in community nursing is supporting the implementation of the Chief Nursing Officer Directorates paper on

[12] Public Bodies (Joint Working) (Scotland) Act 2014 (legislation.gov.uk)
[13] Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot (www.gov.scot)
[14] Children and Young People (Scotland) Act 2014: National Guidance on Part 12: Services in relation to Children at Risk of Becoming Looked After, etc - gov.scot (www.gov.scot)
[15] Nursing 2030 vision - gov.scot (www.gov.scot)

Practice and Community Nursing to integrate locally to support prevention and early intervention.

Fife Health and Social Care Partnership, established on 1 April 2016, is refreshing its strategic plan, this includes revised Vision, Mission and Values. The plan is focused on delivering proactive, integrated support and therefore will seek to secure an outcome focused model delivered locally aimed at securing improved outcomes through early identification and intervention:

- ***The Vision is*** To enable the people of Fife to live independent and healthier lives.
- **The Mission is** "We will deliver this (vision) by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes."
- Our **Values** are: Person-focused - Integrity – Caring - Respectful - Inclusive - Empowering

2.4.2 Need for Change Summary

The following is a full list of the main drivers causing the need for change, the effect that these issues are having on the current service provision and an assessment of why it is believed action is required now.

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
The clinical and social care model have developed and implementation is being circumscribed.	Primary, Community and Voluntary sector services cannot provide the integrated model of care they and the community recognise is required now and for the future.	The model of care is being undermined now: preventing locally based, integrated proactive care. Time from Initial Agreement to occupation of a new facility could take circa 4 years.
	Services cannot be delivered locally for local patient need; instead are based where it is possible to deliver services.	NHS Fife/Fife H&SCP will fail to deliver the GMS (2018) and community health and wellbeing hub model within Kincardine unless this is planned for.
	Pressure on existing staff, accommodation and services will inevitably increase.	Sustainability of primary care is a key priority for the IJB and NHS Fife. There is a need to plan to provide a sustainable service for the future.
Poor clinical and non-clinical	Existing facilities fall far below the required standards in terms	Existing facility configuration and layout presents unacceptable risks,

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
functionality and space restrictions in existing accommodation (configuration)	of how they are configured and laid out. The Equalities Act 2010 compliance within the building is poor.	as well as poor local performance, functional in-efficiency and suboptimal patient experience.
	Premises are functionally inadequate and compromise pro-active, integrated care.	No scope exists to re-organise parts of the service to improve the experience.
	Some consulting rooms are very small and do not meet current standards. These are very restrictive / unsuitable for patients and staff.	Poor patient and staff experience. Does not meet current recommended standards.
Clinical and social care functionality (capacity) issues	Capacity is unable to cope with current, let alone future projections of need. Patients are required to make repeated appointment to meet with different members of their multi disciplinary team and to access healthcare out-with the local area.	Service sustainability and development is at risk and an increasing number of patients will travel from Kincardine to Clackmannan for basic Primary Care.
	Facilities lack the number and range of support areas necessary to deliver modern, integrated, safe and effective services	A lack of essential support areas represents a real and unacceptable risk to the Board in key areas such as HAI and patient safety.
Building issues (Including statutory compliance and backlog maintenance)	Increased safety risk from outstanding maintenance and inefficient service performance	Building condition and associated risks will continue to deteriorate if action is not taken now, affecting performance. Redesign of building will allow for improved care, staff experience and financial performance.

Table 14 - Need for Change

2.4.3 Investment Objectives

This section identified the 'business need' in relation to the current arrangements described in Section 2.1. These were discussed at the Architecture & Design Scotland (A&DS)

facilitated workshop to develop the project design statement. A wide range of stakeholders including clinical and managerial staff along with community representatives were involved in a workshop to describe the difference between 'where we are now' and 'where we want to be'.

Effect of the need for change on the organisation:	Investment Objectives
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in physical capacity.
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of the parties to deliver the full range of integrated services locally.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care.
Existing configuration, as a result of a 1930's building, being modified and extended with a 'best fit' approach. Current facilities have treatment rooms below minimum acceptable standards.	Delivery of safe and effective care with dignity –by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

Table 15 - Investment Objectives

2.4.4 Proposed Benefits

There is a clear emphasis on General Practice provision and the development of the community health and wellbeing hub model within the IJBs' Strategic Plans and NHS Fife and Forth Valley's Clinical Strategies. The proposed investment in infrastructure will enable the Kincardine Medical Practice to fully participate in the required programmes of care, enable full access to the Primary Care Improvement Plan and thereby improve outcomes for individuals, experience for staff and the reputation of the organisation.

Benefits for each of the investment objectives described in Section 2.4.3 above are mapped to the expected benefits in the context of the Scottish Government's five Strategic Investment Priorities (Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability).

To ensure that resources are effectively exploited and that any investment made provides agreed benefits a register has been developed. The benefits register (see Appendix E) identifies the expected benefits, indicates a baseline and target measurement and also gives a priority level to each benefit. The Benefits Realisation Plan demonstrating how the benefits can be secured is included at Appendix F.

Investment Objective	Benefit	Investment Priority
Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.	GP Practice Multi Disciplinary Team and wider community hub team have access to accommodation to meet population needs locally	Person Centred Health of Population Integrated Care Quality of Care
Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	Services delivered locally based on need	Person Centred Efficient Effective Integrated Care
Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.	Higher staff retention levels Higher staff morale/lower absence rates Increased flexibility of roles Career progression Improved workforce planning across the health and social care pathway Supports training, education and development	Person Centred Efficient Effective Value and Sustainability Integrated Care
Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care.	Access to wider staff skills and experience on one site Reduces unnecessary hospital referrals / multiple appointments Reduces patient risk	Effective Quality of Care Person Centred Integrated Care

Investment Objective	Benefit	Investment Priority
Delivery of safe and effective care with dignity – by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.	Improves patient experience addressing privacy and dignity issues Improves staff safety through provision of primary care & community services on one site allowing for available support for patients and staff. Ease of compliance with standards e.g. Equalities Act 2010[16], HAI Fit for purpose flexible accommodation meeting all guidelines e.g. room sizes	Safe Person Centred Quality of Care Integrated Care
Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.	Increased local provision and access to treatment making best use of available resources by having the infrastructure to deliver more proactive prevention and early intervention focused support, maximising MDT working to facilitate access for people and thereby reducing the call upon unscheduled care.	Effective Quality of Care Efficient: Value and Sustainability

Table 16 - Benefits

2.4.5 Risks

Risk is now covered within the Commercial Case (Section 4) and Management Case (Section 6). The project's Risk Register can be found at Appendix G.

2.4.6 Constraints and Dependencies

2.4.6.1 Constraints

Constraints are limitations on the investment proposal. Key constraints relating to this particular investment proposal are noted below:

- Financial – given the current climate it is recognised that the project is likely to be constrained financially. Once the project budget it is set, the project will require to be delivered within this.
- Programme – given the needs for change relating to the current arrangements, there is a need to deliver the project as quickly as possible.

[16] https://www.gov.uk/guidance/equality-act-2010-guidance

- Quality – the project will require to comply with all applicable healthcare guidance and achieve the AEDET pre-defined target criteria across all categories. The project will also be subject to NDAP and Design Assure key stage reviews.
- Sustainability – as the preferred option is a new-build there will be a requirement to achieve and agreed BREEAM rating.
- Site – site constraints have been investigated during the OBC and factored into the OBC cost projections. Planning constraints will be investigated during the FBC stage.

2.4.6.2 Dependencies

Dependencies are where action from others is required to ensure success of the investment proposal. Key dependencies include:

- Acquisition of the site for development. Discussions with Fife Council are ongoing in this regard, although initial indications are that Fife Council are supportive of the proposals. Engagement will continue through the FBC stage with a view to concluding a long lease arrangement at the end of this stage.
- Service re-design to maximise the opportunities of bookable spaces, agile working and service integration.
- E-health initiatives as outlined at Section 4.4.14.

2.4.6.3 Critical Success Factors

In addition to the Investment Objectives set out in Section 2.4.3, the stakeholders have identified several factors which, while not direct objectives of the investment, will be critical for the success of the project.

Requirement	Description	Critical Success Factor

Strategic fit	Meets agreed clinical and investment objectives, related business needs and service requirements	• Promotes sustainability of Primary Care provision and delivery of 2018 GMS Contract
		• Consistent with NHS Board's Clinical Strategy
		• Supports delivery of NHS Scotland Quality Strategy
		• Facilitates integration of health and social care services, delivered locally
		• From Patient perspective:
		  • a facility that is easily accessible, bright, friendly and airy.
		  • designed so that patients can be treated with dignity particularly in terms of confidentiality.

Value for money	Maximise the return on the required investment and minimise risks	• Service model maintains or reduces revenue costs in the longer term through earlier intervention • Service model enables effective decision making in allocation of resources • Building design maximises efficiency and sustainability
Potential achievability	Is likely to be delivered in relation to the required level of change Matches the available skills required for successful delivery	• The skills and resources are available to implement new ways of working • The H&SCP and the Practice are able to embed new ways of working • NHS Fife are able to deliver the programme to agreed budget and timescales • Technology enablers are available and utilised
Supply side capacity and capability	Matches the ability of service providers to deliver required services	• Service providers are available with skills, materials and knowledge • The project is likely to attract market interest from credible developers

Potential affordability	Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services	• Solution is affordable to all stakeholders

Table 17 - Critical Success Factors

3 Economic Case

3.1 Introduction

The purpose of the Economic Case is to undertake a detailed analysis of the costs and benefits of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic / service solution(s) identified within the IA.

The objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services.

3.2 Revisiting the Economic Case

Since the IA, the Economic Case has been updated to provide details of stakeholder engagement activity undertaken during the stage.

3.3 The Do Nothing/Do Minimum Option

It is not feasible to continue with the existing arrangements ('Do Nothing'), because the building is not fit for purpose. The backlog maintenance required while supporting minimum safety and the building to be water-tight will not make it fit for purpose. The do nothing option scored lowest throughout the option appraisal process. The building and footprint likewise mean that a do minimum option is not feasible.

Strategic Scope	**Do Nothing / Do Minimum**
Service Provision:	Primary Care services in Kincardine are delivered from the existing Kincardine Health Centre. This former Police Station has been considerably modified and extended throughout its lifetime. Continue with existing service provision with no changes to service provided as outlined in Section 2.11. This will result in insufficient capacity to meet future demand for treatment, restrict proactive integrated care and maintain inequity of access.
Service Arrangements:	The service arrangements will continue as existing with Kincardine Medical Practice; Primary General Medical Services being provided alongside Community, District Nursing and Children's Services. There will be the risk of being unable to implement GMS (2018) and community health and wellbeing hub model and potential requirement for patients to register with practices outwith their catchment area.

Strategic Scope	Do Nothing / Do Minimum
Service Provider and workforce arrangements (at the time of the Option Appraisal):	Workforce arrangements will continue as the existing situation with GP services Community, District Nursing and Children's Services delivered in the building. The developing integrated Mutli disciplinary mode will be circumscribed with inequity of access and travel implications for both patients and staff. Poor accommodation will continue to be managed as a risk in terms of staff health and safety. Areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. The facility no longer has any meaningful storage (impacting on consulting rooms); does not have the following: a clean utility room; a dirty utility room; a disposal hold; any cleaner's room/facilities; a quiet/interview room; or an effective disabled toilet.
Supporting assets:	The building presently does not meet the required standards (particularly around spacing and access). The condition of the building will continue to deteriorate. Decant of community services may be required to support practice provision and reducing access for community services.
Public & service user expectations:	Public consultation indicates a strong desire for the delivery of effective GP & Primary Care/Community Care services in Kincardine from one building in a good central location which is all on one level. Services delivered by a wide range of professionals. Strong desire to increase targeted delivery to address inequalities. Single shared staff room. Suitable space for patients who become unwell and need transfer to acute services. This option will not deliver this in the future and will perpetuate a poor environment with limited facilities and also reduce access to primary and community care services for local residents. It will also continue to impact negatively on confidentiality and dignity, and the organisations reputation.

Table 18 - Do Nothing Option Summary

3.4 Stakeholder Engagement

3.4.1 Initial Agreement

It was important to have the support of key stakeholders from health and social care staff and leaders from the local community to define the change required and create the vision for change.

Stakeholders supported this through their participation in the Option Appraisal Exercises and Design Statement workshops. This ensured that the vision was shared and communicated to all who will be impacted by the change. It also encouraged support from those who have an emotional commitment to the services provided in their community.

3.4.2 Outline Business Case

This section focuses on the outcome of the subsequent OBC engagement exercise undertaken with the people of Kincardine. In light of the restrictions, all engagement activities were planned mostly online or with appropriate measures such as social distancing in place. Key stakeholders were involved in developing a Covid-19 safe engagement approach including the Kincardine Practice, Fife Young Carers, The Coalfields Regeneration Trust (CRT), Equality & Diversity, Participation & Engagement Team and their related networks.

The communication and engagement framework was approved by the Partnership and Engagement Network: Advisory Group in October 2020. This plan sought to maximise engagement with local stakeholders via a range of networks to gather the citizen voice to inform the development of the business case. Online materials were hosted by the NHS Fife website.

3.4.2.1 Key Communication and Engagement Activities

The main communication and engagement methods included: websites and social media; press release and posters; cascading via local health care providers, schools, services and politician colleagues; Peoples Panel; Public Directory; patient texting service; online discussion forums; online and paper surveys.

Activities included:

- A press release was issued to initiate the engagement process through local newspapers and then an update partway through the engagement process
- December Localities Newsletter was sent across the 7 Localities (800+ members), SW Fife and Cowdenbeath Localities (189 members)
- Cowdenbeath Area Cluster
- Peoples Panel (1700 members)
- Public Directory (62 members)
- FVA Health & Social Care e-bulletin was sent to 653 members
- All communications included a link to the online survey and paper versions were made available in local sites
- Additional to this, the survey link and information was also sent out numerous times over the engagement period via social media by the NHS Fife and Fife Health & Social Care Partnership (FHSCP) Communication Teams as well as via local groups and organisations including twitter, Facebook etc
- The patient texting service was utilised by the practices on a number of occasions and this proved to be the most successful method
-

3.4.2.2 Stakeholder Engagement and Surveys

Approximately 70 local groups and organisations were successfully engaged. This included:

- 1 school in Kincardine

- Public Directory
- Fife Young Carers
- FVA
- NHS Fife and Equality Groups
- Cowdenbeath Cluster
- Centre for Equalities
- Carers Link
- Fife Carers Centre
- Dementia Friendly Fife (STAND Fife)
- HIS Community Engagement
- Disabled Persons Housing Association
- Saje Scotland
- Community Teams
- Community Learning & Development
- Scottish Stammering Network
- The Coalfields Regeneration Trust
- Go Forth
- Gala Committee
- West Fife Villages Forum (WFVF)

3.4.2.3 Survey Design

The survey was developed to provide participants with ample opportunity to share their thoughts and views in relation to their new Community Health & Wellbeing Centres. The following question ranges were outlined in the survey:

- health and wellbeing related services people would like to see in their new centre
- changes introduced since the pandemic would people like to keep
- changes introduced since the pandemic would people not like to keep
- order of importance e.g. support services, wellbeing services, increased opening times, outdoor gym, community spaces etc
- environmental factors to consider e.g. recycling, solar panels, electric car-charging points
- anything additional requirements or information not previously mentioned

- biographical information

This survey has been fully analysed and the information received from the engagement exercise has helped to support the OBC process, inform the options appraisal and building design processes, as well as help shape future service delivery in the new Kincardine Community Health and Wellbeing Centre. Full details of the approach taken to the survey and this analysis are detailed in the supporting document Kincardine Community Health and Wellbeing Centre Engagement Feedback Summary Report (available upon request).

3.4.2.4 Quick Wins

Using the thoughts, comments and ideas shared in the engagement feedback above, considerable work has taken place with the Kincardine practice and other service providers to identify potential changes or improvements that can be put in place with immediate effect. Other longer term or more complex changes will be considered as the programme progresses with the development of the new centre.

These changes or improvements include:

- Ensuring a wide range of health and wellbeing services – the Clinical Services Subgroup was expanded further to include non-clinical services and renamed as the Community Health & Wellbeing Services (CHaWS) Subgroup
- Coordination and collaborative approach – working with the CHaWS Subgroup to test a coordination approach to improve patient pathways by ensuring people are accessing the most appropriate services when they need them most
- Mental Health Services – the engagement exercise highlighted a real need for mental health services, particularly during the pandemic. People will be better supported and enabled to access their local mental health services e.g. counselling, befriending, The Well etc
- Access to Carers Support – raising awareness of the needs of Carers of all ages and the appropriate support to access key services such as Fife Young Carers or Fife Carers Centre e.g. including benefits, short breaks (respite)
- Use of technology:
    - Encouraging or enabling people to access clinical and/or non-clinical appointments using technology where appropriate e.g. video calls/Whatsapp
    - Development and better use of practice websites where this isn't already available
    - Development and better use of the patient texting service
- Volunteering opportunities - public participation groups have been established to provide community representation to help shape the new centre
- Improved repeat prescription process – working with patients, carers and families, local pharmacists, doctors and administration staff are committed to ensuring easier access to safe, high quality repeat prescription systems

- Improved appointment systems – all the practices are considering how to best provide appointments, improve access and reduce waiting times for patients and will be taking the engagement feedback into consideration

3.4.3 Ongoing Stakeholder Engagement

The Project Team worked closely with practices and local organisations to identify members of the community who were interested in being involved in the development of their new centre. Local participation groups are set up and members of these groups feed into project meetings to share a representative view and feedback to the main group. There are also engagement events and activities being planned. Other options to increase community involvement and ownership will include the community/sensory garden and art work for the new centre.

The Stakeholder Engagement and Communication Plan is located at Appendix H.

3.5 Service Change Proposals

The initial scope for the Kincardine Health Centre project was to explore design and scope options to provide a suitable health and social care facility in Kincardine which was of a suitable size and condition to meet with the growing needs of the existing practice and community health and social care team.

3.5.1 Long List of Options

The theoretical long list of options was initially generated by the NHS and Local Authority teams with the support of hubCo and its advisers and was reviewed throughout the process. This long-list was based on the cross-referencing of strategic theoretical service options available with local site / facility considerations.

Strategic theoretical option themes included:

Strategic Scope	Summary
1 Service Provision	• Do nothing (The status quo) • Centralise (currently separate) health care facilities in Fife (Kincardine), Forth Valley (Clackmannan) or somewhere in-between recognising that these sites are staffed by the same practice • Build entirely new and minimise any use of existing buildings (full build)
2 Service Arrangements	• Don't have any specific GP / health facilities locally
3 Service provider/ workforce	• Utilise only 'operational' solutions to address existing problems
4 Supporting Assets	• Build new but also make use of existing facilities to support the overall model (reduced build)

	• Combine a new build or refurbishment proposal with other new / existing developments across the public sector
5 User Expectations	• The expectations of the public and service users

Table 19 – Strategic Theoretical Service Options

The following core long-list of options, in addition to Option 1 do nothing/minimum described above at Section 3.3, was agreed:

Option	Description	Commentary
2	Don't have any Health Centre building – use existing available public sector estate.	This option was not short-listed as it was completely incapable of delivering the preferred service model, would not deliver the community health and wellbeing hub required and result in an even more fragmented service than at present. It was also reliant upon finding existing spaces that do not exist.
3a	An operational solution utilising only the existing Health Centre	Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not 'mutually exclusive' – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the physical/facility issues identified. It was consequently not short-listed.
3b	An operational solution utilising the existing Health Centre plus space in other local facilities.	This option was assessed as a variation on option 3a), that also sought to access space in other local facilities. It was not short-listed for the same reasons.
4a	Refurbish & extend the existing Health Centre facility	This option was not deemed feasible as the current Health Centre building covers the entire curtilage meaning no options for extension or adequate refurbishment exist. It was consequently proven unfeasible and not short-listed.
4b	Refurbish other existing facilities.	This option acknowledged the possibility of identifying and refurbishing another local facility however, in the event, no such facility could be found. It was consequently proven unfeasible and not short-listed.

Option	Description	Commentary
5a	Reduced new build on existing Health Centre site (plus use of space in other facilities to be confirmed).	This option involved building a reduced new facility on the existing site that made use of space in other local buildings. It was rejected as not feasible for a number of reasons including the cost/disruption associated with decant and lack of facilities to support either the reduced new build element or decant. The option was consequently not short-listed.
5b	Reduced new build on land at Feregait (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified.
5c	Reduced new build on land at Station Road (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified.
5d	Reduced new build on land at Tulliallan Primary School (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified and no way could be found to link into the existing school facility.
6a	Full new build on existing site for Kincardine services only	This option involved a full new build on the existing site that was entirely self-contained and intended to deliver Kincardine services only. It was not short-listed as the site is too small for the required area as well as having significant cost, disruption and operational challenges associated with decant to support demolition and re-building.
6b	Full new build on the Feregait site for Kincardine services only	This option involved a full (self-contained) new build on the Local Authority owned Feregait site. It was deemed feasible and consequently short-listed.
6c	Full new build on the Station Road site for Kincardine services only	This option involved a full (self-contained) new build on the Local Authority owned Station Road site. It was deemed feasible and consequently short-listed.

Option	Description	Commentary
6d	Full new build on the Tulliallan School site for Kincardine services only	This option involved a full (self-contained) new build on part of the Local Authority owned Tulliallan Primary School site. It was deemed feasible and consequently short-listed.
7a	Full (combined) new build on existing site for Kincardine & Clackmannan services	This option involved a full new build on the existing site that was entirely self-contained and intended to deliver the combined services currently delivered separately in Kincardine and Clackmannan by the same GP practice. It was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved. This included NHS Fife and NHS Forth Valley in recognition of the fact that the practice and its delivery locations straddle both Board areas.
7b	Full (combined) new build at Feregait site	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7c	Full (combined) new build at Station Road site	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7d	Full (combined) new build at another site in Kincardine	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7e	Full (combined) new build at ANOther site in Clackmannan.	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.

Option	Description	Commentary
7f	Full (combined) new build at ANOther site “between” Kincardine & Clackmannan.	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.

Table 20 - Long-list of Options

The benefits criteria against which the long list were assessed were initially drafted by the wider planning team in light of the strictures placed upon the clinical model by the facility associated challenges identified. These were refined during the option appraisal events into an agreed list based on global stakeholder opinion.

Importantly, this list was also developed with the support of the stakeholder group reviewing options related to a similar business case being developed for Lochgelly in order to ensure that both projects, which have similar objectives and timescales, were able to benefit from each other’s work through the development of an agreed list of benefits criteria that were weighted independently.

In summary, the benefits criteria reflected the ability of each identified option to, noted in order of highest to lowest weighting:

- Deliver an optimal physical environment
- Be readily accessible
- Support flexibility and sustainability
- Support local and national service strategies
- Deliver wider community & public benefits

The Partnership is committed to delivering services that are integrated and maximise opportunities for local delivery. It has been formally confirmed that there is an on-going requirement to continue to deliver GP, primary care and local clinical services separately from Kincardine and Clackmannan in recognition of population, local clinical needs and geographical considerations. Consequently all option 7s, were not taken forward to the short-list.

Specific site/facility considerations included:

- The existing NHS owned Health Centre site in Kincardine
- A Local Authority owned site at Feregait
- A Local Authority owned site at Station Road
- Part of the Local Authority owned Tulliallan Primary School site

Whilst a number of other potential sites were raised and considered, they were all excluded at this stage as they were either demonstrably too small and / or not in public sector ownership. On this latter point it was noted that a site that was not currently in the ownership

of the public sector would only be considered if none of the public sector sites was deemed appropriate based on the appraisal process.

It was acknowledged by all concerned at the outset and throughout the appraisal process that sites are extremely limited in the Kincardine area and that this would inevitably present a significant challenge to the project.

3.5.2 Short List of Options

The short-list was largely shaped by:

- A complete lack of suitability/options regarding the current site
- A complete lack of facilities in the Kincardine area to present refurbishment opportunities or additional supportive capacity for the integrated health and social care model
- A very limited range of additional sites/opportunities

The short list consequently included four options:

Option	Description
1	1 - Do Nothing (The Status Quo)
2	6b - New build at Feregait site in Kincardine (for Kincardine services only)
3	6c - New build at Station Road site in Kincardine (for Kincardine services only)
4	6d - New build at Tulliallan Primary School in Kincardine (for Kincardine services only)

Table 21 – Short-list of Options

3.5.3 Indicative Costs

Indicative costs for each of the options on the Short List have been prepared as per guidance in the Scottish Capital Investment Manual by hubCo. The non-preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m^2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020). Figures are calculated over a 60 year period.

	Description	Capital Costs (£) *	Whole Life Capital Costs (£)	Whole Life Operating Costs (£)	Est. NPV (£)	Est. EUV (£)
1	**Do Nothing/Base**	-	-	1,749,291	723,705	28,520
2	**(6b) Feregait**	3,846,621	758,689	10,220,763	6,307,702	248,577
3	**(6c) Station Road**	3,903,627	769,948	10,293,636	6,368,662	250,979
4	**(6d) Tulliallan School**	3,903,627	769,948	10,293,636	6,368,662	250,979

Table 22 - Option Costs

3.5.4 Option Advantages and Disadvantages

The following table outlines how the advantages and disadvantages of the short list were assessed against the benefits criteria. This was undertaken through a process of discussion / debate within groups with the intention of seeking consensus agreement around the relative merits of each option and scores to be applied.

	Option1: Status Quo	**Option 2: Feregait**	**Option 3: Station Road**	**Option 4: Tuliallan School**
Advantages (Strengths & Opportunities)	Established location.	Purpose built facility. Good central location. Good pedestrian and vehicle access. Secure location. Good service access. Good parking.	Relatively close to town centre. Relatively flat site, for 1 level building. Good pedestrians and vehicle access. Secure location. Good community setting. Flexibility – with potential expansion options. Ease of segregated access.	Central location. Good physical site. Good local and physical access. Community Campus opportunity. High visibility. Increased flexibility. Ability to segregate access for staff/patients/ servicing. Access from A977.
Disadvantages (Weaknesses & Threats)	Building and curtilage not suitable for further developme nt	Potential flood risk. Site investigation required (mining?). Ground conditions make development expensive. Infrastructure issues.	Potentially too overlooked. Impacts on village green. Potential flood risk. Site investigation required (mining?). Ground conditions make development expensive. Infrastructure issues. Public transport – slight walk.	Loss of school / community amenity space. Potentially contentious road issues. Potential flood risk. Site investigation required (mining?) Ground conditions make development expensive. Infrastructure issues.

			Access road may not be suitable for construction traffic.	

3.5.5 Does the Option meet the Investment Objectives?

The table below summarises the extent to which the shortlisted options meet the Investment Objectives.

Table 23 - Option Advantages and Disadvantages

Investment Objective	Option 1: Status Quo	Option 2: Feregait	Option 3: Station Road	Option 4: Tuliallan School
Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.	No	Yes	Yes	Yes
Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in physical capacity.	No	Yes	Yes	Yes
Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.	No	Yes	Yes	Yes
Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care.	No	Yes	Yes	Yes
Delivery of safe and effective care with dignity –by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.	No	Yes	Yes	Yes
Improve safety and effectiveness of accommodation by improving the physical	No	Yes	Yes	Yes

Investment Objective	Option 1: Status Quo	Option 2: Feregait	Option 3: Station Road	Option 4: Tuliallan School
condition, quality and functional suitability of the healthcare estate.				

Table 24 - Does the Option Meet the Investment Objectives?

3.5.6 Cost / Benefit

This section presents the case for the selection of the preferred option. In line with HM Treasury guidance, the NPC is divided by the weighted benefits (WBP) score to determine the cost per benefit point for each option. The lowest cost per benefit point is considered to be the most attractive option.

	Option 1: Status Quo	Option 2: Feregait	Option 3: Station Road	Option 4: Tuliallan School
Net present cost (NPC) - £m	723,705	6,307,702	6,368,662	6,368,662
Weighted benefit points (WBP)	221	539	509	739
BPC per WBP - £000	3,275	11,703	12,512	8,618
	Rejected	Possible	Possible	Preferred

Table 25 - Option Benefit Scores

3.5.7 Preferred Option

From table 25 it can be seen that option 4 scores highest in respect to benefit points. Once the net present costs are factored in, option 1 is highlighted at the lowest cost per benefits point – this is purely because of low net present cost owing to the limited capital that could be invested in the existing facility. As option 1 does nothing to tackle the needs for change as demonstrated within the strategic case and benefits appraisal, it is not a legitimate option.

Given the balance of legitimate options, option 4 offers the highest benefits score and the lowest cost per benefits point, indicating that it is the strongest option. Option 4 is therefore the preferred option as favoured by all stakeholders (consensus), with little to choose between options 2 and 3 for second place.

The proposal has the support of representative service users, carers, staff, the GP Practice and all other key stakeholders.

Through further dialogue with Fife Council during the OBC the site location was selected to the North of the playing fields. This allowed future expansion for the School, whilst protecting the primary football pitch.

4 Commercial Case

4.1 Introduction

This section outlines the commercial arrangements and implications for the Project. This is done by responding to the following points:

- The procurement strategy and appropriate procurement route for the Project
- The scope and content of the proposed commercial arrangement
- Risk allocation and apportionment between public and private sector
- The payment structure and how this will be made over the lifetime of the Project
- The contractual arrangements for the Project

4.2 Revisiting the Commercial Case

The commercial case has generally been updated and expanded since IA in accordance with SCIM OBC guidance. In particular, the design of the preferred option has been progressed allowing for a detailed overview on the status of the design to be provided.

4.3 Procurement Strategy

4.3.1 Procurement Route

NHS Fife will lead on the procurement whilst being supported by the Fife Health and Social Care Partnership.

The project is community focussed and more than £750k, therefore the Scottish Futures Trust hub initiative has been selected as the most appropriate route to deliver the project. The East Central hubCo have been appointed to deliver this public funded project under the design and build option.

The following further procurements have been undertaken to support the Board and these will be procured through Frameworks Scotland Lead Advisor lot.

Lead Advisor

- Project Manager services
- Cost Advisor services
- Technical Advisor services (M&E)
- Authority's Representative (for contract purposes)
- Clerk of Works

4.3.2 Procurement Rules and Regulations

As the proposed procurements have already been tendered they are in compliance with the procurement rules and regulations.

4.3.3 Procurement Plan

The summary table below provides an overview in respect to procurements to date:

Service	Appointment	Status
Contractor, Designers and Principal Designer	East Central hubCo	New Project Request (NPR) agreed. Stage 1 Approved.
Lead Advisor	Currie & Brown	Appointed

Table 26 - Procurements

4.4 Scope and Content of Proposed Commercial Arrangements

4.4.1 Overview

The project involves providing a new health and wellbeing centre within Kincardine at the preferred Tulliallan site. The new centre will replace the existing facility and will be developed further to accommodate future growth within the local area whilst taking cognisance of the Scottish General Medical Services (GMS) contract. The new facility will focus on providing core GP and other health services whilst offering broader flexibility for the promotion of interconnected health and wellbeing opportunities within the local community – this is in-keeping with NHS Fife's ambition to become an anchor institution within Fife.

4.4.2 Project Brief

The project brief is reflected within the following documents which can be provided upon request:

Document	Date	Revision
New Project request (including appendices)		4
Authority's Construction Requirements (ACR)	12.08.21	1

Table 27 - Project Brief

The brief for the design process is that the proposal must conform to all statutory requirements. In addition, the design proposals must meet all relevant Healthcare Guidance as published by HFS on their website.

The PSCP is required to schedule all relevant healthcare guidance and identify any associated derogations against that guidance. This process is ongoing in parallel with the development of the design and will be concluded and presented during the FBC stage of the project.

In respect to governance, the Project Team will be charged with reviewing and agreeing proposed derogations. Thereafter the Project Board have assumed responsibility for sanctioning any proposed derogations. This will be an iterative process culminating in formal acceptance of derogations in advance of contract execution. The Project Team will liaise with Health Facilities Scotland for support and guidance where necessary when contemplating derogations.

4.4.3 Current Design Status

The design has been completed to RIBA Stage 2 which aligns with OBC and NDAP requirements. The table referenced below provides an overview of how the project is performing against predefined OBC requirements.

OBC Design Requirements	Project Status
Concept Design incl. Arch, M&E, C&S, Fire, Landscape	Complete
Outline drawings (≥1:200, key ≥1: 50) & specifications	Complete
Outline sustainability strategy	BREEAM Pre-assessment completed
Outline construction strategy incl. HAI, CDM H&S Plan	Ongoing and will be continued into FBC
3D sketches of key Design Statement spaces	Complete
Completed Design Statement OBC self-assessment	Complete – assessed through AEDET workshop
Completed AEDET OBC self-assessment	Complete
Photographs of site showing broader context	Complete
Evidence of Local Authority Planning consultation and/or alignment with Local Development Plan.	Pre-planning engagement has been sought from Fife Council via a formal application and fee. Consultation and feedback will be received early within the FBC period.

OBC Design Requirements	Project Status
Extract of draft OBC detailing benefits & risks analysis	Provided within this OBC.
Evidence of HAI & CDM consultation	HAI SCRIBE Stage 1 has been completed
Evidence Sustainability commitments will be met. e.g. accurate & NCM models (DSM). BREEAM, .CAB files and BRUKL; show how design will be optimised	Design development ongoing but briefing requirements set out in NPR and ACR
Evidence Equality & access commitments will be met	EQIA Stage 1 complete
Evidence of VfM e.g. WLC on key design options	Ongoing process through design workshops
Evidence Activity Data Base (ADB) use optimised	Will be used at FBC. Standard HFS repeatable layouts will be utilised where appropriate
Evidence NHS guidance & technical standards will be met; list any derogations, with their technical reasons	Ongoing – to be evidenced and concluded within the FBC stage
OBC design report evidencing all above & IA brief met ≥1:500, ≥1:200, key ≥1: 50; diagrams, sections plans, 3Ds, specs, comfort & energy DSMs, to RIBA Stage 2 Concept plus key elements developed to Stage 3	Complete – NDAP submission made on 23 December 2021

Table 28 - Design Status

4.4.4 Schedule of Accommodation (SoA) Development

A SoA was developed at the IA stage of the project. Whilst the schedule was tested with stakeholders at this stage to inform budgetary costings it was very much a working draft. The status of the SoA was offset by the optimism bias allocation factored into the Financial Case at IA.

The SoA was developed further at commencement of the OBC stage following a detailed review of health services to be accommodated within the building. When the IA was first developed, the GMS contract was in its infancy. Changes to the SoA largely relate to emerging requirements from the GMS contract.

The table below compares the IA SoA to the OBC “as drawn” outturn. As it can be seen there is an increase of 180m^2 overall.

IA SoA (m^2)	OBC "as drawn" (m^2)	FBC "as drawn" (m^2)	Difference (m^2)
833	1,013		180

Table 29 - Area (m^2) Summary

4.4.5 Flexible Space

Given the order of investment, it is important that use of the asset is maximised with rooms being utilised to their full potential. It is also important for the asset to be used successfully at the outset whilst being capable of withstanding future change with minimal disruption and cost. For these reasons the following themes and workstreams are being progressed.

- HFS standardised rooms are being incorporated wherever practicable
- The building configuration is being designed to withstand future changes in GP practice arrangements – i.e. consolidation of GP practices
- A bookable room system is being developed to support transient services
- The building layout and landscape is being designed to afford and promote "out of hours" use for health and wellbeing initiatives and community use
- An agile working policy is being developed to support agile workstations within open plan office areas
- The building design is being considerate to possible constraints caused by pandemics and how the building may cope with these temporary situations

4.4.6 Community Engagement

In December 2020 a community engagement exercise was undertaken to reach out to the local community to establish what was important for them within their new health and wellbeing centre over and beyond core requirements. Aspects relating to the physical building are listed below together with detail on how these themes will be taken forward and where applicable incorporated into the design. Feedback in respect to the community engagement exercise has been undertaken with the community separately.

Theme	Project Action
Flexible spaces to allow the provision of services and for community use out of hours	Carried forward into design proposals
Near-me booths to support accessibility and digital poverty	Being carried forward into design proposals
Community gym	No space allowance for an internal gym currently. External space is being incorporated for community use which could include provision for gym related equipment. Space allocation only at OBC.

Theme	Project Action
Needle exchange	Being considered within design proposals
Community garden	External space is being incorporated for community use which may include provision for a community garden. Space allocation only at OBC
Accessibility - space for external mobility scooter parking plus space for wheelchair and pram storage/parking internally	Being carried forward into design proposals
Covered external area	Being considered and where possible incorporated, but needs to be balanced with anti-social behaviour which covered areas can often attract
Community café	It is considered that the health centre is too small to benefit from a community café. This amenity is already provided locally
Community fridge	This amenity could/is be provided by the local community centre

Table 30 - Engagement Feedback

4.4.7 NHSScotland Design Assessment Process (NDAP)

The purpose of NDAP is to promote design quality and service. It does this by mapping design standards to the key investment deliverables, including Scottish Government objectives and expectations for public investment, then demonstrating their delivery via self, and independent assessments. NDAP is made up of personnel from Health Facilities Scotland (HFS) and Architecture Design Scotland (A&DS).

During the IA Stage, A&DS helped to facilitate a Design Statement workshop. This document forms part of the Project Brief, setting out design objectives for the Project Team. The project's design statement is located at Appendix B.

At commencement of OBC shortly after hubCo appointment, the Project Team met with HFS to discuss the project, principles and expectations. This helped to provide a framework for development of the design during the OBC Stage.

The OBC NDAP submission was issued on 23 December 2021. The review process is ongoing at the time of concluding this OBC for governance approvals, although it is anticipated that the NDAP report will be available in advance of the project being considered by the Scottish Capital Investment Group.

4.4.8 NHS Assure

NHS Assure is a technical key stage review process set up and administered by NHS NSS. Their remit is to provide knowledge and expertise through the lifecycle of projects to provide confidence within the public sector that projects are being procured, designed and delivered in a compliant manner ensuring operational safety for building users.

NHS Fife submitted their OBC key stage review pack to NHS Assure on 23 December 2021.The review process is ongoing at the time of concluding this OBC for governance approvals, although it is anticipated that the NDAP report will be available in advance of the project being considered by the Scottish Capital Investment Group.

4.4.9 Achieving Excellence Design Evaluation Toolkit (AEDET)

In accordance with SCIM guidance and the investment objectives, AEDET will be used throughout the development of the Project to help NHS Fife manage the design from initial proposals through to detailed design and will continue to do so through to Project Evaluation.

The AEDET toolkit has three key dimensions (functionality, build quality and impact) and outlines 10 assessment criteria. Each of the 10 areas is assessed using a series of questions which are scored on a scale of 1 - 6.

AEDET assessments are to be undertaken at predefined stages throughout the project's lifecycle. The stages are outlined in the table below together project progress against these to date.

Stage	Project Progress
Benchmark – assessment of current asset(s)	Completed at IA
Target – aspiration for project	Completed at IA
OBC – assessment of design proposals	Complete
FBC – assessment of design proposals	To be completed at FBC

Table 31 - AEDET Progress

On 8 September 2021, an AEDET workshop was held to review the OBC stage design against the agreed target scores. This workshop involved a wide range of participants including staff, service users and hubCo. The OBC AEDET scores are included in the table below together with the benchmark and target scores. Whilst some of the scores are lower than the target, this is mostly connected to the maturity of the design and it is envisaged the scoring will be improved further during the FBC AEDET workshop.

Category	Benchmark	Target	OBC	FBC
Use	1.0	4.3	4.1	
Access	1.1	4.4	3.1	
Space	2.0	4.2	3.7	
Performance	1.3	4.4	2.7	
Engineering	1.4	3.4	3.4	
Construction	0.0	4.0	0.0	
Character & Innovation	1.3	4.4	3.9	
Form & Materials	2.1	4.4	3.6	
Staff & Patient Environment	1.3	4.5	4.3	
Urban & Social Integration	2.6	4.3	3.6	

Table 32 - AEDET Scores

4.4.10 **BREEAM**

Projects requiring capital investment through the Scottish Government are required to demonstrate sustainable credentials to contribute towards the development of a sustainable NHS estate.

The project has been assessed using BREEAM UK New Construction 2018, sub-group healthcare. A target score of 45% was set at the briefing stage which equates to a BREEAM “good” rating. The project is currently targeting credits equating to 52.21% which is beyond the briefing target.

Note: the project commenced in advance of new sustainability guide being mandated / published so proceeded on the basis of mandated guidance at that point in time

4.4.11 **Energy**

Following a meeting with HFS, project specific energy targets were agreed. The energy targets took cognisance of project budgetary constraints set at IA (pre zero carbon policy) whilst still aiming to ensure that the facility will be very energy efficient. The following criteria was agreed:

- >59% emissions reduction against 2015 benchmarking to be sought
- Electricity target not more than 60 kWh/m^2 pa; and max demand not to exceed 20 Watts/m^2
- Thermal target not more than 120 kWh/m^2 pa

The criteria will be achieved through the development of the design.

4.4.12 Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE)

HAI SCRIBE is a risk management process aiding the identification and mitigation of design and construction related infection risks within the built environment. There are four stages within the process – these are identified in the table below together with project progress against these stages to date.

Stage	Project Progress
Stage 1 – Site Selection	Complete
Stage 2 – Design	To be completed at FBC stage.
Stage 3 – Construction	To be completed at FBC stage.
Stage 4 – Occupation	To be completed post completion.

Table 33 - HAI SCRIBE Summary

4.4.13 Building Information Modelling (BIM)

BIM describes the process of designing and constructing a building collaboratively using one coherent system of digital models and linked non graphical data, as opposed to separate sets of drawings and documents. These models and data also incorporate information which will be carried over and used in the operational phase.

NHSScotland is supporting the adoption of Level 2 BIM maturity following the SG mandate in support of the recommendations of the “Review of Scottish Public Sector Procurement in Construction” which endorsed that “BIM will be introduced in central government with a view to encouraging adoption across the public sector. The objective states that, where appropriate, projects across the public sector adopt BIM level 2 by April 2017.”

The NHSScotland BIM strategy is intended to ensure the creation of a digitised information management process which all Boards and teams working on NHSScotland programmes should follow to maintain consistency and facilitate collaborative working, which will in turn reduce waste and non-conformances.

The Project will use BIM as a key design tool during the design and construction phases of the project helping to facilitate coordination and mitigate risks. Another benefit of BIM is that NHS Fife will have true “as built” records along with the project specific asset tagging that will assist with the operation, maintenance and replacement of components.

An NHS Fife Employers Information Requirements (EIR) has been developed and offered hubCo as part of the Project Brief. The EIR in turn has helped to inform the BIM Execution Plan (BEP) which has been developed by the hubCo. These two documents control how BIM will be utilised on the project.

4.4.14 E-health

Consultation has been ongoing with eHealth during the OBC phase of the project. Initial efforts have focussed on ensuring the IT infrastructure meets e-health’s standard requirements. E-health systems will be provided in line the department’s wider strategy for GP premises. E-health suggestions flowing from the stakeholder consultation are as follows

and these will be considered by the project team in further detail at the next stage of the process (**subject to separate funding and business cases where appropriate**).

- A patient appointment system
- A consultant room with near me facilities
- A GP text messaging system
- A self check-in facility
- Subject to security considerations, public access to IT equipment to combat digital poverty
- A room booking system

4.5 Risk Allocation

4.5.1 Key Principles

At conclusion of the FBC NHS Fife will enter a contract with hubCo to deliver the facility. The contract will be based on the Hub standard form Project Agreement (Design Build Direct Agreement) and will be subject to amendment through agreement between Legal Advisers.

Having worked through the pre-construction stage and mitigated the construction risks through surveys and investigations most of the residual construction risk is taken by hubCo.

The risk allocation table below is driven by the Design Build and Direct procurement methodology described above. Note: the percentage allocations are indicative of a project of this nature.

	Allocation of risk		
Risk Category	**Public**	**Private**	**Notes**
Title	100%	0%	
Design	0%	100%	
Development and Construction	5%	95%	√
Ground conditions below existing structures that could not be surveyed	100%	0%	There are no existing buildings on the proposed site.
Transition and implementation	100%	0%	Commissioning and migration Board responsibility
Operation of the facility	100%	0%	
Revenue	100%	0%	
Termination of Project	40%	60%	

	Allocation of risk		
Risk Category	**Public**	**Private**	**Notes**
Technology and obsolescence	100%	0%	√
Financing	100%	0%	Capital funding
Legislative	100%	0%	

Table 34 - Risk Allocation Summary

4.5.2 Key Risks

The key risks/issues currently encountered on the project are outlined in the table below. The risk register can be located at Appendix G.

Risk/issue	Mitigation
Brief inadequate/unreliable This issue relates to developments around the GMS contract and effect this has had on the area requirements for the building.	The required area increase from IA to OBC has been factored into the current design and corresponding cost plan.
Stop/start nature of the programme – keep people engaged through these periods.	Updates are being provided to community groups via newsletters and the public via press releases. NHS Fife's communication team are supporting this effort.
Project cost increases due to: ▪ Change in requirements ▪ Inflation / market conditions	This is a current issue where the cost increases have rose beyond the IA budget projection. Refer to Financial Case for further substantiation.
Programme delay The OBC programme has been affected because of COVID which has impacted resources, engagement activity and costs.	Potential to commence FBC activity in parallel with the OBC governance approval process. The project now has a full complement of resources to help drive the project forward.
Change of policy – NHS Assure Key Stage reviews Programme delays / cost increases arising	Key stage review process was implemented half-way through OBC and is required to achieve capital funding. Risk had to be accepted, but impact can be mitigated through collaboration.

Risk/issue	Mitigation
Change of policy – SHTN 02-01 Sustainable Design and Construction Guide (SDaC) Programme delays / cost increases arising	Informed by HFS at OBC NDAP review that new guidance must be followed at FBC. Guidance is untested to impact is difficult to quantify. As such this risk has not currently been factored into OBC cost estimates.

Table 35 - Key Risk Summary

4.6 Payment Structure

During the pre-construction stage hubCo are paid on a monthly lump sum basis in line with an agreed drawdown schedule. At construction the Board will be obliged to pay hubCo a lump sum one-off Development Fee for their services. Thereafter applications for payment will be processed and settled monthly in accordance with the form of contract.

Directly appointed consultants will be paid on a monthly basis in accordance with their agreed NEC4 Option A activity schedules.

4.6.1 Project Bank Account

The Project will operate a Project Bank Account (PBA), consistent with Scottish Government Guidance for public sector construction projects. A Project Bank Account is a ring-fenced bank account from which prompt payments are made directly and simultaneously to hubCo, the lead contractor and members of the supply chain. PBA's improve subcontractors' cashflow and ring-fence it from upstream insolvency.

The PBA will become operational during the construction stage of the project. The documentation and contractual arrangements associated with setting up the PBA will be developed during the FBC stage. Recent board experience in setting up a project bank account for a separate capital project will be beneficial for this project.

4.6.2 Risk Contingency Management

A project risk register was created at IA and this has since been developed further during OBC. It is used as an active management tool to identify and mitigate risks progressively as the design is developed. The risks have been fairly allocated to the party best able to manage them.

The risk register will continue to be used through FBC and the construction stage to enable risks to be identified and managed. From a commercial perspective hubCo risk is capped at 1% prior to entering the construction stage. Variations are managed in accordance with the terms of the contract. Although the opportunity for risk and variations is restricted during the construction stage, it is prudent for the NHS Fife to retain a reasonable contingency provision to cover this risk. The contingency provision will be developed and informed by the risk register during FBC but is likely to be in the order of 3-5%.

4.6.3 Contract Variations

Variations will be managed in accordance with the terms of the contract. The contract will be based on the standard SFT DBDA template with agreed amendments.

4.6.4 Disputed Payments

Disputed payments will be managed in accordance with the terms of the contract. The contract will be based on the standard SFT DBDA template with agreed amendments.

4.6.5 Inflation

Inflation will be taken account of when developing the price using the BCIS indices. HubCo and NHS Fife's Lead Advisor will ensure that the correct indices are utilised to identify the correct inflation to be applied to the project. Any deviation to the agreed inflation allowance rest with hubCo as an opportunity/risk.

4.6.6 Utilities and Service Connection Charges

Responsibility for utility and service connections charges will be identified and confirmed at Stage 2 (FBC).

4.6.7 Performance Incentives

No performance incentives will be utilised.

4.7 Contractual Arrangements

4.7.1 Type of Contract

The contract will be based on the standard SFT DBDA template with agreed amendments.

4.7.2 Key Contractual Issues

No key contractual issues have been identified at this stage, however should any arise through development and completion of the contract documentation, then these will be presented within the FBC.

4.7.3 Dispute Resolution and Termination

Procedures for contract administration, dispute resolution and termination are clearly set out within the proposed contract form.

4.7.4 Asset Ownership

In respect to asset ownership, the project is being procured using traditional capital funding. hubCo will be responsible for delivering the facilities. At Completion, NHS Fife will take possession of the building and will be responsible for the ongoing operation and maintenance of the facilities.

4.7.5 Land Ownership

The land is likely to be leased on a long-terms basis (100 years) from Fife Council. This is a similar arrangement to many of Fife's existing health centres and comparably demonstrates far greater value for money than purchasing the land outright. Initial discussions have already taken place with Fife Council and these will be advanced during the FBC stage of the project.

4.7.6 Personnel Implications

There are no employees who are wholly or substantially employed on services that will be transferred to the private sector under the proposals for this Project, and therefore the Transfer of Undertakings (Protection of Employment) Regulations 1981[17] (TUPE) will not apply.

[17] https://www.legislation.gov.uk/uksi/2006/246/contents/made

5 Financial Case

5.1 Introduction

The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on NHS Fife's and the FHSCP's finances. The affordability model assessment has been developed to cover all aspects of projected costs including estimates for:

- Capital costs for the option considered (including construction and equipment)
- Non-recurring revenue costs associated with the project
- Recurring revenue costs (pay and non-pay) for current model i.e. baseline
- Recurring revenue costs (pay and non-pay) for the preferred option

For clarity it should be noted that NHS Fife will take ownership and financial responsibility for all property related costs (capital and revenue). The FHSCP will be financial responsible for all service-related costs – i.e. costs to provide the required clinical services.

5.2 Revisiting the Financial Case

The IA was approved by Scottish Government Health and Social Care Department (SGHSCD) in November 2019 and no specific conditions were outlined in the approval letter in relation to the Financial Case.

NHS Fife have considered the affordability of this proposal by undertaking a review of the financial implications of investment, both capital and revenue.

5.3 Financial Model (costs and associated funding for the project)

5.3.1 Capital Costs

5.3.1.1 Capital Cost Summary

Capital costs have been produced by East Central hubCo and have been summarised in Table 36 below.

Description	IA Costs	OBC Costs	Difference
Design Fees	£322,666	£473,265	£150,599
Construction Price	£2,370,203	£4,400,070	£2,029,867
Surveys/Investigations	£20,000	£50,000	£30,000
Statutory Fees	£20,000	£75,000	£55,000
Contingency	£151,739	£212,970	£61,231
Inflation	£68,073	£119,574	£51,501
Optimism Bias	£708,643	£703,676	-£4,967
Client Consultants	£136,888	£139,788	£2,900
Equipment	£82,209	£266,544	£184,335
Decant	£14,643	£14,643	£0
BIM Fees	£0	£0	£0
E-health	£8,563	£0	-£8,563
Direct Labour Costs	£0	£98,848	£98,848

Description	IA Costs	OBC Costs	Difference
Total ex. VAT	**£3,903,627**	**£6,554,380**	**£2,650,753**
VAT	**£753,348**	**£1,263,149**	**£509,801**
Total	**£4,656,975**	**£7,817,528**	**£3,160,553**

Table 36 - Capital Costs

The total updated cost of the preferred option, which is to develop Kincardine Health Centre for NHS Fife is £7,817,528.

It is important to recognise that whilst the capital cost has increased since Initial Agreement, the other feasible options presented within the Economic Case would have increased in the same way given that the underlying factors driving cost would have been the same. This means that the preferred option, despite being subject to significant cost increase, remains the preferred option in respect to benefit realisation and cost.

5.3.1.2 Capital Cost Key Movements

Table 37 below provides a summary of key project cost adjustments. The adjustments are described further beneath the table from a budgetary perspective.

Description	IA Cost	OBC Cost	Difference	Notes
Hubco	£2,884,607	£5,211,306	£2,326,699	Area increase: 180m^2 Inflation: extraordinary conditions Site & design abnormals
Inflation	£68,073	£119,574	£51,501	Based on BCIS indices to construction
Optimism bias	£708,643	£703,676	-£4,967	Updated for OBC based on project maturity at this stage (13%)
Consultants	£136,888	£139,788	£2,900	Contract now awarded – firm cost
Decant	£14,643	£14,643	-	
Equipment	£82,209	£266,544	£184,335	Equipment allowance too low at IA – increased in consultation with HFS (5%)
E-health	£8,563	-	-£8,563	Included in equipment line
Direct costs	-	£98,848	£98,848	None allowed for at IA
Total ex. VAT	**£3,888,983**	**£6,539,736**	**£2,650,753**	
VAT	**£753,348**	**£1,263,149**	**£509,801**	
Total	**£4,656,975**	**£7,817,529**	**£3,160,555**	

Table 37 - Key Capital Cost Movements

In respect to the OBC cost plan, there is a difference amounting to £3,160,553 when compared to the agreed IA allocation (£4,656,975). This difference is primary attributed to the construction costs where increases have been realised through:

- Building area increase to take account of service and GMS contract evolving requirements – accounts for circa 35% of the construction cost increase
- Inflation and extraordinary market conditions considered to driven by the COVID-19 pandemic and the resulting global effect on supply chains – accounts for circa 20% of the construction cost increase
- Site and design abnormals: this relates to specific site conditions, more onerous energy requirements and creating a building that satisfies the conditions of the brief and design statement – accounts for circa 45% of the construction cost increase

It should be noted and acknowledged that the construction costs figures provided make allowance for realistic value engineering targets/savings within the FBC stage of the project – without this, the construction cost element and associated overall OBC budget cost estimate would have been higher.

Whilst our Lead Advisors have yet to formally report on hubCo's Stage 1 (OBC) report, they have been working hand in hand with hubCo and their Tier 1 contractor in recent weeks to agree the OBC costs. They concur with hubCo that given the current nature of the market and evolving more onerous briefing requirements the costs represent value for money.

The other costs movements are either percentage mark-ups based on the increased construction cost or adjusted/new provisions (equipment and direct costs) to take the opportunity to make the overall budget more deliverable and realistic.

In the OBC cost plan the inflation assumptions have been rebased to ensure they are as current as possible, and inflation relating to the period between IA and OBC is now historical, and therefore now included in the current construction costs. There is a forecast inflation allowance built in from the period January 2022 to construction. Inflationary forecasting is difficult during these current times so there is an inherent risk in respect to project inflation – that said, whilst inflation increases are still forecast from 2022 to 2023, consultancy Cost Advisors generally believe that there should be some stabilisation given the significant movement in 2021.

5.3.1.3 Capital Clarification and Assumptions

The OBC capital cost estimate noted under Section 5.3.1.1 should be read with reference to the following assumptions.

Description	Note
Professional Fees	Professional services contract for Lead Advisor has been awarded
Equipment	Estimated 5% cost based on HFS advice. Transferable equipment will be moved to the new unit. Equipment budget only allows for items of equipment to be identified on the room layouts (conventional arrangement) and does not take account of any specialist equipment to be provided by the GP's or others

Contingency	Optimism bias at OBC stage has been calculated using a standard build template
Inflation	Based on Qtr 1 2022 Indices to construction
VAT	VAT has been applied where applicable. No VAT recovery estimates have been built into the cost plan for construction – this will to be confirmed with VAT Advisors and HMRC after contract is awarded
E-health	The project will cover the cost of e-health infrastructure within the building and key items of equipment as referenced on the room layouts. The budget does not allow for capital/revenue funded e-health projects.
Enhancements	Landscaping treatments around the health centre are currently quite standard. Any community garden, community gym or enhanced scheme is likely to require additional financial support.
Peppercorn Lease	The lease for the land is currently in discussion with Fife Council with the likely outcome that it will be considered a peppercorn rent. This will have an impact on leased depreciation figures under IFRS16 for right of use assets.

Table 38 - Capital Assumptions

5.3.2 Revenue Costs

5.3.2.1 Revenue Cost Summary

In order to confirm the revenue implications of the project the baseline costs (do nothing/minimum option) have been thoroughly reviewed and then compared to the projected costs of the preferred option to assess the financial implications. A summary of the revenue costs is provided in the table below.

Description	Baseline	Preferred Option	Difference
Property pays (NHSF)	£12,605	£33,474	£20,869
Property non-pays (NHSF)	£16,612	£76,550	£59,938
Property non-pays – GP offset (NHSF)	-£16,584	-£27,142	-£10,558
Net Increase (NHSF)	**£12,633**	**£82,882**	**£70,249**
Service model (FHSCP)		£31,500	-

Table 39 - Revenue Cost Summary

NHS Fife Revenue Costs

The OBC identifies overall net recurring revenue impact of £0.07m (excluding depreciation) for the preferred option against the baseline costs. Total revenue costs have been adjusted to reflect the GP rechargeable revenue costs associated with the health centre.

There are staff costs associated with this development - staffing, non-pay and consumable costs will continue to be reviewed as the FBC develops.

FHSCP Revenue Costs

The table below provides a breakdown of the FHSCP's anticipated revenue costs at OBC. The service model will evolve once decisions are received from Scottish Government on what the full implementation of MOU1/2 for urgent care and what MDT means for Fife.

All these costs will have a nil impact on the revenue outturn position as funding sources have been identified.

Staff group	WTE	Cost	Funding Source	Additional Information
Band 7 (Primary Care Pharmacist	0.50	£31,500	Funded through Primary Care Investment Fund	Per OBC
Total	**0.50**	**£31,500**		

Table 40 – FHSCP Service Model Costs

5.3.2.2 Property non-pays breakdown

A breakdown of the property non-pays is provided in the table below for information.

Property Cost	Baseline	Preferred Option	Increase
Equipment	£40	£2,172	£2,132
Heating Fuel & Power	£5,385	£29,016	£23,631
Property Maintenance	£1,131	£5,175	£4,044
Property Rates	£5,439	£28,140	£22,700
Water Charges	£711	£3,065	£2,354
Bedding & Linen	£128	£550	£422
Cleaning	£21	£647	£626
General Services	£135	£1,556	£1,421
Surgical sundries	£77	£332	£255
GP Clinical Waste	£3,545	£5,897	£2,352
Net Cost Increase	**£16,612**	**£76,550**	**£59,938**

Table 41 - Property Non-pays Breakdown

5.3.2.3 Depreciation

An outline of the changes in both running costs and depreciation is summarised below:

Depreciation	Life	Value £000's	Proposed Dprchg £000's	Baseline Dprchg £000's	Net Increase Dprchg £000's
Buildings	60	£7,497,676	£124,961	£9,111	£115,851
Equipment	10	£319,853	£31,985	£0	£31,985
Total		**£7,817,529**	**£156,947**	**£9,111**	**£147,836**

Table 42 - Depreciation

The depreciation for the preferred option is £0.157m based on an asset building life of 60yrs and 10yrs for equipment on an overall capital cost of £7.818m. The overall increase in depreciation is £0.148m based on 21/22 full depreciation charges - which will be met from the current ring-fenced NHS Fife non-core depreciation budget. The buildings depreciation charge is pre any Valuation Office valuation being done after completion – there is an expectation that any non-value works will reduce the value held in the balance sheet once the valuation is carried out and therefore reduce the depreciation charge going forward.

5.3.2.4 Revenue Clarification and Assumptions

A number of assumptions have been made at the OBC stage which will be further evaluated and revised throughout the development of the FBC. These assumptions are as detailed in the table below.

Description	Note
Costs	Costs are calculated using 2020/21 prices and using 2020/21 budgetary information.
Pays (NHSF)	The support costs for the existing Kincardine Health Centre have been calculated as the baseline and then used as a benchmark against which any changes are considered. Estimated costs for the preferred option reflect forecast demand from 2024/25. Calculations include allowances for on-costs, enhancements, sick leave, public holidays and annual leave. Workforce increases are based on increased health centre sqm increase.
Non-Pay (NHSF)	Non-pay costs assumed to increase in line with increased health centre sqm.
Depreciation	Building – 60 years and equipment 10yrs.

Table 43 - Revenue Assumptions

5.4 Accounting Treatment

The traditional funding route for the project will impact on NHS Fife's Balance Sheet - both the capital cost of the development and the associated capital equipment will be added as non-current assets to the balance sheet and depreciated over the life of the assets in line with accounting policies.

5.5 Financial Situation and Statement of Affordability

NHS Fife confirm that this project remains affordable in both revenue and capital terms. The capital costs of the investment will be met through a capital contribution from the Scottish Government Health and Social Care Division capital budget.

Additional recurring revenue costs for Kincardine Health Centre will be incorporated into NHS Fife's Annual Operational Plan for future years.

FHSCP funding in respect to their service model is ongoing and will be articulated within the FBC stage.

5.6 Stakeholder Support

As the project will be delivered by NHS Fife for Fife, written agreement of Stakeholder support from other NHS Scotland / public sector organisations is not required in this instance.

5.7 Resources

The project is fully resourced from both NHS Fife and the FHSCP's perspective. Any associated costs have been built into the updated OBC budget. Further clarity on resourcing and project structure can be found at Section 6.3.

5.8 Capital and Revenue Constraints

NHS Fife's capital funding commitments mean that the project cannot exceed the available budget. Any additional revenue costs will be met within NHS Fife's overall revenue resource envelope.

Similarly, for the FHSCP, revenue implications will be funded from existing budgets.

5.9 Financial Contributions

Other than capital funding from the Scottish Government, there will be no financial contributions from external partners in respect to this project.

6 Management Case

6.1 Introduction

The main purpose of the Management Case is to demonstrate that NHS Fife is ready and capable of delivering the project successfully.

6.2 Revisiting the Management Case

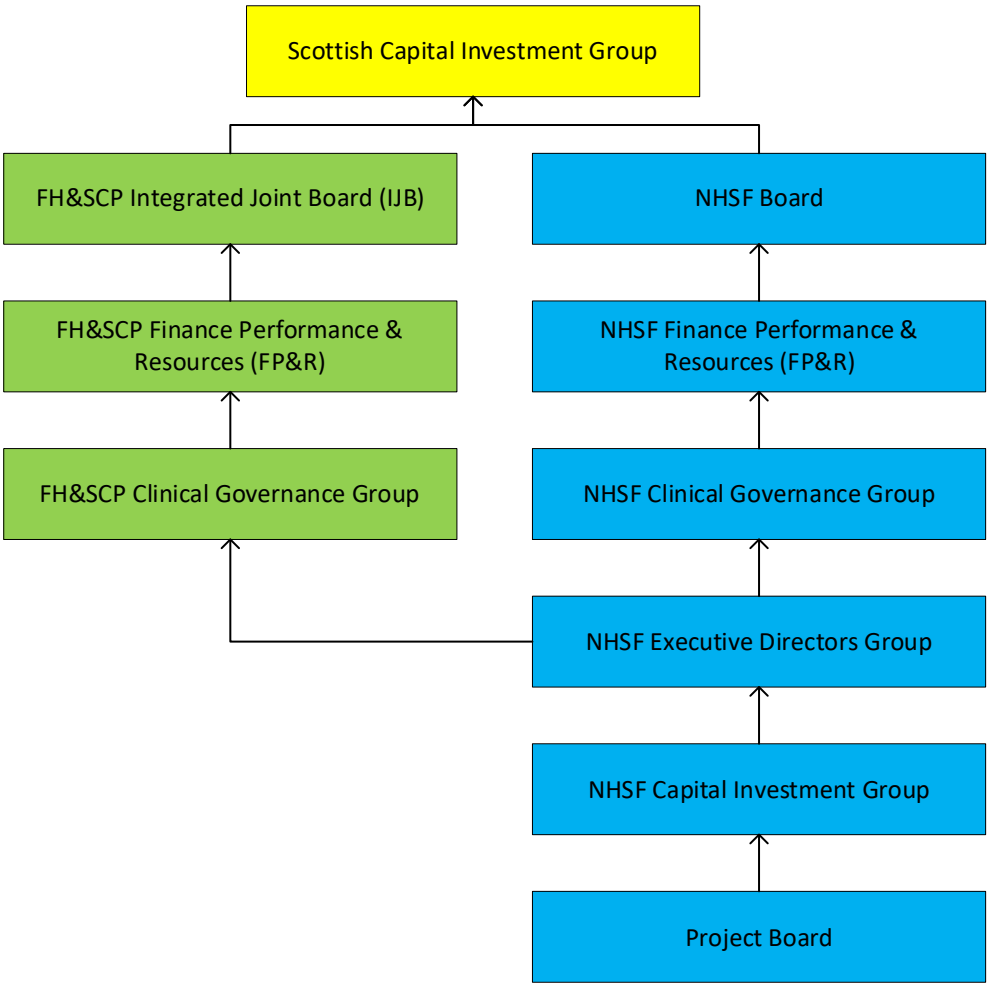
The management case has generally been updated and expanded since OBC in accordance with SCIM FBC guidance. The main sections remain the same and text has been updated where appropriate to reflect the current status of the project.

6.3 Reporting Structure and Governance Arrangements

To deliver the project successfully, good governance is required to monitor and direct it. An understanding of the structure and mechanisms for escalation and reporting is set out on the organograms below.

6.3.1 Governance

The strategic and business case governance controlling the project is set out below.



6.3.2 Project Structure

The project structure taking account of the Project Board, FHSCP and Capital Planning functions is set out below. NHS Fife are responsible to delivering the facilities whilst FHSCP are responsible for delivery of the services from the facilities.

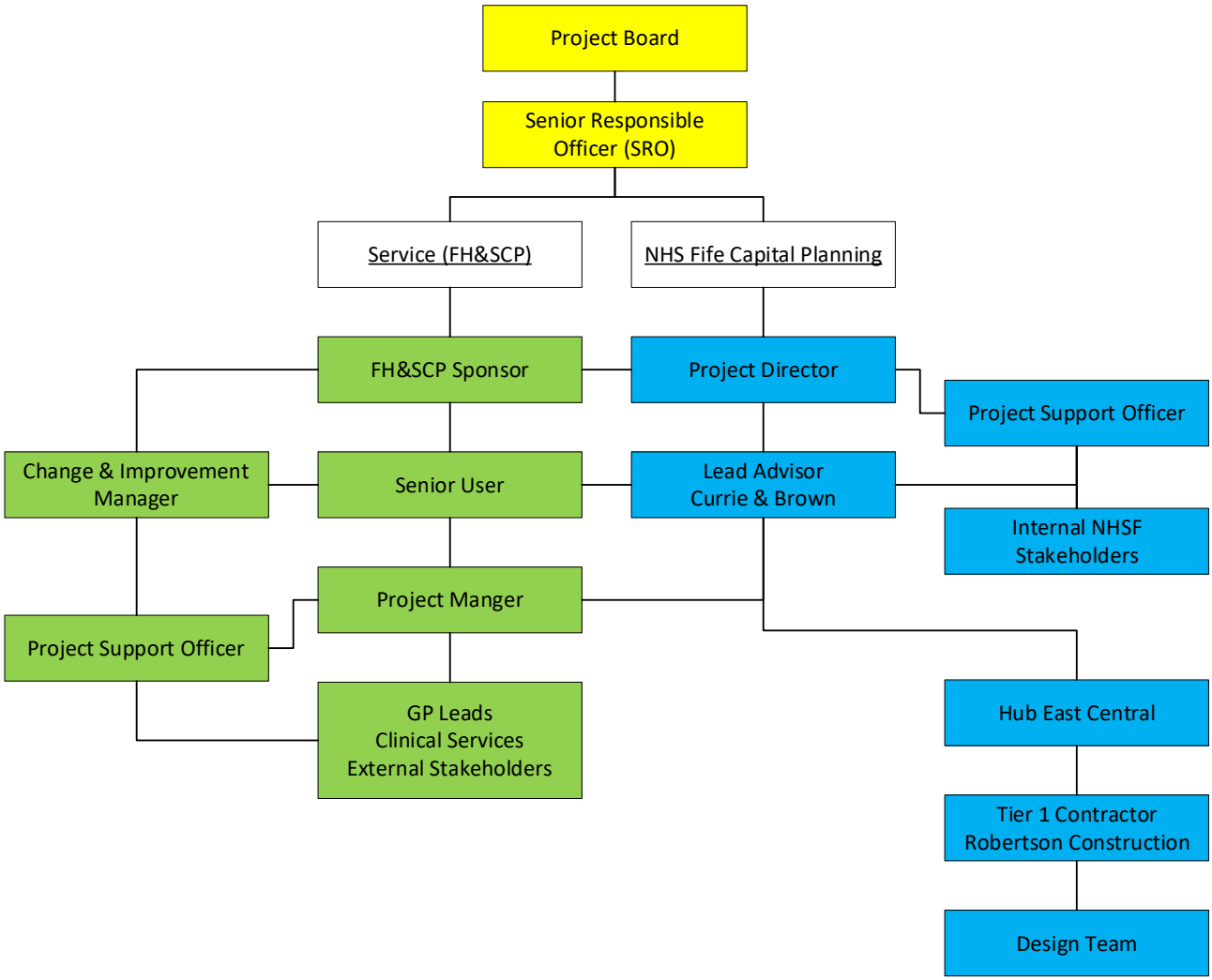


Figure 5 - Project Organisation

6.4 Project Board

A Project Board has been established to oversee the project. The Project Board was set up at commencement of the OBC and Terms of Reference have been agreed. The Project Board meets monthly where they receive a regular project update report from the FHSCP Sponsor and the Capital Planning Project Director. Necessary matters are escalated as required whilst the Project Board offers direction to the Project Team.

Project Board membership and experience is outlined in the table below:

Name/Role	Experience
Joy Tomlinson Director of Public Health Project role: Senior Responsible Officer (SRO) with overall responsibility and accountability for the project	Joy joined NHS Fife in May 2021, having worked within the NHS for 27 years. She has a clinical background, having trained in General Practice prior to working in Public Health. Prior to joining NHS Fife, she was joint Interim Director of Public Health in Ayrshire & Arran and has experience of departmental budgetary management with the additional complexities of rapid workforce and service development during the pandemic. She chairs the national 'place and wellbeing collaborative' which has developed Place & Wellbeing principles to support the refreshed National Planning Framework (NPF4).

Name/Role	Experience
Neil McCormick Director of Property and Asset Management Project role: responsible for contributing towards general governance.	Neil joins NHS Fife with over 30 years' experience of working at a senior level across the public and private sector. Neil's previous role was with Robertson Capital Projects, where he was Managing Director with specific responsibility for delivering infrastructure projects and joint ventures with the public sector including NHS Frameworks. Prior to this, Neil was Director of Strategic Projects & Property at NHS Forth Valley and Project Director for the £300m Forth Valley Royal Hospital.
Margo McGurk Director of Finance Project role: responsible for contributing towards general governance.	Margo joined NHS Fife as Director of Finance in February 2020. She is a CCAB qualified accountant, with a broad range of experience across the public sector but particularly within the NHS in Scotland. She has significant experience of decision-making at strategic and operational levels and has a strong personal focus on developing strategy, supporting culture, delivering sound financial control and best value from the allocation of resources. Very experienced in delivering professional leadership to the finance function, she has held a number of senior roles across a number of NHS Boards. She is particularly interested in working in partnership across organisations and leading on the development and delivery of financial strategies to support delivery against agreed priorities.
Nicky Conner Director of Health and Social Care Project role: responsible for contributing towards general governance.	Nicky has been Chief Officer and Director of Health and Social Care since 2019. Nicky offers 25 years' experience covering a diversity of public service roles including nursing, acute, specialist and community roles along with professional and clinical leadership to services within Fife's communities and leading on regional and national work. In her current role Nicky leads Health and Social Care Services for all of Fife including Community Care, Complex and Critical Care and Primary and Preventative Care. Nicky champions Integration, Partnership Working to deliver high quality services for the people of Fife.
Simon Fevre Staff Side Representation Project role: responsible for contributing towards general governance.	Simon is the NHS Trade Union Co-Chair of the HSCP Local Partnership Forum. Simon was NHS Fife's Employee Director for 7 years and has worked on the Board's Staff Governance agenda for 20 years. He was a clinician working in the Nutrition and Dietetic Department as Clinical lead for Older Peoples Services.

Name/Role	Experience
Ben Johnston Head of Capital Planning Project role: Capital Planning Project Director	Ben joined NHS Fife in January 2021 with over 15 years construction consultancy experience having worked in a diverse range of sectors. Working predominantly as a Project Manager, Ben has been responsible for delivering multiple projects diligently from inception to completion. Over recent years, Ben has spent most of time operating specifically within the healthcare sector, helping to positively contribute towards creating a sustainable healthcare estate for current and future generations. Ben has helped to deliver several projects for NHS Fife including Muirview and Hollyview at Stratheden Hospital and is currently helping to deliver the Fife Elective Orthopaedic Centre Project at Victoria Hospital.
Bryan Davies Head of Primary and Preventative Care Services Project role: FHSCP Project Sponsor	Bryan has worked within health and social care for over 25 years with experience in local area co-ordination, planning, performance, change management, commissioning, mental health, addictions, learning disability and advocacy. Bryan feels very passionate about health and social care integration and is excited to be working with colleagues and stakeholders to make a positive difference for individuals, families and communities in what are currently very challenging times.
Audrey Valente FHSCP Chief Financial Officer Project role: responsible for contributing towards general governance	Audrey has more than 30 years' experience working in local government holding senior finance positions. As a local lass, raised in Kirkcaldy, she went on to study accountancy at Napier University following her high school years at Kirkcaldy High. Audrey's experiences have combined strategic and operational financial management along with significant change management.
Helen Hellewell Associate Medical Director Project role: responsible for contributing towards general governance	Helen originated from Motherwell and moved to Fife after marrying. She finished her medical training at the Victoria in Kirkcaldy and took up a GP position in a local practice in Kirkcaldy. She then joined the Markinch medical practice, and currently still works one and half days per week there. Helen has been involved with the Partnership for a number of years having been the cluster lead for Glenrothes, working on a number of initiatives including quality improvement and integrated working and was the

Name/Role	Experience
	clinical lead on a leadership programme for integration with GP Scotland.
Benjamin Hannan Deputy Director of Pharmacy & Medicines Project role: represents the Area Clinical Forum as well as contributing to towards general governance.	Benjamin is an experienced pharmacy leader, with broad professional, managerial and leadership experience. Benjamin is a Fellow of the Institute of Leadership and Management and is currently Vice-Chair of Fife's Area Clinical Forum and represents this forum on the Project Board. The Area Clinical Forum allows NHS Fife to draw on the full range of professional skills and expertise that exists in all parts of the NHS system for advice on clinical and other professional matters. Benjamin's current role of Deputy Director of Pharmacy & Medicines is integrated across Health and Social Care, and all sectors and settings of care delivery. Prior to his current role, Benjamin was a GP Federation Director, responsible for 31 GP practices in the North East of England. This broad experience of primary care and community working will enable Benjamin to provide valuable insight to this project.
Tracy Gardiner Capital Accountant Project role: Capital Planning Accountant	Tracy has worked within NHS Fife for 26 years within the capital branch of the finance department. Tracy has a wide range of knowledge and experience in the delivery of capital projects within NHS Fife.
Ruth Lonie Communications Manager Project role: responsible for project communications	Ruth joined NHS Fife as Communications Manager in 2009. She has been involved in the communications aspects of a number of similar projects within NHS Fife.
Eugene Clark Non-executive Member *Dec. 20 – Jul. 21* Project role: responsible for contributing towards general governance	Eugene has spent the last 14 years working as a self-employed consultant helping businesses and public sector organisations in the fields of internal communication and employee engagement. Eugene's community interests have included being a former member of Largo Community Council and being involved in several action groups relating to sports in the Levenmouth area, most recently having helped establish the Fifers for the Community charity. Eugene is an active member of the Fife Children's Panel. He is also currently the Chair of the Levenmouth Rail Campaign, which seeks to regenerate the local community through the restoration of the direct rail link to Edinburgh.

Name/Role	Experience
Alistair Grant Non-executive Member *From Jan. 22* Project role: responsible for contributing towards general governance	Alastair Grant is a qualified accountant with more than 30 years' experience working both in Scotland and the Middle East. Most recently Alastair worked for Sodexo Justice Services, until his recent retirement. Alastair brings to the Board proven commercial acumen, combined with good people management, team building, development, and mentoring skills.

Table 44 - Project Board Experience

6.5 Project Team

The project team sits below the Project Board and are responsible for delivering the project on a day-to-day basis. Responsibilities include:

- Facility design development
- Service change re-design
- Business case development
- Stakeholder communications and engagement
- Management of risks and issues
- Management of cost
- Construction and handover of the facilities

To discharge these responsibilities, there are a wide range of roles. These are outlined within the Project's Project Execution Plan.

6.5.1 External Advisors

Where necessary independent consultants have been procured by the Board to help with the management of the project. Consultants procured to date include:

Project Role	Organisation
Lead Advisor	Currie & Brown
▪ Project Manager	Currie & Brown
▪ Cost Advisor	Currie & Brown
▪ M&E Technical Advisor	Hulley & Kirkwood (sub-consulted)
▪ Clerk of Works	Currie & Brown + Hulley & Kirkwood
▪ Authority's Representative (contract)	Currie & Brown

Table 45 - External Advisors

6.5.2 Project Recruitment Needs

No additional recruitment needs are envisaged at this time, however this will be re-considered during the FBC phase of the project.

6.6 Project Plan and Key Milestones

The project plan and key milestones are set out in the table below.

Description / activity	Date
Full Business Case	
Commencement	February 2022
Completion	January 2023
Governance Approvals	April 2023
Construction & Handover	
Commencement	May 2023
Completion	June 2024
Operational	August 2024

Table 46 - Key Milestone Summary

6.7 Change Management Arrangements

6.7.1 Operational and Service Change Plan

The operational and service change plan proposals are outlined under Section 2.4.1.3. This work will continue through FBC and Construction in parallel with the soft landings process to ensure that the services are prepared to adopt new ways of working in advance of the facilities being made available for use. The FHSCP will ultimately assume responsibility for progressing this dependant workstream.

6.7.2 Facilities Change Plan

The new facility will be serviced by NHS Fife's in-house Facilities and Estates team in a similar way to the existing arrangements. Costs relating to the increase in area have been factored into the GP allocations. NHS Fife resource projections to maintain and upkeep the building have been taken account of in revenue projections (see the Financial Case).

6.7.3 Stakeholder Engagement and Communication Plan

A Stakeholder Engagement and Communication Plan has been developed and endorsed by the Project Board. The plan will continue to be developed and updated as the project progresses. A copy of the plan can be located at Appendix H.

In addition, an update in respect to stakeholder engagement during the OBC stage is outlined at Section 3.4.2.

6.8 Benefits Realisation

6.8.1 Benefits Register

The rationale for an investment needs to be reflected in the realisation of demonstrable benefits, as this will provide the evidence base that the proposal is worthwhile and that a successful outcome is achievable. The benefits to be achieved are discussed in the Strategic Case and have resulted in the creation of a Benefits Register and Benefit Realisation Plan for the Project. The Benefits Register is located at Appendix E.

The Benefits Register includes a range of benefits to be realised by the development. Each benefit includes a target that will be used to indicate the measure of success during the Post Project Evaluation (PPE).

Benefits are either assessed in a quantitative or qualitative manner.

For the quantitative benefits, the register indicates the baseline (current position) at the start of the project including the source. This will be compared with the same data source when the PPE is completed.

For benefits that are qualitative in nature, questionnaires will be developed, and a mix of patient and staff surveys/interviews will be undertaken to outline the baseline for these benefits. The same survey tools will be used during the PPE to examine to what degree the improvements sought were achieved.

Additionally, a Red, Amber, Green (RAG) score highlighting the relative importance of each benefit is indicated using the scale outlined below in the table below.

Scale / RAG	Relative importance
1	Fairly insignificant
2	↕
3	Moderately important
4	↕
5	Vital

Table 47 - Benefit Importance

6.8.2 Benefits Realisation Plan

A Benefits Realisation Plan has been produced to support the achievement of the benefits outlined in the Benefits Register, and it is included as Appendix F.

The benefits realisation process is a planned and systematic process consisting of four defined stages outlined below. The implementation of this plan will be reviewed regularly by the Project Board.

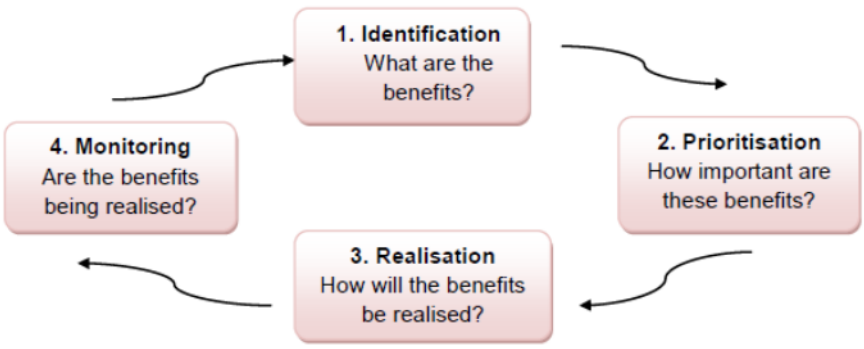


Figure 6 - Benefit Realisation Process

The Benefits Realisation Plan outlines:

- Which Investment Objective the benefit addresses
- Who will receive the benefit
- Who is responsible for delivering the benefit
- Any dependencies that could affect delivery of the benefit
- Any support needed from other agencies etc. to realise the benefit

Benefits monitoring will be ongoing over the life of the Project through the planning, procurement and implementation phases. Progress will be reported to the Project Board at regular intervals and will culminate in the Project Evaluation Report.

6.9 Risk Management

Risk management is a structured approach to identifying, assessing and controlling risks that emerge during the project lifecycle. It is a critical and continuous process throughout the planning, procurement and implementation journey of a project.

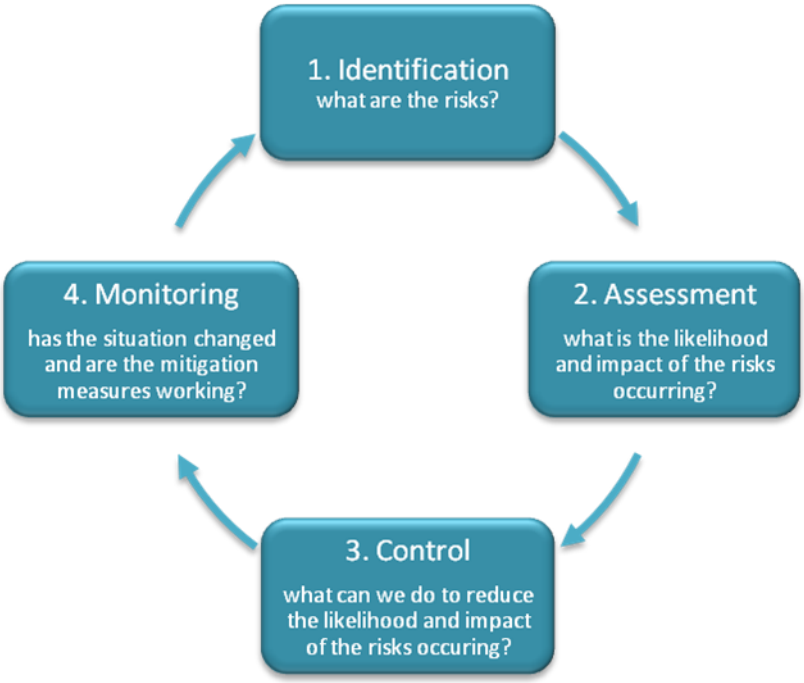


Figure 7 - Risk Management Process

6.9.1 Updated Risk Register

The Project Team have continued to develop the Risk Register provided at IA. The current FBC risk register can be located at Appendix G. The Risk Register is up to date and representative of the residual risks that may be encountered during the balance of the project. The headline items noted below, demonstrate how the risk register has been developed since IA.

- New risks have been identified and added to the register, whilst other risk have been closed
- Probability, impact and risk ratings have been updated progressively at risk workshops

- Mitigation measures have been agreed and updated
- Risk owners and managers have been allocated (a risk owner has overall responsibility for the risk, whilst a manager is responsible for helping to mitigate the risk)

The commercial arrangements associated with the Risk Register are set out within the Commercial Case.

6.9.2 Governance

The Project Board will assume overall responsibility for the risk register, however the Capital Planning Project Director will be responsible for ensuring it is maintained and updated regularly in line with the agreed project controls.

The risk register is updated and provided to the Project Board on a monthly basis as an appendix to the Capital Planning Project Manager's monthly progress report. Key risks are extracted from the risk register and highlighted within the Project Manager's monthly report for ease of reference. The Project Board provide direction to the Project Director and capital Planning Project Manager on risk matters as necessary.

6.10 Commissioning

The importance of the commissioning process cannot be underestimated, as failure to adequately consider this process is likely to cause increases to project costs and failure to deliver agreed service benefits and project outcomes. The Project Board and Capital Planning Director are fully committed to implementing a robust commissioning process, ensuring that the facilities are safe to use and operate from the outset.

The commissioning process will be treated as a distinct workstream, but fully integrated into the overall project to enable a smooth transition to the new working arrangements and realisation of the anticipated benefits. Workstreams will include Technical Commissioning and Operational Commissioning and these will be supported by BIM and Soft Landing processes.

Technical Commissioning concentrates on the readiness of the facility to support operational activity. As such the mechanical and electrical systems all need to be operating satisfactorily at handover of the facility and beyond. Operational Commissioning on the other hand is involved with getting the clinical services transferred into the facility with minimal disruption to business continuity. Given these separate requirements requiring different expertise, it is considered that there is value in assigning these roles to separate individuals with the necessary knowledge and expertise – these roles will be confirmed during the FBC stage.

The Commissioning Managers will report to the Capital Planning Project Manager on a day to day basis but will maintain lines of communication with the wider team to deliver against the agreed plans.

A Commissioning Strategy and detailed commissioning programme will be developed during the FBC stage of the project.

6.11 Post Project Evaluation

The arrangements for post implementation review and project evaluation reviews have been established in accordance with best practice. These reviews will determine whether the

anticipated benefits identified at the outset have been delivered. The project will be evaluated in stages:

Stage 1 – Procurement Process Evaluation

An evaluation of the procurement process will be undertaken following the signing of the contract to assess the effectiveness of the procurement process in meeting the project objectives. This will identify any issues and lessons to be learned that will benefit future projects. This evaluation can take place shortly after commencement of the construction phase.

Stage 2 – Monitoring Construction

During the construction period progress will be monitored to ensure delivery of the project to time, cost, and quality to identify issues and actions arising. On completion of the construction phase the actual project outputs achieved will be reviewed and assessed against requirements, to ensure these match the project's intended outputs and deliver its objectives.

Following completion, the Project Manager's and Supervisor's monthly reports will be reviewed and summarised to represent a holistic view of how the project performed during the construction period.

Stage 3 – Initial Project Evaluation of the Service Outcomes

This will be undertaken 6 to 12 months after the new facility has been commissioned. The objective is to determine the success of the commissioning phase and the transfer of services into the new facilities and what lessons may be learned from the process.

Stage 4 – Follow-up Project Evaluation

This will be undertaken 2 years into the operational phase by the Evaluation Team to assess the longer-term service outcomes and ensure that the project's objectives continue to be delivered.

The following questions will be asked at each stage:

- Have relevant project objectives been achieved?
- Has the project progressed as planned?
- If the plan was not followed, why did this occur?
- If appropriate, how should plans for future projects be amended?

The process will be led by evaluators, independent of the delivery team, who will meet with representatives of the user groups and other key stakeholders. The Project Sponsor, on behalf of the Project Board, will receive reports at each stage of the evaluation process.

Appendix A - Strategic Assessment

Appendix B – Design Statement

Appendix C – Design Pack

Appendix D – Benefits Register

Appendix E – Benefits Realisation Plan

Appendix F – Risk Register

Appendix G – Stakeholder Engagement & Communication Plan

Appendix H – The Patient Perspective

Lochgelly Health and Wellbeing Centre

Outline Business Case

20 April 2022, Rev. 5

VERSION CONTROL

Draft R.0	29.09.21	First OBC Draft
Draft R.1	03.12.21	Updated Draft
Draft R.2	17.01.22	Updated Draft – Ben Johnston
Draft R.3	16.02.22	Updated Draft to incorporate FCIG comments – Ben Johnston
Draft R.4	28.03.22	Updated Section 4.4.14 – Ben Johnston
Draft R.5	20.04.22	Updated risk Section 1.4 and 4.5.2 – Ben Johnston

Contents

Glossary of Terms

ADAPT	Alcohol and Drug Abuse Prevention & Treatment
ADB	Activity Data Base
AEDET	Achieving Excellence Design Evaluation Toolkit
A&DS	Architecture & Design Scotland
BEP	Building Information Modelling Execution Plan
BIM	Building Information Modelling
BPC	Benefit Point Cost
BREEAM	Building Research Establishment Environmental Assessment Method
BRUKL	Building Regulations UK Part L
BSL	British Sign Language
CAB	Change Advisory Board
CDM	Construction (Design and Management)
CHaWS	Community Health and Wellbeing Sub-group
CHD	Coronary Heart Disease
CLD	Community Learning & Development
COPD	Chronic Obstructive Pulmonary Disease
CTAC	Community Treatment & Care
DBDA	Design and Build Development Agreement
DSM	Dynamic Simulation Model
DSR	Domestic Services Room
DVLA	Driver and Vehicle Licensing Agency
EIR	Employers Information Requirements
FASS	Fife Alcohol Support Service
FBC	Full Business Case
FHSCP	Fife Health & Social Care Partnership
FVA	Fife Voluntary Action
GMS	General Medical Services
GP	General Practitioner
HAI	Healthcare Associated Infection
HAI SCRIBE	HAI System for Controlling Risk in the Built Environment
HFS	Health Facilities Scotland
HHG	High Health Gain

HIS	Healthcare Improvement Scotland
HR	Human Resources
HV	Health Visiting
IA(D)	Initial Agreement (Document)
IJB	Integration Joint Board
ISD	Information Services Division
LAC	Local and Community
L&D	Learning & Development
M&E	Mechanical and Electrical
MDT	Multi Disciplinary Team
MOU	Memorandum of Understanding
MDT	Multi-disciplinary Teams
NCM	National Calculation Methodology
NDAP	NHSScotland Design Assessment Process
NPC	Net Present Cost
NSS	National Services Scotland
OBC	Outline Business Case
PA	Per Annum
PBA	Project Bank Account
PPD	Practice & Professional Development
PPE	Post Project Evaluation
PSCP	Principal Supply Chain Partners
QOF	Quality Outcome Framework
RAG	Red Amber Green
RIBA	Royal Institute of British Architects
SA	Strategic Assessment
SCIM	Scottish Capital Investment Manual
SCOTPHO	Scottish Public Health Observatory
SFT	Scottish Futures Trust
SIMD	Scottish Index of Multiple Deprivation
SoA	Schedule of Accommodation
SPARRA	Scottish Patients at Risk of Readmission and Admission
SRO	Senior Responsible Officer
STAND	Dementia Friendly Fife

STAR	Stop Think Assess Respond/Report/Refer Method
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
VfM	Value for Money
WBP	Weighted Benefit Points
WLC	Whole Life Cost
WTE	Whole Time Equivalent

1 Executive Summary

1.1 Introduction

Fife Health and Social Care Partnership is working with local communities, teams and stakeholders to support the delivery of a fully integrated 24/7 community health and social care model that ensures sustainable, safe, individual partnerships of care. The purpose of this outline business case (OBC) is to seek approval to develop the full business case (FBC) to re-provide Lochgelly Health Centre in purpose designed facilities whilst making provision for a holistic offer of local health and wellbeing services to fulfil the General Medical Services (GMS) contract[1] requirements.

The OBC establishes the need for investment, building on the NHS Fife and Fife Health and Social Care Partnership (FHSCP) strategic goals to deliver a model of local care, focused on individual outcomes, supported by health and social care delivered by the right person in the right place at the right time. It describes the appraisal of a long list of options, identifies the short list, and recommends a preferred way forward to enable the delivery of Fife's Community Health and Wellbeing Hub model within the Lochgelly community. The OBC's commercial, financial and management cases have been developed further to identify how the project can be practically delivered.

The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; where services can be provided within a community setting, closer to where service users live. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.

1.2 Strategic Case

1.2.1 Current Arrangements

Lochgelly Health Centre, located in the heart of the town, provides General Medical Services to 79% of the resident population of Lochgelly and the surrounding areas of Lochgelly East, Lochgelly West & Lumphinnans, Ballingry, Cardenden and Lochore & Crosshill, through three Medical Practices based within the Health Centre. Community services are provided by NHS Fife including for example Community Nursing, Health Visiting, Mental Health, Sexual Health and Podiatry. Services work together to deliver high quality person-centred health and social care in a way which promotes and enhances the health and wellbeing of the people of the area.

The three practice populations total circa 10,728 people. The practice area is in the highest income deprived deciles of Scotland and therefore faces significant health inequalities. The locality population is predicted to grow by 5% in the next 25 years. Most of this population growth is anticipated to be in the older people age group, circa 45%, with both children and working age populations predicted to decrease. These changes will significantly increase

[1] GMS contract: 2018 - gov.scot (www.gov.scot)

the level of frailty the practices are supporting within a community which has a significantly higher disease burden associated with intergenerational income inequalities.

The current facility is a 1970's construction, with every effort made to modify the building to support the delivery of modern integrated health and social care. However, it is no longer fit for purpose, our new model of working requires accommodation that enables the delivery of our vision of multi-disciplinary and group working, which supports the community and partners to deliver collaboratively. A model which is being delivered in other communities which have access to modern facilities which do not have the same complexity of intergenerational inequalities and disease burden of the Lochgelly Community. Healthcare has been identified through local community planning as one of the major issues for the area.

The development of the community health and wellbeing model and delivery of the new GMS contact is being held back by structural and layout constraints. All possible reasonable changes have been made to the existing building and alternative premises accessed. Lochgelly Health Centre fails to meet the spatial, organisation and design standards for Primary and Community Health Care premises and has no capacity for further growth. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation to enable local integrated care to meet patient quality, staff standards and efficiency objectives.

1.2.2 **The Patient Perspective**

It has been recognised for many years, service providers across Scotland and the UK have planned care separately in different parts of the system including primary, community, acute care and mental health. Services have often been planned around buildings, individual service providers or even clinicians.

What is now proposed is a shift toward an overarching whole systems model which focuses on the needs of people who use the different health and social care services within the Lochgelly facility. This is described as a more holistic community health and wellbeing approach.

The central underlying principle of the development of the new centre is to focus on the patient outcomes, their journey and experience. This will help to identify where service improvements are necessary and involve a wide range of service users and providers in analysing and redesigning improved patient pathways to positively impact on outcomes.

The agreed way forward was to develop patient personas and pathways to enable the patient perspective and journey to be captured. We have identified seven people (personas) who typify patients or people who use the Lochgelly Health Centre and whose care represents key requirements and challenges for NHS Fife, FHSCP and partners. The personas and pathways in this document were developed in using local profile and practice data as well as in collaboration with a range of clinical services, community and voluntary sector partners.

We have used the personas to illustrate pathways and through mapping their care needs - we can agree how they can be met more effectively and efficiently. A designed and managed process of patient and service provider engagement including wider public involvement has taken place and is expected to shape development of the new centre – moving from the

traditional medical model to a more holistic community health wellbeing service model of delivery.

The Health & Wellbeing Model was developed by change and improvement colleagues in NHS Fife and FHSCP. This is illustrated below.

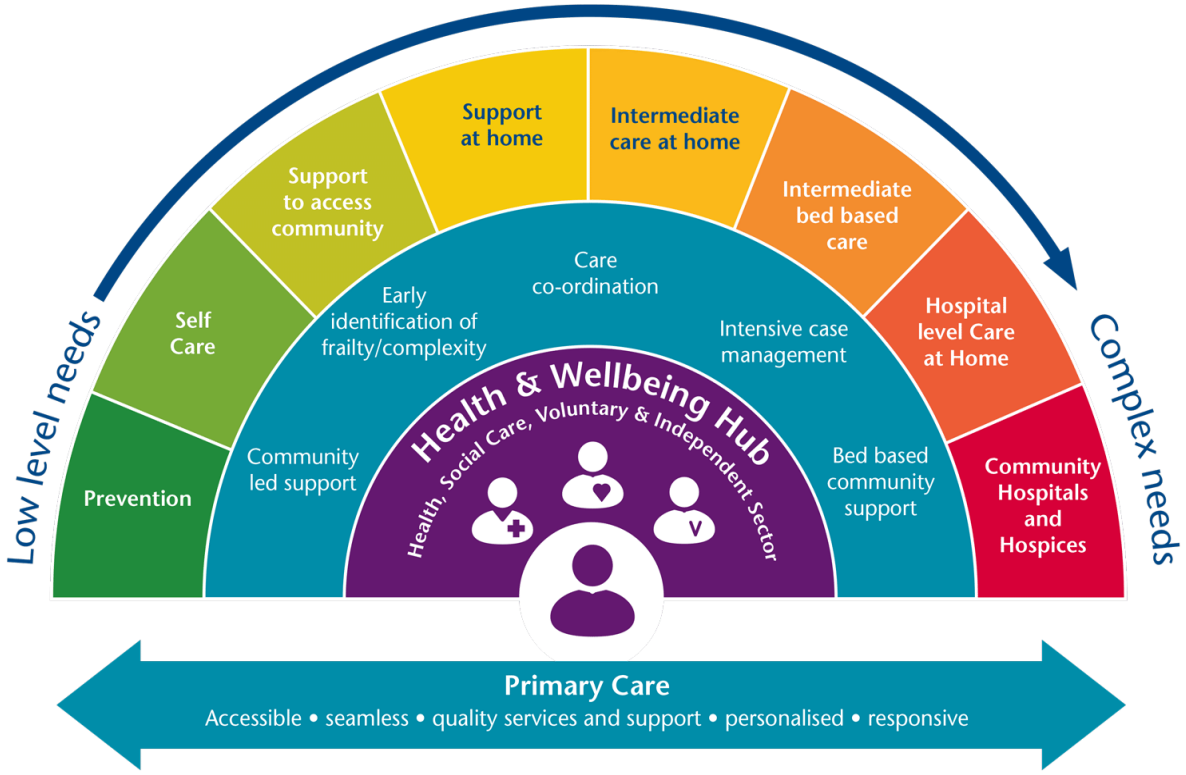


Figure 1 - Health and Wellbeing Model

The Project Team is using the Patient Personas & Pathways to look at possible improvements through a number of tests of change. This workstream has commenced but will continue through the FBC and construction stages of the project.

1.2.3 The Need for Change and Investment Objectives

The drivers for change and developed Investment Objectives to enable this change are set out in the table below. Associated benefits are set out in Section 2.4.4.

Effect of the need for change on the organisation:	**Investment Objectives**
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.

Effect of the need for change on the organisation:	Investment Objectives
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of the parties to deliver the full range of integrated services locally.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity.
Existing configuration, as a result of a 1970's building, being modified and extended with a 'best fit' approach means poor accommodation e.g. service users who rely on wheelchair access or have a mobility problem have extreme difficulty in both accessing and traversing the facility.	Delivery of safe and effective care with dignity by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. Improved staff wellbeing.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

Table 1 - Needs for Change and Investment Objectives

1.2.4 Fife Place Based Planning Tool

NHS Fife have recently been engaging with Scottish Government around their proposal to develop a longer-term primary care strategy. Scottish Government have recently developed a Place Based Needs Planning tool which helps Boards to understand their investment priorities based on community health, demographics, supporting infrastructure and the condition of the estate. Analysing the data for Fife in totality, Lochgelly Health Centre has an Estate Need Score of 70 (3rd highest priority), bolstering the case for change and intervention.

Property	Postcode	Intermediate Zone	Floor Area	Age	Estate Need Score
Kincardine Health Centre	FK10 4QX	Kincardine	254	91	83
Oakley Health Centre	KY12 9QH	Oakley Comrie and Blairhall	918	71	73
Lochgelly Health Centre	KY5 9QZ	Lochgelly West and Lumphinnans	822	81	70
Valleyfield Health Centre	KY12 8SJ	Valleyfield Culross and Torryburn	1,012	51	65
Path House Medical Practice	KY1 2PG	Kirkcaldy Pathhead	612	329	56
Strathmiglo Auchtermuchty Practice	KY14 7QA	Auchtermuchty and Gateside	50	59	55
Leven Health Centre	KY8 4ET	Leven East	1,624	56	53
Rosyth Health Centre	KY11 2SE	Rosyth East	946	39	47
Kelty Health Centre	KY4 0AE	Kelty East	754	60	44
Lundin Links Scoonie Medical Practice	KY8 6DB	Largo	48	59	43

Table 2 - Fife Priority of Estate Need

1.3 The Economic Case

A wide range of options were developed and considered. These were then consolidated into a shortlist of options which were scored via a wide range of stakeholders. The option scores are presented below.

	1 Do Nothing/ Base	2 (5c) Car park	3 (4b) Jenny Grey Refurb	4 (6d) Jenny Grey New Build	5 (5d) Lochgelly School New Build	6 (6e) Francis Street New Build
Net present cost (NPC) - £m	2,311,661	11,871,118	-	11,799,393	12,763,618	11,666,192
Weighted benefit points (WBP)	256	431	435	632	431	879
BPC per WBP - £000	9,029	27,543	-	18,669	29,613	13,272
	Reject	Possible	NA	Possible	Possible	Preferred

Table 3 - Short-listed Option Scores

Option 6 scored highest in respect to benefit points. Once the net present costs were factored in, option 1 is highlighted at the lowest cost per benefits point – this is purely because of low net present cost owing to the limited capital that could be invested in the existing facility. As option 1 does nothing to tackle the needs for change as demonstrated, it is not a legitimate option but included for comparative purposes.

Given the balance of legitimate options, option 6 offers the highest benefits score and the lowest cost per benefits point, indicating that it is the strongest option. Option 6 is therefore the preferred option.

1.4 The Commercial Case

The Commercial Case has been developed significantly since IA. Key aspects contained within the commercial case are summarised below.

- The project is community focussed and more than £750k, therefore the Scottish Futures Trust hub initiative has been selected as the most appropriate route to deliver the project. The East Central hubCo have been appointed to deliver this public funded project under the design and build option.
- Currie & Brown have been appointed through the Frameworks Scotland Lead Advisor lot to support the Board with multiple services including Project Management, Cost Advisor, Technical Advisor and Clerk of Works.
- The design has been fully developed in conjunction with the Project Team and Stakeholders. With exception to the NHS NSS Design Quality Assurance and NDAP processes which are ongoing, the design has been well received through the HAI, AEDET and focussed design workshops.
- Discussions with Fife Council in respect to leasing the required land are advanced appropriately for the stage in the project. These will continue during the FBC stage with a view to concluding arrangements at the point of completing the FBC.
- The current key risks/issues facing the project are summarised in the table below:

Risk/issue	Mitigation
Brief inadequate/unreliable This issue relates to developments around the GMS contract and effect this has had on the area requirements for the building.	The required area increase from IA to OBC has been factored into the current design and corresponding cost plan.
Stop/start nature of the programme – keep people engaged through these periods.	Updates are being provided to community groups via newsletters and the public via press releases. NHS Fife's communication team are supporting this effort.
Project cost increases due to: ▪ Change in requirements ▪ Inflation / market conditions	This is a current issue where the cost increases have rose beyond the IA budget projection. Refer to Financial Case for further substantiation.
Programme delay The OBC programme has been affected because of COVID which has impacted resources, engagement activity and costs.	Potential to commence FBC activity in parallel with the OBC governance approval process. The project now has a full complement of resources to help drive the project forward.
Change of policy – NHS Assure Key Stage reviews	Key stage review process was implemented half-way through OBC and is required to achieve capital

Risk/issue	Mitigation
Programme delays / cost increases arising	funding. Risk had to be accepted, but impact can be mitigated through collaboration.
Change of policy – SHTN 02-01 Sustainable Design and Construction Guide (SDaC) Programme delays / cost increases arising	Informed by HFS at OBC NDAP review that new guidance must be followed at FBC. Guidance is untested to impact is difficult to quantify. As such this risk has not currently been factored into OBC cost estimates.

Table 4 - Key Risk Summary

1.5 Financial Case

1.5.1 Capital Costs

A capital cost summary is provided in the table below demonstrating the total OBC estimated cost for the project, together with the movement in cost since IA.

IA	OBC	Movement
£8,155,615	£13,031,178	£4,875,563

Table 5 - Capital Cost Summary

The key reasons for the movement in cost since IA, are set out below:

- Building area increase to take account of service and GMS contract evolving requirements – accounts for circa 41% of the construction cost increase
- Inflation and extraordinary market conditions considered to driven by the COVID-19 pandemic and the resulting global effect on supply chains – accounts for circa 20% of the construction cost increase
- Site and design abnormals: this relates to site conditions, more onerous energy requirements and creating a building that satisfies the conditions of the brief and design statement – accounts for circa 39% of the construction cost increase
- Associated percentage mark-ups based on an increased construction cost
- Some further adjustments to the IA budget allowances, notably equipment and internal direct labour costs

A number of value engineering / cost saving opportunities have been identified and these have already been accounted for in the presented OBC figures above.

Notwithstanding the cost increases noted, given the current project environment, the costs are considered to represent value for money in the current marketplace and this view has been endorsed by our consultant Cost Advisor.

1.5.2 Revenue Costs

A summary of the revenue costs is provided in the table below.

Description	Baseline	Preferred Option	Difference
Property pays (NHSF)	£24,467	£75,566	£51,099
Property non-pays (NHSF)	£61,920	£178,330	£116,409
Property non-pays – GP offset (NHSF)	-£37,718	-£83,165	-£45,448
Net Increase (NHSF)	**£48,670**	**£170,731**	**£122,061**
Service model (FHSCP)		£724,500	

Table 6 - Revenue Cost Summary

The increase in cost from an NHS Fife perspective is largely associated with the increase in building area.

The revenue costs relating to the service model continues to be developed in consultation with the Scottish Government around MOU1/2 for urgent care and what MDT means for Fife. The service model costs will have a nil impact on the revenue outturn position as funding sources have been identified.

1.6 Management Case

The Management Case identifies the actions that will be required to ensure the successful delivery of the scheme. The management case has been significantly updated for this the IA stage and demonstrates that the Board and Partnership are well prepared to deliver the project successfully during the construction phase and beyond. Key milestones for the project are identified in the table below:

Description / activity	Date
Full Business Case	
Commencement	February 2022
Completion	January 2023
Governance Approvals	April 2023
Construction & Handover	
Commencement	May 2023
Completion	June 2024
Operational	August 2024

Table 7 - Key Milestone Summary

2 Strategic Case

2.1 Introduction

The main purpose of the Strategic Case is to confirm the background and drivers for change for the proposition. It also sets out the key investment objectives and associated benefits.

2.2 Revisiting the Strategic Case

The Initial Agreement Document (IAD) was approved by Scottish Government in January 2020. The next phase involved undertaking a widespread engagement exercise with key stakeholders and the people of Lochgelly. This process was paused as a result of the global pandemic and was eventually reinstated in November to December 2020. The outcome of the engagement exercise can be reviewed within the Economic Case. The recovery plan in relation to the pandemic also caused delay to timescales for the Outline Business Case and design process. However, these have since resumed at pace. There are new sections added which were not previously in the IAD including

- The patient perspective and journey using personas in Section 2.4.1.2
- A summary of services (existing versus proposed) in Section 2.3.2
- A description of associated buildings and assets in Section 2.3.3

The critical success factors have been retained although are not reflected in the current Scottish Capital Investment Manual (SCIM) guidance. The residual balance of the Strategic Case has been retained and updated where necessary.

2.3 Current Arrangements

2.3.1 Service Arrangements

The holistic multi-disciplinary primary and community care services in Lochgelly are currently delivered from the existing Lochgelly Health Centre, a 1970's constructed facility, which has been considerably modified and extended throughout its lifetime. The building is owned by NHS Fife.

General Practitioner (GP) services in Lochgelly and the surrounding area are delivered by three Practices operating full time to meet their respective Practice population needs. The Practices are contracted to NHS Fife to provide General Medical Services:

- Lochgelly Meadows Practice (Primary care services) General Medical Services
- Lochgelly Medical Practice (Primary care services) General Medical Services
- Lochgelly (Dr Thomson) Medical Practice (Primary care services) General Medical Services

Aligned to the Practices there are a wide range of permanent and visiting community health services provided from the current facility. Fife Health & Social Care Partnership (FHSCP) and NHS Fife are responsible for the provision of Community Nursing, and managed services (treatment room support, Primary Care Nurse, Health Visiting, Clinical Psychology, Sexual Health, Pharmacy, Allied Health Professionals, Child Health, Stop Smoking, Community Midwifery, Mental Health & Addictions, Out-Patient Services and Facility Management).

A constrained range of Voluntary Sector activity is delivered from the Health Centre, including drug and alcohol support services (supporting clinic activity etc) and the Local Area Coordinator. The constraining factor is accommodation availability.

The local Community Council supported by Councillors and Members of the Scottish and UK Parliament have a local campaign group to support the realisation of a new health centre. The campaign notes the need for modern infrastructure to enable the local delivery of an integrated model to meet the significant health and wellbeing needs of the community.

The services provided from the existing three Practices are primarily provided in support of the population needs of the people of Lochgelly and surrounding areas, with 79% of the resident population registered with the Practices (see figure 2 - interzone map). In accordance with NHS Fife's statutory obligation to provide access to Primary Medical Services there is a formal requirement to continue provision of these services within this geographic area.

Map of Lochgelly East, Lochgelly West, Lumphinnans,
Ballingry, Lochore & Crosshill Interzones

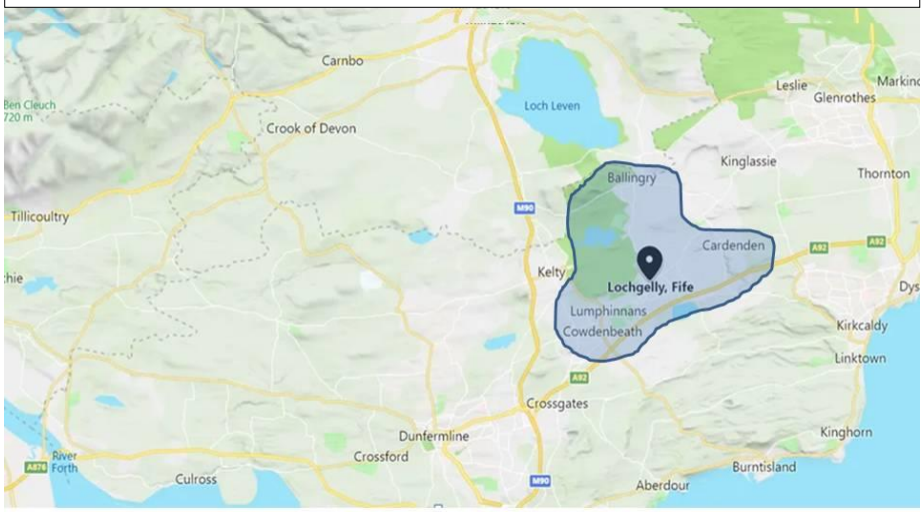


Figure 2 - Map of Lochgelly Interzone

The General Practitioners together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients' wellbeing throughout their lives.

The General Practitioners and multidisciplinary team working in the hub model are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community. Practice based multi-disciplinary team working is identifying people who could benefit from a case management approach and supporting people to access the right support where there is:

- Complexity in their care and support arrangements through locality multi-disciplinary teams, or
- Clinical complexity providing rapid access to assessment through the locality community health and wellbeing hub teams

The combined Practice population of 10,728 (April 2019), has grown by 1.6% over the past 18 months. The current demographics of the population are[2]:

- 50.9% female: 49.1% male
- 18.0% are over the age of 65 and 18.2% are 0-15 years (slightly higher than the average for Fife)
- 45.4% of patients live in the most deprived quintile, with 0.9% living in the least deprived quintile
- 20.9% of the wider locality population are income deprived, compared to the Fife average of 12.4%, 24.3% of children (under 16) live in poverty compared to the Fife average of 17.9%
- 27.6% of the Practice's patients have one or more long term condition compared to Fife rate of 7.16%
- Fife has the highest rate of under 18 and under 20 pregnancy rates in Scotland. The Cowdenbeath locality has the second highest rate of teenage pregnancy under 18 (three year aggregates to 2017) within Fife

Since the QOF (Quality Outcome Framework) is no longer in use, up-to-date long-term condition data was sourced from the Practices and Public Health Scotland using the SPARRA[3] (Scottish Patients at Risk of Readmission and Admission) tool.

Local Profile & Practice Data - Lochgelly

Long Term Condition Rates	Lochgelly	Fife
Arterial Fibrillation	1.87%[1]	1.92%[1]
Asthma	6.22%[1]	4.61%[1]
Cancer	4.58%[1]	4.25%[1]
CHD	4.87[1]	3.97%[1]
Chronic Liver Disease	1.15%[1]	0.88%[1]
COPD	2.48%[1]	1.70%
Dementia	0.67%[1]	0.81%[1]
Depression	13.50%[2]	9.54%[2]
Diabetes	3.72%[1]	2.94%[1]
Hypertension	18.53%[2]	15.43%[1]
Mental Health	1.03%[2]	0.87%[1]
Psychiatric Admissions	29.7 per 1,000[2]	24.5 per 1,000[2]

Data sourced from:

1. Public Health Scotland (PHS), SPARRA at 1 December 2020 - the percentage of people with each Long Term Condition are calculated by dividing the number of people with each Long Term Condition by the number of people registered at the GP practices (i.e. the "Population Register") then multiplying by 100.
2. Initial Agreement Documents, approved by Scottish Government in January 2020 data via QOF calculator 1 April 2019.

Figure 3 - Local Profile and Practice Data - Lochgelly

Previous QOF data has been incorporated from the IAD in this section including to provide a fuller picture and a pre-pandemic comparison where possible. Table 8 below notes a range of health indicators for the Lochgelly practice population (where available, or the wider locality where not available) compared to seven localities in Fife. This demonstrates the relative poor health of the population. The health outcomes for the people supported by the

[2] Based on 2011 census, 2016 SIMD datazone data and ISD Practice data 2019
[3] https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/SPARRA/SPARRA-Model/

Lochgelly practices are consistently lower than the rates for Fife. In a number of instances of these are the highest rates / poorest outcomes in Fife.

The Lochgelly area populations experience higher rates of emergency hospital and multiple admissions. Along with higher rates of admission related to COPD, coronary heart disease and alcohol related hospital stays.

In Scottish Public Health Observatory (SCOTPHO) analysis of QOF data 2017/18 the Lochgelly area comes out in the top three in 12 of 17 measures when compared with the seven Fife localities.

Mental Health is the fourth highest of the health impacts on the population of Fife (after Cancer, Cardiovascular disease and Neurological conditions); those who are socially disadvantaged have an increased probability of experiencing mental ill health. For example, in 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 consultations vs. 28 per 1,000 patients). The impact of mental health difficulties in the Lochgelly community is evidenced in the data below and the current range of services seeking to access accommodation in the health centre (detailed in Table 10).

Mental health conditions including addictions have been exacerbated and impacted during the global pandemic. Therefore, the need for mental health and related services has significantly increased during this period.

Indicator	Lochgelly Area	Wider Locality	Fife	Comparative Notes
Premature mortality		337 per 100,000		(5th of 7)
Cancer related		180 per 100,000		(2nd of 7)
CHD related		70 per 100,000		(2nd of 7)
Patients (65+) with multiple emergency admissions		6,087 per 100,000		(1st of 7)
New and unplanned repeat A&E attends	297.4 per 1,000		264 per 1,000	
Potentially avoidable admissions		20.2 per 100,000		(2nd of 7)
Median 11/15-5/19 Falls		2.5 per 1,000	2.05 per 1,000	(1st of 7)

Indicator	Lochgelly Area	Wider Locality	Fife	Comparative Notes
related admissions (65+)				
Cancer rate (QOF)	3.06	2.85	2.85	(Lochgelly has the 3rd highest compared to the 7 localities)
CHD rate (QOF)	4.65	4.67	3.94	(Lochgelly has the 3rd highest compared to the 7 localities)
Hypertension rate (QOF)	18.45	17.54	15.36	(Lochgelly has the highest compared to the 7 localities)
Asthma Rate (QOF)	7.17	7.58 (2nd of 7)	6.94	(Lochgelly has the 3rd highest compared to the 7 localities)
COPD rate (QOF)	3.4	3.61 (2nd of 7)	2.58	(Lochgelly has the 3rd highest compared to the 7 localities)
COPD admissions (standardised rate)	Prac. 1 - 2.7			
Prac. 2 - 7.2				
Prac. 3 - 5.6				
	5.3	3.1	Two of the three practices are above Fife levels (Crude & standardised rates).	
Diabetes rate (QOF)	7.11	6.51 (2nd of 7)	5.56	(Lochgelly has the highest

Indicator	Lochgelly Area	Wider Locality	Fife	Comparative Notes
				compared to the 7 localities)
Alcohol related mortality		17.1 per 100,000		(3rd of 7)
Mental Health rate (QOF)	0.96	0.85	0.86	(Lochgelly has the highest compared to the 7 localities)
Mental Health Prevalence		5,132 per 100,000 (1st of 7)		
Psychiatric Admissions (episodes[4])	29.7 per 1,000 (2018)	25.7 per 1,000 (2018)	24.5 per 1,000 (2018)	Lochgelly levels are above all Fife localities for both patients and episodes
Depression rate (QOF)	12.47	11.57	8.93	(Lochgelly has the highest compared to the 7 localities)
Dementia rate (QOF)	1.00	1.09	0.81	(Lochgelly has the 2nd highest compared to the 7 localities)
Stroke and TIA rate (QOF)	2.81	2.7	2.46	(Lochgelly has the 2nd highest compared to the 7 localities)
Developmental disorders		856 per 100,000 (2nd of 7)		

Table 8 - Local Indicators

Projections for future demand for primary care and community services within Lochgelly are driven by the population increase, which see the older population growing by 45% by 2041 and by the known negative impact on health of the relative socio economic deprivation the

[4] Episode refers to inpatient, outpatient or Allied Heathcare Profession treatment as defined by https://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?ID=241&Title=Episode%20of%20Care

community experiences. Housing developments are seeing the construction of circa 420 new homes by 2025 (potentially an additional 1,050 people). The local development plan includes potential for the development of a further 4070 homes within the catchment area of the Practices. The infrastructure is therefore required to enable services to develop the community health and wellbeing model, to support the anticipated increase in the needs detailed in table 8 rather than seeking to continue to do more of the same.

The current workforce delivering services, health, social and voluntary sector activity is outlined below at table 9 along with potential future workforce required to deliver integrated primary care and community services. Recent and continuing changes to the workforce are being phased in line with population growth and service model developments and are taking into account the requirements to implement the GMS (2018) contract[5] and enhance the primary healthcare team, community health and social care teams and health visitor pathway. The Meadows Practice provides training placements for medical students.

	Existing Provision (WTE)	**Recent Change (WTE)**	**Future provision * Incl. new roles**
General Practitioners (5)	4.5	-1	
Advanced Nurse Practitioner (2) + trainee	2	1	
Nurse Practitioner (1)	0.8	0.8	
Practice Nursing (3)	1.7	-1.05	
Primary Care Mental Health Nurse	1	1	
Practice Phlebotomist (1)	0.39		
Practice Manager (3)	2.9		
Admin staff (11)	9.6	-0.27	
Community Nursing Team (9 + 2 student/rotational intermediate care team colleague)	6.87 (+2)		Redesign of Community Nursing + caseload weighting necessitate change
Community Phlebotomist (2)	0.5	12 sessions per month	
Community Teams Admin Staff	0.2		
Primary Care Pharmacist	1		+4 requiring an office and access to

[5] https://www.gov.scot/publications/gms-contract-scotland/

			consultation accommodation
Visiting teams	**WTE**	**Sessions**	**Future provision * Incl. new roles**
Addiction Services	12		
Clinical Psychology	33		
Fife Intensive Rehabilitation and Substance Misuse Team	16		
Phlebotomy (Bloods)	16		
Respiratory Nurse Base + Clinic	1 WTE + 3 clinics		
Paediatric Clinic	6		
Asthma Clinic	4		
Fife Forum	8		
Continence Clinic	4		
ADAPT (Alcohol and drug triage service)	4		
Stop Smoking	4		
Psychiatry	8		
Health Visitors Baby Clinic	4		
Health Visitor Review Clinic	12 + Wellbeing meetings when required		13 staff and the full range of centre based Health Visiting activity: majority currently delivered from an adjacent smaller village
Immunisation Team	8		Potentially evening Flu clinics
Midwife Clinic	12		
Safe Space	4		
Dietician	2		

Orthoptic Clinic	4		
Podiatry	16		
Diabetic Foot Check (DAR's)	6		
Dermatology	4		
Minor Surgery Clinic	As required circa 2 per week		
Depot Clinic (QMH Nurses)	1 hr per week		
Treatment Room	20		
Fife Alcohol Advisory Service	4		
Social Workers / Social Care Workers			MDT time Child Protection meetings
Mental Health Nursing	8		
Contraception and Sexual Health	4		
Alcohol and Drug Drop in	4 (evenings)		
Wider voluntary sector			A wider range of voluntary sector services e.g. citizens advice supporting income maximisation
First Contact Physiotherapist			0.55 WTE

Table 9 - Lochgelly Staffing

2.3.2 Service Details

The accommodation in Lochgelly is provided over one level with a total floor area of 760m^2, supports:

- GP activity associated with the Lochgelly Meadows Practice (Circa. 19,000 appts PA and a Practice population of circa. 5,011)
- Nurse activity associated with the Lochgelly Meadows Practice (Circa. 4,000 appts PA)
- GP activity associated with the Lochgelly Medical Practice (Circa. 10,000 appts PA and a Practice population of circa. 3,511)
- Nurse activity associated with the Lochgelly Medical Practice (Circa. 7,000 appts PA)

- GP activity associated with the Lochgelly (Dr Thomson) Practice (Circa. 5,400 appts PA and a Practice population of circa. 2,206)
- Nurse activity associated with the Lochgelly (Dr Thomson) Practice (Circa. 900 appts PA)
- Community nursing “treatment room” activity (16 appts per day, 22 at busiest times, Circa. 4,100 appts PA), Phlebotomy provide 37 appts 4 days per week, Circa 6,500 PA) with the team visiting about 30 people at home per day
- Primary Care nursing activity (Average 30 appts per week - 1560 PA)
- Minor surgical procedures undertaken by a specialist GP (Circa. 100 episodes PA)
- Practice Phlebotomy services (Circa. 5,500 episodes PA)
- Midwifery ante-natal clinic activity (Circa. 750-800 appts PA)
- Psychology out-patient services (Circa. 1000 appts PA)
- Targeted sexual health services for younger people (Circa. 300 appts PA)
- Dietetic consultations (Circa. 204 episodes PA)
- Podiatry services (Circa. 1010 appts PA)
- Stop Smoking sessions (Circa. 470 appts PA)
- Paediatric consultation activity (Circa. 170 appts PA)
- Mental Health: Nursing Psychiatry and Psychology
    - West Fife Community Outreach Team (Circa. 200 appts PA)
    - Addictions – sessions outlined above
    - Psychiatry – sessions outlined above
- Voluntary Sector services – sessions outlined above

The Practices have access to a known number of consulting rooms/areas on a daily basis, with visiting services scheduled ahead as far as possible, based on room availability. Often, rooms are booked in advance for services. However, due to lack of attendance etc, they are then not utilised and the bookings are not cancelled so rooms are unoccupied.

Whilst the Practices and FHSCP are working collaboratively to modernise, integrate and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises. For example the respiratory nurse would be able to see circa three times more patients if clinic space was available, supporting more proactive case management with medical colleagues, and thereby reduce emergency admissions further.

In summary, baseline data indicates that services delivered from the existing Lochgelly Health Centre amount to a total of circa 70,000 attendances per annum; circa 270 attendances per day or around 15 patients / clinical room activity per day. Whilst this is considerably less than the theoretical capacity associated with these clinical spaces, this situation occurs as a result of an overall lack of administrative / support areas within the building and the resultant extensive use of consulting space for administrative and clinical support activities. For example GPs use their consulting rooms also as office space, meaning the rooms cannot be used by another clinician outwith their clinical sessions.

As the Health Centre runs at 100% capacity services often double book rooms in case cancellations arise – this includes clinical services, voluntary sector support groups, teams seeking to deliver mandatory staff training and centre based teams seeking to meet together. The AEDET review exercise confirmed that the layout and fabric of the building place considerable limitations on effective and safe service delivery (Section 2.3.3).

Where services are not / cannot be delivered locally in Lochgelly, patients are referred to different locations that include: Queen Margaret Hospital, Dunfermline; Victoria Hospital, Kirkcaldy; Rosewell Clinic, Lochore. For example the majority of Health Visiting activity including Wellbeing Meetings is delivered from Rosewell Clinic; impacting on access inequities.

Out of Hours Primary Care is delivered from four Urgent Care Centres in Fife. The Partnership does not have plans to extend the number of Urgent Care Centres. The Community Teams offer a small number of clinics / sessions into the evening. The restrictions of the building do not lend themselves to safe and simple access in the evening.

The model of care is developing in line with the new GP Contract, with the Primary Care Development implementation plan progressing along with the Business Planning process. Accommodation is not available to support the local delivery of physiotherapy, mental health nursing, primary care pharmacists, social prescribing, etc. For example the Local Area Co-ordinator (voluntary sector member of the team sign posting people to local community provision) is not able to work from Lochgelly as frequently as required. To meet the areas needs within the GMS (2018) there will be three levels of pharmacotherapy input, this will see the resource based in Lochgelly grow from 1 whole time equivalent to 5.

Nationally, a re-provisioning exercise is in process to replace existing GP IT systems, with suppliers having until February 2020 to complete development of their respective systems in line with NHS National Services Scotland requirements. After this, a transition exercise will commence across all boards, with Fife's transition scheduled to commence summer 2020. This will facilitate the Lochgelly practices to be paperlite.

The table below summarises the services using the current facility and also a list of services that could be provided from the new as a result of a lager functional facility.

No:	Name of Service	Currently in Health Centre	Will be based in (or using) the new CH&W Centre
1	Fife Young Carers		X
2	Community Nursing	X	X
3	The Well		X
4	Complex Care Team		X
5	Clinical Psychology		X
6	Speech & Language Therapy		X
7	Health Promotion		X
8	Children's Services		X
9	Community Nurse Respiratory Team		X
10	Nursing	X	X
11	Occupational Therapy		X
12	Pharmacy	X	X
13	ADAPT/FASS (Addictions Services)	X	X
14	NHS Addictions Service	X	X
15	Local Area Coordinators (Locality Planning)	X	X
16	Frailty & Older People's Service		X
17	Immunisations Service	X	X
18	Podiatry Service	X	X
19	Mental Health Services		X
20	MSK Physiotherapy	X	X
21	Nutrition & Dietetics		X
22	Obstetrics and Gynaecology		X
23	Fife Carers Centre		X
24	Mental Health Nursing	X	X
25	Dementia Friendly Fife		X
26	Diabetes MCN		X
27	Midwifery	X	X
28	Diabetic Retinopathy		X
29	Physiotherapy	X	X
30	Orthoptics	X	X
31	Fife Voluntary Action		X
32	Social Work		X
33	Multi-Disciplinary Team meetings		X

Table 10 - Lochgelly Services

Approximately 35+ services were engaged prior to lockdown in March 2020 and all re-engaged in September and again in November 2020, to develop a service schedule and see if anything had changed or additional requirements were needed due to Covid-19: requirement of space in the centres, days of use and frequency, any special requirements etc. An exact number has not been provided as there are numerous services which sit under single or multiple providers. This data has been collated into a spreadsheet that will inform the design and construction of the new building to ensure that all services can be

accommodated appropriately. NHS Facilities contacted all services again to reaffirm requirements and develop a Schedule of Accommodation – this information has since been extrapolated to develop the early building design.

2.3.3 Associated Buildings and Assets

The current facility is based centrally in the village of Lochgelly and was established in the 1970s. The property has been considerably modified and extended throughout its lifetime. The accommodation in Lochgelly is provided over one level with a total floor area of 760m^2. The building is owned by NHS Fife.

Figure 4 – Lochgelly Health Centre

The building block condition is category B and the risk adjusted back-log cost is £247,000.

Condition, space and functionality of the facility are best summarised within the AEDET benchmark assessment which is outlined below.

Category	Benchmark
Use	1.4
Access	1.1
Space	1.0
Performance	1.4
Engineering	1.3
Construction	0.0
Character & Innovation	1.0

Form & Materials	1.3
Staff & Patient Environment	1.1
Urban & Social Integration	1.3
1 = virtually no agreement / poor *6 = virtually total agreement / excellent*	

Table 11 - AEDET Benchmark Score – Lochgelly

2.4 Strategic Context

2.4.1 Drivers for Change

2.4.1.1 Local Context

NHS Fife Clinical Strategy[6] sets the strategic direction with Fife Health & Social Care Partnership (FHSCP) that is focused on local early, preventative care. In working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system we will strengthen primary care and community services.

Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, adding and adapting services responsively to meet and sustain outcomes.

Our development of community health and wellbeing hubs is designed to flexibly and responsively layer services where required, adjusting support and care incrementally. In light of the changing demography this has focused on supporting people to minimise and modify the impact of frailty (including younger people frail because of long term conditions, addictions etc). Providing holistic assessment and care management, focused on individual outcomes, anticipatory planning and supporting a reduction in unscheduled care. Fife has a population of 371,910[7] (midyear estimate 2018), with slightly above the Scottish average for the over 65's age group described in Table 12.

	Total Population	65+	75+	85+
Fife	371,910	20%	9%	2%
Scotland	5,438,100	19%	8%	2%

Table 12 - Population Demographic Summary

Fife H&SCP has seven localities. Lochgelly is within the Cowdenbeath locality. The Cowdenbeath locality sits within the West Division of the H&SCP. The H&SCP is developing a locality clinical model with GPClusters focused on the needs of the locality population. Table 13 demonstrates the percentage of locality populations over 75.

	Population >75

[6] https://www.nhsfife.org/media/32112/c64_cs-finalforintranet.pdf

[7] Mid-Year Population Estimates Scotland, Mid-2018, National Records of Scotland. Publication (nrscotland.gov.uk)

City of Dunfermline	3928	7%
Cowdenbeath	3360	8%
Glenrothes	4109	8%
Kirkcaldy	5549	9%
Levenmouth	3560	10%
North East Fife	7192	10%
South West Fife	3845	8%

Table 13 - Locality Demographic Summary

Table 14 notes the anticipated change in the localities population over the next 25 years. The total population within Cowdenbeath Locality is projected to increase by 5% by just around 2,000 by the year 2041. Most of the areas' population growth is expected to take place in the older people age group, an increase of circa 45% which will place an increasing demand on health and social care.

Population Projections		
	2016	2041
Overall	41,228	43,300
0-15 years		(600) -8%
16-64 years		(1000) -4%
>65 years		(3,600) +45%

Table 14 - Population Projections

The local and national goal, supported by NHS Fife's Clinical Strategy (2016-21)[8], and the Fife Health and Social Care Partnership's Strategic Plan for Fife 2019-2022[9] is to provide safe, effective and sustainable care at home or as close to home whenever possible. The integrated model being implemented will support robust, holistic health (primary and community) and social care, with third sector services having a strong focus on early intervention, prevention, anticipatory care and supported self management.

The proposal for investment into fit for purpose health and social care facilities in Lochgelly will not only address the current restrictions upon local delivery of clinical, community and third sector services and deficiencies in facilities at the existing Lochgelly Health Centre, but also enable the delivery of the above integrated model within the Lochgelly area.

The well rehearsed pressures in General Practice in Scotland can be illustrated by the following indicators:

- 10% of the population consults with a GP Practice clinician every week
- 34% of all GPs are aged 50 and over in 2015, compared with 29% in 2005

[8] https://www.nhsfife.org/media/32112/c64_cs-finalforintranet.pdf

[9] https://www.fifehealthandsocialcare.org/__data/assets/pdf_file/0028/188263/HSCP_Strategic_Plan_2019-2022.pdf

- 37% increase in female General Practitioners and 15% decrease in male GPs over the ten-year period to 2015
- 2015 – 1 in 5 GP training posts unfilled

Fife's Primary Care Improvement Plan sets out the ambitions for reshaping primary care and General Practice in implementing the new GMS 2018 Contract. This is facilitating the development of General Practitioners as expert medical generalists within expanded Primary Health Care Teams, by implementing new roles and ways of working. This is underpinned by the guiding principles of:

- Contact: accessible care for individuals and communities
- Comprehensiveness: holistic care of people – physical and mental health
- Continuity: long term continuity of care enabling an effective therapeutic relationship
- Co-ordination: overseeing care from a range of service providers

Care pathways are patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and the need to provide a wider range of services to people in their local communities and to develop greater local integration is being hampered by the accommodation available within the Lochgelly area. The effect of which is evidenced in the continued reliance upon the traditional medical model of relatively high acute hospital attendance and admission rates. Section 2.4.1.2 below highlights the patient journey using personas.

Local accessibility and improved joint working with other health and social care partners as part of a wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes. This will be underpinned by Practice multi-disciplinary team working, supported by responsive wider locality teams in reaching to deliver local care. This is further illustrated through the patient pathways in Section 2.4.1.3 below.

2.4.1.2 The Patient Perspective

It has been recognised for many years, service providers across Scotland and the UK have planned care separately in different parts of the system including primary, community, acute care and mental health. Services have often been planned around buildings, individual service providers or even clinicians.

What is now proposed is a shift toward an overarching whole systems model which focuses on the needs of people who use the different health and social care services within the Lochgelly Practice. This is described as a more holistic community health and wellbeing approach.

The central underlying principle of the development of the new centre is to focus on the patient outcomes, their journey and experience. This will help to identify where service improvements are necessary and involve a wide range of service users and providers in analysing and redesigning improved patient pathways to positively impact on outcomes. To support this work seven patient personas have been developed which serve to inform key

considerations when designing new pathways and the integration of services. Full details of this work is contained in the supplementary document, “The Patient perspective” (Appendix J).

2.4.1.3 Sustainable Workforce and Staff – Health & Wellbeing

Since the launch of Everyone Matters 2018-2020[10], key priorities and actions have been identified which are contributing greatly to achieving a healthy organisational culture. Everyone Matters Implementation Plan actions will be integrated into the new centre where appropriate – initial considerations include:

- Health & Wellbeing and Healthy Organisational Culture – take action to promote the health, wellbeing and resilience of the workforce. Create an environment which supports working across teams, open office space, bookable quiet space and hot-desks, collaborative spaces, wellbeing space, access to support services – these are considered vital to staff wellbeing and morale. Wellbeing Hubs have been established in various sites to support staff, particularly during the global pandemic. Bookable peaceful indoor and outdoor spaces could be established within the centre for both (practice-based and visiting) staff and community use. Providing opportunities for staff to take part in wellbeing-related sessions as appropriate including mindfulness, kindness, resilience and self-care related activities. Sessions are planned with the local Health Psychologist to provide some of these activities within GP clusters, Lunchtime Bytes, Community Health & Wellbeing Services (CHaWS) Subgroup and with practice staff. Other elements will include Staff Cycle to Work Scheme, bike racks, outdoor gym, community garden with covered area, showers and changing facilities etc.

- Sustainable workforce: over 35 clinical and non-clinical services engaged in relation to: requirement of space in the new centre, days of use, frequency, special requirements etc. A service schedule was developed from the feedback which formed the Schedules of Accommodation and this information was used to start the early design of the new building. This will ensure that local services can be planned, coordinated and delivered within the new centre as close to home for people as possible. The new centre will have the space to accommodate a wider range of services as per GMS (General Medical Services) contract and aforementioned drivers for change. There is ongoing engagement with the Lochgelly Practice and services throughout the process including via the CHaWS Subgroup, the Design Team meetings etc.

- Capable workforce:

    - NHS Fife and FHSCP offer a suite of development opportunities for their workforce. Educational support services include: Health Promotion, Organisational Development, Learning & Development and Practice & Professional Development (PPD). The PDD is embedded below and includes: managerial coaching, observational visits to support recruitment, clinical skills, leadership, dementia awareness, palliative and end of life care. PPD provision and training is offered to all staff including those working in residential, nursing

[10] Everyone matters: 2020 workforce vision implementation plan 2018-2020 - gov.scot (www.gov.scot)

and care homes in Fife. HR, Patient Relations, Infection Prevention & Control, Pastoral, Resuscitation and Manual Handling all offer training to NHS staff.

- Work across organisational and professional boundaries (i.e. between primary and secondary care, across sectors etc) to share good practice in Learning & Development (L&D), evidence-informed practice and organisational development. Facility available regarding L&D space e.g. face to face training or a computer room where staff can participate in virtual training, update their core skills, LearnPro, Turas etc. Engaging with the staff regarding what they would like and to ensure they feel included as part of the process in relation to the new building.

- Workforce to deliver integrated services: Working with partners to develop workforce planning capacity and capability in the integrated setting including ways of working – exploring opportunities to work differently before the building completion e.g. using the Patient Personas & Pathways in order to establish a service coordination approach and tests of change.

- Change management – ensuring change is managed appropriately and providing opportunities to keep all key staff and stakeholders informed, involved and engaged in the process where possible. The Staffside representative also attends Project Team meetings and has had input into these sections of the OBC. This will be organised through a range of methods such as Subgroup meetings, staff updates, Blink, websites, newsletters and ongoing communications with key stakeholders etc. It is important to give staff ownership particularly if the new building is to be their main base. How and when to ask staff for views is important - all views need to have equal importance.

- Longer opening hours – these will be considered as part of the new building where designated areas could potentially be 'locked-down' for out-of-hour use as a community asset.

- Health & Social Care and Design & Construction Career Pathways – work with L&D to ensure links with local schools and education providers are established to showcase Health & Social Care and Design & Construction as career pathways including options for apprenticeships, internships, student placements and work experience etc.

2.4.1.4 National and Local Strategies

Key national and local documents have influenced the development of our health and care model and thereby this proposal, although this is not an exhaustive list. It should be noted that along with Caithness and Ayrshire Fife's Community Health and Wellbeing Hub programme has been selected as a national pathfinder site to support a Once for Scotland approach to delivering the shift in the balance of care from hospital to community.

National

- Commission on the Future Delivery of Public Services (The Christie Report) (June 2011)

- 2020 Vision for Health and Social Care (September 2011)

- Healthcare Quality Strategy (2012)
- A National Clinical Strategy for Scotland (February 2016)
- Health and Social Care Delivery Plan (December 2016)
- Property Asset Management Strategy (2017)
- NHS in Scotland 2016 – Audit Scotland Report (October 2016)
- Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland (August 2017)
- General Medical Services Contract (2018)
- Health and Social Care Integration – Audit Scotland (November 2018)
- Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)

Local

- Health and Social Care Partnership Strategic Plan for Fife Plan (draft 2019-2022)
- NHS Fife Clinical Strategy (2016-21)
- NHS Fife Property and Asset Management Strategy (2022)
- NHS Fife Operational Delivery Plan (2018/19)
- Let's really raise the bar: Fife Mental Health Strategy (draft) (2019-2023)

This proposal interacts with these key local and national strategies in terms of:

Quality Strategy ambitions in relation to:

- Person centred care - through improving access to Primary Care and providing more care closer to home
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation
- Effective – bringing together a wider range of health and care services to make more effective use of resources

2020 Vision aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

Technology Enabled Care projects are being tested within the current service model to modernise primary care, support earlier identification and self management.

NHS Fife's Clinical Strategy and Operational Delivery Plan are focused on delivering person centred care, closer to home where possible. The proposed development will support the local provision of health and social care services within Lochgelly, facilitating person centred care and support.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general Practice requires collaborative working, with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP Practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:

- Maintaining and improving access
- Introducing a wider range of health professionals to support the expert medical generalist
- Enabling more time with the GP for patients when it is really needed
- Providing more information and support to patients

The **Public Bodies (Joint Working) (Scotland**) Act 2014[11] aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population. Fife's local Health and Social Care Strategy describes how the nine National Outcomes for Integration can be met through prevention, local earlier integrated working focused on peoples own outcomes.

Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway**[12] and the Named Person role conferred by the Children **and Young People (Scotland) Act** (2014)[13]. The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017)[14] sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. Within this framework redesign in community nursing is supporting the implementation of the Chief Nursing Officer Directorates paper on Practice and Community Nursing to integrate locally to support prevention and early intervention.

Fife Health and Social Care Partnership, established on 1 April 2016, is refreshing its strategic plan, this includes revised Vision, Mission and Values. The plan is focused on delivering proactive, integrated support and therefore will seek to secure an outcome focused model delivered locally aimed at securing improved outcomes through early identification and intervention:

[11] Public Bodies (Joint Working) (Scotland) Act 2014 (legislation.gov.uk)
[12] Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot (www.gov.scot)
[13] Children and Young People (Scotland) Act 2014: National Guidance on Part 12: Services in relation to Children at Risk of Becoming Looked After, etc - gov.scot (www.gov.scot)
[14] Nursing 2030 vision - gov.scot (www.gov.scot)

- ***The Vision is*** To enable the people of Fife to live independent and healthier lives.
- **The Mission is** "We will deliver this (vision) by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes."
- Our **Values** are: Person-focused - Integrity – Caring - Respectful - Inclusive - Empowering

2.4.2 Need for Change Summary

The following is a full list of the main drivers causing the need for change, the effect that these issues are having on the current service provision and an assessment of why it is believed action is required now.

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
The clinical and social care model have developed and implementation is being circumscribed.	Primary, Community and Voluntary sector services cannot provide the integrated model of care they and the community recognise is required now and for the future. Existing facilities lack the number and range of support areas necessary to deliver safe and effective services, the physical capacity of the building is 100% utilised and oversubscribed.	The model of integrated care is being undermined now: preventing locally based, proactive care. Lack of essential support areas (e.g. clean and dirty utility areas) represents a real and unacceptable risk to the Board in key areas such as Healthcare Associated Infections and patient safety that can only be addressed through significant investment. Time from Initial Agreement to occupation of a new facility could take circa 4 years.
	Services cannot be delivered locally for local patient need; existing physical capacity is unable to deliver essential baseline change and re-design.	Local health inequality issues will continue to be difficult to support. NHS Fife/Fife H&SCP will fail to deliver the GMS (2018) and the community health and wellbeing hub model within Lochgelly unless this is planned for.
	Pressure on existing staff, accommodation and services will inevitably increase.	Sustainability of primary care is a key priority for the Partnership and NHS Fife.

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
		There is a need to plan to provide a sustainable service for the future
Poor clinical and non-clinical functionality and space restrictions in existing accommodation (configuration)	Existing facilities fall far below the required standards in terms of how they are configured and laid out. The Equalities Act 2010 compliance within the building is poor.	Existing facility configuration and layout presents unacceptable risks, as well as poor local performance, functional in-efficiency and suboptimal patient experience. Wheelchairs, mobility scooters and double buggies cannot access parts of the building, including the waiting area. The waiting areas are too small.
	Premises are functionally inadequate and compromise pro-active, integrated care.	No scope exists to re-organise parts of the service to improve the experience.
	Some consulting rooms are very small and do not meet current standards. These are very restrictive / unsuitable for patients and staff.	Poor patient and staff experience. Does not meet current recommended standards.
Clinical and social care functionality (capacity) issues	Capacity is unable to cope with current, let alone future projections of need. Patients are required to make repeated appointment to meet with different members of their multi disciplinary team and to access healthcare out-with the local area.	Service sustainability and development is at risk and an increasing number of patients will travel to other venues for appointments.
	Facilities lack the number and range of support areas necessary to deliver modern, integrated, safe and effective services	There are no rooms available to deliver training, accommodate local multi disciplinary team meetings, etc. There is no accommodation to support local access to a wider range of visiting community services to support for example income maximisation.

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
Building issues (Including statutory compliance and backlog maintenance)	Existing facilities fall far below the required standards in terms of how they are configured and laid out. Physical characteristics of the building prevent safe and effective patient care: small treatment rooms below minimum standards. Increased safety risk from outstanding maintenance and inefficient service performance.	Building configuration and layout present unacceptable risks as well as poor performance and functional inefficiency. Redesign of building will allow for improved care, staff experience and financial performance. Building condition, performance and associated risks will continue to deteriorate if action is not taken now.

Table 15 - Need for Change

2.4.3 Investment Objectives

This section identified the 'business need' in relation to the current arrangements described in Section 2.1. These were discussed at the Architecture & Design Scotland (A&DS) facilitated workshop to develop the project design statement. A wide range of stakeholders including clinical and managerial staff along with community representatives were involved in a workshop to describe the difference between 'where we are now' and 'where we want to be'.

Effect of the need for change on the organisation:	Investment Objectives
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health

the parties to deliver the full range of integrated services locally.	and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity.
Existing configuration, as a result of a circa 1970's building, which has been modified and extended with a 'best fit' approach means poor accommodation e.g. service users who rely on wheelchair access or have a mobility problem have extreme difficulty in both accessing and traversing the facility.	Delivery of safe and effective care with dignity by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. Improved staff wellbeing.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

Table 16 - Investment Objectives

2.4.4 Proposed Benefits

There is a clear emphasis on General Practice provision and the development of the community health and wellbeing hub model within the Partnership's Strategic Plan and NHS Fife Clinical Strategy. The proposed investment in infrastructure will enable the Lochgelly Medical Practices to fully participate in the required programmes of care, enable full access to the Primary Care Improvement Plan and thereby improve outcomes for individuals, experience for staff and the reputation of the organisation.

Benefits for each of the investment objectives described in Section 2.4.3 above are mapped to the expected benefits in the context of the Scottish Government's five Strategic Investment Priorities (Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability).

To ensure that resources are effectively utilised and that any investment made provides agreed benefits a register has been developed. The benefits register (see Appendix E) identifies the expected benefits, indicates a baseline and target measurement and also gives a priority level to each benefit. The Benefits Realisation Plan demonstrating how the benefits can be secured is included at Appendix F.

Investment Objective	Benefit	Investment Priority
Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities.	GP Practice Multi-Disciplinary Team, wider community hub team and voluntary sector have access to accommodation to meet population needs locally.	Person-Centred Health of Population Integrated Care

Investment Objective	Benefit	Investment Priority
Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	Services delivered locally based on need.	Person Centred Efficient Effective Integrated Care
Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to maximise and improve people's health and wellbeing within the local community.	Higher staff retention levels. Higher staff morale/lower absence rates. Increased flexibility of roles. Career progression. Improved workforce planning across the health and social care pathway. Supports training, education and development. Improved patient centred communication within the wider team.	Person Centred Efficient Effective Value and Sustainability Integrated Care
Enable earlier access to proactive and anticipatory care through local delivery via integrated, seamless services across health and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity.	Access to wider staff skills, support and experience on one site. Reduces unnecessary hospital referrals and admissions. Reduces patient risk. Cost effectiveness of service provision – ensuring patients can access services as close to home as possible	Effective Quality of Care Person Centred Integrated Care
Delivery of safe and effective care with dignity – by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. This will improve the patient and staff experience.	Improves patient experience addressing privacy and dignity issues. Improves staff safety through provision of primary care and community services on one site allowing for available support for patients and staff.	Safe Person Centred Quality of Care Integrated Care

Investment Objective	Benefit	Investment Priority
	Ease of compliance with standards e.g. Equality Act (2010)[15], HAI Fit For Purpose, flexible accommodation meeting all guidelines e.g. room sizes.	
Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.	Increased local provision and access to treatment making best use of available resources by having the infrastructure to deliver more proactive, prevention and early intervention focused support; maximising MDT working to facilitate access for people and thereby reducing the call upon unscheduled care.	Effective Quality of Care Efficient: Value and Sustainability

Table 17 - Benefits

2.4.5 Risks

Risk is now covered within the Commercial Case (Section 4) and Management Case (Section 6). The project's Risk Register can be found at Appendix G.

2.4.6 Constraints and Dependencies

2.4.6.1 Constraints

Constraints are limitations on the investment proposal. Key constraints relating to this particular investment proposal are noted below:

- Financial – given the current climate it is recognised that the project is likely to be constrained financially. Once the project budget it is set, the project will require to be delivered within this.
- Programme – given the needs for change relating to the current arrangements, there is a need to deliver the project as quickly as possible.
- Quality – the project will require to comply with all applicable healthcare guidance and achieve the AEDET pre-defined target criteria across all categories. The project will also be subject to NDAP and Design Assure key stage reviews.
- Sustainability – as the preferred option is a new-build there will be a requirement to achieve and agreed BREEAM rating.

[15] https://www.gov.uk/guidance/equality-act-2010-guidance

- Site – site constraints have been investigated during the OBC and factored into the OBC cost projections. Planning constraints will be investigated during the FBC stage.

2.4.6.2 Dependencies

Dependencies are where action from others is required to ensure success of the investment proposal. Key dependencies include:

- Acquisition of the site for development. Discussions with Fife Council are ongoing in this regard, although initial indications are that Fife Council are supportive of the proposals. Engagement will continue through the FBC stage with a view to concluding a long lease arrangement at the end of this stage.
- Service re-design to maximise the opportunities of bookable spaces, agile working and service integration.
- E-health initiatives as outlined at Section 4.4.14.

2.4.6.3 Critical Success Factors

In addition to the Investment Objectives set out in Section 2.4.3, the stakeholders have identified several factors which, while not direct objectives of the investment, will be critical for the success of the project.

Requirement	Description	Critical Success Factor

Strategic fit	Meets agreed clinical and investment objectives, related business needs and service requirements	• Promotes sustainability of Primary Care provision and delivery of 2018 GMS Contract
		• Consistent with NHS Board's Clinical Strategy
		• Supports delivery of NHS Scotland Quality Strategy
		• Facilitates integration of health and social care services, delivered locally
		• From Patient perspective:
		  • a facility that is easily accessible, bright, friendly and airy.
		  • designed so that patients can be treated with dignity particularly in terms of confidentiality.

Value for money	Maximise the return on the required investment and minimise risks	• Service model maintains or reduces revenue costs in the longer term through earlier intervention • Service model enables effective decision making in allocation of resources • Building design maximises efficiency and sustainability
Potential achievability	Is likely to be delivered in relation to the required level of change Matches the available skills required for successful delivery	• The skills and resources are available to implement new ways of working • The H&SCP and the Practice are able to embed new ways of working • NHS Fife are able to deliver the programme to agreed budget and timescales • Technology enablers are available and utilised
Supply side capacity and capability	Matches the ability of service providers to deliver required services	• Service providers are available with skills, materials and knowledge • The project is likely to attract market interest from credible developers
Potential affordability	Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services	• Solution is affordable to all stakeholders

Table 18 - Critical Success Factors

3 Economic Case

3.1 Introduction

The purpose of the Economic Case is to undertake a detailed analysis of the costs and benefits of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic / service solution(s) identified within the IA.

The objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services.

3.2 Revisiting the Economic Case

Since the IA, the Economic Case has been updated to provide details of stakeholder engagement activity undertaken during the stage.

3.3 The Do Nothing/Do Minimum Option

It is not feasible to continue with the existing arrangements ('Do Nothing'), because the building is not fit for purpose. The backlog maintenance required while supporting minimum safety and the building to be water-tight will not make it fit for purpose. The do nothing option scored lowest throughout the option appraisal process. The building and footprint likewise mean that a do minimum option is not feasible.

Strategic Scope	**Do Nothing / Do Minimum**
Service Provision:	Primary Care services in Lochgelly are delivered from the existing Lochgelly Health Centre. The facility has previously been considerably modified and extended.
Service Arrangements:	Three separate Primary General Medical Services practices, Community Health and Voluntary Sector services
Service Provider and workforce arrangements (at the time of the Option Appraisal):	For the services detailed above at section 2 the workforce arrangements will continue with General Practitioner services Community Health and Social Care and Voluntary Sector services delivered in the building. The developing integrated multi disciplinary model will be circumscribed with inequity of access and travel implications for patients. Poor accommodation will continue to be managed as a risk in terms of staff health and safety.
Supporting assets:	The existing Lochgelly Health Centre has a baseline area of 760m^2 and features a mixture of traditional General Practitioner/consulting spaces that includes:4 x restricted separate reception and records areas at a total of 100m^2 (Associated with the 3 x separate Practices and NHS consulting elements) 2 x waiting areas (total 26 m^2) with inadequate space to meet even baseline needs and no age-specific provision 17 x (reasonably sized but poorly configured) consultant/treatment rooms located throughout the facility with little/no functional relationship to each other or the different patient groups they relate to 1 x interview room 1 x group room, although this is in effect a former waiting area with no windows that is far from fit for purpose and can consequently only be used for very short periods, therefore this has virtually no capacity for e.g. staff meetings, staff training and group work (e.g. breastfeeding support) 5 x small and disparate offices (total 74 m^2) 1 x staff room (23m m^2) servicing the whole facility and all staff groups

Strategic Scope	Do Nothing / Do Minimum
	Clinical Functionality Capacity issues have been identified as those problems associated with a lack of local space (area) that is essential to safe, effective and appropriately compliant service delivery. Areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. Whilst the facility technically has sufficient space to support baseline clinical activity, in reality it is unable to do this as a consequence of a chronic lack of storage, waiting, quiet / interview, phlebotomy, administrative and office space. In addition, the existing facility lacks any form of clean utility room, dirty utility room, disposal hold, Domestic Services Room (DSR) or clinical storage facilities. There is no dedicated teaching, group space nor consulting rooms capable of supporting a GP training function. There are no administration areas capable of supporting wider staff teaching and learning or undertaking on-line training and assessment packages. The facility has nowhere that a patient can be managed should their visit become protracted; they become unwell; and / or they require acute management prior to transfer out to another facility by ambulance. This results in delays to clinical activity as it means consultations being delayed or suspended and is compounded due to the extremely poor access to all existing clinical areas. (None of these can be accessed by a trolley through the main entrance should this be required, with the only other entrance – at the rear – only being accessible by a number of steps. This impacts poorly on patient dignity and confidentiality). The building configuration is poor from access, service configuration, safety and security perspectives.
Public & service user expectations:	Delivery of effective General Practitioner and Primary Care, physical and mental health services in Lochgelly from one building in a good central location which is all on one level. Services delivered by a wide range of professionals. Strong desire to increase ‘targeted’ delivery to address inequalities. Single shared staff room Access to adjacent car parking spaces in a free Council car park.

Table 19 - Do Nothing Option Summary

3.4 Stakeholder Engagement

3.4.1 Initial Agreement

It was important to have the support of key stakeholders from health and social care staff and leaders from the local community to define the change required and create the vision for change.

Stakeholders supported this through their participation in the Option Appraisal Exercises and Design Statement workshops. This ensured that the vision was shared and communicated to all who will be impacted by the change. It also encouraged support from those who have an emotional commitment to the services provided in their community.

3.4.2 Outline Business Case

This section focuses on the outcome of the initial engagement exercise undertaken with the people of Lochgelly in November to December 2020. In light of the restrictions, all engagement activities were planned mostly online or with appropriate measures such as social distancing in place. Key stakeholders were involved in developing a Covid-19 safe engagement approach including the Lochgelly Practices, Fife Young Carers, Fife Voluntary Action (FVA), Equality & Diversity, Participation & Engagement Team and their related networks.

The communication and engagement framework was approved by the Fife Partnership and Engagement Network: Advisory Group in October 2020. This plan sought to maximise engagement with local stakeholders via a range of networks to gather the citizen voice to inform the development of the Outline Business Case (OBC). Online materials were hosted by the NHS Fife website.

3.4.2.1 Key Communication and Engagement Activities

The main communication and engagement methods included:

- websites and social media
- press releases and posters
- cascading via local health care providers, schools, services and politician colleagues
- Peoples Panel
- Public Directory
- patient texting service
- online discussion forums, online and paper surveys

Activities included:

- Press releases were issued to initiate the engagement process through local newspapers and then an update partway through the engagement process
- The Localities Newsletter (December 2020) was sent across the seven localities (800+ members), SW Fife and Cowdenbeath Localities (189 members)
- Cowdenbeath Area Cluster

- Peoples Panel (1700 members)
- Public Directory (62 members)
- FVA Health & Social Care e-bulletin was sent to 653 members
- All communications included a link to the online survey and paper versions were made available in local sites
- Additional to this, the survey link and information was also sent out numerous times over the engagement period via social media by the NHS Fife and FHSCP Communication Teams as well as via local groups and organisations including Twitter, Facebook etc
- The patient texting service was utilised by the practices on a number of occasions and this proved to be the most successful method

3.4.2.2 Stakeholder Engagement and Surveys

Approximately 70 local groups and organisations were successfully engaged. This included:

- 12 schools in Cowdenbeath and Lochgelly
- Public Directory
- Fife Young Carers
- FVA
- Lochgelly Community Council
- NHS Fife and Equality Groups
- Cowdenbeath Cluster
- Centre for Equalities
- Carers Link
- Fife Carers Centre
- Dementia Friendly Fife (STAND Fife)
- HIS Community Engagement
- Disabled Persons Housing Association
- Benarty Response Team
- Lochgelly Beat Corona
- Lochgelly Community Development Forum
- Lochgelly Lunches
- Benarty Group

- Saje Scotland
- Community Teams
- Community Learning & Development
- Scottish Stammering Network

3.4.2.3 Survey Design

The survey was developed to provide participants with ample opportunity to share their thoughts and views in relation to their new Community Health & Wellbeing Centres. The following question ranges were outlined in the survey:

- health and wellbeing related services people would like to see in their new centre
- changes introduced since the pandemic would people like to keep
- changes introduced since the pandemic would people not like to keep
- order of importance e.g. support services, wellbeing services, increased opening times, outdoor gym, community spaces etc
- environmental factors to consider e.g. recycling, solar panels, electric car-charging points
- anything additional requirements or information not previously mentioned
- biographical information

This survey has been fully analysed and the information received from the engagement exercise has helped to support the OBC process, inform the options appraisal and building design processes, as well as help shape future service delivery in the new Lochgelly Community Health and Wellbeing Centre. Full details of the approach taken to the survey and this analysis are detailed in the supporting document Lochgelly Community Health and Wellbeing Centre Engagement Feedback Summary Report (available upon request).

3.4.2.4 Quick Wins

Using the thoughts, comments and ideas shared in the engagement feedback above, considerable work has taken place with the Lochgelly practice and other service providers to identify potential changes or improvements that can be put in place with immediate effect. Other longer term or more complex changes will be considered as the programme progresses with the development of the new centre.

These changes or improvements include:

- Ensuring a wide range of health and wellbeing services – the Clinical Services Subgroup was expanded further to include non-clinical services and renamed as the Community Health & Wellbeing Services (CHaWS) Subgroup
- Coordination and collaborative approach – working with the CHaWS Subgroup to test a coordination approach to improve patient pathways by ensuring people are accessing the most appropriate services when they need them most

- Mental Health Services – the engagement exercise highlighted a real need for mental health services, particularly during the pandemic. People will be better supported and enabled to access their local mental health services e.g. counselling, befriending, The Well etc

- Access to Carers Support – raising awareness of the needs of Carers of all ages and the appropriate support to access key services such as Fife Young Carers or Fife Carers Centre e.g. including benefits, short breaks (respite)

- Use of technology:

    - Encouraging or enabling people to access clinical and/or non-clinical appointments using technology where appropriate e.g. video calls/Whatsapp
    - Development and better use of practice websites where this isn't already available
    - Development and better use of the patient texting service
- Volunteering opportunities - public participation groups have been established to provide community representation to help shape the new centre

- Improved repeat prescription process – working with patients, carers and families, local pharmacists, doctors and administration staff are committed to ensuring easier access to safe, high quality repeat prescription systems

- Improved appointment systems – all the practices are considering how to best provide appointments, improve access and reduce waiting times for patients and will be taking the engagement feedback into consideration

3.4.3 Ongoing Stakeholder Engagement

The Project Team worked closely with practices and local organisations to identify members of the community who were interested in being involved in the development of their new centre. Local participation groups are set up and members of these groups feed into project meetings to share a representative view and feedback to the main group. There are also engagement events and activities being planned. Other options to increase community involvement and ownership will include the community/sensory garden and art work for the new centre.

The Stakeholder Engagement and Communication Plan is located at Appendix H.

3.5 Service Change Proposals

The initial scope for the Lochgelly Health Centre project was to explore design and scope options to provide a suitable health and social care facility in Lochgelly which was of a suitable size and condition to meet with the growing needs of the existing Practices, community health and social care team and voluntary sector services.

3.5.1 Long List of Options

The theoretical long list of options was initially generated by the NHS and Local Authority teams with the support of hubCo and its advisers and was reviewed throughout the process. This long-list was based on the cross-referencing of strategic theoretical service options available with local site / facility considerations.

Strategic theoretical option themes included:

Strategic Scope	Summary
1 Service Provision	• Do nothing (The status quo) • Build entirely new, minimise any use of existing buildings (full build)
2 Service Arrangements	• Don't have any specific GP / health facilities locally
3 Service provider/ workforce	• Utilise only 'operational' solutions to address existing problems
4 Supporting Assets	• Build new but also make use of existing facilities to support the overall model (reduced build) • Combine a new build or refurbishment proposal with other new / existing developments across the public sector • Use and/or refurbish one or more existing local buildings/facilities
5 User Expectations	• The expectations of the public and service users

Table 20 – Strategic Theoretical Service Options

The following core long-list of options, in addition to Option 1 do nothing/minimum described above at Section 3.3, was agreed:

Option	Description	Commentary
2	Don't have any Health Centre building – use existing available public sector estate.	This option was not short-listed as it was completely incapable of delivering the preferred service model, would not deliver the health & social care hub required and result in an even more fragmented service than at present. It was also reliant upon making use of existing spaces that lack both the capacity and functionality to deliver any of the services being delivered now and in the future.
3a	An operational solution utilising only the existing Health Centre	Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not mutually exclusive – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the

Option	Description	Commentary
		physical/facility issues identified. It was consequently not short-listed.
3a	An operational solution utilising only the existing Health Centre	Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not mutually exclusive – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the physical/facility issues identified. It was consequently not short-listed.
3b	An operational solution utilising the existing Health Centre plus space in the adjacent Lochgelly Centre	This option was assessed as a variation on option 3a), with space in the Lochgelly Centre providing potential additional scope to improve capacity concerns in the short-term. It was not short-listed for the same reasons.
4a	Refurbish & extend the existing Health Centre facility	This option was originally agreed for short-listing and was subsequently developed into drawings. Unfortunately this work-up highlighted that there was insufficient space to support the required extension (which would have to be on a single level on the adjacent car park site). It was consequently proven unfeasible and not short-listed.
4b	Refurbish the existing Jenny Grey facility	In contrast to the previous option, refurbishment of the Jenny Grey facility was not initially thought feasible, however architect work up developed a scheme that appeared credible with good use of space and only minimal compromise. This option was consequently short-listed.
5a	Reduced new build on existing Health Centre site (plus use of space in the existing health centre facility)	This option involved building a reduced new facility on the existing site that retained the existing facility. It was a theoretical option only and clearly not feasible as the existing Health Centre occupies its entire curtilage. The option was consequently not short-listed.

Option	Description	Commentary
5b	Reduced new build on existing Health Centre site (plus use of space in Lochgelly Centre)	This option involved building a reduced new facility on the existing site that also made use of space in the adjacent Lochgelly Centre. The option was not short-listed as it offered no benefits over a reduced new build on the adjacent car park site but introduced significant cost, disruption and operational challenges associated with de-cant to support demolition and re-building. The option was consequently not short-listed.
5c	Reduced new build on adjacent (car park) site (plus use of space in Lochgelly Centre)	This option involved a reduced new build on the adjacent car park site that made use of space (primarily group rooms) in the adjacent Lochgelly Centre. It was deemed feasible and consequently short-listed.
5d	Reduced new build on Lochgelly North School site (plus use of space in shared new development)	This option involved a reduced new build on the existing (disused) Lochgelly North School site that would be aligned to potential (very early stage) local authority proposals relating to the construction of a pre-school nursery on the site. It was deemed feasible and consequently short-listed.
5e	Reduced new build on Jenny Grey site (plus use of space in other facilities TBC)	This option involved building a reduced new facility on the existing Jenny Grey site that also made use of space in appropriate existing local facilities. In the event, no such facilities could be found and consequently the option was not short-listed.
6a	Full new build on existing site	This option involved a full new build on the existing site that was entirely self-contained. It was not short-listed as it offered no benefits over a full new build on the adjacent car park site but introduced significant cost, disruption and operational challenges associated with de-cant to support demolition and re-building.

Option	Description	Commentary
6b	Full new build on adjacent car park site	This option involved a full (self-contained) new build on the adjacent car park site. It was deemed feasible and consequently short-listed.
6c	Full new build at Lochgelly North School site	This option involved a full (self-contained) new build on the Lochgelly North School site. It was deemed feasible and consequently short-listed.
6d	Full new build at Jenny Grey	This option involved a full (self-contained) new build on the existing Jenny Grey site. It was deemed feasible and consequently short-listed.
6e	Full new build at Francis Street	This option involved a full (self-contained) new build on the Francis Street site. It was deemed feasible and consequently short-listed.

Table 21 - Long-list of Options

The benefits criteria against which the long list were assessed were initially drafted by the wider planning team in light of the strictures placed upon the clinical model by the facility associated challenges identified. These were refined during the option appraisal events into an agreed list based on global stakeholder opinion.

Importantly, this list was also developed with the support of the stakeholder group reviewing options related to a similar business case being developed for Kincardine in order to ensure that both projects, which have similar objectives and timescales, were able to benefit from each other's work through the development of an agreed list of benefits criteria that were weighted independently.

In summary, the benefits criteria reflected the ability of each identified option to, noted in order of highest to lowest weighting:

- Deliver an optimal physical environment
- Be readily accessible
- Support flexibility and sustainability
- Support local and national service strategies
- Deliver wider community & public benefits

The Partnership is committed to delivering services that are integrated and maximise opportunities for local delivery. It has been formally confirmed that there is an on-going requirement to continue to deliver GP, primary care and local clinical services from Lochgelly.

Specific site/facility considerations included:

- The existing NHS owned Health Centre site in Lochgelly
- The adjacent Local Authority owned (car park) site in Lochgelly
- A site at the Local Authority owned Lochgelly North School
- The Jenny Grey site (A Local Authority care home recently reprovided)
- A Local Authority owned site at Francis Street

Whilst a number of other potential sites were raised and considered, they were all excluded at this stage as they were either demonstrably too small and / or not in public sector ownership. On this latter point it was noted that a site that was not currently in the ownership of the public sector would only be considered if none of the public sector sites was deemed appropriate based on the appraisal process.

3.5.2 Short List of Options

The short list initially included Options 1, 4b, 5c, 5d, 6b, 6c, 6d and 6e. 4. In reflection of the complexity of the process and relatively early stage in the development it was however agreed to combine a number of these options. Specifically:

- Option 6b was combined with option 5c for evaluation purposes, with the amended option 5c becoming new build on adjacent (car park) site plus/minus use of space in Lochgelly Centre. This combined option referenced the fact that the required land take for both options was the same, with only the volume of accommodation required on a second floor different, whilst acknowledging the significant additional work still required to understand the actual opportunities and threats associated with potentially accessing the Lochgelly Centre.
- Option 6c was combined with option 5d for evaluation purposes, with the amended option 5d becoming new build on the Lochgelly North Schools site that 'had the potential to make use of space in a shared new development' if this is taken forward by the Local Authority. This combined option referenced the fact that the area available was capable of delivering both options whilst acknowledging that the nursery proposal was still only embryonic.

The short list options finally agreed and short-listed for scoring (by location) were:

Option	Description
1	1 – Current: Do Nothing (The Status Quo)
2	5c – Site/Adjacent Car Park Area: Build a new Health Centre on the adjacent (car park) site (plus/minus make use of space in Lochgelly Centre)
3	4b – Jenny Grey Site: Create a new Health Centre by refurbishing the existing Jenny Grey facility *Option no longer available as demolished*

4	6d – Jenny Grey Site: Build a new Health Centre on the Jenny Grey site by demolishing the existing facility
5	5d – Lochgelly North School Site: Build a new Health Centre on the Lochgelly North School site (with potential to make use of space in a shared new nursery development)
6	6e – Francis Street Site: Build a new Health Centre on the Francis Street site

3.5.3 Indicative Costs

Indicative costs for each of the options on the Short List have been prepared as per guidance in the Scottish Capital Investment Manual by hubCo. The non-preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m^2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020). Figures are calculated over a 60 year period.

Table 22 – Short-list of Options

	Description	Capital Costs (£) *	Whole Life Capital Costs (£)	Whole Life Operating Costs (£)	Est. NPV (£)	Est. EUV (£)
1	**Do Nothing/Base**	-	-	5,465,940	2,311,661	91,099
2	**(5c) Car park**	7,025,717	1,639,332	19,613,953	11,871,118	467,823
3	**(4b) Jenny Grey Refurb**	-	-	-	-	-
4	**(6d) Jenny Grey New Build**	6,959,207	1,623,802	19,526,538	11,799,393	464,996
5	**(5d) Lochgelly School New Build**	7,244,244	1,690,358	21,488,830	12,763,618	502,995
6	**(6e) Francis Street New Build**	6,835,692	1,594,962	19,364,198	11,666,192	459,747

Table 23 - Option Costs

3.5.4 Option Advantages and Disadvantages

The following table outlines how the advantages and disadvantages of the short list were assessed against the benefits criteria. This was undertaken through a process of discussion / debate within groups with the intention of seeking consensus agreement around the relative merits of each option and scores to be applied.

Option	Advantages: Strengths and Opportunities	Disadvantages: Weaknesses and Threats
1 Do Nothing/Base	Established location	Building and curtilage no longer fit for purpose Not suitable for further development
2 (5c) Car park	Central, established location Accessible site. Overlooked- supports security Visible site Community setting Improves town landscape Community setting	Two storey Further site investigations required due to mining Constrained town centre site Loss of car parking during construction Reduced car parking Access roads may be unsuitable for construction traffic Site ground conditions make development very expensive Infrastructure issues – sewers do not support new development /network issues
3 (4b) Jenny Grey Refurb	Relatively close to town centre Reuse of existing public sector estate Space for optimum parking / site servicing Good access Overlooked- supports security Potential capital savings Community setting Flexibility of expansion options on site Potential complimentary use of site	Decant costs Possibly too overlooked. Further site investigations required due to mining Access roads may be unsuitable for construction traffic Does not meet more detailed briefing requirements due to restrictions of existing structure

	Potential to have segregated staff access	
4 (6d) Jenny Grey New Build	Relatively close to town centre Large flat site, optimum parking/site servicing Good access. Overlooked- supports security Adjacent to open amenity site Community setting Flexibility of expansion options on site Potential complimentary use of site Potential to have segregated staff access	Overlooking could impact on patient privacy Further site investigations required due to mining Access roads may be unsuitable for construction traffic Perceived impact on local amenity space
5 (5d) Lochgelly School New Build	Relatively close to town centre Large flat site, optimum parking/site servicing Good access. Overlooked - supports security. Potential complimentary use of site Uses a site with established community function Uses infrastructure of potentially suitable capacity of site	Access roads may be unsuitable for construction traffic Site ground conditions make development very expensive Infrastructure issues – sewers do not support new development /network issues Hidden from primary routes Demolitions required on site Potential impact on programme/approvals from adjacent developments
6 (6e) Francis Street New Build	Central location Accessible, ample site Overlooked- supports security Visible site Community setting Increased flexibility	Possibly too overlooked Further site investigations required due to mining Access roads may be unsuitable for construction traffic Site ground conditions make development very expensive

	Enables segregated access	Infrastructure issues – sewers do not support new development /network issues

3.5.5 Does the Option meet the Investment Objectives?

The table below summarises the extent to which the shortlisted options meet the Investment Objectives.

Table 24 - Option Advantages and Disadvantages

Investment Objective	1 Do Nothing /Base	2 (5c) Car park	3 (4b) Jenny Grey Refurb	4 (6d) Jenny Grey New Build	5 (5d) Lochgelly School New Build	6 (6e) Francis Street New Build
Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	No	Yes	No	Yes	Yes	Yes
Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to maximise and improve people's health and wellbeing within the local community.	No	Yes	No	Yes	Yes	Yes
Enable earlier access to proactive and anticipatory care through local delivery via integrated, seamless services across health and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity.	No	Yes	No	Yes	Yes	Yes
Delivery of safe and effective care with dignity – by providing facilities which comply	No	Yes	No	Yes	Yes	Yes

Investment Objective	1 Do Nothing /Base	2 (5c) Car park	3 (4b) Jenny Grey Refurb	4 (6d) Jenny Grey New Build	5 (5d) Lochgelly School New Build	6 (6e) Francis Street New Build
with all legal standards and regulatory requirements and gives equality of access for all. This will improve the patient and staff experience.						
Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.	No	Yes	No	Yes	Yes	Yes
Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	No	Yes	No	Yes	Yes	Yes

Table 25 - Does the Option Meet the Investment Objectives?

3.5.6 Cost / Benefit

This section presents the case for the selection of the preferred option. In line with HM Treasury guidance, the NPC is divided by the WBP score to determine the cost per benefit point for each option. The lowest cost per benefit point is considered to be the most attractive option.

	1 Do Nothing/ Base	2 (5c) Car park	3 (4b) Jenny Grey Refurb	4 (6d) Jenny Grey New Build	5 (5d) Lochgelly School New Build	6 (6e) Francis Street New Build
Net present cost (NPC) - £m	2,311,661	11,871,118	-	11,799,393	12,763,618	11,666,192
Weighted benefit points (WBP)	256	431	435	632	431	879
BPC per WBP - £000	9,029	27,543	-	18,669	29,613	13,272

	1 Do Nothing/ Base	2 (5c) Car park	3 (4b) Jenny Grey Refurb	4 (6d) Jenny Grey New Build	5 (5d) Lochgelly School New Build	6 (6e) Francis Street New Build
	Reject	Possible	NA	Possible	Possible	Preferred

Table 26 - Option Benefit Scores

3.5.7 Preferred Option

From table 26 it can be seen that option 6 scores highest in respect to benefit points. Once the net present costs are factored in, option 1 is highlighted at the lowest cost per benefits point – this is purely because of low net present cost owing to the limited capital that could be invested in the existing facility. As option 1 does nothing to tackle the needs for change as demonstrated within the strategic case and benefits appraisal, it is not a legitimate option.

Given the balance of legitimate options, option 6 offers the highest benefits score and the lowest cost per benefits point, indicating that it is the strongest option. Option 6 is therefore the preferred option as favoured by all stakeholders (consensus).

The proposal has the support of representative service users, carers, staff, the GP Practice and all other key stakeholders.

4 Commercial Case

4.1 Introduction

This section outlines the commercial arrangements and implications for the Project. This is done by responding to the following points:

- The procurement strategy and appropriate procurement route for the Project
- The scope and content of the proposed commercial arrangement
- Risk allocation and apportionment between public and private sector
- The payment structure and how this will be made over the lifetime of the Project
- The contractual arrangements for the Project

4.2 Revisiting the Commercial Case

The commercial case has generally been updated and expanded since IA in accordance with SCIM OBC guidance. In particular, the design of the preferred option has been progressed allowing for a detailed overview on the status of the design to be provided.

4.3 Procurement Strategy

4.3.1 Procurement Route

NHS Fife will lead on the procurement whilst being supported by the Fife Health and Social Care Partnership.

The project is community focussed and more than £750k, therefore the Scottish Futures Trust hub initiative has been selected as the most appropriate route to deliver the project. The East Central hubCo have been appointed to deliver this public funded project under the design and build option.

The following further procurements have been undertaken to support the Board and these will be procured through Frameworks Scotland Lead Advisor lot.

Lead Advisor

- Project Manager services
- Cost Advisor services
- Technical Advisor services (M&E)
- Authority's Representative (for contract purposes)
- Clerk of Works

4.3.2 Procurement Rules and Regulations

As the proposed procurements have already been tendered they are in compliance with the procurement rules and regulations.

4.3.3 Procurement Plan

The summary table below provides an overview in respect to procurements to date:

Service	Appointment	Status
Contractor, Designers and Principal Designer	East Central hubCo	New Project Request (NPR) agreed. Stage 1 Approved.
Lead Advisor	Currie & Brown	Appointed

Table 27 - Procurements

4.4 Scope and Content of Proposed Commercial Arrangements

4.4.1 Overview

The project involves providing a new health and wellbeing centre within Lochgelly at the preferred Francis Street site. The new centre will replace the existing facility and will be developed further to accommodate future growth within the local area whilst taking cognisance of the Scottish General Medical Services (GMS) contract. The new facility will focus on providing core GP and other health services whilst offering broader flexibility for the promotion of interconnected health and wellbeing opportunities within the local community – this is in-keeping with NHS Fife's ambition to become an anchor institution within Fife.

4.4.2 Project Brief

The project brief is reflected within the following documents which can be provided upon request:

Document	Date	Revision
New Project request (including appendices)		4
Authority's Construction Requirements (ACR)	12.08.21	1

Table 28 - Project Brief

The brief for the design process is that the proposal must conform to all statutory requirements. In addition, the design proposals must meet all relevant Healthcare Guidance as published by HFS on their website.

The PSCP is required to schedule all relevant healthcare guidance and identify any associated derogations against that guidance. This process is ongoing in parallel with the development of the design and will be concluded and presented during the FBC stage of the project.

In respect to governance, the Project Team will be charged with reviewing and agreeing proposed derogations. Thereafter the Project Board have assumed responsibility for sanctioning any proposed derogations. This will be an iterative process culminating in formal acceptance of derogations in advance of contract execution. The Project Team will liaise with Health Facilities Scotland for support and guidance where necessary when contemplating derogations.

4.4.3 Current Design Status

The design has been completed to RIBA Stage 2 which aligns with OBC and NDAP requirements. The table referenced below provides an overview of how the project is performing against predefined OBC requirements.

OBC Design Requirements	Project Status
Concept Design incl. Arch, M&E, C&S, Fire, Landscape	Complete
Outline drawings (≥1:200, key ≥1: 50) & specifications	Complete
Outline sustainability strategy	BREEAM Pre-assessment completed
Outline construction strategy incl. HAI, CDM H&S Plan	Ongoing and will be continued into FBC
3D sketches of key Design Statement spaces	Complete
Completed Design Statement OBC self-assessment	Complete – assessed through AEDET workshop
Completed AEDET OBC self-assessment	Complete
Photographs of site showing broader context	Complete
Evidence of Local Authority Planning consultation and/or alignment with Local Development Plan.	Pre-planning engagement has been sought from Fife Council via a formal application and fee. Consultation and feedback will be received early within the FBC period.
Extract of draft OBC detailing benefits & risks analysis	Provided within this OBC.

OBC Design Requirements	Project Status
Evidence of HAI & CDM consultation	HAI SCRIBE Stage 1 has been completed
Evidence Sustainability commitments will be met. e.g. accurate & NCM models (DSM). BREEAM, .CAB files and BRUKL; show how design will be optimised	
Evidence Equality & access commitments will be met	Design development ongoing but briefing requirements set out in NPR and ACR
Evidence of VfM e.g. WLC on key design options	EQIA Stage 1 complete
Evidence Activity Data Base (ADB) use optimised	Ongoing process through design workshops
Evidence NHS guidance & technical standards will be met; list any derogations, with their technical reasons	Will be used at FBC. Standard HFS repeatable layouts will be utilised where appropriate
OBC design report evidencing all above & IA brief met ≥1:500, ≥1:200, key ≥1: 50; diagrams, sections plans, 3Ds, specs, comfort & energy DSMs, to RIBA Stage 2 Concept plus key elements developed to Stage 3	Ongoing – to be evidenced and concluded within the FBC stage

Table 29 - Design Status

4.4.4 Schedule of Accommodation (SoA) Development

A SoA was developed at the IA stage of the project. Whilst the schedule was tested with stakeholders at this stage to inform budgetary costings it was very much a working draft. The status of the SoA was offset by the optimism bias allocation factored into the Financial Case at IA.

The SoA was developed further at commencement of the OBC stage following a detailed review of health services to be accommodated within the building. When the IA was first developed, the GMS contract was in its infancy. Changes to the SoA largely relate to emerging requirements from the GMS contract.

The table below compares the IA SoA to the OBC “as drawn” outturn. As it can be seen there is an increase of 339m^2 overall.

IA SoA (m^2)	OBC "as drawn" (m^2)	FBC "as drawn" (m^2)	Difference (m^2)
1,478	1,817		339

Table 30 - Area (m^2) Summary

4.4.5 Flexible Space

Given the order of investment, it is important that use of the asset is maximised with rooms being utilised to their full potential. It is also important for the asset to be used successfully at the outset whilst being capable of withstanding future change with minimal disruption and cost. For these reasons the following themes and workstreams are being progressed.

- HFS standardised rooms are being incorporated wherever practicable
- The building configuration is being designed to withstand future changes in GP practice arrangements – i.e. consolidation of GP practices
- A bookable room system is being developed to support transient services
- The building layout and landscape is being designed to afford and promote "out of hours" use for health and wellbeing initiatives and community use
- An agile working policy is being developed to support agile workstations within open plan office areas
- The building design is being considerate to possible constraints caused by pandemics and how the building may cope with these temporary situations

4.4.6 Community Engagement

In December 2020 a community engagement exercise was undertaken to reach out to the local community to establish what was important for them within their new health and wellbeing centre over and beyond core requirements. Aspects relating to the physical building are listed below together with detail on how these themes will be taken forward and where applicable incorporated into the design. Feedback in respect to the community engagement exercise has been undertaken with the community separately.

Theme	Project Action
Flexible spaces to allow the provision of services and for community use out of hours	Carried forward into design proposals
Near-me booths to support accessibility and digital poverty	Being carried forward into design proposals
Community gym	No space allowance for an internal gym currently. External space is being incorporated for community use which could include provision for gym related equipment. Space allocation only at OBC.

Theme	Project Action
Needle exchange	Being considered within design proposals
Community garden	External space is being incorporated for community use which may include provision for a community garden. Space allocation only at OBC
Accessibility - space for external mobility scooter parking plus space for wheelchair and pram storage/parking internally	Being carried forward into design proposals
Covered external area	Being considered and where possible incorporated, but needs to be balanced with anti-social behaviour which covered areas can often attract
Community café	It is considered that the health centre is too small to benefit from a community café. This amenity is already provided locally
Community fridge	This amenity could/is be provided by the local community centre

Table 31 - Engagement Feedback

4.4.7 NHSScotland Design Assessment Process (NDAP)

The purpose of NDAP is to promote design quality and service. It does this by mapping design standards to the key investment deliverables, including Scottish Government objectives and expectations for public investment, then demonstrating their delivery via self, and independent assessments. NDAP is made up of personnel from Health Facilities Scotland (HFS) and Architecture Design Scotland (A&DS).

During the IA Stage, A&DS helped to facilitate a Design Statement workshop. This document forms part of the Project Brief, setting out design objectives for the Project Team. The project's design statement is located at Appendix B.

At commencement of OBC shortly after hubCo appointment, the Project Team met with HFS to discuss the project, principles and expectations. This helped to provide a framework for development of the design during the OBC Stage.

The OBC NDAP submission was issued on 23 December 2021. The review process is ongoing at the time of concluding this OBC for governance approvals, although it is anticipated that the NDAP report will be available in advance of the project being considered by the Scottish Capital Investment Group.

4.4.8 NHS Assure

NHS Assure is a technical key stage review process set up and administered by NHS NSS. Their remit is to provide knowledge and expertise through the lifecycle of projects to provide confidence within the public sector that projects are being procured, designed and delivered in a compliant manner ensuring operational safety for building users.

NHS Fife submitted their OBC key stage review pack to NHS Assure on 23 December 2021.The review process is ongoing at the time of concluding this OBC for governance approvals, although it is anticipated that the NDAP report will be available in advance of the project being considered by the Scottish Capital Investment Group.

4.4.9 Achieving Excellence Design Evaluation Toolkit (AEDET)

In accordance with SCIM guidance and the investment objectives, AEDET will be used throughout the development of the Project to help NHS Fife manage the design from initial proposals through to detailed design and will continue to do so through to Project Evaluation.

The AEDET toolkit has three key dimensions (functionality, build quality and impact) and outlines 10 assessment criteria. Each of the 10 areas is assessed using a series of questions which are scored on a scale of 1 - 6.

AEDET assessments are to be undertaken at predefined stages throughout the project's lifecycle. The stages are outlined in the table below together project progress against these to date.

Stage	Project Progress
Benchmark – assessment of current asset(s)	Completed at IA
Target – aspiration for project	Completed at IA
OBC – assessment of design proposals	Complete
FBC – assessment of design proposals	To be completed at FBC

Table 32 - AEDET Progress

On 8 December 2021, an AEDET workshop was held to review the OBC stage design against the agreed target scores. This workshop involved a wide range of participants including staff, service users and hubCo. The OBC AEDET scores are included in the table below together with the benchmark and target scores.

Category	Benchmark	Target	OBC	FBC
Use	1.4	4.5	3.8	
Access	1.1	4.4	3.1	
Space	1.0	4.2	3.1	
Performance	1.4	4.4	2.7	
Engineering	1.3	3.4	3.4	

Construction	0.0	4.0	0.0	
Character & Innovation	1.0	4.4	3.4	
Form & Materials	1.3	4.4	3.0	
Staff & Patient Environment	1.1	4.3	3.5	
Urban & Social Integration	1.3	4.5	3.4	

Table 33 - AEDET Scores

4.4.10 BREEAM

Projects requiring capital investment through the Scottish Government are required to demonstrate sustainable credentials to contribute towards the development of a sustainable NHS estate.

The project has been assessed using BREEAM UK New Construction 2018, sub-group healthcare. A target score of 45% was set at the briefing stage which equates to a BREEAM "good" rating. The project is currently targeting credits equating to 53.71% which is beyond the briefing target.

Note: the project commenced in advance of new sustainability guide being mandated / published so proceeded on the basis of mandated guidance at that point in time

4.4.11 Energy

Following a meeting with HFS, project specific energy targets were agreed. The energy targets took cognisance of project budgetary constraints set at IA (pre zero carbon policy) whilst still aiming to ensure that the facility will be very energy efficient. The following criteria was agreed:

- >59% emissions reduction against 2015 benchmarking to be sought
- Electricity target not more than 60 kWh/ m^2 pa; and max demand not to exceed 20 Watts/ m^2
- Thermal target not more than 120 kWh/ m^2 pa

The criteria will be achieved through the development of the design.

4.4.12 Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE)

HAI SCRIBE is a risk management process aiding the identification and mitigation of design and construction related infection risks within the built environment. There are four stages within the process – these are identified in the table below together with project progress against these stages to date.

Stage	Project Progress
Stage 1 – Site Selection	Complete

Stage	Project Progress
Stage 2 – Design	To be completed at FBC stage.
Stage 3 – Construction	To be completed at FBC stage.
Stage 4 – Occupation	To be completed post completion.

Table 34 - HAI SCRIBE Summary

4.4.13 Building Information Modelling (BIM)

BIM describes the process of designing and constructing a building collaboratively using one coherent system of digital models and linked non graphical data, as opposed to separate sets of drawings and documents. These models and data also incorporate information which will be carried over and used in the operational phase.

NHSScotland is supporting the adoption of Level 2 BIM maturity following the SG mandate in support of the recommendations of the "Review of Scottish Public Sector Procurement in Construction" which endorsed that "BIM will be introduced in central government with a view to encouraging adoption across the public sector. The objective states that, where appropriate, projects across the public sector adopt BIM level 2 by April 2017."

The NHSScotland BIM strategy is intended to ensure the creation of a digitised information management process which all Boards and teams working on NHSScotland programmes should follow to maintain consistency and facilitate collaborative working, which will in turn reduce waste and non-conformances.

The Project will use BIM as a key design tool during the design and construction phases of the project helping to facilitate coordination and mitigate risks. Another benefit of BIM is that NHS Fife will have true "as built" records along with the project specific asset tagging that will assist with the operation, maintenance and replacement of components.

An NHS Fife Employers Information Requirements (EIR) has been developed and offered hubCo as part of the Project Brief. The EIR in turn has helped to inform the BIM Execution Plan (BEP) which has been developed by the hubCo. These two documents control how BIM will be utilised on the project.

4.4.14 E-health

Consultation has been ongoing with eHealth during the OBC phase of the project. Initial efforts have focussed on ensuring the IT infrastructure meets e-health's standard requirements. E-health systems will be provided in line the department's wider strategy for GP premises. E-health suggestions flowing from the stakeholder consultation are as follows and these will be considered by the project team in further detail at the next stage of the process (**subject to separate funding and business cases where appropriate**).

- A patient appointment system
- A consultant room with near me facilities
- A GP text messaging system
- A self check-in facility

- Subject to security considerations, public access to IT equipment to combat digital poverty
- A room booking system

4.5 Risk Allocation

4.5.1 Key Principles

At conclusion of the FBC NHS Fife will enter a contract with hubCo to deliver the facility. The contract will be based on the Hub standard form Project Agreement (Design Build Direct Agreement) and will be subject to amendment through agreement between Legal Advisers.

Having worked through the pre-construction stage and mitigated the construction risks through surveys and investigations most of the residual construction risk is taken by hubCo.

The risk allocation table below is driven by the Design Build and Direct procurement methodology described above. Note: the percentage allocations are indicative of a project of this nature.

	Allocation of risk		
Risk Category	**Public**	**Private**	**Notes**
Title	100%	0%	
Design	0%	100%	
Development and Construction	5%	95%	√
Ground conditions below existing structures that could not be surveyed	100%	0%	There are no existing buildings on the proposed site.
Transition and implementation	100%	0%	Commissioning and migration Board responsibility
Operation of the facility	100%	0%	
Revenue	100%	0%	
Termination of Project	40%	60%	
Technology and obsolescence	100%	0%	√
Financing	100%	0%	Capital funding
Legislative	100%	0%	

Table 35 - Risk Allocation Summary

4.5.2 Key Risks

The key risks/issues currently encountered on the project are outlined in the table below. The risk register can be located at Appendix G.

Risk/issue	Mitigation
Brief inadequate/unreliable This issue relates to developments around the GMS contract and effect this has had on the area requirements for the building.	The required area increase from IA to OBC has been factored into the current design and corresponding cost plan.
Stop/start nature of the programme – keep people engaged through these periods.	Updates are being provided to community groups via newsletters and the public via press releases. NHS Fife's communication team are supporting this effort.
Project cost increases due to: ▪ Change in requirements ▪ Inflation / market conditions	This is a current issue where the cost increases have rose beyond the IA budget projection. Refer to Financial Case for further substantiation.
Programme delay The OBC programme has been affected because of COVID which has impacted resources, engagement activity and costs.	Potential to commence FBC activity in parallel with the OBC governance approval process. The project now has a full complement of resources to help drive the project forward.
Change of policy – NHS Assure Key Stage reviews Programme delays / cost increases arising	Key stage review process was implemented half-way through OBC and is required to achieve capital funding. Risk had to be accepted, but impact can be mitigated through collaboration.
Change of policy – SHTN 02-01 Sustainable Design and Construction Guide (SDaC) Programme delays / cost increases arising	Informed by HFS at OBC NDAP review that new guidance must be followed at FBC. Guidance is untested to impact is difficult to quantify. As such this risk has not currently been factored into OBC cost estimates.

Table 36 - Key Risk Summary

4.6 Payment Structure

During the pre-construction stage hubCo are paid on a monthly lump sum basis in line with an agreed drawdown schedule. At construction the Board will be obliged to pay hubCo a

lump sum one-off Development Fee for their services. Thereafter applications for payment will be processed and settled monthly in accordance with the form of contract.

Directly appointed consultants will be paid on a monthly basis in accordance with their agreed NEC4 Option A activity schedules.

4.6.1 Project Bank Account

The Project will operate a Project Bank Account (PBA), consistent with Scottish Government Guidance for public sector construction projects. A Project Bank Account is a ring-fenced bank account from which prompt payments are made directly and simultaneously to hubCo, the lead contractor and members of the supply chain. PBA's improve subcontractors' cashflow and ring-fence it from upstream insolvency.

The PBA will become operational during the construction stage of the project. The documentation and contractual arrangements associated with setting up the PBA will be developed during the FBC stage. Recent board experience in setting up a project bank account for a separate capital project will be beneficial for this project.

4.6.2 Risk Contingency Management

A project risk register was created at IA and this has since been developed further during OBC. It is used as an active management tool to identify and mitigate risks progressively as the design is developed. The risks have been fairly allocated to the party best able to manage them.

The risk register will continue to be used through FBC and the construction stage to enable risks to be identified and managed. From a commercial perspective hubCo risk is capped at 1% prior to entering the construction stage. Variations are managed in accordance with the terms of the contract. Although the opportunity for risk and variations is restricted during the construction stage, it is prudent for the NHS Fife to retain a reasonable contingency provision to cover this risk. The contingency provision will be developed and informed by the risk register during FBC but is likely to be in the order of 3-5%.

4.6.3 Contract Variations

Variations will be managed in accordance with the terms of the contract. The contract will be based on the standard SFT DBDA template with agreed amendments.

4.6.4 Disputed Payments

Disputed payments will be managed in accordance with the terms of the contract. The contract will be based on the standard SFT DBDA template with agreed amendments.

4.6.5 Inflation

Inflation will be taken account of when developing the price using the BCIS indices. HubCo and NHS Fife's Lead Advisor will ensure that the correct indices are utilised to identify the correct inflation to be applied to the project. Any deviation to the agreed inflation allowance rest with hubCo as an opportunity/risk.

4.6.6 Utilities and Service Connection Charges

Responsibility for utility and service connections charges will be identified and confirmed at Stage 2 (FBC).

4.6.7 Performance Incentives

No performance incentives will be utilised.

4.7 Contractual Arrangements

4.7.1 Type of Contract

The contract will be based on the standard SFT DBDA template with agreed amendments.

4.7.2 Key Contractual Issues

No key contractual issues have been identified at this stage, however should any arise through development and completion of the contract documentation, then these will be presented within the FBC.

4.7.3 Dispute Resolution and Termination

Procedures for contract administration, dispute resolution and termination are clearly set out within the proposed contract form.

4.7.4 Asset Ownership

In respect to asset ownership, the project is being procured using traditional capital funding. hubCo will be responsible for delivering the facilities. At Completion, NHS Fife will take possession of the building and will be responsible for the ongoing operation and maintenance of the facilities.

4.7.5 Land Ownership

The land is likely to be leased on a long-terms basis (100 years) from Fife Council. This is a similar arrangement to many of Fife's existing health centres and comparably demonstrates far greater value for money than purchasing the land outright. Initial discussions have already taken place with Fife Council and these will be advanced during the FBC stage of the project.

4.7.6 Personnel Implications

There are no employees who are wholly or substantially employed on services that will be transferred to the private sector under the proposals for this Project, and therefore the Transfer of Undertakings (Protection of Employment) Regulations 1981[16] (TUPE) will not apply.

[16] https://www.legislation.gov.uk/uksi/2006/246/contents/made

5 Financial Case

5.1 Introduction

The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on NHS Fife's and the FHSCP's finances. The affordability model assessment has been developed to cover all aspects of projected costs including estimates for:

- Capital costs for the option considered (including construction and equipment)
- Non-recurring revenue costs associated with the project
- Recurring revenue costs (pay and non-pay) for current model i.e. baseline
- Recurring revenue costs (pay and non-pay) for the preferred option

For clarity it should be noted that NHS Fife will take ownership and financial responsibility for all property related costs (capital and revenue). The FHSCP will be financial responsible for all service-related costs – i.e. costs to provide the required clinical services.

5.2 Revisiting the Financial Case

The IA was approved by Scottish Government Health and Social Care Department (SGHSCD) in November 2019 and no specific conditions were outlined in the approval letter in relation to the Financial Case.

NHS Fife have considered the affordability of this proposal by undertaking a review of the financial implications of investment, both capital and revenue.

5.3 Financial Model (costs and associated funding for the project)

5.3.1 Capital Costs

5.3.1.1 Capital Cost Summary

Capital costs have been produced by East Central hubCo and have been summarised in Table 37 below.

Description	IA Costs	OBC Costs	Difference
Design Fees	£285,522	£802,972	£517,450
Construction Price	£4,464,850	£7,496,286	£3,031,436
Surveys/Investigations	£20,000	£50,000	£30,000
Statutory Fees	£16,000	£75,000	£59,000
Contingency	£267,677	£363,124	£95,447
Inflation	£119,270	£209,907	£90,637
Optimism Bias	£1,241,597	£1,187,642	-£53,955
Client Consultants	£236,078	£139,788	-£96,290
Equipment	£144,037	£449,864	£305,827
Decant	£25,657	£25,657	£0
BIM Fees	£0	£0	£0
E-health	£15,004	£0	-£15,004
Direct Labour Costs	£0	£98,848	£98,848

Description	IA Costs	OBC Costs	Difference
Total ex. VAT	**£6,835,692**	**£10,899,088**	**£4,063,396**
VAT	**£1,319,923**	**£2,132,090**	**£812,168**
Total	**£8,155,615**	**£13,031,178**	**£4,875,563**

Table 37 - Capital Costs

The total updated cost of the preferred option, which is to develop Lochgelly Health Centre for NHS Fife is £13,031,178.

It is important to recognise that whilst the capital cost has increased since Initial Agreement, the other feasible options presented within the Economic Case would have increased in the same way given that the underlying factors driving cost would have been the same. This means that the preferred option, despite being subject to significant cost increase, remains the preferred option in respect to benefit realisation and cost.

5.3.1.2 Capital Cost Key Movements

Table 37 below provides a summary of key project cost adjustments. The adjustments are described further beneath the table from a budgetary perspective.

Description	IA Cost	OBC Cost	Difference	Notes
HubCo	£5,054,049	£8,787,381	£3,733,332	Area increase: 339m^2 Inflation: extraordinary conditions Site & design abnormals
Inflation	£119,270	£209,907	£90,637	Based on BCIS indices to construction
Optimism bias	£1,241,597	£1,187,642	-£53,955	Updated for OBC based on project maturity at this stage (13%)
Consultants	£236,078	£139,788	-£96,290	Contract now awarded – firm cost
Equipment	£144,037	£449,864	£305,827	Equipment allowance too low at IA – increased in consultation with HFS (5%)
Decant	£25,657	£25,657	£0	
E-health	£15,004	£0	-£15,004	Included in equipment line
Direct costs	£0	£98,848	£98,848	None allowed for at IA
Total ex. VAT	**£6,835,692**	**£10,899,088**	**£4,063,396**	
VAT	**£1,319,923**	**£2,132,090**	**£812,168**	
Total	**£8,155,615**	**£13,031,178**	**£4,875,563**	

Table 38 - Key Capital Cost Movements

In respect to the OBC cost plan, there is a difference amounting to £4,875,563 when compared to the agreed IA allocation (£8,155,615). This difference is primary attributed to the construction costs where increases have been realised through:

- Building area increase to take account of service and GMS contract evolving requirements – accounts for circa 41% of the construction cost increase
- Inflation and extraordinary market conditions considered to driven by the COVID-19 pandemic and the resulting global effect on supply chains – accounts for circa 20% of the construction cost increase
- Site and design abnormals: this relates to specific site conditions, more onerous energy requirements and creating a building that satisfies the conditions of the brief and design statement – accounts for circa 39% of the construction cost increase

It should be noted and acknowledged that the construction costs figures provided make allowance for realistic value engineering targets/savings within the FBC stage of the project – without this, the construction cost element and associated overall OBC budget cost estimate would have been higher.

Whilst our Lead Advisors have yet to formally report on hubCo's Stage 1 (OBC) report, they have been working hand in hand with hubCo and their Tier 1 contractor in recent weeks to agree the OBC costs. They concur with hubCo that given the current nature of the market and evolving more onerous briefing requirements the costs represent value for money.

The other costs movements are either percentage mark-ups based on the increased construction cost or adjusted/new provisions (equipment and direct costs) to take the opportunity to make the overall budget more deliverable and realistic.

In the OBC cost plan the inflation assumptions have been rebased to ensure they are as current as possible, and inflation relating to the period between IA and OBC is now historical, and therefore now included in the current construction costs. There is a forecast inflation allowance built in from the period January 2022 to construction. Inflationary forecasting is difficult during these current times so there is an inherent risk in respect to project inflation – that said, whilst inflation increases are still forecasts from 2022 to 2023, consultancy Cost Advisors generally believe that there should be some stabilisation given the significant movement in 2021.

5.3.1.3 Capital Clarification and Assumptions

The OBC capital cost estimate noted under Section 5.3.1.1 should be read with reference to the following assumptions.

Description	Note
Professional Fees	Professional services contract for Lead Advisor has been awarded
Equipment	Estimated 5% cost based on HFS advice. Transferable equipment will be moved to the new unit. Equipment budget only allows for items of equipment to be identified on the room layouts (conventional arrangement) and does not take account of any specialist equipment to be provided by the GP's or others

Contingency	Optimism bias at OBC stage has been calculated using a standard build template
Inflation	Based on Qtr 1 2022 Indices to construction
VAT	VAT has been applied where applicable. No VAT recovery estimates have been built into the cost plan for construction – this will to be confirmed with VAT Advisors and HMRC after contract is awarded
E-health	The project will cover the cost of e-health infrastructure within the building and key items of equipment as referenced on the room layouts. The budget does not allow for capital/revenue funded e-health projects.
Enhancements	Landscaping treatments around the health centre are currently quite standard. Any community garden, community gym or enhanced scheme is likely to require additional financial support.
Peppercorn Lease	The lease for the land is currently in discussion with Fife Council with the likely outcome that it will be considered a peppercorn rent. This will have an impact on leased depreciation figures under IFRS16 for right of use assets.

Table 39 - Capital Assumptions

5.3.2 Revenue Costs

5.3.2.1 Revenue Cost Summary

In order to confirm the revenue implications of the project the baseline costs (do nothing/minimum option) have been thoroughly reviewed and then compared to the projected costs of the preferred option to assess the financial implications. A summary of the revenue costs is provided in the table below.

Description	Baseline	Preferred Option	Difference
Property pays (NHSF)	£24,467	£75,566	£51,099
Property non-pays (NHSF)	£61,920	£178,330	£116,409
Property non-pays – GP offset (NHSF)	-£37,718	-£83,165	-£45,448
Net Increase (NHSF)	**£48,670**	**£170,731**	**£122,061**
Service model (FHSCP)		£724,500	-

Table 40 - Revenue Cost Summary

NHS Fife Revenue Costs

The OBC identifies overall net recurring revenue impact of £0.122m (excluding depreciation) for the preferred option against the baseline costs. Total revenue costs have been adjusted to reflect the GP rechargeable revenue costs associated with the health centre.

There are staff costs associated with this development - staffing, non-pay and consumable costs will continue to be reviewed as the FBC develops.

FHSCP Revenue Costs

The table below provides a breakdown of the FHSCP's anticipated revenue costs at OBC. The service model will evolve once decisions are received from Scottish Government on what the full implementation of MOU1/2 for urgent care and what MDT means for Fife.

All these costs will have a nil impact on the revenue outturn position as funding sources have been identified.

Staff group	WTE	Cost	Funding Source	Additional Information
Band 5	2.00	£86,000	This resource would be provided from the core vaccination workforce.	Rota across both Lochgelly and Kincardine HC
Band 3	4.00	£122,000	This resource would be provided from the core vaccination workforce.	Rota across both Lochgelly and Kincardine HC
Band 5 (Nurse)	3.00	£129,000	CTAC - funded through Primary Care Investment Fund	
Band 2 (phlebotomy)	1.70	£47,000	CTAC - funded through Primary Care Investment Fund	
Band 6 (Health Visitor)	1.00	£53,500	Funded through Primary Care Investment Fund	Per OBC
Band 7 (Primary Care Pharmacist	4.00	£252,000	Funded through Primary Care Investment Fund	Per OBC
Band 7 (First Contact Physiotherapist)	0.55	£35,000	Funded through Primary Care Investment Fund	Per OBC
Total	**16.25**	**£724,500**		

Table 41 - FHSCP Service Model Costs

5.3.2.2 Property non-pays breakdown

A breakdown of the property non-pays is provided in the table below for information.

Property Cost	Baseline	Preferred Option	Increase
Equipment	£309	£4,400	£4,091
Heating Fuel & Power	£18,019	£52,536	£34,517
Property Maintenance	£5,198	£27,562	£22,364
Property Rates	£27,278	£65,293	£38,015
Water Charges	£1,577	£6,209	£4,632
Bedding & Linen	£650	£1,516	£866
Cleaning	£57	£1,124	£1,067
General Services	£1,237	£2,125	£888
Surgical sundries	£504	£1,176	£672
GP Clinical Waste	£7,092	£16,389	£9,297
Net Cost Increase	**£61,920**	**£178,330**	**£116,409**

Table 42 - Property Non-pays Breakdown

5.3.2.3 Depreciation

An outline of the changes in both running costs and depreciation is summarised below:

Depreciation	Life	Value £000's	Proposed Dprchg £000's	Baseline Dprchg £000's	Net Increase Dprchg £000's
Buildings	60	£12,491,341	£208,189	£39,251	£168,938
Equipment	10	£539,837	£53,984	£0	£53,918
Total		**£13,031,178**	**£262,173**	**£39,251**	**£222,922**

Table 43 - Depreciation

The depreciation for the preferred option is £0.262m based on an asset building life of 60yrs and 10yrs for equipment on an overall capital cost of £13.031m. The overall increase in depreciation is £0.223m based on 21/22 full depreciation charges - which will be met from the current ring-fenced NHS Fife non-core depreciation budget. The buildings depreciation charge is pre any Valuation Office valuation being done after completion – there is an expectation that any non-value works will reduce the value held in the balance sheet once the valuation is carried out and therefore reduce the depreciation charge going forward.

5.3.2.4 Revenue Clarification and Assumptions

A number of assumptions have been made at the OBC stage which will be further evaluated and revised throughout the development of the FBC. These assumptions are as detailed in the table below.

Description	Note
Costs	Costs are calculated using 2020/21 prices and using 2020/21 budgetary information.
Pays (NHSF)	The support costs for the existing Kincardine Health Centre have been calculated as the baseline and then used as a benchmark against which any changes are considered. Estimated costs for the preferred option reflect forecast demand from 2024/25. Calculations include allowances for on-costs, enhancements, sick leave, public holidays and annual leave. Workforce increases are based on increased health centre sqm increase.
Non-Pay (NHSF)	Non-pay costs assumed to increase in line with increased health centre sqm.
Depreciation	Building – 60 years and equipment 10yrs.

Table 44 - Revenue Assumptions

5.4 Accounting Treatment

The traditional funding route for the project will impact on NHS Fife's Balance Sheet - both the capital cost of the development and the associated capital equipment will be added as non-current assets to the balance sheet and depreciated over the life of the assets in line with accounting policies.

5.5 Financial Situation and Statement of Affordability

NHS Fife confirm that this project remains affordable in both revenue and capital terms. The capital costs of the investment will be met through a capital contribution from the Scottish Government Health and Social Care Division capital budget.

Additional recurring revenue costs for Kincardine Health Centre will be incorporated into NHS Fife's Annual Operational Plan for future years.

FHSCP funding in respect to their service model is ongoing and will be articulated within the FBC stage.

5.6 Stakeholder Support

As the project will be delivered by NHS Fife for Fife, written agreement of Stakeholder support from other NHS Scotland / public sector organisations is not required in this instance.

5.7 Resources

The project is fully resourced from both NHS Fife and the FHSCP's perspective. Any associated costs have been built into the updated OBC budget. Further clarity on resourcing and project structure can be found at Section 6.3.

5.8 Capital and Revenue Constraints

NHS Fife's capital funding commitments mean that the project cannot exceed the available budget. Any additional revenue costs will be met within NHS Fife's overall revenue resource envelope.

Similarly, for the FHSCP, revenue implications will be funded from existing budgets.

5.9 Financial Contributions

Other than capital funding from the Scottish Government, there will be no financial contributions from external partners in respect to this project.

6 Management Case

6.1 Introduction

The main purpose of the Management Case is to demonstrate that NHS Fife is ready and capable of delivering the project successfully.

6.2 Revisiting the Management Case

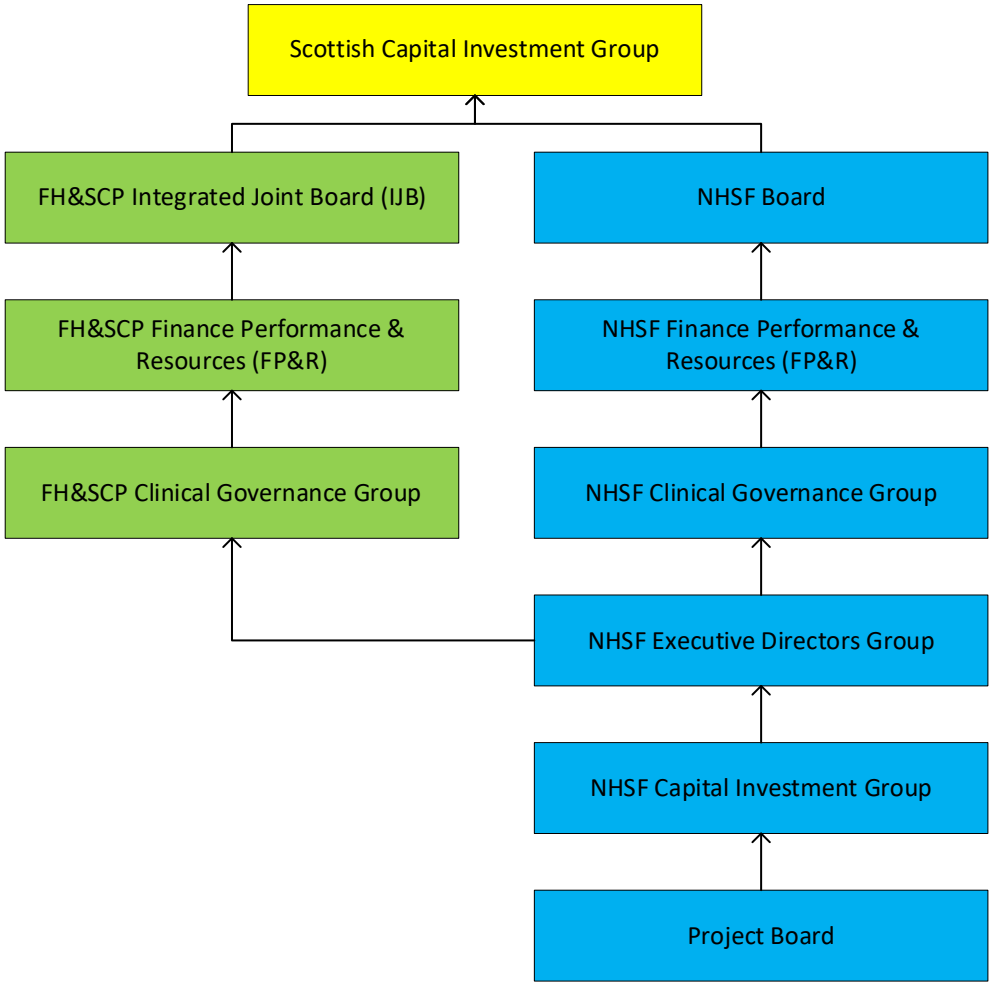
The management case has generally been updated and expanded since OBC in accordance with SCIM FBC guidance. The main sections remain the same and text has been updated where appropriate to reflect the current status of the project.

6.3 Reporting Structure and Governance Arrangements

To deliver the project successfully, good governance is required to monitor and direct it. An understanding of the structure and mechanisms for escalation and reporting is set out on the organograms below.

6.3.1 Governance

The strategic and business case governance controlling the project is set out below.



6.3.2 Project Structure

The project structure taking account of the Project Board, FHSCP and Capital Planning functions is set out below. NHS Fife are responsible to delivering the facilities whilst FHSCP are responsible for delivery of the services from the facilities.

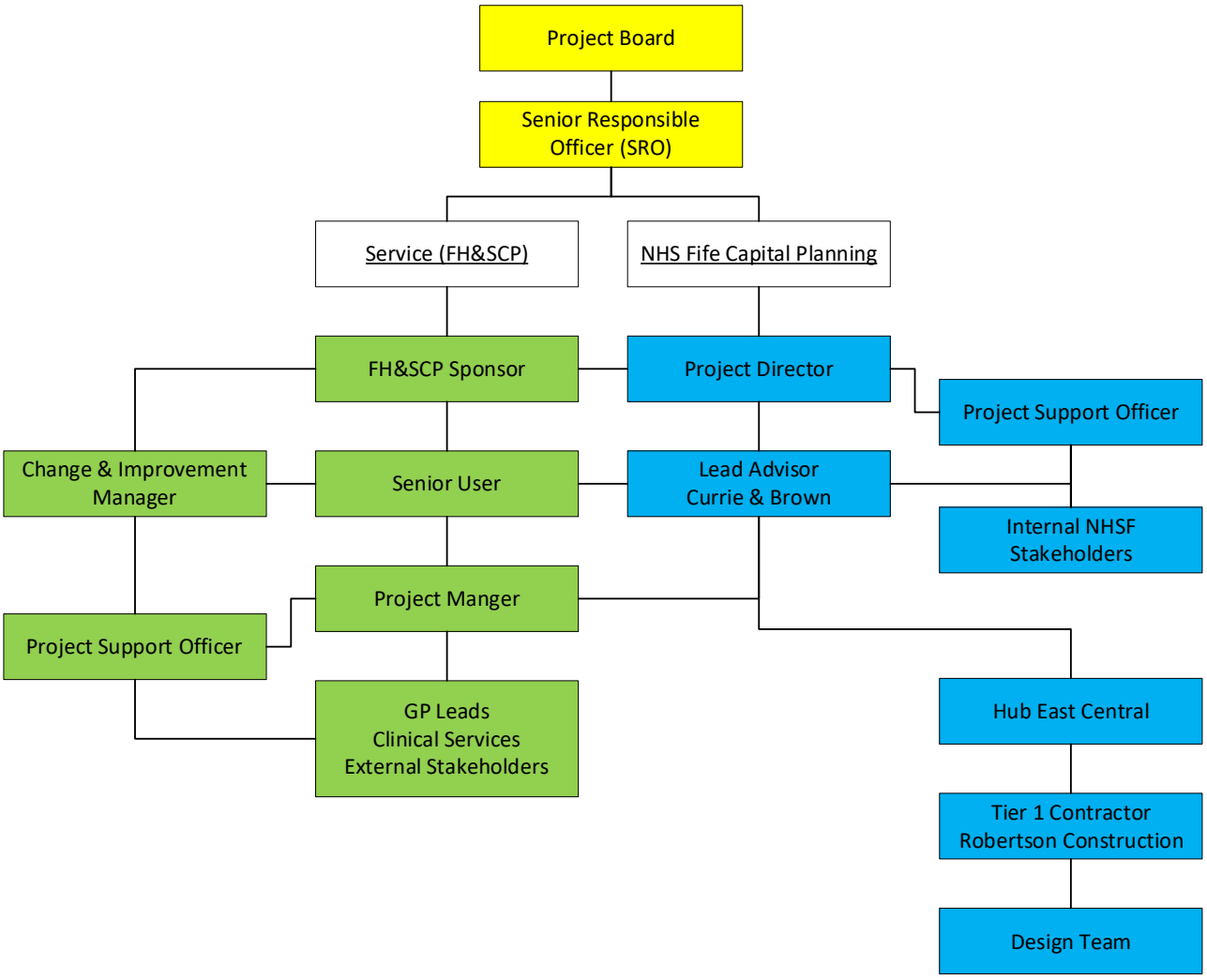


Figure 5 - Project Organisation

6.4 Project Board

A Project Board has been established to oversee the project. The Project Board was set up at commencement of the OBC and Terms of Reference have been agreed. The Project Board meets monthly where they receive a regular project update report from the FHSCP Sponsor and the Capital Planning Project Director. Necessary matters are escalated as required whilst the Project Board offers direction to the Project Team.

Project Board membership and experience is outlined in the table below:

Name/Role	Experience
Joy Tomlinson Director of Public Health Project role: Senior Responsible Officer (SRO) with overall responsibility and accountability for the project	Joy joined NHS Fife in May 2021, having worked within the NHS for 27 years. She has a clinical background, having trained in General Practice prior to working in Public Health. Prior to joining NHS Fife, she was joint Interim Director of Public Health in Ayrshire & Arran and has experience of departmental budgetary management with the additional complexities of rapid workforce and service development during the pandemic. She chairs the national 'place and wellbeing collaborative' which has

Name/Role	Experience
	developed Place & Wellbeing principles to support the refreshed National Planning Framework (NPF4).
Neil McCormick Director of Property and Asset Management Project role: responsible for contributing towards general governance.	Neil joins NHS Fife with over 30 years' experience of working at a senior level across the public and private sector. Neil's previous role was with Robertson Capital Projects, where he was Managing Director with specific responsibility for delivering infrastructure projects and joint ventures with the public sector including NHS Frameworks. Prior to this, Neil was Director of Strategic Projects & Property at NHS Forth Valley and Project Director for the £300m Forth Valley Royal Hospital.
Margo McGurk Director of Finance Project role: responsible for contributing towards general governance.	Margo joined NHS Fife as Director of Finance in February 2020. She is a CCAB qualified accountant, with a broad range of experience across the public sector but particularly within the NHS in Scotland. She has significant experience of decision-making at strategic and operational levels and has a strong personal focus on developing strategy, supporting culture, delivering sound financial control and best value from the allocation of resources. Very experienced in delivering professional leadership to the finance function, she has held a number of senior roles across a number of NHS Boards. She is particularly interested in working in partnership across organisations and leading on the development and delivery of financial strategies to support delivery against agreed priorities.
Nicky Conner Director of Health and Social Care Project role: responsible for contributing towards general governance.	Nicky has been Chief Officer and Director of Health and Social Care since 2019. Nicky offers 25 years' experience covering a diversity of public service roles including nursing, acute, specialist and community roles along with professional and clinical leadership to services within Fife's communities and leading on regional and national work. In her current role Nicky leads Health and Social Care Services for all of Fife including Community Care, Complex and Critical Care and Primary and Preventative Care. Nicky champions Integration, Partnership Working to deliver high quality services for the people of Fife.
Simon Fevre Staff Side Representation	Simon is the NHS Trade Union Co-Chair of the HSCP Local Partnership Forum. Simon was NHS Fife's Employee Director for 7 years and has worked on the

Name/Role	Experience
Project role: responsible for contributing towards general governance.	Board's Staff Governance agenda for 20 years. He was a clinician working in the Nutrition and Dietetic Department as Clinical lead for Older Peoples Services.
Ben Johnston Head of Capital Planning Project role: Capital Planning Project Director	Ben joined NHS Fife in January 2021 with over 15 years construction consultancy experience having worked in a diverse range of sectors. Working predominantly as a Project Manager, Ben has been responsible for delivering multiple projects diligently from inception to completion. Over recent years, Ben has spent most of time operating specifically within the healthcare sector, helping to positively contribute towards creating a sustainable healthcare estate for current and future generations. Ben has helped to deliver several projects for NHS Fife including Muirview and Hollyview at Stratheden Hospital and is currently helping to deliver the Fife Elective Orthopaedic Centre Project at Victoria Hospital.
Bryan Davies Head of Primary and Preventative Care Services Project role: FHSCP Project Sponsor	Bryan has worked within health and social care for over 25 years with experience in local area co-ordination, planning, performance, change management, commissioning, mental health, addictions, learning disability and advocacy. Bryan feels very passionate about health and social care integration and is excited to be working with colleagues and stakeholders to make a positive difference for individuals, families and communities in what are currently very challenging times.
Audrey Valente FHSCP Chief Financial Officer Project role: responsible for contributing towards general governance	Audrey has more than 30 years' experience working in local government holding senior finance positions. As a local lass, raised in Kirkcaldy, she went on to study accountancy at Napier University following her high school years at Kirkcaldy High. Audrey's experiences have combined strategic and operational financial management along with significant change management.
Helen Hellewell Associate Medical Director Project role: responsible for contributing towards general governance	Helen originated from Motherwell and moved to Fife after marrying. She finished her medical training at the Victoria in Kirkcaldy and took up a GP position in a local practice in Kirkcaldy. She then joined the Markinch medical practice, and currently still works one and half days per week there. Helen has been involved with the Partnership for a number of years

Name/Role	Experience
	having been the cluster lead for Glenrothes, working on a number of initiatives including quality improvement and integrated working and was the clinical lead on a leadership programme for integration with GP Scotland.
Benjamin Hannan Deputy Director of Pharmacy & Medicines Project role: represents the Area Clinical Forum as well as contributing to towards general governance.	Benjamin is an experienced pharmacy leader, with broad professional, managerial and leadership experience. Benjamin is a Fellow of the Institute of Leadership and Management and is currently Vice-Chair of Fife's Area Clinical Forum and represents this forum on the Project Board. The Area Clinical Forum allows NHS Fife to draw on the full range of professional skills and expertise that exists in all parts of the NHS system for advice on clinical and other professional matters. Benjamin's current role of Deputy Director of Pharmacy & Medicines is integrated across Health and Social Care, and all sectors and settings of care delivery. Prior to his current role, Benjamin was a GP Federation Director, responsible for 31 GP practices in the North East of England. This broad experience of primary care and community working will enable Benjamin to provide valuable insight to this project.
Tracy Gardiner Capital Accountant Project role: Capital Planning Accountant	Tracy has worked within NHS Fife for 26 years within the capital branch of the finance department. Tracy has a wide range of knowledge and experience in the delivery of capital projects within NHS Fife.
Ruth Lonie Communications Manager Project role: responsible for project communications	Ruth joined NHS Fife as Communications Manager in 2009. She has been involved in the communications aspects of a number of similar projects within NHS Fife.
Eugene Clark Non-executive Member *Dec. 20 – Jul. 21* Project role: responsible for contributing towards general governance	Eugene has spent the last 14 years working as a self-employed consultant helping businesses and public sector organisations in the fields of internal communication and employee engagement. Eugene's community interests have included being a former member of Largo Community Council and being involved in several action groups relating to sports in the Levenmouth area, most recently having helped establish the Fifers for the Community charity. Eugene is an active member of the Fife Children's Panel. He is also currently the Chair of the Levenmouth Rail Campaign, which seeks to

Name/Role	Experience
	regenerate the local community through the restoration of the direct rail link to Edinburgh.
Alistair Grant Non-executive Member *From Jan. 22* Project role: responsible for contributing towards general governance	Alastair Grant is a qualified accountant with more than 30 years' experience working both in Scotland and the Middle East. Most recently Alastair worked for Sodexo Justice Services, until his recent retirement. Alastair brings to the Board proven commercial acumen, combined with good people management, team building, development, and mentoring skills.

Table 45 - Project Board Experience

6.5 Project Team

The project team sits below the Project Board and are responsible for delivering the project on a day-to-day basis. Responsibilities include:

- Facility design development
- Service change re-design
- Business case development
- Stakeholder communications and engagement
- Management of risks and issues
- Management of cost
- Construction and handover of the facilities

To discharge these responsibilities, there are a wide range of roles. These are outlined within the Project's Project Execution Plan.

6.5.1 External Advisors

Where necessary independent consultants have been procured by the Board to help with the management of the project. Consultants procured to date include:

Project Role	Organisation
Lead Advisor	Currie & Brown
▪ Project Manager	Currie & Brown
▪ Cost Advisor	Currie & Brown
▪ M&E Technical Advisor	Hulley & Kirkwood (sub-consulted)
▪ Clerk of Works	Currie & Brown + Hulley & Kirkwood
▪ Authority's Representative (contract)	Currie & Brown

Table 46 - External Advisors

6.5.2 Project Recruitment Needs

No additional recruitment needs are envisaged at this time, however this will be re-considered during the FBC phase of the project.

6.6 Project Plan and Key Milestones

The project plan and key milestones are set out in the table below.

Description / activity	Date
Full Business Case	
Commencement	February 2022
Completion	January 2023
Governance Approvals	April 2023
Construction & Handover	
Commencement	May 2023
Completion	June 2024
Operational	August 2024

Table 47 - Key Milestone Summary

6.7 Change Management Arrangements

6.7.1 Operational and Service Change Plan

The operational and service change plan proposals are outlined under Section 2.4.1.3. This work will continue through FBC and Construction in parallel with the soft landings process to ensure that the services are prepared to adopt new ways of working in advance of the facilities being made available for use. The FHSCP will ultimately assume responsibility for progressing this dependant workstream.

6.7.2 Facilities Change Plan

The new facility will be serviced by NHS Fife's in-house Facilities and Estates team in a similar way to the existing arrangements. Costs relating to the increase in area have been factored into the GP allocations. NHS Fife resource projections to maintain and upkeep the building have been taken account of in revenue projections (see the Financial Case).

6.7.3 Stakeholder Engagement and Communication Plan

A Stakeholder Engagement and Communication Plan has been developed and endorsed by the Project Board. The plan will continue to be developed and updated as the project progresses. A copy of the plan can be located at Appendix H.

In addition, an update in respect to stakeholder engagement during the OBC stage is outlined at Section 3.4.2.

6.8 Benefits Realisation

6.8.1 Benefits Register

The rationale for an investment needs to be reflected in the realisation of demonstrable benefits, as this will provide the evidence base that the proposal is worthwhile and that a successful outcome is achievable. The benefits to be achieved are discussed in the Strategic Case and have resulted in the creation of a Benefits Register and Benefit Realisation Plan for the Project. The Benefits Register is located at Appendix E.

The Benefits Register includes a range of benefits to be realised by the development. Each benefit includes a target that will be used to indicate the measure of success during the Post Project Evaluation (PPE).

Benefits are either assessed in a quantitative or qualitative manner.

For the quantitative benefits, the register indicates the baseline (current position) at the start of the project including the source. This will be compared with the same data source when the PPE is completed.

For benefits that are qualitative in nature, questionnaires will be developed, and a mix of patient and staff surveys/interviews will be undertaken to outline the baseline for these benefits. The same survey tools will be used during the PPE to examine to what degree the improvements sought were achieved.

Additionally, a Red, Amber, Green (RAG) score highlighting the relative importance of each benefit is indicated using the scale outlined below in the table below.

Scale / RAG	Relative importance
1	Fairly insignificant
2	
3	Moderately important
4	
5	Vital

Table 48 - Benefit Importance

6.8.2 Benefits Realisation Plan

A Benefits Realisation Plan has been produced to support the achievement of the benefits outlined in the Benefits Register, and it is included as Appendix F.

The benefits realisation process is a planned and systematic process consisting of four defined stages outlined below. The implementation of this plan will be reviewed regularly by the Project Board.

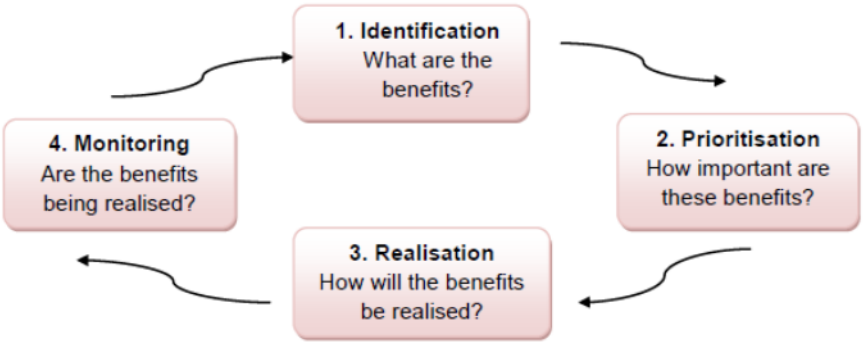


Figure 6 - Benefit Realisation Process

The Benefits Realisation Plan outlines:

- Which Investment Objective the benefit addresses
- Who will receive the benefit
- Who is responsible for delivering the benefit
- Any dependencies that could affect delivery of the benefit
- Any support needed from other agencies etc. to realise the benefit

Benefits monitoring will be ongoing over the life of the Project through the planning, procurement and implementation phases. Progress will be reported to the Project Board at regular intervals and will culminate in the Project Evaluation Report.

6.9 Risk Management

Risk management is a structured approach to identifying, assessing and controlling risks that emerge during the project lifecycle. It is a critical and continuous process throughout the planning, procurement and implementation journey of a project.

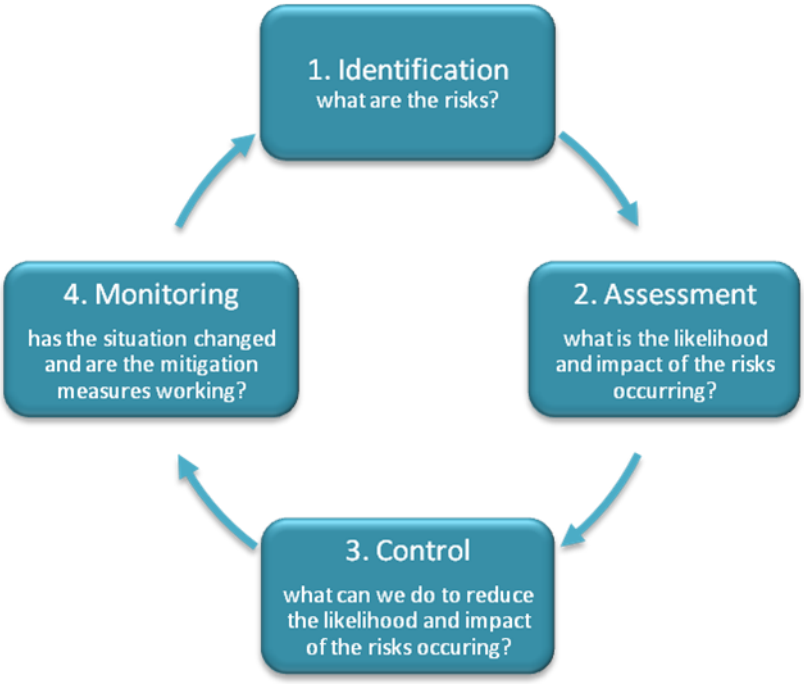


Figure 7 - Risk Management Process

6.9.1 Updated Risk Register

The Project Team have continued to develop the Risk Register provided at IA. The current FBC risk register can be located at Appendix G. The Risk Register is up to date and representative of the residual risks that may be encountered during the balance of the project. The headline items noted below, demonstrate how the risk register has been developed since IA.

- New risks have been identified and added to the register, whilst other risk have been closed
- Probability, impact and risk ratings have been updated progressively at risk workshops
- Mitigation measures have been agreed and updated
- Risk owners and managers have been allocated (a risk owner has overall responsibility for the risk, whilst a manager is responsible for helping to mitigate the risk)

The commercial arrangements associated with the Risk Register are set out within the Commercial Case.

6.9.2 Governance

The Project Board will assume overall responsibility for the risk register, however the Capital Planning Project Director will be responsible for ensuring it is maintained and updated regularly in line with the agreed project controls.

The risk register is updated and provided to the Project Board on a monthly basis as an appendix to the Capital Planning Project Manager's monthly progress report. Key risks are extracted from the risk register and highlighted within the Project Manager's monthly report for ease of reference. The Project Board provide direction to the Project Director and capital Planning Project Manager on risk matters as necessary.

6.10 Commissioning

The importance of the commissioning process cannot be underestimated, as failure to adequately consider this process is likely to cause increases to project costs and failure to deliver agreed service benefits and project outcomes. The Project Board and Capital Planning Director are fully committed to implementing a robust commissioning process, ensuring that the facilities are safe to use and operate from the outset.

The commissioning process will be treated as a distinct workstream, but fully integrated into the overall project to enable a smooth transition to the new working arrangements and realisation of the anticipated benefits. Workstreams will include Technical Commissioning and Operational Commissioning and these will be supported by BIM and Soft Landing processes.

Technical Commissioning concentrates on the readiness of the facility to support operational activity. As such the mechanical and electrical systems all need to be operating satisfactorily at handover of the facility and beyond. Operational Commissioning on the other hand is involved with getting the clinical services transferred into the facility with minimal disruption to business continuity. Given these separate requirements requiring different expertise, it is

considered that there is value in assigning these roles to separate individuals with the necessary knowledge and expertise – these roles will be confirmed during the FBC stage.

The Commissioning Managers will report to the Capital Planning Project Manager on a day to day basis but will maintain lines of communication with the wider team to deliver against the agreed plans.

A Commissioning Strategy and detailed commissioning programme will be developed during the FBC stage of the project.

6.11 Post Project Evaluation

The arrangements for post implementation review and project evaluation reviews have been established in accordance with best practice. These reviews will determine whether the anticipated benefits identified at the outset have been delivered. The project will be evaluated in stages:

Stage 1 – Procurement Process Evaluation

An evaluation of the procurement process will be undertaken following the signing of the contract to assess the effectiveness of the procurement process in meeting the project objectives. This will identify any issues and lessons to be learned that will benefit future projects. This evaluation can take place shortly after commencement of the construction phase.

Stage 2 – Monitoring Construction

During the construction period progress will be monitored to ensure delivery of the project to time, cost, and quality to identify issues and actions arising. On completion of the construction phase the actual project outputs achieved will be reviewed and assessed against requirements, to ensure these match the project's intended outputs and deliver its objectives.

Following completion, the Project Manager's and Supervisor's monthly reports will be reviewed and summarised to represent a holistic view of how the project performed during the construction period.

Stage 3 – Initial Project Evaluation of the Service Outcomes

This will be undertaken 6 to 12 months after the new facility has been commissioned. The objective is to determine the success of the commissioning phase and the transfer of services into the new facilities and what lessons may be learned from the process.

Stage 4 – Follow-up Project Evaluation

This will be undertaken 2 years into the operational phase by the Evaluation Team to assess the longer-term service outcomes and ensure that the project's objectives continue to be delivered.

The following questions will be asked at each stage:

- Have relevant project objectives been achieved?
- Has the project progressed as planned?

- If the plan was not followed, why did this occur?
- If appropriate, how should plans for future projects be amended?

The process will be led by evaluators, independent of the delivery team, who will meet with representatives of the user groups and other key stakeholders. The Project Sponsor, on behalf of the Project Board, will receive reports at each stage of the evaluation process.

Appendix A - Strategic Assessment

Appendix B – Design Statement

Appendix C – Design Pack

Appendix D – Benefits Register

Appendix E – Benefits Realisation Plan

Appendix F – Risk Register

Appendix G – Stakeholder Engagement & Communication Plan

Appendix H – The Patient Perspective

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**29 July 2022**
Agenda Item No:	**9**
Report Title:	**Winter Lessons and Reflections**
Responsible Officer:	**Nicky Connor, Director, Fife Health & Social Care Partnership**
Report Author:	**Lynne Garvey, Head of Service, Community Care Services**

1 Purpose

This Report is presented to the Board for:

- Assurance

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

2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

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

- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.

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.

This paper was discussed at the below meetings with agreement to progress via committees and onto the IJB as agreed.

- SLT Assurance on Monday 27th June 2022
- Quality & Communities Committee on Tuesday 5 July 2022
- Finance, Performance & Scrutiny Committee on Friday 8th July 2022
- Local Partnership Forum on 20th July 2022

3 Report Summary

3.1 Situation

Fife's winter plan (RMP4) was approved by the IJB on 26th November 2021. It describes the arrangements in place to:

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

This report aims to provide a concise overview of lessons and reflections during the winter 2021/22.

3.2 Background

Winter 2021/22 came with significant challenges due to the impact of COVID on the past 2 years as well as running efficient vaccination and test and protect programmes.

The pressure on the health and care system intensified over the winter period and has not subsided in terms of capacity and flow since 2020. Fife Health and Social Care Partnership (HSCP) services.

Fife HSCP has shown leadership and collaborative working over this period and integrated actions have demonstrated the benefits of whole system working with the person at the centre. The challenges continue to be felt across the system and we will continue to work together across all sectors.

3.3 Assessment

Development of Escalation Framework

The development of the OPEL (Operational Pressure Escalation Levels) Tool at the end of 2021 enables the whole system to manage and respond to current challenges in capacity in a systematic and planned way. Each operational team across Acute and HSCP now have an accurate overview of the pressures to be able to focus and plan to release or maintain capacity and flow in the system.

The OPEL tool has been demonstrated at the Integrated Joint Board, Chief Executive, Fife Council, Executive Directors' Group and NHS Fife's Board and has been praised as being very positive and innovative. The operational and clinical teams have welcomed its introduction and are now part of their daily business. An example of the OPEL tool can be found in Appendix 1.

Systems Pressures

The year 21/22 has been met with the most pressures ever experience across health and social care. To this end the demand on our services was significant as shown in the table below:

➢ 25% Increase in referrals to discharge hub since with 17% increase in average weekly discharges from acute
➢ Pre pandemic, referrals (4-week average) did not exceed 55 in early winter 2019 now regularly exceeding 60 from November 2020 hitting 89 in May 2022
➢ Discharges out of acute are being maintained well above 60 throughout the winter months regularly exceeding 70 discharges
➢ 37% increase in referrals to Integrated Community Teams
➢ Significant system pressures (recovery from Omicrom lag)
➢ Workforce – Still full surge / retraction / vacancies/ sickness
➢ Unprecedented ward closures & care home closures
➢ Increased demand on services
➢ 33 people currently coded as 51X (legal processes relating to guardianship) as at 28/06/22.

Redirection and Prevention

Complex Care Team

A focus on prevention of admission with further developments into the complex care teams and locality huddles to look at alternatives to GP admissions is well embedded. Ninety percent of people in delay start from an unplanned admission to an Acute setting. A focus on prevention of admissions is a priority especially for moderately and severely frail individuals. The team currently support on average of 130 people who are at risk of admission or readmission to hospital. A new professional and patient/carers advice line has been developed and now supports up to 120 contacts per week. The team also supports earlier direct discharges from ward 43 (medicine of elderly) at VHK with this being rolled out to other areas. The team achieve an admission prevention rate of 35% comparing the individuals predicted admission rate from their previous 12-month history. Some of the newer interventions are the introduction of a step up model to hospital at home for deteriorating patients and direct fast track psychological support to those living with long term conditions. All patients have an anticipatory care plan as part of the nursing intervention and a frailty community practitioner is now in post to support frailty assessments and extend the ongoing links with primary care via identification and support for frailty champions.

Hospital at Home (H@H)

During winter 21/22 H@H required additional capacity to support the flow and cope with the demand. Following a successful business case to Health Improvement Scotland (HIS), H@H were granted temporary funding for nursing, admin and pharmacy staff, however it was very difficult to recruit to these temporary posts. Glenrothes and North East Fife H@H team were able to secure 2 temporary staff, and this reflected in an increased capacity for that team and ability for the team to take more new admissions. In the other 2 teams the staff did additional hours. H@H have now received funding for permanent posts - 12 nursing posts, pharmacy and admin that the service are recruiting

currently, this will have a positive impact on winter 22/23. It will allow the service to increase capacity by a minimum of 9 new admissions per week (3 per team) increase of 33%, currently they admit on average 26 new admissions per week, 70% from community and 30% from acute.

Over winter 21/22 H@H tested out a revised pathway for people with frailty and learning disabilities. This has now been implemented and the service has also updated pathways from ED and the ward stepdown process to streamline these and is working on a new SAS pathway. These will all be implemented before winter 22/23.

Communication with the GP's in 2021, resulted in H@H creating a live capacity tool on MS teams for GP's, Flow and Navigation Hub and other referrers, so that they are able to see at any time what the admitting capacity is for H@H. This went live after a test of change, in November 2021, 267 people now are accessing this facility, 62% of GP practices have opted in with very positive feedback.

New equipment was purchased, utilising funding from HIS such as bladder scanners, ultrasound probes and ECG machines. This allows a more timely intervention as the equipment is available for staff to use when required.

Capacity measures for H@H were tested over winter for H@H these included 5 key factors - staffing/caseload/geography/acuity and dependency/new referrals this enables the teams to work as a whole system across Fife.

Over winter 21/22 the H@H managers implemented a test of change to have staff trained in inserting vascular access device - mid lines for long term antibiotic treatments. This will reduce admissions into acute service for this treatment and we now have 1 staff member fully trained and by winter 22/23 will have a staff member trained in each team, these staff will work across the whole service to support that intervention.

Unscheduled Care

Since 1st October 2021, all medical admissions into VHK between the hours of 8am and 8pm 7 days a week are assessed by the Flow and Navigation Centre (FNC) Advanced Nurse Practitioner Team, with the team directing patient referrals to the right care, in the right place at the right time. The FNC receive up to just over 700 call per month, with 23% or referrals redirected away from AU1(acute admissions) to a pathway right for the needs of the patient. Work remains ongoing to explore additional alternative pathways, continued improvement in clinical assessment and increased access to FNC. In terms of additional pathways, since the middle of February the FNC have been carrying out a test of change with social care, whereby any referrals where the need is predominately a social one, the FNC have direct access to a Social Care manager. The aim of this test of change is prevent a medical admission where the need of the patient is a social one.

Performance

Despite the significant demand on our surfaces our performance relating to delayed discharges is as follows:

Between Nov 21 and June 22 the HSCP performance was:

- Average of 43 standard delays 51% reduction in standard delay position since Nov 21
- Average of 97 total delays 19% reduction in overall delay position since Nov 21

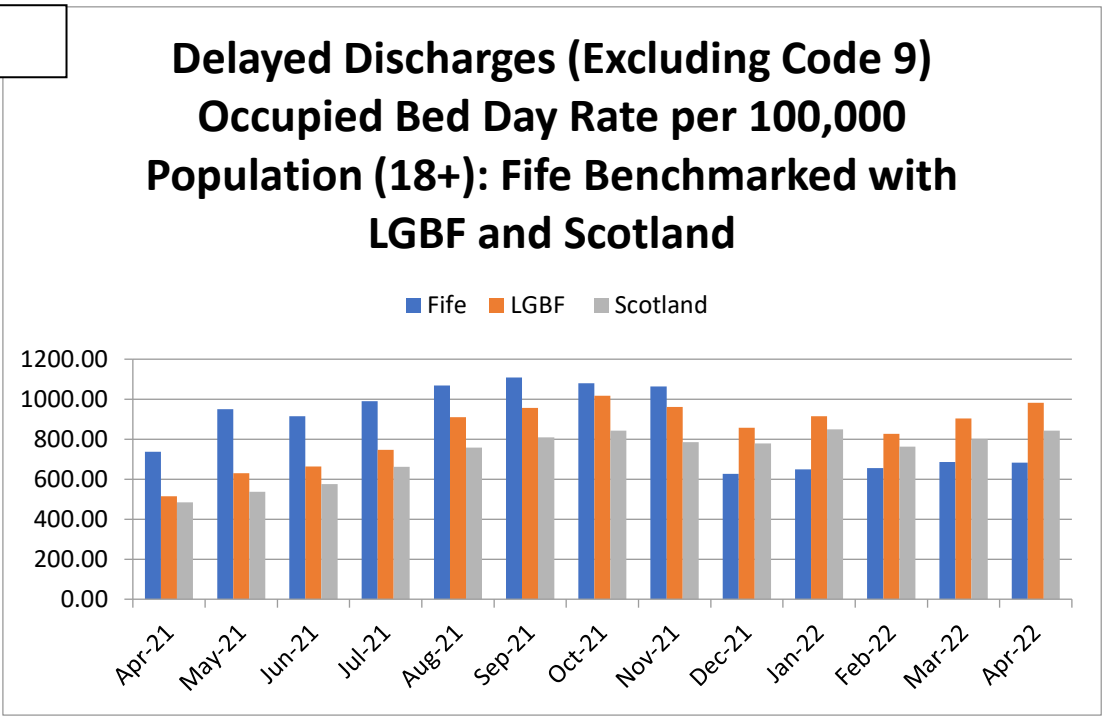
- 800 bed days lost 55% reduction in bed days lost since Nov 21

The HSCP performance against national benchmarking family has also improved. Fife is in Local Government Benchmarking Family for Adult Social Care local authorities divided – adult social care bench marking family (demographics not size) with Clackmannanshire, Dumfries and Galloway, Falkirk, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian.

Graph 1 demonstrates that the LGBF partnership have all seen a similar pattern of increase in occupied bed days peaking at the midyear September-October and starting to improve from November onward.

Within Fife the rate of occupied bed days was significantly higher that the LGBF and Scotland rates until November from when the improvement actions taken have had a positive impact with sustained reduction from December onwards. The April rate of 683.05 per 100,000 population is lower than the Scottish rate of 842.45 and the LGBF rate of 982.

Graph 1



3.3.1 Quality / Customer Care

Hospitals provide valued and essential assessment, treatment and care whenever that can't be provided safely and effectively at home or in the community. However, a prolonged stay in hospital is rarely associated with a good outcome. Patients who are cared for in the correct setting for their individual needs have a better quality of and appropriate care experience which is why embedding a home first model in Fife is necessary to ensure optimal patient/ service user care.

3.3.2 Workforce

Fife has experienced staffing challenges on a daily basis so processes have been put in place to support the daily management of workforce, ensuring patient safety is maintained:

- Establishment of workforce hubs, monitoring staffing levels on a shift by shift, and on occasion hour by hour, basis
- Daily staffing huddles, led by senior nurses
- Development of 'Safe to Start Guidance' which forms part of the OPEL framework
- Training modules adapted, which can be accessed online, rather than face to face sessions

Staff wellbeing continues to be vitally important and there has been a focus on staff wellbeing throughout the pandemic.

A number of initiatives have been introduced including wellbeing hubs, pastoral care, peer support and psychological support and these will continue to be in place to support our workforce supported by staff side and trade union colleagues.

3.3.3 Financial

Despite significant ongoing recruitment challenges winter monies have been utilised by the H&SCP to enhance service provision with a firm focus on improvement in delayed discharges.

3.3.4 Risk / Legal / Management

All risks associated with delayed discharges are include don the HSCP risk register.

3.3.5 Equality and Diversity, including Health Inequalities

EQIA is being refreshed. Currently with EQIA team for guidance/support

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

3.3.8 Communication, Involvement, Engagement and Consultation Winter Review Themes

Lessons learned have continued to be gathered and discussed by our staff throughout the winter period. The table below summarises the high level themes with examples of positive and negative feedback and suggestions for winter 2023.

Theme	What went well	What did not go well?	What could be done differently?
Business Continuity/ Emergency Planning	Working of Local Resilience Partnership	Limitations on workforce and equipment	More robust BCPs and transport plans

Whole System Working	Agile and flexible teams Cross system working	Uptake of serial prescribing across all teams	Better deployment of Point of care testing (POCT)
Demand and Capacity	Pathway redesigned Staff Commitment Available information	Capacity challenges and delays Restricted GP access	Development of Front Door Model Improved discharge process
Escalation and Surge Plans	Command structure in place Development of OPEL framework Agility of workforce	-	Earlier agreement of plans
Staffing Levels	Dedicated consultant cover Temporary and redeployment of staff Wellbeing resources for staff	Staffing levels despite recruitment drive Patient care affected due the available staff	Ability to flex staff across the system Debrief for staff
Elective Activity	Maintenance of P1 and P2 activity Use of QMH	Stopping of electives, in particular orthopaedic	-
Infection Prevention and Control	Implementation of ARHAI Respiratory Pathway Care home huddles	Late publication of guidance	Time to implementation guidance Earlier MRSA screening

Test and Protect	Clear protocols for contact tracers Protocol to manage care home admissions	Managing the changes in isolation and testing requirements Timings of staff testing	Workforce model required going forward that can rapidly respond to demands
Communications	Regular engagement with all staff	Changing position with care home closures difficult to manage	Better national communications with public Revised visitors' policy

4.4 Recommendation

- **Assurance –** assure members of current position relating to delayed discharges in Fife and to note the improvements being made across services.

5 List of Appendices

The following appendices are included with this report:

Appendix 1- Example of OPEL reporting

6 To Be Completed by SLT Member Only (must be completed)

Lead	Head of Community Care Services
Critical	All members of the Home First Strategic Oversight Group and Sub-Group members Chief Financial Officer Associate Director of Nursing Associate Medical Director Professional Lead Social Work
Signed Up	Principal Lead for Organisational Development & Culture
Informed	All key stakeholders

Report Contact

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

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Fife HSCP

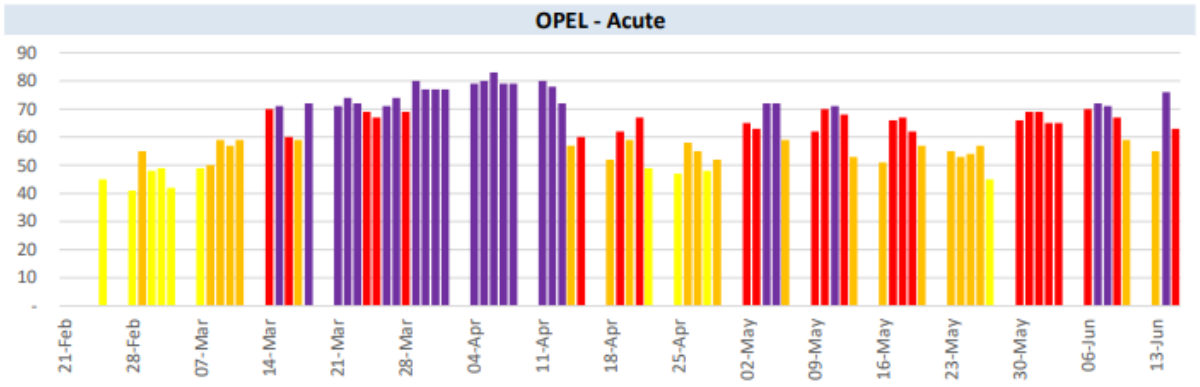
Escalation Plan 2021/22

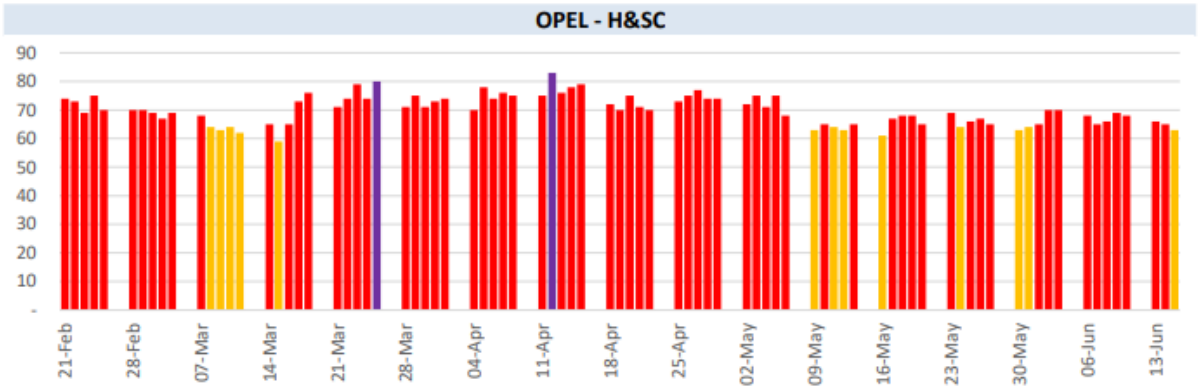
EXAMPLE

	Score	Days Since Change	Status	Criteri Level of Decisi	L1 (Green) Bronze	L2 (Yellow) Bronze	L3 (Amber) Bronze	L4 (Red) Silver	L5 (Purple) Gold
					Monday	Tuesday	Wednesday	Thursday	Friday
					T2	T0			
Acute OPEL as of 0800	62								
OPEL	53		3		6	14	5	1	0
Flow	31		3		4	7	3	1	0

											ACTIONS
1	Hospital Occupancy (H&SC MH Wards)	JT	1	0	<85%	<85%	85-89%	90-95%	>95%	>100%	Normal business function as per MH bed management guidance and CMHT community standards
2	Patients clinically fit for next stage of care from WHK (with a	LK	2	0	26-30	21-25	26-30	31-35	36-40	>40	begin coversations at 9am
3	WHK Patients to be assessed (Discharge Hub)	LK	3		16 to 20	0 to 10	11 to 15	16 to 20	21-25	>25	Review end of day. If number has not reduced, request support from community PFC team
4	Community Hospital Social Work waits (24B, 24C, 27A - official delay codes minus 51x /	LK	2	0	25 to 29	<25	25 to 29	30 to 34	35-40	>40	Daily H&SC huddles
5	Official delay 51X codes	LK	4		21 to 25	0 to 10	11 to 15	16 to 20	21 to 25	>25	Escalate via Fife Council Legal Team - pressures in the Court
6	Community Hospital Social Care (25D, official delay codes	LK	3		21-25	0-15	16-20	21-25	26-30	>30	START to identify additional runs/mainstream capacity/moves to interim
7	Community SW / SC In Planning (S1, S2)	LK	2		21-25	0-20	21-25	26-30	31-35	>35	Verification meetings
8	Planned Community Hospital discharges	LK	2		12 to 14	>15	12 to 14	10 to 11	5 to 9	<5	normal business activity
9	Down Stream Beds Available	LK	1	0	>15	>15	12 to 14	10 to 11	5 to 9	<5	normal business activity
10	Hospital Occupancy Normal Bed Base (H&SC MoE Wards)	LK/MW	1	0	93% or below Normal Bed base	93% or below Normal Bed base	94-95% Normal Bed Base	96-97% Normal Bed Base	98-99% Normal Bed Base	100% Normal Bed Base	normal business activity
11	Surge Beds added (Medical & Nursing Pressure held)	MW	2		Initial surge in planning	No Surge beds open and none in planning	Initial surge in planning	14-22 beds open Planning for next tranche started	23-50 beds open Planning for next tranche started	51-65 beds open	Identify surge area and prepare for opening, identify workforce and prepare for deployment
12	Ward closures due to infection	MW	3	0	3 bays closed	No closures	2 bays closed - 2 in 1 ward or 1 in 2 wards closed	3 bays closed	1 ward closed	2 wards closed	Discuss with ICP PAG requirement. Establish earliest opening
13	H@H (figures are caseloads)	AMcA	2		21 – 25	<20	21 – 25	26 – 30	31 -35	>35	Cross Cover H@H neighbouring team
14	ICT (Waiting list Community & WHK)	AMcA	1		2 or less	2 or less	3-4 waits	5-6 waits	7-8 waits	9+waits	normal business activity
15	Care Home Closures	KW	2	0	1-9 closed	No closures	1-9 closed	10-19 closed	20-25 closed	>25 closed	Daily meeting with Commissioning Team, Patient Flow Coordinator, Health Protection Team and Care Home Support and Assurance Team to review patients awaiting discharge to closed care homes and carry out individual risk assessments to facilitate patient flow where safe to do so.
Wider System	13		4		1	3	2	0	0		
16	GP Appointment availability	JK	3	0	Buddy Practices declaring they are unable to provide F2F patient care	All GP practices operating as normal	Individual GP practices declaring they are unable to deliver F2F appointments within own Practice	Buddy Practices declaring they are unable to provide F2F patient care	One Cluster declaring unable to provide F2F appointments, or three or more declaring they are close to bening unable	Clusters unable to provide F2F appointments even with Covid Assessment Centre open	Use of clusters to support business continuity invoked with all practices in the cluster workig together
17	Community Pharmacy Service	JK	2	0	Up to 8x Half-day or 4x Full-day closures	No closures up to 4x Half-day or 2x Full-day closures	Up to 8x Half-day or 4x Full-day closures	Up to 16x Half-day or 8x Full-day closures	Up to 40x Half-day or 20x Full-day closures	Up to 80x Half-day or 40x Full-day closures	use BCPs to make alternative arrangements for patients
18	Urgent Care Services Fife	CC	1	0	Normal staffing levels	Normal staffing levels	Staffing levels ≥9	Staffing 90-81% and or demand 110-120% of normal seasonal activity	80%-71% staff coverage and 110-120% seasonal activity	<70% staffing and / or demand beyond capacity	normal business activity
19	Public Dental Service	DA	2	0	Staffing at 81-94% - reduced service still including routine but	Staffing 95% and above full operation	Staffing at 81-94% - reduced service still including routine but	Staffing at 80-51% - urgent care only	Staffing at 50-41% - emergency care only	Staffing at 40% or below - restricted and prioritised emergency care	normal business activity with identifed contingency in place.
20	Care at Home Unmet Need	AA	3	0	350-374 people	<300 people	300-349 people	350-374 people	375-399 people	≥ 400 people	monitor numbers daily and prepare workforce to be deployed to look at individual needs
21	Hospital Occupancy (H&SC LD Wards)	JT	2		Three local beds available	Four or more local beds available	Three local beds available	Two local beds available	One local bed available	No beds available and no out of area beds	Normal business function

	Workforce		9		2	1	4	0	0	0	
22	SW Hospital Discharge Team Staffing	JC	2	0	Staffing 80-60%	normal staffing levels	Staffing 80-60%	Staffing 60-50% (supported by community	<50% staffing in team supported by busines	<50% staffing and failure of business	manage staffing within services
23	MHO Team Staffing	DA	2	0	>80% staffing	<10% absence	>80% staffing	80-50% staffing	<50% staffing and business continuity plan triggered	<50% staffing and statutory functions critically	manage staffing within services
24	Wider HSCP Safe to Start position	LG	1	0	All Areas Safe to Start	All Areas Safe to Start	>80% of services safe to start	>60% of services safe to start	>40% of services safe to start	<20% of services safe to start	normal function
25	Business Continuity	LG	2	0	Reduced functional service - minimal	No critical issues identified	Reduced functional service - minimal	Reduced functional service - moderate	Reduced functional service - severe impact/delay	Reduced functional service - critical impact/delay	local business continuity plans
26	Workforce Hub (declared staffing position)	SA	2	0	Yellow	Green	Yellow	Amber	Red	Purple	manage staffing within services
	ESCALATION				Discussion re difficult position front door at Vic & all partnership services taking appropriate action to support.						





Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**29 July 2022**
Agenda Item No:	**10**
Report Title:	**Home First Update**
Responsible Officer:	**Nicky Connor, Director, Fife HSCP**
Report Author:	**Lynne Garvey, Head of Community Care Services**

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.

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:

- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.

- Living well with long term conditions.

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.

- Integration Joint Board Development Session on the 10th September 2021
- Local Partnership Forum on the 3rd November 2021

- Senior Leadership Team on the 7th February 2022
- Executive Directors Group on the 10th March 2022
- NHS Board on the 29th March 2022
- SLT Assurance on 27th June 2022
- Quality & Communities Committee on 5 July 2022
- Finance, Performance & Scrutiny Committee on 8th July 2022
- Local Partnership Forum on 20th July 2022

3 Report Summary

3.1 Situation

This report provides an update on the change and improvement work being undertaken to enable the delivery of a new Home First Model. A project approach is being used to frame this work with the aim being to enable people in Fife live longer healthier lives at home or in a homely setting.

3.2 Background

In 2018 the Scottish Government provided guidance to local authorities (10 actions) to transform discharge from hospital. The Home First Programme is an action orientated response to the recommendations in this guidance. The Home First Programme is emergent in nature. The programme approach is being used to help ensure the activity being undertaken by services is aligned with strategic programme objectives.

In line with Scottish Government Joint Improvement Guidance. The programme is composed of working subgroups that each focus on key areas of a Home First model.

These are:

- Information & Data
- Anticipatory Care
- Screen and Assess for Frailty
- Integrate Discharge Planning
- Joint Commissioning and Resourcing
- Intermediate Care
- Housing, Community Support & Technology Enabled Care

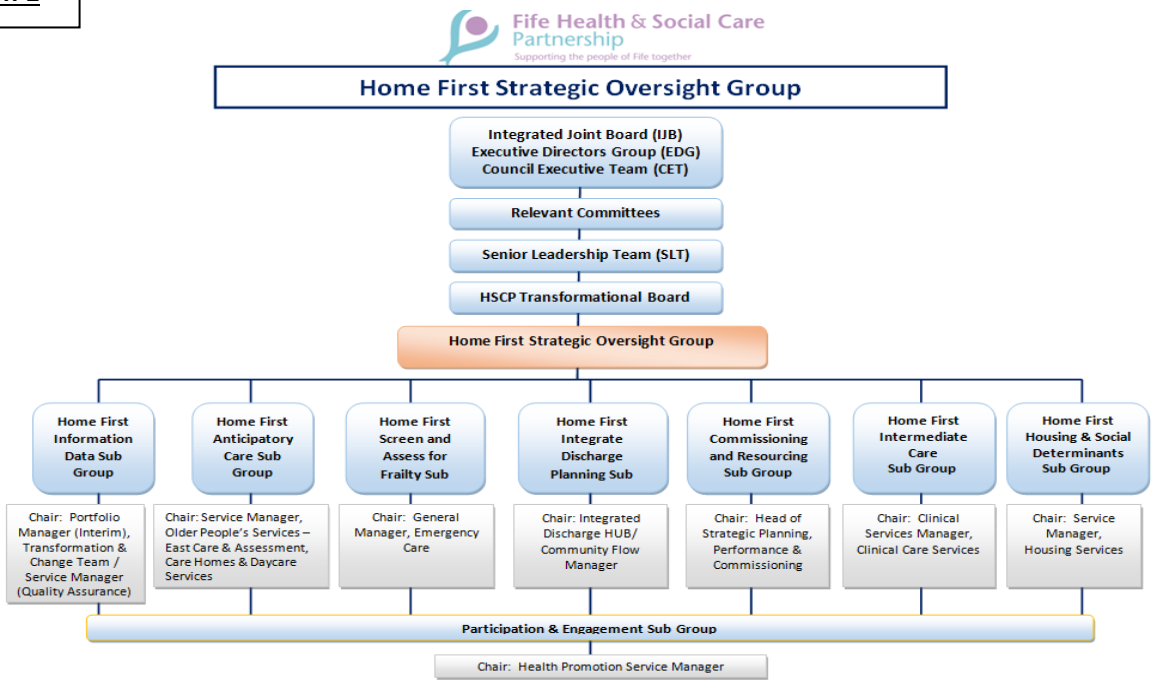
Each subgroup has a terms of reference agreed, and meets at least once per month to design improvement work/projects and progress action plans. The work formally reports through the Home First Strategic Oversight Group and on to Committees/ Boards (diagram 1). This group has delegated authority from the Sponsoring Group (Health and Social Care Partnership Senior Leadership Team) to:

- Support the implementation of an integrated Home First delivery model for Fife
- Co-ordinate the short life working groups in line with the agreed priorities to ensure:
  - effective communication and joint working across health and social care and third sector organisations to maximise service delivery

- engagement with staff

- Support the implementation of an integrated Home First delivery model for Fife
- Act as a forum for collaboration to support services in the operational delivery of the Home First model
- Set direction for services in relation to actions from the Home First Strategy
- Escalate issues for support and direction to the Health & Social Care Partnership Senior Leadership Team
- Ensure accurate and timely communications in line with the agreed strategy
- Align with and promote the delivery of digital solutions, which will support the implementation of the aims & objectives of the strategy

Diagram 1



Assessment

The vision of the home first strategic oversight group is to enable people in Fife live longer healthier lives at home or in a homely setting. The focus of the work is to develop the future model of community care in an integrated manner, with a focus on prevention, anticipation and supported self management to realise this vision. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Services will be redesigned/developed so they are flexible to growing and changing demands, as well as being sustainable.

Ultimately the oversight group will work towards achieving a single point of access for all community care with care coordination being the pivotal transformational aspect built into to local communities (Appendix 1).

Progress update

By utilising a project approach the following is now in place:

- Core governance documentation (tolerance & governance arrangements, programme quality framework, reporting framework and options appraisal)
- Risks and Issues registers

- Projects Dossier (currently around 40 projects/improvement pieces of work identified)
- Programme Brief
- Measurement & Benefits Plans/baselines
- High level timelines of main activities

Highlights of the work of each Subgroup this reporting period is contained in the Home First Programme Highlight/Situation Report from May 2022 (Appendix 2).

A communications approach for the programme is being developed (Appendix 3).

An engagement timeline has been drafted and agreed at the Oversight Group (Appendix 4 & 5). This will continue to develop as work progresses.

The next key steps to progress the programme are wide scale stakeholder events which are currently being organised.

3.3.1 Quality/ Customer Care

Patients who are cared for in the correct setting for their individual needs have a better quality of and appropriate care experience. Hospitals provide valued and essential assessment, treatment and care whenever that can't be provided safely and effectively at home or in the community. However, a prolonged stay in hospital is rarely associated with a good outcome. Patients who are cared for in the correct setting for their individual needs have a better quality of and appropriate care experience which is why embedding a home first model in Fife is necessary to ensure optimal patient/ service user care.

3.3.2 Workforce

The proposals will have a positive impact on the workforce.

3.3.3 Financial

The redesign work will be cost neutral.

3.3.4 Risk/Legal/Management

In terms of risks to the programme 5 are currently active on the risks register, with zero requiring escalation at this stage.

3.3.5 Equality and Diversity, including Health Inequalities

An EQIA has been completed.

3.3.6 Other Impact

Nil.

3.3.7 Communication, Involvement, Engagement and Consultation

Participation and engagement subgroup are leading on patient/service user and community involvement with wider stakeholder events being

organised.

3.4 Recommendation

- **Assurance** – to assure members' of the considerable work being undertaken to implement a home first model in Fife and to note the stakeholder event programme that will commence in August.

4 List of Appendices

This SBAR report acts as a cover report to the Home First Programme update for this reporting period. The following appendices are included with this report:

Appendix 1 – Home First Coordinated Case Management/ Vision

Appendix 2 - Home First Programme Highlight/Situation Report May 2022

Appendix 3 - Home First Communication Plan

Appendix 4 - Home First Timeframe

Appendix 5 - Engagement Timeline

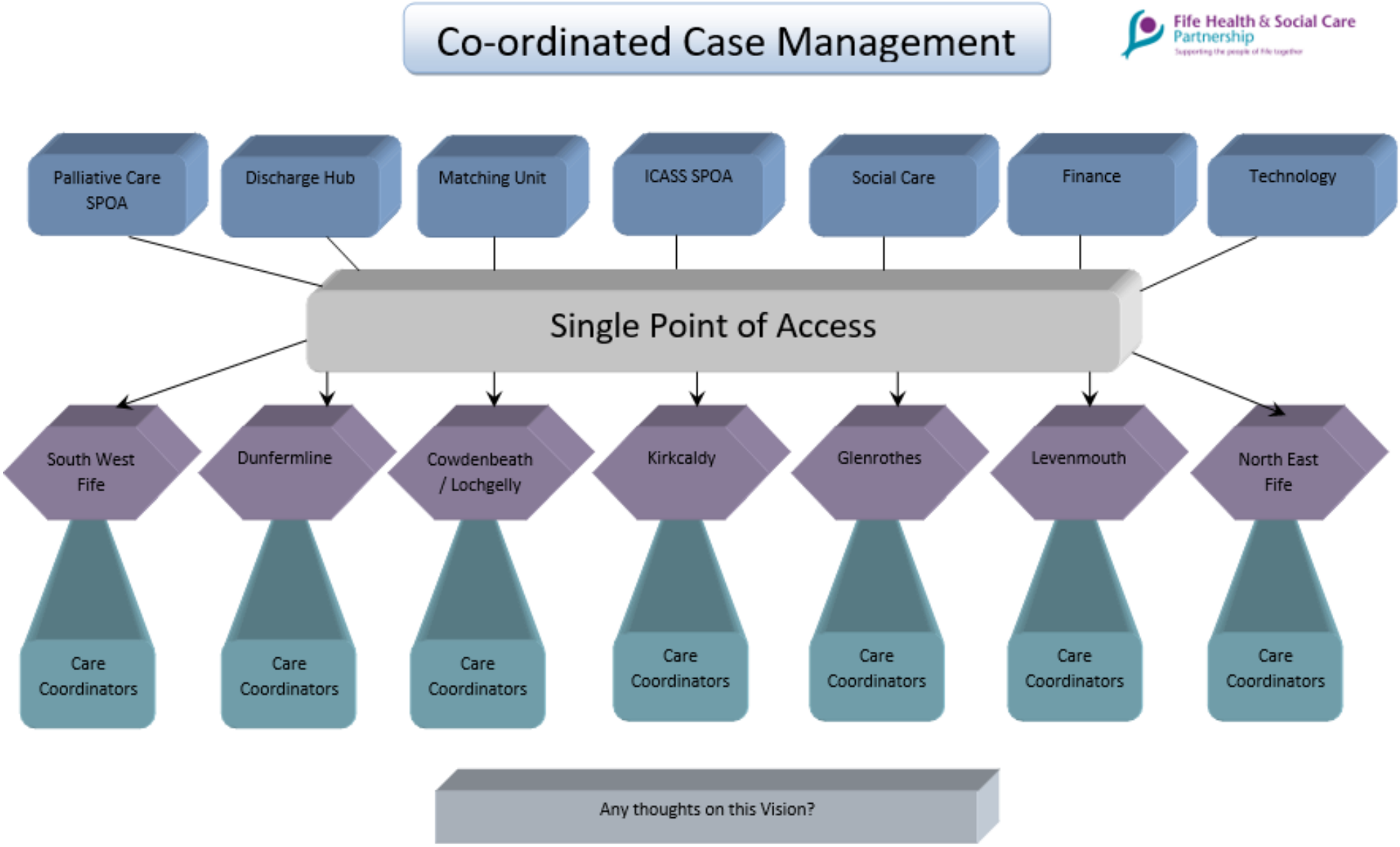
Direction To:		
1	**No Direction Required**	X
2	**Fife Council**	
3	**NHS Fife**	
4	**Fife Council & NHS Fife**	

10 To be completed by SLT member only

Lead	Head of Community Care Services
Critical	All members of the Home First Strategic Oversight Group and Sub Group members Chief Financial Officer Associate Director of Nursing Associate Medical Director Professional Lead Social Work
Signed Up	Principal Lead for Organisational Development & Culture
Informed	All key stakeholders

Report Contact
Author Name: Lynne Garvey
Author's Job Title: Head of Community Care Services
E-Mail: lynne.garvey@nhs.scot

Appendix 1


Co-ordinated Case Management
Fife Health & Social Care Partnership
Palliative Care SPOA
Discharge Hub
Matching Unit
ICASS SPOA
Social Care
Finance
Technology
Single Point of Access
South West Fife
Dunfermline
Cowdenbeath / Lochgelly
Kirkcaldy
Glenrothes
Levenmouth
North East Fife
Care Coordinators
Care Coordinators
Care Coordinators
Care Coordinators
Care Coordinators
Care Coordinators
Care Coordinators
Any thoughts on this Vision?

Appendix 2

Fife Health & Social Care Partnership

Supporting the people of Fife together

Home First Programme

Highlight/Situation Report

Produced by: Garry Robertson (Programme Manager)
Period from 21/04/22 to 19/05/22

Contents

Key Achievements (This Period)

Taking A Programme Approach

1. **Programme Brief/Business Case:** No progress. The main content gap is on programme measures/benefits and their metrics/agreed baselines. This is linked to work of the Information and Data subgroup. To try and close off, we will reference the 5 agreed end measures and note the ongoing tracking will be picked up by the output produced from the Information and Data Subgroup work.
2. **Engagement & Communications:** Approach to engagement and communications drafted. This is mainly based around communicating/engagement on a future Home First Vision and Strategy. Also some work is being planned to coincide with Carers Week to engage Patient/Service User perspectives.
3. **Programme Vision:** Work complete on understanding all of the functions in scope 'as is' position. Findings along with key observations will help shape engagement sessions and future programme activity/planning of projects.
4. **Impact Assessments**: EQIA for the programme in draft, awaiting feedback from EQIA Team to inform next steps.

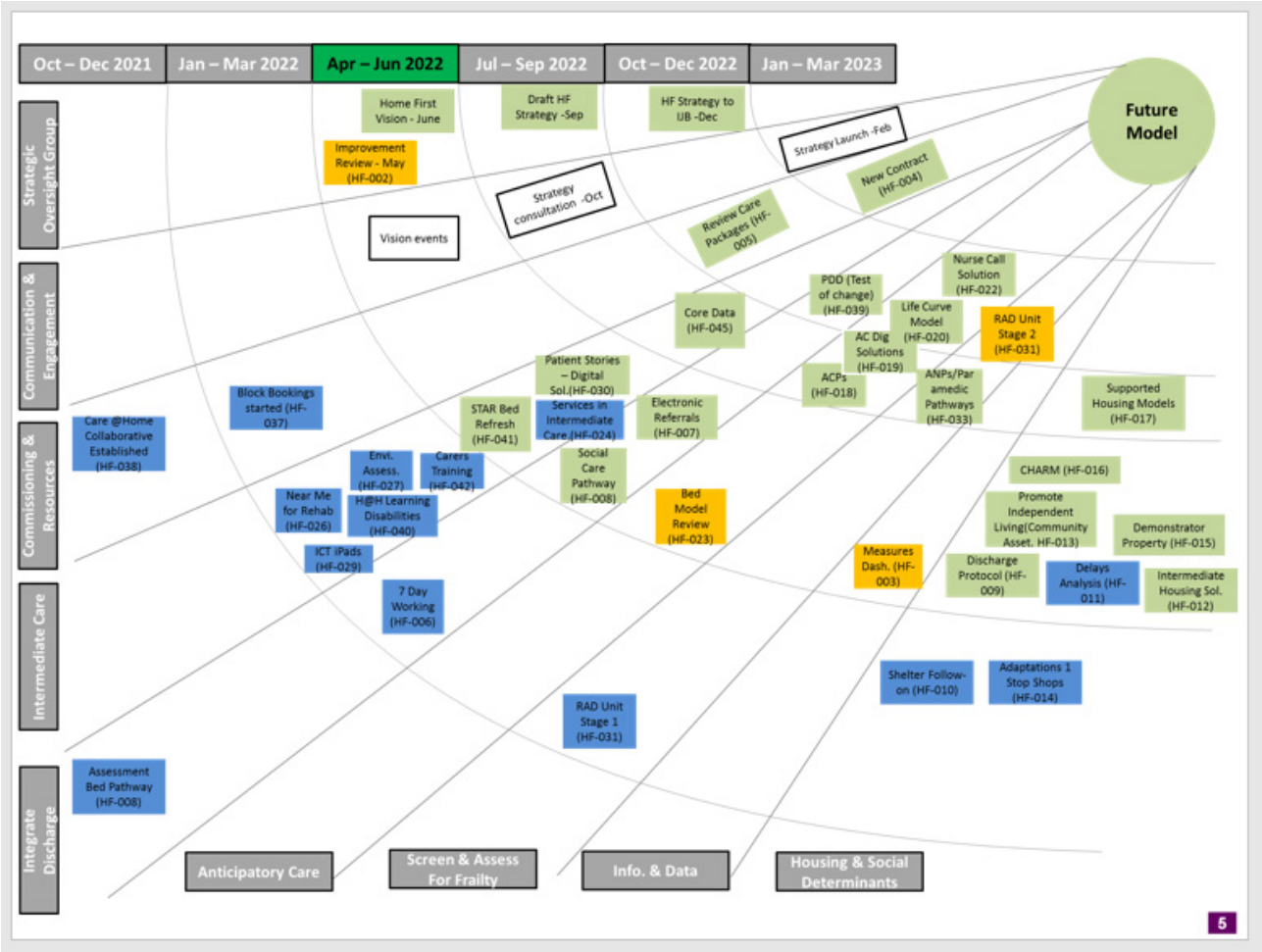
Programme Workstreams

1. **Information & Data Subgroup**
   - Draft options presented at previous Oversight Group with feedback required to inform next steps. No feedback from Subgroups received so far. To develop the work into a meaningful output with appropriate baselines and targets, feedback is required.
   - Due to role changes support for this area of work will soon likely need to transition, so Subgroup Chair feedback would be appreciated quickly, to allow for a finalised output to be produced for the Programme.
   - Separate to the specific Programme measurements dashboard, there is wider work needing supported around Community Care measures more generally as well as benefits. Discussions to be scheduled to begin to plan out an approach.
2. **Intermediate Care Sub Group**
   - Intermediate Care Services agreed. The 6 are ARCs, H@H, ICT, Interim beds, STAR beds and START.
   - Pro-forma developed and disseminated to Intermediate Care Services for gathering existing performance data measures for the services in scope.
   - Commenced reviewing existing performance data measures from 4 out of the 6 Intermediate Care Services.
3. **Commissioning & Resources Sub Groups**
   - Continue to work with the collaborative and discuss the possibilities around gaps in the system. E.g work on processes for issues and returns of care packages
   - Significant progress made in returning people from interim beds via the collaborative.
   - Continue with weekend enhanced for financial year 2022/23.
   - Increase in hourly rate to cover payment to carers of £10.50 per hour.

Key Achievements (This Period)

Programme Workstreams Continued

4. **Housing & Social Determinants Sub Group**
   - Complete final customer pathways – process mapping session has been completed with a range of suggestions for improvements identified.
   - Complete Intermediate Housing Implementation Plan – unit of temporary accommodation set up at Jubilee Grove to act as an intermediate housing solution for service user.
   - Finalise CHARM Project Report- report on-going.
5. **Screen & Assess for Frailty Sub Group**
   - MoE clinic moved to RAD to test model with review of not returning to older pre-covid model
   - Soft launch of interventional procedures to prevent admissions (e.g. BT)
   - Respiratory ambulatory clinics using area as interim measure. Cross over of patients will be monitored.
   - SAS- pathway development and integration for direct care access
   - ToC social care crisis pathway
   - H@H – supporting admission prevention
     - -: ED direct referrals
     - -: learning disability pathway
     - -: SOP for midline insertions
     - -: Smart boards in operation
     - -: GP access to live capacity
6. **Anticipatory Care**
   - Sign off of Anticipatory Care Plan template.
   - Engagement and meaningful involvement from GP practices and Scottish Ambulance service to help shape implementation of ACP in communities.
   - Engagement and meaningful involvement from Partnership and independent care homes regarding the ACP template.
7. **Integrate Discharge Planning**
   - PDD project has commenced in Tarvit and QMH W6. Some discussions had with colleagues at Ninewells to help inform approach. The dashboard for the project is almost complete and tracking on a daily basis; number of people in delayed discharge as well as total number of days in delayed discharge for each of the pilot wards and comparing against the overall picture. Also work happening to show average length of stay for each pilot ward on a weekly basis and number of discharges on a monthly basis
   - Recruitment underway for Front Door model. Project Brief to be developed over next period.



Amber Projects

Information & Data

Ref	Project Title	Baseline End	Revised End	RAG Status	Slippage reason/context
HF-003	Programme Measures/Benefits Register/Dashboard	04/03/22	02/05/22	A	Requires feedback from Subgroup Chairs to progress to an end output that can inform future Programme activity.

Strategic

Ref	Project Title	Baseline End	Revised End	RAG Status	Slippage reason/context
HF-002	Internal Care at Home Scheduling Process Improvement Review	04/04/22	31/05/22	A	Scope changed to create action plan/recommendations following review (opposed to implementing the change)

Screen & Assess For Frailty

Ref	Project Title	Baseline End	Revised End	RAG Status	Slippage reason/context
HF-031	RAD Stage 2	TBC	TBC	A	Amber as uncertainty on timescales and forward plan, as well as delays in engaging provided support to help with this (delays due to operational pressures).

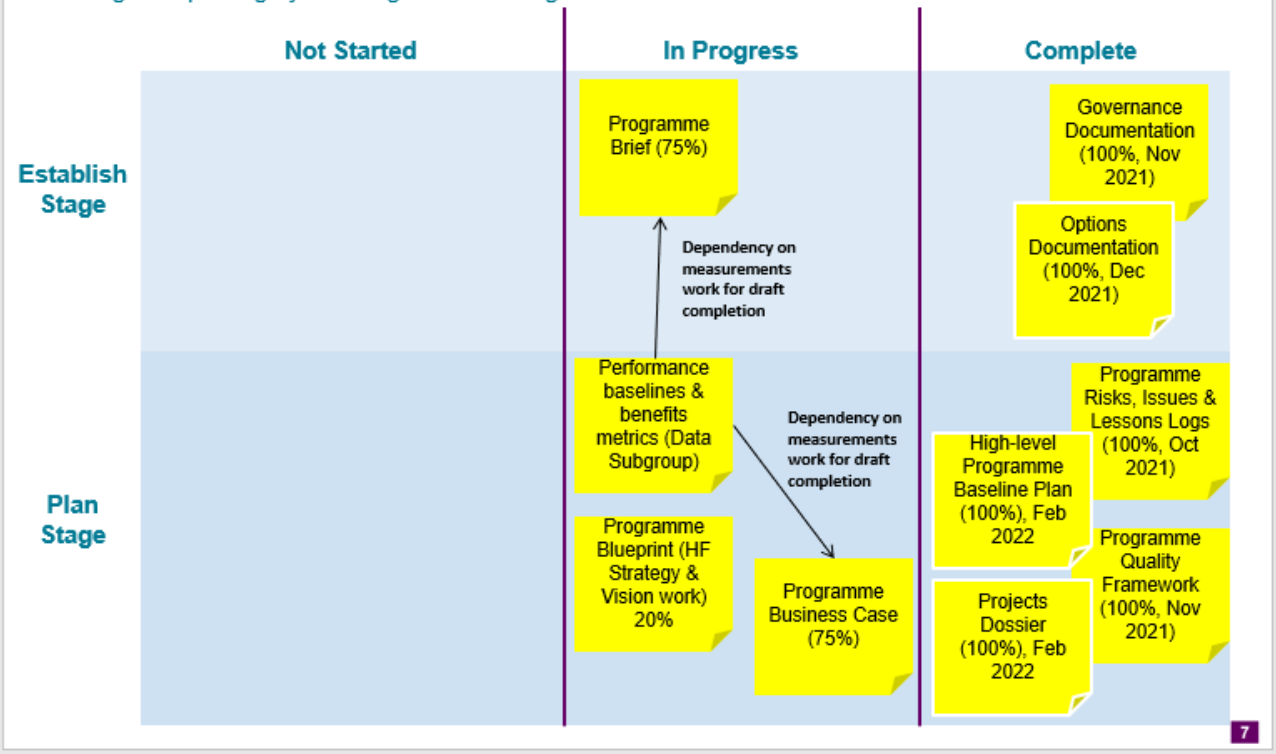
Anticipatory Care Planning

Ref	Project Title	Baseline End	Revised End	RAG Status	Slippage reason/context
HF-023	Bed Model Review	31/05/22	TBC	A	Requires review as work on STAR bed refresh (HF-041) may supersede.

6

Programme Documentation Roadmap

The diagram below outlines the main documentation required to define a strategic change Programme. The majority occur across the Establish and Plan stages of the programme life-cycle (first 2 of 4 stages). Please note that although complete, the majority of Programme documentation is 'living' and requires regular updating by the Programme Manager once created.



Appendix 3

Communications Plan – Home First Strategy

A communications plan is being developed to assist in targeted and timely communication with key stakeholders throughout the development and implementation of the Home First Strategy.

This remains a live document and will evolve over the course of the programme.

- It is well-established that patients recover better at home or in homely setting, with the appropriate level of support in place.
- The Home First Strategy aims to transform the discharge process, with discharge planning beginning at as early as stage as possible in order to minimise the length of time patients remain in hospital after been deemed fit-for discharge.
- Change is needed to help prevent people needing to be admitted to hospital.
- Greater integration is required to ensure assessment and planning of treatment/care can be co-ordinated.

Stakeholders

The following key stakeholder groups have been identified:

- Internal communications (staff across health and social care services in Fife)
- External communications (patient groups and users of healthcare services in Fife)
- Partner Communication (elected members, independent and third sectors operators, local voluntary organisations)

Communications tools required:

The following communications tools and resources were identified to support stakeholder communications around the work:

- Dedicated area of the NHS Fife/ Fife Council/Health and Social Care Partnership public website and StaffLink
- Campaign style and theme to be designed and used across all communications material
- Social media
    - Use of Facebook, Twitter and Instagram. Hashtag to be created - #HomeFirstFife
    - A blend of text, graphics, video and animation may be used to explain the aims of the Strategy.
- Hard copy posters/ leaflets outlining the key aims of the programme
- Local press and radio
    - Press releases issued to mark the notable milestones in the programme, with accompanying audio for local radio stations. (Sign off process for press releases etc. to be agreed in advance).
- FAQ's to be developed and evolved throughout the programme to directly address specific feedback or issues raised.
- Onelan Hospital TV Screen updates
- Accessibility and alternative formats for the key communications materials produced

Programme timeline and planned activities

Programme timeline marking all key milestones in the development of the strategy.

- June 2022 – Home First Strategy is introduced
- July/August 2022 – Listening Event and Stakeholder Sessions
- July to September 2022 – Development of the first draft of the Strategy
- September / October - Consultation period and accompanying events
- December 2022 - Final draft of the Strategy goes to IJB
- February 2022 – Launch and publication of the Home First Strategy

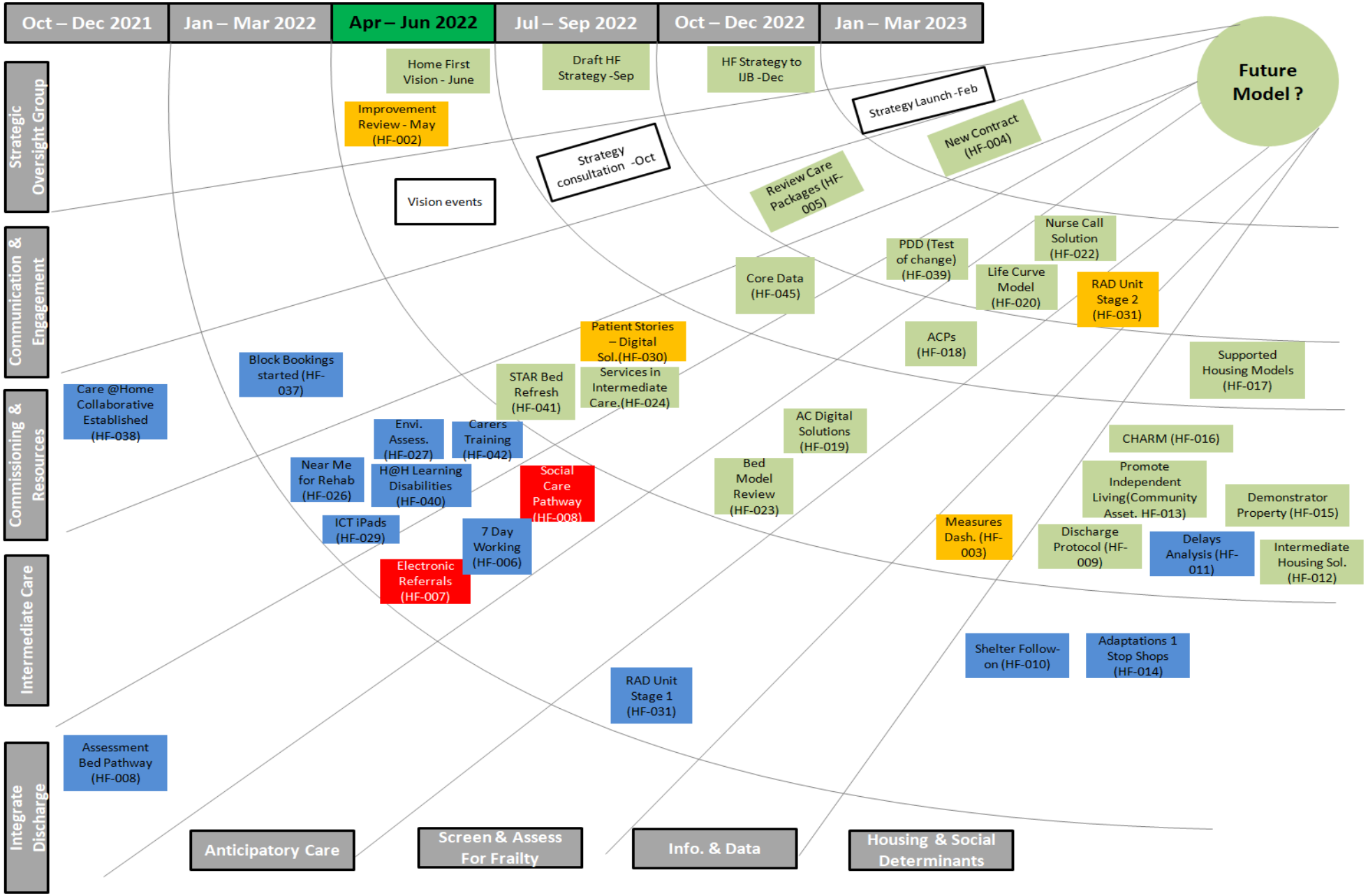
Communications Risks

- Communications resource will be required throughout the development of Strategy. While the programme is being led by the Fife Health and Social Care Partnership, the small communications resource within the Partnership will likely require to be at least supplemented by NHS Fife Communications.
- There is no guarantee at this stage that the additional staffing resource currently within NHS Fife Communications to support the pandemic response will remain throughout the period while the Strategy is developed.
- The precise timescales laid out at present still require to be firmly defined. Announcing the launch of the programme before these have been confirmed risks reputational damage if there is any significant slippage in the delivery of the major milestones in the development of the Strategy.

Frequently Asked Questions:

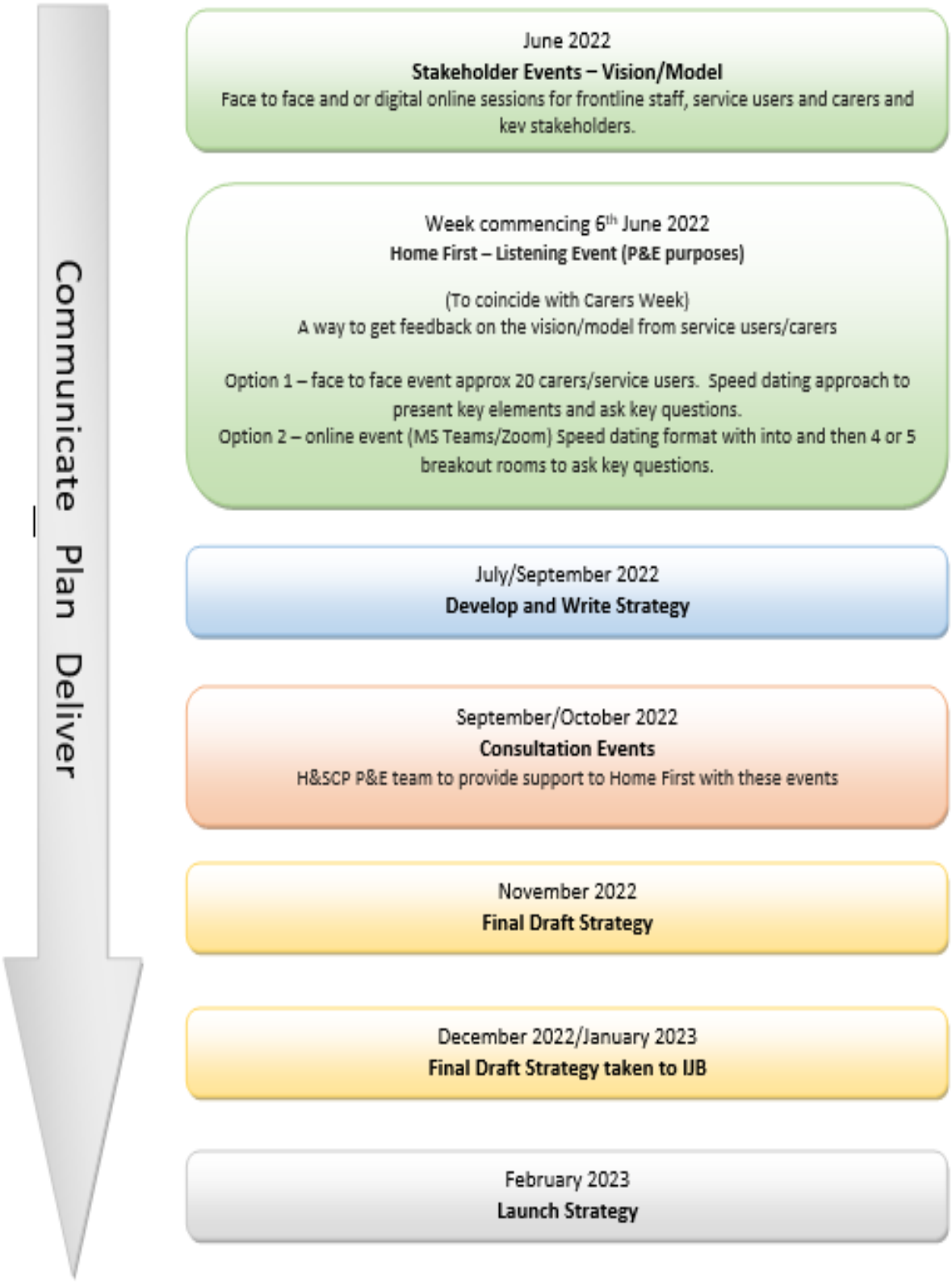
- [TO BE DEVELOPED]

Appendix 4


Oct – Dec 2021
Jan – Mar 2022
Apr – Jun 2022
Jul – Sep 2022
Oct – Dec 2022
Jan – Mar 2023
Strategic Oversight Group
Communication & Engagement
Commissioning & Resources
Intermediate Care
Integrate Discharge
Future Model ?
Home First Vision - June
Draft HF Strategy -Sep
HF Strategy to IJB -Dec
Strategy Launch -Feb
Improvement Review - May (HF-002)
Strategy consultation -Oct
Vision events
Review Care Packages (HF-005)
New Contract (HF-004)
Nurse Call Solution (HF-022)
PDD (Test of change) (HF-039)
Core Data (HF-045)
Life Curve Model (HF-020)
RAD Unit Stage 2 (HF-031)
Patient Stories – Digital Sol.(HF-030)
ACPs (HF-018)
Supported Housing Models (HF-017)
Block Bookings started (HF-037)
STAR Bed Refresh (HF-041)
Services in Intermediate Care.(HF-024)
Care @Home Collaborative Established (HF-038)
AC Digital Solutions (HF-019)
CHARM (HF-016)
Envi. Assess. (HF-027)
Carers Training (HF-042)
Near Me for Rehab (HF-026)
H@H Learning Disabilities (HF-040)
Social Care Pathway (HF-008)
Bed Model Review (HF-023)
Promote Independent Living(Community Asset. HF-013)
Demonstrator Property (HF-015)
ICT iPads (HF-029)
7 Day Working (HF-006)
Measures Dash. (HF-003)
Discharge Protocol (HF-009)
Delays Analysis (HF-011)
Intermediate Housing Sol. (HF-012)
Electronic Referrals (HF-007)
Shelter Follow-on (HF-010)
Adaptations 1 Stop Shops (HF-014)
RAD Unit Stage 1 (HF-031)
Assessment Bed Pathway (HF-008)
Anticipatory Care
Screen & Assess For Frailty
Info. & Data
Housing & Social Determinants

Appendix 5

Home First Strategy Timeline
June 2022-February 2023



Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**29th July 2022**
Agenda Item No:	**11**
Report Title:	**Draft Workforce Strategy & Action Plan 2022 - 25**
Responsible Officer:	**Nicky Connor, Director of HSCP**
Report Author:	**Roy Lawrence, Principal Lead for OD & Culture**

1 Purpose

This Report is presented to the Forum for:

- **Decision** – The Integration Joint Board are asked to approve this Draft Health and Social Care Partnership Workforce Strategy and Plan for submission to Scottish Government by 31st July 2022.
- **Assurance** – A final draft strategy and plan with defined metrics and key indicators will then be submitted to the Integration Joint Board in September 2022 following feedback from the Scottish Government to be endorsed for publishing on the Health and Social Care Partnership website by the 31st October.

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

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:

- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

Engagement:

There has been significant engagement following groups as part of the development of this strategy and plan. The groups have either supported the content, or their feedback has informed the development of the content:

- Workforce Strategy Group: 10/11/21, 8/12/21, 12/1/22, 16/3/22, 20/4/22
- Integration Joint Board (IJB) Development: 10/12/21
- Local Partnership Forum (LPF) : 14/12/21
- Meetings with Senior Leadership Team (SLT) colleagues
- Meetings with NHS & Fife Council workforce planning teams
- Senior Leadership Team (SLT): 27/6/22
- Extended Leadership Team (ELT): 28/6/22

Consultation:

Prior to the submission of the Partnership's revised Strategy & Plan to the Scottish Government on the 31st July, the draft Workforce Strategy and Plan must be endorsed by the IJB, having been consulted on through the following forums:

- It was sent for consultation to NHS Fife & Fife Council workforce planning leads, Independent Sector and Third Sector Leads on 28th June 2022. Any recommended changes were made and endorsed by partners.
- SLT Assurance 27th June. Supported for onward consultation and recommendation to IJB.
- ELT 28th June. All suggestions considered and relevant amendments made.
- Workforce Strategy Group 29th June. Endorsed final document.
- Quality & Communities Committee 5th July. Supported recommending Strategy & Plan to IJB.
- Financial Performance & Scrutiny Committee 8th July. Supported recommending Strategy & Plan to IJB. Glossary added as a result of feedback.
- NHS Staff Governance Committee 14th July. Assured regarding engagement with partners.
- Local Partnership Forum 20th July. Supported recommending to the IJB, suggestions considered, and relevant amendments made.

3 Report Summary

3.1 Situation

The Integration Joint Board (IJB) is required to approve a Draft Health and Social Care Partnership three-year Workforce Strategy and Plan for submission to the Scottish Government by the 31st July 2022. The Government published a National Workforce Strategy in March 2022, followed by written guidance through document DL 2022 (09) in April 2022,

which sets out 'NHS Scotland Boards and HSCPs: Three Year Workforce Plan Development Guidance'.

A Health and Social Care Partnership Workforce Strategy Group has undertaken a detailed process, engaging with Senior Managers and Workforce Planning Leads in Fife Council and NHS Fife to assure alignment to partner organisation workforce strategies. There has also been close engagement with the Leads for the Third and Independent Sector to assure a whole Partnership approach to develop a Strategy and Plan that is co-produced and sets out the strategic priorities for the period.

The Strategy is structured around the 'Five Pillars' to Plan, Attract, Employ, Train, Nurture the workforce which is in line with National Workforce Strategy guidance and is focused on both short and medium-term actions to enable delivery of this strategy over the next three years.

3.2 Background

The Partnership's existing Workforce Strategy & Plan approved by the Integration Joint Board in 2019 is due to be refreshed in 2022. A one-year Interim Joint Plan between the Partnership & NHS Fife was submitted to the Scottish Government in April 2021 in line with national direction.

The significant engagement and consultation that has taken place on this three year strategy is described in the route to meeting section. These forums represent the key stakeholders across the Partnership and the consultation and governance required to assure the IJB the content of the Strategy and Plan fully capture their views.

Following approval by the IJB, the strategy will then be submitted to the Scottish Government. This will be reviewed and returned with feedback, by 31st August. The final, agreed Strategy and Plan will then be submitted to the IJB on the 30th September for endorsement of the final Strategy and Plan before being published on the 31st October 2022.

3.3 Assessment

The strategy and plan references the range of Partnership workforce priorities, organisational strategies and workforce activities that are in place across the Partnership, through the NHS, Fife Council, Third and Independent Sectors. There is a clear focus on Integration and our interdependence in delivering the National Health & Wellbeing Outcomes and the Integration Joint Board Strategic Priorities with our workforce across all sectors being the focus of this strategy.

The Strategy and plan is Structured under the following themes:

- Mission25 – Our Ambitious Vision
- Our Drivers and Our Future Context
- Our Structure and Culture
- Key Achievements
- Our Workforce
- Our Engagement & Participation Approaches
- Our Priorities aligned to the 5 pillars of Plan, Attract, Employ, Train,

Nurture

- Monitoring & Review

The supporting Action Plan sets out our priority short and medium-term actions under then themes of Plan, Attract, Employ, Train & Nurture.

The Strategy represents our collective commitment to a 'Team Fife' culture and aligns with NHS Fife, Fife Council and Independent and Third Sector Strategies and priorities, valuing the importance of working collectively across all sectors to support our shared common purpose to enable joined up care for the people of Fife.

As the content has been driven by engagement with Senior Managers and agency leads across the Partnership, through joint working with and between NHS and Fife Council workforce planning colleagues and Trade Union Representatives, overseen by the Workforce Strategy Group, there is confidence this strategy meets the needs of our workforce and that a range of integrated actions will be delivered over the short and medium-term timeframes. The plan will be reviewed and reported to the Integration Joint Board on an annual basis which enables it to be receptive to any significant changes that may arise over the next three years.

3.3.1 Quality / Customer Care

There is direct correlation to the workforce strategy and care delivery to and for the people of Fife. The strategy outlines plans to support addressing workforce capacity challenges through recruitment and retention plans. It also addresses training and development of the workforce. There is a focus on Integration and the National Health and Wellbeing Outcomes and the Principles of Integration that support the culture of continuous improvement. There will be clear alignment to the Health and Social Care Strategic Plan and the workforce strategy supporting "what" we need to achieve through transformation and service delivery and "how" we achieve it and our commitment to positive staff experience in Fife Health and Social Care Partnership.

3.3.2 Workforce

This strategy is dedicated to our workforce. Thanks are extended to all staff working in Fife Health and Social Care Partnership. The strategy acknowledges the impact of the global pandemic on top of established workforce challenges across our sectors. The strategy also supports a forward looking focus as we work towards recovery and remobilisation of services as well as balance the ongoing impact of COVID-19. It describes challenges and opportunities to support how we Plan, Attract, Employ, Train, Nurture our workforce. This includes both short and medium term actions. The strategy recognises the role of NHS Fife, Fife Council, Third Sector and Independent Sector as employers and also values the Team Fife culture we aim to support within the Health and Social Care Partnership. The valued role of Trade Union and Staff Side Colleagues and the function of the Local Partnership Forum as part of the Staff Partnership Agreement is critical to supporting our workforce and this partnership working is core to the strategy.

3.3.3 Financial

A significant proportion of delegated budget within the Health and Social Care Partnership is dedicated to workforce. Within the strategy there is reference to additional monies through growth in relation to investment in specific areas such as Social Work, Social Care, Winter Monies, Primary Care Improvement, Urgent Care and Transforming Roles. The workforce strategy is aligned with the developing refreshed Strategic Plan which will require transformation, change and redesign to meet the needs of the people of Fife. There are also resources within employer agencies to deliver the training, qualifications and ongoing practice development to support the workforce. The Change within the Senior Leadership team has also supported commitment to Organisational Development and Culture activity, monitored through SLT governance processes.

3.3.4 Risk / Legal / Management

The development of the workforce is identified within the Integration Joint Board Risk Register: 'There is a risk that we do not have sufficient trained, skilled and experienced staff in the right place at the right time to deliver health and social care outcomes for the people of Fife.' The Risk Register will be reviewed and both risk wording and scoring will be updated to reflect the current workforce risk, and this will be reported through the appropriate governance structures of the IJB to enable due scrutiny and assurance. This Workforce Strategy & Plan seeks to provide mitigation and assurance related to this risk and will detail the key current management actions. Through the monitoring of the delivery by the Workforce Strategy Group and reports to the Senior Leadership Team, Local Partnership Forum and Integration Joint Board there will be both operational and Governance oversight. The final strategy following Scottish Government Feedback will be submitted to the Integration Joint Board, through Committees, for decision with Direction to Partners.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has been completed and is attached. The strategy outlines key issues including fair work, inclusive practices and working in line with organisations policies and procedures. The strategy also acknowledges the data available from Public Health and the commitment in accordance with partners to support the commitment to being an Anchor Institute.

3.3.6 Other Impact

None.

3.3.7 Communication, Involvement, Engagement and Consultation

The Workforce Strategy Group that has led the development of this strategy and has ensured that all voices across the Partnership and with key partners have had the opportunity to contribute, involving representatives

from:

- NHS Fife Workforce Planning and HR Department
- Fife Council Workforce Planning and HR Department
- Operational Services and Professional Leads across the Partnership
- Professional Leads and Quality Standards across the Partnership
- Finance and Business Support
- Strategic Planning, Performance and Commissioning
- Organisational Development and Culture
- The Local Partnership Forum Trade Unions
- Independent Sector
- Third Sector
- Fife College

This group will continue to oversee the delivery of the strategy with more detailed Portfolio and Sector Specific plans with associated leads and timescales ensuring a strong whole system approach to monitoring and delivery.

The specific groups and forums consulted are described within the route to the meeting section (Section 2) of this SBAR.

3.4 Recommendation

- **Decision –** The Integration Joint Board are asked to approve this Draft Health and Social Care Partnership Workforce Strategy and Plan for submission to Scottish Government by 31st July 2022.
- **Assurance** – A final draft strategy and plan with defined metrics and key indicators will then be submitted to the Integration Joint Board in September 2022 following feedback from the Scottish Government, to be endorsed for publishing on the Health and Social Care Partnership website by the 31st October.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Health & Social Care Partnership Draft Workforce Strategy and Action Plan 2022 – 2025.

Appendix 2 – EqIA for the Draft Workforce Strategy & Action Plan 2022 – 2025.

5 Implications for Fife Council

Fife Council, as responsible employer for their workforce within the Partnership have been key to the development of this strategy through workforce planning leads and will support delivery of these actions through the Director of Health of Social Care as the responsible Director for the delegated workforce. The connection between Fife Council and the Partnership is described in the Integration Scheme. The Council has a Workforce Strategy, ‘Our People Matter’, which sets out the responsibilities for the Council in this area and this has been considered in the development of the Health and Social Care Partnership Strategy to assure alignment.

6 Implications for NHS Fife

NHS Fife, as responsible employer for their workforce within the Partnership have been key to the development of this strategy through workforce planning leads and will support delivery of these actions through the Director of Health of Social Care as the responsible Director for the delegated workforce. The connection between NHS Fife and the Partnership is described in the Integration Scheme. This NHS Fife Workforce Plan 2022 – 25 sets out the responsibilities for the NHS Fife in this area and this has been considered in the development of the Health and Social Care Partnership Strategy to assure alignment.

7 Implications for Third Sector

The Third Sector, as a conglomeration of accountable employers hold this responsibility for their workforce within the Partnership and there will be collaborative working through the Workforce Strategy Group to support delivery of actions set out within strategy and plan. There will be close working with Third Sector representatives to support them in achieving this.

8 Implications for Third Sector

The Independent Sector, as a conglomeration of accountable employers hold this responsibility for their workforce within the Partnership and there will be collaborative working through the Workforce Strategy Group to support delivery of actions set out within strategy and plan. There will be close working with Independent Sector representatives to support them in achieving this.

9 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: Roy Lawrence

Author Name: Roy Lawrence

Author Job Title: Principal Lead for OD & Culture

E-Mail Address: Roy.Lawrence@fife.gov.uk

Fife Health & Social Care Partnership

Workforce Strategy & Plan 2022-25

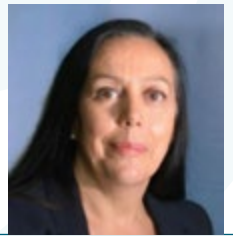
NHS Fife

Supporting the people of Fife together

Fife Council

Contents

Message from the Chair



This Workforce Strategy has been developed with the aspirations of our refreshed Strategic Plan at its core, as we work through our ambitions of Recovery and Transformation of Health and Social Care Services. Ensuring that we are aligning all these strategies is key to supporting our collective priorities in the coming three years towards the change and improvement we wish to see by 2025 – referred to in our strategy as "Mission 25".

Fife Integration Joint Board is incredibly proud of the Health and Social Care Workforce in Fife. It has been humbling to hear how our people, as our collective workforce, have adapted throughout the COVID-19 pandemic embracing a 'Team Fife' approach and demonstrating integrated working at its heart. The dedication, commitment, and professionalism of all our people to care for and support the people of Fife has been, and continues to be, extraordinary.

This strategy is ambitious for the people working in Health and Social Care and for the people that we care for. Key to transformation of our services is developing a sustainable, skilled workforce with career choices. This includes a focus on nurturing our organisational culture in parallel with transformation in systems, processes and structures, a commitment to integrated working and wellbeing support.

We are facing a time of great change, challenge and opportunity for Health and Social Care, whilst also recognising and valuing the roles of other services that support citizens' needs through delivering preventative and primary care, community care and complex and critical care for the people of Fife.

This strategy has been a collaborative endeavour with strong engagement with our partners in NHS Fife, Fife Council, Third and Independent Sectors and with our staff groups and Trade Unions. Huge thanks to all involved in providing this forward focused strategy for the Workforce in Fife Health and Social Care Partnership.

Christina Cooper
Chair - Fife Integration Joint Board

Foreword

Fife Health and Social Care Partnership aims to enable the people of Fife to live independent and healthier lives. We will deliver this by working with individuals and communities and using our collective resources effectively to underpin how we transform how we provide services. This strategy aims to recognise not only "what" we do but "how" we will approach this which includes demonstrating our values of being person-focused, having integrity, being caring, respectful, inclusive, and empowering, with kindness.

We cannot achieve any of this without the support of our highly skilled and dedicated workforce, our partners in NHS Fife, Fife Council and the Third and Independent Sectors, carers, and our communities. It's by working together that we will continue to progress with integrating services and ensuring we care and support people in Fife.

This strategy is dedicated to our people – the staff working across health and social care. The last few years have been particularly demanding for staff working within Health and Social Care who have worked throughout the significant challenges faced during the COVID-19 pandemic. I am so proud of our teams and thank each and every member of staff working across health and social care, in all agencies, for their ongoing dedication, commitment and professionalism.

I am also grateful to our colleagues within our trade unions and staff side who have championed staff and partnership working and undertake a critical role in supporting our commitment to staff governance and wellbeing.

This strategy outlines ambition to enable a range of actions planning for and attracting, developing, supporting, and delivering the recovery, growth and transformation of our workforce. This is critical to Fife's recovery from the COVID-19 pandemic, within the wider context of addressing inequalities and making a continued shift to early intervention and prevention.

We will report on the delivery of this Strategy on an annual basis, and it will also be thread through the Integration Joint Boards annual performance report and the Local Partnership Forum Annual Report reporting not only our data, but also telling our collective story of both Workforce and Organisational Development in Fife Health and Social Care Partnership. Story telling is an important part of our journey to help develop and deliver a collective vision and I am proud to be part of our story with you.

Nicky Connor
Chief Officer - Fife Integration Joint Board
Director of Health and Social Care

Introduction

The approach to this strategy is based on workforce planning approaches across partner agencies. The NHS follow the six-step workforce planning methodology to enable Integrated Workforce Planning. Other partners have worked with operational services to understand their workforce needs and develop mitigating actions. All partners have linked the workforce planning activity to the Scottish Government's Five Pillars framework as recommended. There are actions that will be taken over the short, and medium term to support the tripartite ambition of recovery, growth and transformation of health and social care. We are aiming to:

- Create the conditions through which our workforce, by extending our health and social care services, can successfully recover from the pandemic.
- Grow the health and social care workforce sustainably, in line with Fife's population demographics and the demands on health and social care services
- Transform the ways in which our workforce is trained, equipped, and organised to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

In each of the sections of this strategy there will be actions associated with the Five Pillars of how we: **Plan**, **Attract**, **Train**, **Employ** and **Nurture** our Workforce.

These are the areas where we can have the maximum impact in terms of recovery, growth and transformation in our services and our workforce and enable delivery of our Health and Social Care Strategic Plan for 2022-2025.

The Workforce Strategy Group that has led the development of this strategy and has ensured that all voices across the Partnership and with key partners have had the opportunity to contribute, involving representatives from:

- NHS Fife Workforce Planning and Human Resource Department
- Fife Council Human Resource Service responsible for the workforce planning for the Council
- Operational Services and Professional Leads across the Partnership
- Quality Standards across the Partnership
- Finance and Business Support
- Strategic Planning, Performance and Commissioning
- Organisational Development and Culture
- The Local Partnership Forum Trade Unions
- Independent Sector
- Third Sector
- Fife College

This group will continue to oversee the delivery of the strategy with more detailed Portfolio and Sector Specific plans with associated leads and timescales ensuring a strong whole system approach to monitoring and delivery. There will be Quarterly reports to the Senior Leadership Team and an Annual Report to the Integration Joint Board (IJB) as the basis to assure delivery of the priorities and the actions that have been taken to Plan; Attract; Train, Employ and Nurture our Workforce in line with the Strategic Plan.

Mission 25 - Our Ambitious Vision

The fundamental ambition of our Workforce Strategy for 2022 – 2025 is to inspire our people (our workforce) to strive to achieve the best outcomes for the people of Fife, to assure our workforce that their wellbeing is at the heart of our leadership approach and that they are supported within their workplace, wherever that is, across the whole of our Partnership.

Our workforce is our greatest asset and through our Workforce Strategy we seek to demonstrate this through a range of strategic and operational actions that are based on three key priorities:

Our plans have an integrated focus and whole system approach

Priorities are co-designed with staff, trade unions, partners and people who receive services.

Together we are ambitious and person-centred with a clear focus on outcomes

We recognise the workforce challenges facing our Partnership and these have been amplified by the COVID pandemic: from our desire to improve personal outcomes for the people of Fife, to the financial and operational requirements to enable system redesign and high-quality delivery, the challenges associated with recruitment, retention and turnover in specific posts, the need to support our people's mental health and wellbeing within the workplace, and the cultural and leadership capacity and capabilities needed to deliver these.

We have undertaken a whole system leadership redesign approach to focus on whole system working and develop systems leaders, to enable the transformation required to meet our overarching ambition of continuous quality improvement for the people of Fife and our integrated workforce.

To date we have embedded a change in organisational structure to enhance working together on a regular basis by being part of a team together. This is defined under operational portfolios to enable a focus on Preventative and Primary Care Pathways, Community Care Pathways and Complex and Critical Care Pathways. This is supported by Business Enabling Services supporting strategic planning, performance, commissioning, finance, corporate services and Organisational Development, as well as a strong commitment to professional standards and quality across all professions. This will enable more integrated team working, increase relationship building across our teams and the development of new pathways of care.

In all areas of our work in the Health and Social Care Partnership we focus on a strong Golden Thread between the following areas:

- **Setting Direction**: Our Vision, Purpose and Strategy and our Organisational Leadership and Culture
- **Delivery**: Engaging Stakeholders, including our workforce, Creating Sustainable Value and Driving Transformation.
- **Outcomes**: Including our Strategic and Operational Delivery and Performance and Stakeholder Perceptions, including our workforce.

To support this in practice there are a range of success statements co-designed by our Extended Leadership Team, which included representation from all services. These statements encapsulate the outcomes we aim to achieve by asking the following:

'What will success look like for our Partnership if we improve…'

- Our **leadership** ability & **organisational culture**
- Our opportunities for our **workforce** to thrive
- Our ability to **transform** our services
- Our **standards** of practice excellence & quality
- Our **reputation** with our citizens and our staff
- Our ability to empower our **local places** to influence the service they receive
- Our performance in affecting people's lives **earlier to prevent** the need for hospital and **reduce** the need for health and social care services
- Our ability to get the best value from our **financial** resources and **sustain** our services

This Workforce Strategy sets out our approach to generating success across all the areas described in the success statements. We will only achieve our vision if we ensure we have a workforce that is equipped with the capacity, skills, knowledge, and capabilities to deliver the best health and social care outcomes for the people of Fife. This reinforces the importance of the Five National Pillars of how we: Plan; Attract; Train, Employ and Nurture our Workforce.

Co-production is at the heart of all we do to generate belief in our common purpose; to deliver the outcomes of Integration which enable the people of Fife to live independent and healthier lives. This involves championing and role modelling a "Team Fife" culture – 'One voice, one Health & Social Care Partnership, working with all our Partners across NHS Fife, Fife Council, Third and Independent Sectors, and valuing the importance of working collectively across all sectors to enable joined up care for the people of Fife.

We are achieving this by prioritising engagement and providing clarity on work being undertaken to define who is **leading** any programme, involving all key **critical contributors**, ensuring support by key stakeholders being **signed up** and keeping people **informed** throughout. This approach has, and will, transform our ability to work with clarity, at pace, to deliver this strategy and bring a common approach to all our transformation.

Our Drivers and Our Future Context

2022-2025 brings alignment between Fife Integration Joint Board's Strategic Plan, Workforce Strategy and Medium-Term Financial Change Plan. This emphasis on delivering improved outcomes for the people of Fife whilst recognising both the challenges and opportunities associated with workforce challenges and financial sustainability, the need for transformation and the potential for public reform.

People are at the heart of Integration. Within the **Nine National Health and Wellbeing Outcomes** (The Public Bodies (Joint Working) (Scotland) Act 2014) there are two outcomes that directly relate to our workforce. These require us to ensure that 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 and that the resources (financial and staffing) are used effectively and efficiently in the provision of health and social care services. As legislative outcomes we will report on progress in our annual Workforce Strategy Report.

Published in March 2022, the **National Workforce Strategy for Health & Social Care in Scotland** acknowledges the efforts of our Partnership staff throughout the pandemic and recognises the value of National and Local Government working together to make a positive contribution to every aspect of life, and across every community, in Scotland. It sets out a national framework to achieve the collective vision for "a sustainable, skilled workforce, reflective of the communities they serve, with attractive career choices where all are respected and valued for the work they do". This national strategy has provided the framework for our strategy in Fife Health and Social Care Partnership.

Key to delivery of this is leadership. **The Ministerial Strategic Group Review of Progress** (November 2019) highlighted that the pace and effectiveness of integration needs to increase and without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. Health and social care services should be characterised by strong and consistent clinical and care professional leadership. Listening to our workforce, responding to their experience and being visible as leaders have been core values strongly evidenced throughout the COVID-19 pandemic and what we must build on further as we progress through recovery and transformation.

The important role of Integration Joint Boards in supporting Integration and how this connects with workforce planning was further emphasised **Audit Scotland's Report** (2019) on 'Making Integration a Success', that 'IJBs need to work closely with their partners to ensure that their plans for service redesign and improvement link with and influence workforce plans.' This workforce strategy is well connected to both NHS Fife and Fife Councils plans with active engagement with the Third and Independent Sector.

As well as strategy we need to focus on the **management and mitigation of risk** as they are directly linked. The Integration Joint Board has a key role is overseeing and being assured that Strategic Risks, some of which are related to workforce, are being addressed and managed. This is more fully described in the Integration Joint Boards Risk Management Policy and the connection to partners is defined in the Integration Scheme. We will meet these challenges through work we will undertake in defining risk appetite, updating risk management approaches, and developing capacity and capabilities around risk and corporate governance.

Fife Integration Joint Board's **Medium-Term Financial Strategy** will promote the financial sustainability of Fife Health and Social Care Partnership over the medium term between 2022 to 2025. This Medium-Term Financial Strategy will consider the resources required by the Fife Health and Social Care Partnership to operate its services and those it commissions 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 needed to support financial sustainability and associated workforce planning in the medium term.

This is critical when we consider **Fife's Changing Population and demographics**. Understanding our population helps us understand their needs. Together with our partners, it allows us to prioritise actions and interventions that can improve population health, reduce inequalities, and ensure existing and new services meet the needs of our population.

The health and wellbeing of people in Fife is influenced by many factors including age, sex, hereditary factors, social determinants, psychology as well as health system factors, including the quality and accessibility of care. However, as important in generating our health and wellbeing, are the conditions in which we live and work, for example, our education, employment, income, social networks, housing, and broader socio-economic, cultural, and environmental factors. These determinants are experienced unequally in our society with corresponding impacts on health outcomes and life expectancy.

Public Health Data is key to our knowledge of our population needs. We know that the population of Fife grew in 2020, one of only 12 council areas in Scotland to see growth. In June 2020, an estimated 374,130 people lived in Fife. Analysis of the population data is therefore crucial. For example, and similar to the picture across Scotland, inequalities are apparent in a range of indicators when reviewing differences between the people living in the most and least deprived areas (quintiles) in Fife including life expectancy, health life expectancy and mortality. Data also highlights the burden of disease impacts with drugs, cancers and COPD being higher in our most deprived communities and Alzheimer's, heart disease, back pain and cerebrovascular disease in our least deprived communities. Due to correlation between population health loss and the age of the population, population projections should also be considered when determining future service pressures and how this drives our workforce requirements and workforce development and opportunities for early intervention and joint working across partners.

These population trends help us understand the National, Regional and Local priorities and explain what underpins our organisational priorities and why we place great value on being **"Team Fife"** and working with partners towards the aspiration of being an Anchor Institution, promoting the wellbeing of the population we serve in collaboration with the Third and Independent Sector.

The **COVID-19 pandemic** has been one of the greatest public health challenges we have faced with significant consequences on health and wellbeing for the population of Fife and impact on workforce. The pandemic and social restrictions are likely to have long term impact on our health and wellbeing. Measuring, responding to, and supporting recovery from the COVID-19 pandemic is unpredictable as we continue to learn from and respond to the ongoing impact of the pandemic. Fife Health and Social Care partnership now have well established mechanisms to support the COVID response, establish command structures if required and support enacting business continuity, mobilisation, remobilisation, and recovery as required and in partnership with trade union and staff side colleagues. The wellbeing of staff is at the core of this recovery and remobilisation plan.

The Scottish Government **COVID Recovery Strategy** is a broad strategy to support a fairer post COVID future for Scotland and brings opportunity through the commitments that are aligned to workforce such as opportunity for children and young people to have access to study, work experience and volunteering. The Strategy also highlights the need for investing and supporting the development of adults for upskilling and retraining opportunities. This may bring opportunity to access career opportunities into health and social care workforce.

The coming years will see preparation and readiness for **public sector reform through the National Care Service**. The bill was approved by the Scottish Parliament in June 2022 and has a direct connection to the delivery of Integrated services and to the future of our workforce. This will remain an active discussion internally and externally with further information being available in due course.

We are committed to our current and future workforce to ensure **Fair Work**. Although progress in this area was disrupted by the pandemic, the Partnership was able to deliver on a number of the Fair Work First commitments, for example payment of the real Living Wage. Further commitments, aligned to the Fair Work Convention's recommendations to achieve a collective vision of a Fair Work Nation by 2025, will be embedded in our future focus. This includes areas such as providing appropriate channels for effective employee voices, investing in workforce development, and a commitment to paying the Real Living Wage. We will continue to work closely with all partners to monitor the impact of the increasing cost of living challenges, including understanding the implications of the increased fuel costs on our workforce. There is opportunity through the Plan for Fife to work closely with Partners in NHS Fife and Fife Council to collectively support the aspiration to be an Anchor Institute which recognises that our longer-term sustainability is directly linked to the population we serve, which includes topics such as widening access to work and learning across partners and how we best use our buildings and spaces in support of both our workforce and our communities.

Now, more than ever the **Health & Wellbeing** of our Workforce is, and will continue to be, of critical importance. We recognise the significant impact the pandemic has had, and we are committed to the promotion and maintenance of the physical and psychological wellbeing of our workforce. We recognise that our workforce is our most valuable asset and are seeking to embed individual and organisational wellbeing in everything we do. A Wellbeing Strategy Group has been established which will lead partnership working in this area over the coming years to improve health and wellbeing for our workforce and to embed wellbeing as a central part of our strategy and strategic priorities. An example of innovation in this area is the commissioning of a large-scale project involving the University of Hull, Centre for Human Factors relating to Stress Management and Prevention. The project is in its early days but will feature as a priority in relation to how we will nurture our workforce.

The ongoing impact of COVID-19 alongside non-pandemic related absence levels, high vacancy levels and recruitment challenges continue to impact on the ability to deliver effective and efficient front-line services. Our aim continues to be to **promote attendance and support the health and wellbeing of the workforce**, through delivery of a range of key priorities. Our Human Resource and Wellbeing and Absence teams continue to support managers in absence management with a focus on health and wellbeing. This is monitored closely through the Local Partnership Forum and Senior Leadership Team. An integrated wellbeing approach to understand our wider workforce sectors is currently underway. This will enable us to review the impact of local and national initiatives upon externally as well as internally managed staff.

Active consideration of the workforce risks and the mitigating actions will be ongoing throughout the development and delivery of this strategy.

There are an increasing number of **strategies with key drivers impacting on workforce**. This list is not exhaustive but examples include the Implementation of Health and Care (Staffing) (Scotland) Act safe staffing; Delivery of Excellence in Care across all sectors; reviewing the recommendations of "Setting the Bar" informing caseloads, career pathways and practice for social work; the mental health renewal and recovery priorities; Transforming Roles within Nursing and Allied Health Professions; The Nursing 2030 National Strategy; the General Medical Services Contract (Memorandum of Understanding 2); Macmillan Improving Cancer Journey; Action 15 for mental health, National Covid Recovery Strategy; and the Independent Review of Adult Social Care (the Feeley review). There will continue to be new priorities and strategies defined internally and externally which will be added to updates of the Action Plan delivery.

Our Structure & Culture

To deliver reform, transformation and sustainability Fife Health and Social Care Partnership was restructured to create clearer, more service user aligned care pathways that enable the people that need to work together to be a team together. This seeks to create the conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards and business enabling and support services.

These portfolios include:

- **Primary and Preventative Care**: Service delivery across Primary Care and Early Intervention and Prevention.
- **Community Care**: A range of services across Community Hospitals, Care Homes and peoples' own homes, promoting independence and enabling people to stay well at home and in a homely setting.
- **Complex & Critical Care**: Including the delivery of Mental Health, Learning Disability and adult/older adult Social Work
- **Professional Quality Standards and Regulation**: This is integrated professional leadership in support of delivery Nursing, Medicine and Social Work working collaboratively with leads in Allied Health Professions, Pharmacy and Psychology.
- **Business Enabling**: Services that support our delivery including Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.

Cross portfolio working and engagement across partners is essential to supporting joined up care and championing our whole systems approach. This is enabled through an Extended Leadership Team and bringing teams together across portfolios in conjunction with business partners on areas of common priority.

This structural change is not only about how services and teams are managed, but also how we connect effectively across our key networks with Social Work, Criminal Justice, Housing, Community Planning, Corporate Teams, Acute Services, Third Sector and Independent Sector Services. This will enable whole systems working and provide a strong platform to be integrating care in the hearts of our localities through creating the right conditions, developing the networks amongst our front-line teams across all the portfolios above, role modelling the values necessary to support and lead Integrated Working, and developing Systems Leaders across all levels and all agencies in Health and Social Care in Fife.

Much of this is underpinned by the values and culture outlined earlier in this strategy defined in Mission 25 – our ambitious vision. This brings together valuing our workforce, respecting the unique and complimentary roles of our people, being professionally curious, generating our collective learning across services and supporting a culture that feels safe and empowering. This places high emphasis in our strategy not only on workforce planning, but capacity and capability building and focus on relationships and organisational development.

To meet this ambitious vision, we will provide the **Leadership and Organisational Development** needed to support our personal, team, service and system improvement and build the collective wisdom needed to meet our future challenges. The design of this strategy recognises that we need to continue our successful day to day delivery of services alongside our leadership of change for tomorrow, by ensuring that organisational development interventions are aligned to desired organisational outcomes and priorities. The role of organisational development will be to work alongside our workforce to understand and lead ongoing change with a focus on Integration. We will work across organisational boundaries to better understand workforce needs, resourcing and solutions. This will help create an environment which supports people to take part in co-designing services and enables the workforce to deliver those services. All of this will be underpinned by a commitment to continuous quality improvement to keep learning, adapting to what we find, and improving our services, experience, and culture.

Key Achievements

Ahead of describing our future priorities it is important to celebrate all that has been achieved since the last Integration Joint Board Workforce Strategy was published in 2019. There have been many successes, and the following are only a range of examples from across our portfolios.

All of the Fife Health and Social Care workforce have been extraordinary throughout the COVID-19 pandemic. Going above and beyond each and every day, working flexibly, often in different roles and or in new ways to sustain critical services for the people of Fife. The pandemic has impacted on both work and home lives, and nobody anticipated that it would last this long and is indeed not yet over. We recognise and value all the efforts of our staff.

Despite these challenges our amazing teams have **taken forward a range of transformations**. This includes a sustainable vaccination programme supporting COVID and Flu Vaccination and the transition of the vaccination transformation programme as part of the General Medical Services Memorandum of Understanding (MOU2). We have created a dedicated unit for stroke rehabilitation within the Queen Margaret Hospital, providing alignment with National Institute of Clinical Excellence and Royal College of Physicians stroke guidelines to deliver responsive specialised stroke rehabilitation by a multidisciplinary team, creating career pathways for specialist interest in stroke care. Cancer patients' interface across our full healthcare system, making cancer everyone's business.

The Cancer Framework, led by NHS Fife commits to supporting workforce sustainability, identify system-wide approaches in relation to the wellbeing, education, and training to deliver effective cancer prevention, early diagnosis, and high-quality sustainable cancer care for those living with and beyond cancer.

Through the creativity of staff, we have redesigned services including the re-design of the Community Nursing Service to reflect the changing demographic, which will improve our recruitment opportunities as the service has become an attractive career prospect across both registered and non-registered staff. The Community Outreach Team has remodelled to provide a Hospice at Home model, where staff are working in different ways delivering end of life care in the preferred place of death. This new enhanced model has driven improved collaborative working with partners across Primary Care, Social Care, and the Third Sector, reducing acute hospital admissions and supporting many more families within their homes. We have also demonstrated bed reductions of between 25% and 27% in inpatient settings and growth within our community teams. Other examples include the development of Community Mental Health Teams and a focus on both Child and Adolescent Mental Health and Psychological Therapies.

Our people have embraced **new ways of working** such as digital opportunities improving triaging, access, and service delivery through increased use of digital & eHealth technology. Many services have utilised 'Near Me' and 'Just Checking' to ensure people receive the right service in the right place. The Redesign of Urgent Care (RUC) initially focuses on safe and effective scheduling to Emergency Departments and Minor Injury Units across Fife, and phase two of the programme will involve the review of all existing pathways to Unscheduled Care settings, identifying transformational changes that will improve current patient pathways and capitalise on opportunities provided by digital healthcare across all parts of our system.

We have **developed new roles** such as Senior Practitioner roles within Community Occupational Therapy supporting clear pathways for referrals, meaning that those who require a service will be called by one of the team within 24 hours. Our people have taken a lead role in progressing pan-service / organisational clinical and service developments including Post COVID-19 syndrome, Neurodevelopmental (Brain Development) Disorders, creating a Trauma-informed Culture, Primary Care Mental Health and Wellbeing, Localities work and staff wellbeing. We have developed a Perinatal Mental Health Service. We created a new Principal Lead for Social Work post working within the Senior Leadership Team and new career pathways in Social Work and Social Care.

Shared skills and expertise such as the role podiatry teams have led in relation to lower leg and foot ulcers. An innovative digital dysphagia training provided by dietetic services. Joint working across Mental Health and Learning Disability Services. Promotion of self-management within specialist services including Rheumatology, innovation within Sexual Health, and Neurodevelopmental pathways. New ways of working in Adult Resources, Care Homes, day care and care at home. Our care home support services with multi-disciplinary and multi-agency teams working together to support staff and residents across all 74 care/nursing homes in Fife. The development of a 'Care at Home Collaborative' across both statutory and independent sector to improve Partnership working and service delivery.

We have **prioritised investment** into our workforce to expand our capacity and capabilities including where Hospital at Home are leading the way on measuring acuity and dependency of patients and capacity. Recent investment will support expansion of the Hospital at Home teams' capacity to accept increased referrals from a wider range of services. As a result of this investment Intermediate Care Teams will support seven days a week access to the service. Our Care at Home service has supported re-design to align with our localities and increase collaboration across AHP's, District Nurses and GP's. We have increased the number of Mental Health Officers to build capacity and improve flow from hospital by increasing our capability to generate assessments for people in hospital, improve alignment with locality teams and develop career pathways. Investment also enabled a test of change related to enhanced weekend rates for the Independent Sector in Fife and developing Primary Care services in Fife.

We have **increased our capacity and accessibility**, such as the Single Point of Access service to deliver seven days a week, direct access to professional advice and referral to the Palliative Care Team. Service Manager monthly 'Question Time', an online drop-in space where practitioners can discuss what's important for them and connect with peers. There has been a wide-ranging recruitment and organisational change process that has included increasing our Consultant Psychiatrists in CAMHS (Child and Adolescent Mental Health Services), Addictions, Rehabilitation and Mental Health, developing Advanced Practitioner roles in Unscheduled Care and upgrading skilled staff in Care Home Liaison and Epilepsy Specialist Nursing. There has been significant focus on supporting timely discharge from hospital and promote a home first approach though the development of strategy focused on our collective efforts to reduce delayed discharge.

In addition to the examples presented earlier in this strategy we have **developed our leadership** in a range of services with examples like bitesize sessions with care at home staff, monthly forums to promote a whole service approach, sharing learning and improving resilience around supporting complex case discussions and panels. The senior leadership team have a regular programme in place to visit services and meet with teams to ensure connection with front line health and social care staff. This is being extended to Integration Joint Board members to support senior leadership visibility across the Partnership in response to feedback from the iMatter survey.

Children's Services have **developed the workforce** to support the introduction of new Child Protection guidance as well as continuing to implement Getting It Right for Every Child and The Promise. The Health Promotion Team have developed capacity and capabilities in relation to improving health and wellbeing and to mitigate and prevent health inequalities by supporting the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes. The Third Sector engages with staff through the Third Sector Health and Social Care and Mental Health Forums, which seeks to bring together the voice of many dozens of Third Sector organisations and the tens of thousands of people they support. Our range of Forums continue to allow staff to share lived experience, relevant knowledge, information, and expertise which is then used to inform the work of the Partnership.

We have placed priority on **staff health and wellbeing**. There has been increased focus and emphasis on staff health and wellbeing and this is promoted every week in the Directors Brief. It is a standing agenda item on the Local Partnership Forum, and a wide range of supports are promoted. Examples include practical supports such as physiotherapy and mental and emotional wellbeing/counselling. Partnership wide promotion of learning and development in 'Trauma Informed' practice, mental health awareness for managers, coaching skills, 'Good Conversations' have supported improved understanding and practical support for our people. Through various channels we have ensured our workforce have access to information, guidance, and support for wellbeing, including mental and emotional wellbeing, back care, reducing stress and healthy eating.

Championing **Trauma Informed Practice** as a key value of how we support and develop our staff in the workplace and begin the development of planning and developing trauma informed services.

We **celebrate success** including the highlighting significant staff achievements at the Integration Joint Board. This involves ensuring shared good practice across forums and we have also presented at national events such as the Unscheduled Care Collaborative and Scottish Care Conferences.

We demonstrate how we **value partnership working** across sectors and with Trade Union and staff side colleagues through the Local Partnership Forum, which has met with increased frequency whilst pressures and challenges for the workforce have been so great. The Local Partnership Forum has produced annual reports over the past 2 years which are presented to the Integration Joint Board.

In alliance with the Independent Sector we have developed a Care at Home Collaborative, covering around 45% of all independently provided Care at Home provision in Fife, with the aim of improving connectivity and quality across the care at home profession within the Partnership. The sector has also been working closely with the Care Inspectorate around safe and effective staffing legislation as a consultative partner. The Independent Sector have worked to improve connections by reaching out to the workforce to source their views on a range of topics including the newly established Models of Care forum, where changes to operation are identified as imminent, at risk or subject to future change, and work with independent organisations to plan their change of conditions and engage locally with Partnership colleagues such as Community Nursing / GP services and the Care Inspectorate. This and other forums ensure their voice is included in our future thinking and that the sector is able to advocate for their workforce with local and national partners.

Within the Third Sector a significant piece of work involved managing the Fife Communities Mental Health and Wellbeing Fund which saw distribution of £1.36m to 119 local organisations to deliver projects that focus on improving the mental health and wellbeing of adults. It is a priority objective to support the Third Sector to engage with their workforce on policy development and design, as well as support staff to grow their skillset and resilience so that they are prepared to face any challenges that arise over the next three years. New strategies are emerging, including around participation and engagement, and how services are commissioned which is being actively reviewed. We will continue to play a key role in engaging with the Third Sector workforce to influence strategy and policy over the next three years.

Our main way of engaging with staff is through our Third Sector Health and Social Care and Mental Health Forums, which seeks to bring together the voice of many dozens of third sector organisations and the tens of thousands of people they support. Our Forums continue to allow staff to share lived experience, relevant knowledge, information, and expertise which is then used to inform the work of the Partnership.

Our Workforce

The size of our workforce employed by NHS Fife and Fife Council in services delegated to the Health and Social Care Partnership has increased significantly in the previous 5 years, with this growth being most visible since 2020 and the start of the COVID-19 pandemic.

Whilst this has meant a larger whole time equivalent (WTE) resource, this expansion has occurred in areas which were responding directly to the pandemic, with other core areas continuing to be challenged by factors such as an aging workforce, increased vacancy levels, and a growing reliance on supplementary staffing.

As part of the co-ordinated approach to service planning, all portfolios are required to develop workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future demand and projected staffing changes.

A key priority is to continue to strengthen our integrated approaches to workforce strategy and planning with our partners in the Third and Independent Sectors, so our strategies reflect the entirety of the Partnership workforce and our interdependence in delivering the best outcomes for the people of Fife, including our ability to generate the best data for decision-making across all Partners.

Overview

Combining the SSSC Workforce Report for 2020, published in August 2021, with NHS Fife's workforce data provides a high-level overview of the workforce in the Health & Social Care Sector within Fife, from which certain indicators can be identified.

On 7th December 2020, the head count was 12,939 employees collectively engaged in the Health and Social Care Sector within Fife. The employer status is broken down in Diagram 1:

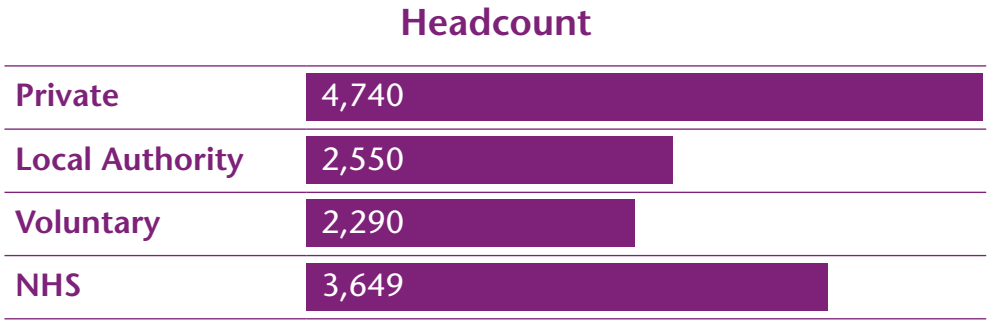


Diagram 1 (source: Scottish Social Services Council (SSSC) Workforce Data Report 2020, NHS Workforce Data https://data.sssc.uk.com/images/WDR/WDR2020.pdf)

Due to the contractual arrangements applied within NHS Scotland, where several professions retain independent contractor status, there were just under 600 contractors providing key health services within the Primary Care setting including general practitioners, dentists, community pharmacists and optometrists.

The SSSC Workforce Report provides an indication of the size and scope of the Private (Independent) and Voluntary (Third Sector), which combined accounts for 54% of the collective workforce within the Sector. This part of the report excludes NHS services.

As of December 2020, there were 214 registered care services in Fife

- 107 within the independent sector
- 73 within the voluntary and not for profit sector
- 34 within the public sector

Division of Care Services

Private	50%
Voluntary	34%
Public (Local Authority)	16%

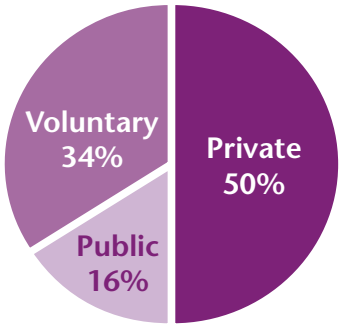


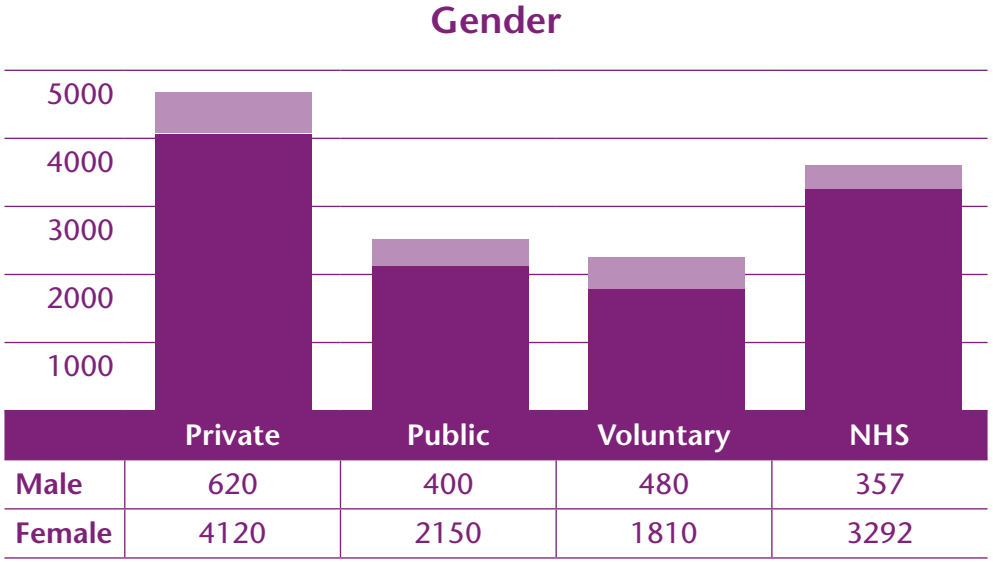
Diagram 2 (source: Scottish Social Service Sector: Report on 2020 Workforce Data https://data.sssc.uk.com/images/WDR/WDR2020.pdf)

Fife Health and Social Care Partnership

Consistent with the findings of part two of the National Health and Social Care Workforce Plan published in December 2017, providing an integrated analysis of the collective workforce resource in the Partnership is challenging. Limited information is available on the terms and conditions applicable on the private and voluntary sector employers, and the job categorisation between Fife Council and NHS Fife is different, built around differing terms and conditions for each employer.

The significance of the role played by the Independent and Third Sector organisations in registered care provision within Fife is emphasised by the size of the combined workforce and number of care providers within services overseen by the Partnership. With 7030 employees, these providers represent 53% of the total workforce resource.

The age demographic of the workforce within the Partnership is consistent with that engaged across the sector within Fife.



	Private	Public	Voluntary	NHS
Male	620	400	480	357
Female	4120	2150	1810	3292

Diagram 3 (source: Scottish Social Service Sector: Report on 2020 Workforce Data https://data.sssc.uk.com/images/WDR/WDR2020.pdf)

When comparing partner organisations, the table below highlights the apparent ability of the private sector to attract younger workers aged between 16 and 24. However, there remains a predominance in the age demographic within the Partnership towards people between the ages of 45-64.

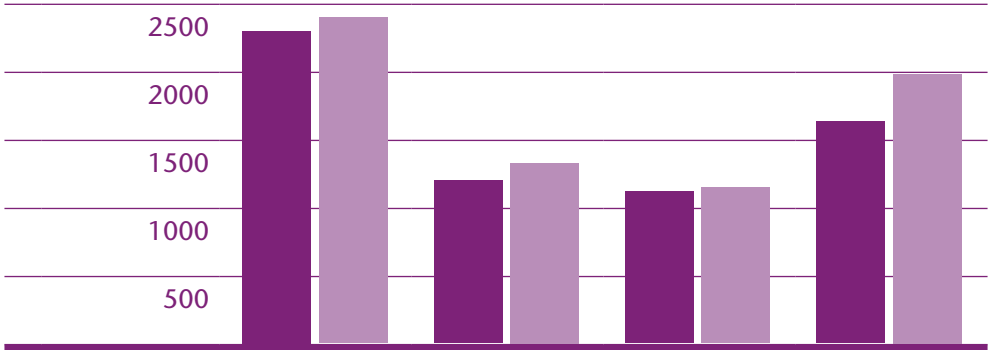
Age Groups

	Private	Public	Voluntary	NHS
<25	630	70	140	43
25-34	950	310	420	558
35-44	830	460	320	838
45-54	970	750	480	1105
55-64	890	810	460	971
65+	140	70	90	134
Not known	330	80	380	0

Diagram 4 (source: Scottish Social Service Sector: Report on 2020 Workforce Data, NHS Workforce Data https://data.sssc.uk.com/images/WDR/WDR2020.pdf)

On 7th December 2020, 6921 employees, 53% of the workforce, were engaged on a part time work pattern.

Contract Type



	Private	Public	Voluntary	NHS
Full time	630	70	140	43
Part time	950	310	420	558

Diagram 5 (source: Scottish Social Service Sector: Report on 2020 Workforce Data, NHS Workforce Data https://data.sssc.uk.com/images/WDR/WDR2020.pdf)

In comparison to the profile across the Health and Social Care Sector, there are certain important workforce planning considerations identified from a review of the available workforce data published on employees engaged in services overseen by the Partnership.

For example, accounting for 6.5% of the collective resource, there are comparatively few employees within the 16-24 age range.

NHS Profile

The following data demonstrates the NHS delegated workforce profile for employment, vacancy, and age profile.

Health and Social Care Partnership Staff in Post by WTE – April 2021 to March 2022

Division	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Community Care Services	1,024	1,013	1,007	1,006	999	1,002	1,004	990	994	999	1,006	1,015
Complex & Critical Services	975	964	964	950	955	966	969	966	965	975	989	994
Health & Social Care other	6	5	8	8	7	7	7	7	7	7	7	7
HSCP Delegated Covid-19	117	208	214	207	203	197	185	177	176	180	176	165
Primary Care + Prevention Services	913	918	918	925	924	934	938	940	936	933	940	943
Professional/business Enabling	14	18	20	20	21	22	28	29	30	29	32	33
Grand Total	**3,108**	**3,126**	**3,131**	**3,115**	**3,109**	**3,128**	**3,130**	**3,109**	**3,108**	**3,122**	**3,151**	**3,158**

Health and Social Care Partnership Staff in Post by Headcount – April 2021 to March 2022

Division	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Community Care Services	1,351	1,340	1,270	1,267	1.263	1,258	1,255	1,239	1,240	1,247	1,258	1,268
Complex & Critical Services	1,138	1,135	1,114	1,097	1,118	1,121	1,116	1,115	1,110	1,138	1,142	1,145
Health & Social Care other	6	5	9	9	8	8	8	8	8	8	8	8
HSCP Delegated Covid-19	311	379	309	302	293	285	271	251	248	256	251	236
Primary Care + Prevention Services	1,296	1,303	1,202	1,210	1,209	1,225	1,215	1,223	1,209	1,209	1,208	1,215
Professional/business Enabling	21	24	23	24	24	25	31	32	33	32	35	36
Grand Total	**4,123**	**4,186**	**3,927**	**3,909**	**3,913**	**3,922**	**3,896**	**3,868**	**3,848**	**3,890**	**3,900**	**3,908**

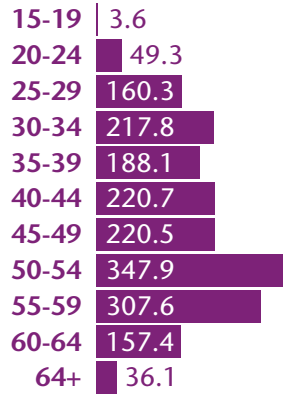
Current Workforce Challenges

Although the WTE resource across job families has continued to increase in recent years, staffing challenges continue to be encountered within operational areas due to a combination of factors, including a national shortage of candidates in certain specialties, the continued reliance in external agencies for short term supplementary staffing solutions, and future sustainability concerns linked to training numbers in particular specialties being insufficient to meet current or future workforce requirements. There are specific challenges in relation to recruiting carers and promotion of care as a career development opportunity, Challenges in relation to growth required across both managed and primary care services for a range of specialities including Allied Health Professionals, Nursing, Medicine and Dental.

Nursing Workforce

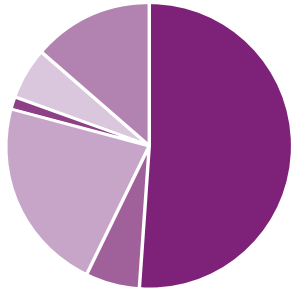
Staff in post		Supplementary Staffing (WTE)		Leavers & New Starts	
1,909	WTE	13.69	Excess	40.47	Agency	474	Leavers
2,309	Headcount	16.82	Overtime	157.9	Bank	357	Starters

Age Profile



Staff Leave

Annual leave	15.45%
Maternity leave	1.83%
Sick leave	6.60%
Study Leave	0.41%
Other Leave	1.75%
COVID-19 Related	4.06%



30.10%
Hours Absence Rate

The requirement to support surge capacity and whole system demands has necessitated increased nursing workforce challenges within inpatient areas across Community Hospitals, Mental Health and Learning Disability Services. There has also been significant demand on this workforce as a result of the COVID response, including the vaccination programme. Due to vacancies, there are specific challenges within Mental Health and Learning Disability services. Supporting staffing safely has required an increased utilisation of supplementary staffing (bank and agency) across all these areas. There are also some more specialist areas that have been challenging to recruit to including children's services, nurse practitioners and advanced practitioners, Child and Adolescent Mental Health Services and Hospital at Home. Some of the measures being explored are skill mix, "grow your own" development programmes for health visitors, school nurses and nurse practitioners and advanced nurse practitioners. The success of recruitment campaigns aimed at the registered workforce has become increasingly dependent on the annual output of Newly Qualified Registrants from local universities rather than a supply of suitable candidates electing to move to Fife. More recently, the annual output of Newly Qualified Registrants is proving insufficient to meet internal demand. Whilst the above data refers to the Partnership, there are registered nurses working within the Third and Independent Sectors who are also experiencing challenges recruiting registered nurses. We are committed to collaborative working to support across all sectors.

We have taken actions to sustain the Nursing and Midwifery Workforce including a response to the Scottish Government's drive to expand and develop the Band 2-4 workforce to ease workforce pressures within health and social care, where we are developing a Band 4 Assistant Practitioner pathway and implementation of Health and Care (Staffing) (Scotland) Act 2019 across the profession and mapping the correlation between quality of care and staffing numbers through embedding Excellence in Care key priorities and implementation of the National Care Assurance Improvement Resource and Transforming Nursing Roles.

Medical and Dental Workforce

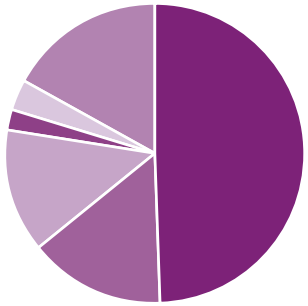
Staff in post	Supplementary Staffing (WTE)		Leavers & New Starts
100 WTE	**0.09333** Excess	**0** Agency	**15** Leavers
128 Headcount	**0** Overtime	**0** Bank	**23** Starters

Age Profile

15-19	0.0
20-24	0.0
25-29	3.00
30-34	16.23
35-39	16.33
40-44	14.97
45-49	16.29
50-54	15.22
55-59	14.43
60-64	2.33
65+	1.20

Staff Leave

Annual leave	9.20%
Maternity leave	2.73%
Sick leave	2.50%
Study Leave	0.41%
Other Leave	0.61%
COVID-19 Related	3.13%



18.58%
Hours Absence Rate

There continues to be challenges in the supply of the Medical and Dental workforce which necessitates the need for change and further development of transformational roles. Consultant vacancies continue to present challenges across certain specialties in particular in Mental Health and Rheumatology.

Although contractually General Practitioners (GPs) hold Independent Contractor status, distinct from the NHS employed workforce, General Practice in Fife has been under pressure for the past decade. Fife has 53 General Practices, 5 of which are managed by the Board and operate as 2C practices. The widespread difficulty in recruiting new GPs to substantive posts is placing a significant pressure on General Practice. There has also been a reduced number of available locum tenens. This identified as a significant workforce risk with regular reports on the actions being taken through the Primary Care Improvement programme in line with General Medical Services Memorandum of Understanding (MOU2).

The development of portfolio roles such as GP Fellows with a special interest in frailty has sought to attract GP's to Fife looking for portfolio careers. Further work is planned to identify other portfolio job opportunities.

Significant work has been done from the training side to improve the experience and options available at different points in medical training, including the undergraduate experience of General Practice, increasing the number of Foundation Year jobs available within general practices and rotational training into General Practice, as well as the development of the ScotGEM Post Graduate Medical course which has community based General Practice learning at its heart. The first ScotGEM cohort graduate in 2022, however it will be a further 5 years before those who choose a General Practice career will enter the qualified workforce.

We are undertaking a range of actions to sustain the medical workforce including co-ordination of recruitment to align to trainees achieving Certificate of Completion of Training and supporting candidates to achieve the Certificate of Eligibility of Specialist Registration (CESR), strengthening the commitment to working in Fife in the longer term as a result of this support.

Recruitment and retention issues exist across the dental workforce in Fife as well as nationally. The workforce challenge involves dentists and dental care professionals (dental nurses, hygienists, and therapists). Within Dentistry the recruitment challenges have been exacerbated by the fact that no dental students graduated last year due to effects of Covid on face-to-face training.

Combined with the backlog of patients not seen during the pandemic creates particularly concern around the widening inequalities in oral health related to the ability to access dental care. General Dental Practices are mainly independent; however work is ongoing to increase the training and education opportunities. There are currently 14 training practices which take newly qualified dentists and support them through their first year after graduation. There are also plans for an Orthodontic Managed Clinical Network led by one of the Consultant Orthodontists.

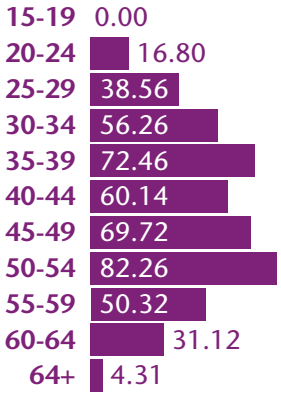
This work supports across a range of specialities including Psychiatry, Rheumatology, and Primary Care to support new ways of working and multidisciplinary teams.

Work is underway to increase the number of training opportunities for physician's associates within Fife as part of the East Region (Fife, Lothian and Borders). Work is also continuing to develop substantive Physicians Associate posts within specialities and general practice. This work is likely to accelerate once the Physicians Associate role becomes regulated by the General Medical Council (GMC) which is likely to start in 2023.

Allied Health Professionals Workforce

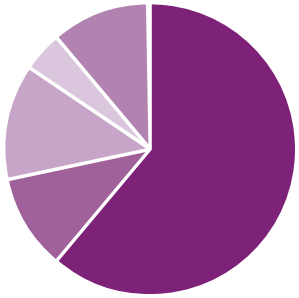
Staff in post	Supplementary Staffing (WTE)		Leavers & New Starts
478 WTE	**2.286** Excess	**0** Agency	**77** Leavers
590 Headcount	**1.152** Overtime	**0** Bank	**65** Starters

Age Profile



Staff Leave

Annual leave	16.50%
Maternity leave	2.82%
Sick leave	3.40%
Study Leave	0.03%
Other Leave	1.19%
COVID-19 Related	2.96%



26.90%
Hours Absence Rate

Allied Health Professions (AHP's) is the collective term used for several professional groups. Overall, the WTE engaged within this job family has increased in the previous five years. This increase has been supported, in part, by the success of AHPs accessing external funding opportunities, such as those aimed at mental health programmes and child health initiatives

The imbalance between the supply of newly qualified AHP Registrants and service demand is also impacting on the Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry and Dietetics services. These services will be required to consider their future skill mix structure in light of the supply of newly qualified Registrants from local Universities, skill mix targets, and the promotion of Advanced Practice opportunities within the profession.

Advanced Practitioners

Advanced Practitioners are experienced Registered Health Care Professionals, primarily from Nursing, Midwifery and Allied Health Profession disciplines, who have completed higher education to a minimum of Post Graduate Diploma level. The role of an Advanced Practitioner is to manage the complete care of a patient, not solely any specific condition. The core role and function of an Advanced Practitioner focuses on the four areas of Clinical Practice, Leadership, Facilitation of Learning and Evidence and Research and Development.

Opportunities for further progression to Lead Advanced Practitioner or (non-medical) Consultant posts within appropriate services will encourage highly qualified and experienced Advanced Practitioners to continue their career within Fife.

Developing Non-Registrant Career Pathways

Responding to the Scottish Government's drive to expand and develop the Band 2-4 workforce within health and social care, a Band 4 Assistant Practitioner pathway is being developed within the Nursing and Midwifery Job Family. The development of these roles will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care.

Work is ongoing in relation to the development of Integrated Posts to have multi-skilled workers interfacing across both Health and Social Care Services. There are examples of where this works well in teams such as the Integrated Community Care and Support Services. There is scope to develop this further providing wider career opportunities and supporting the commitment to having Integrated Services at Locality Level.

Partnership Support Services

There are a range of roles within the health and social care partnership that support service delivery and without whom front line care to the population would not be possible. We have essential administrative staff who work within medical records, appointments, receptions, hospitals, health centres and care homes. Access to personal and professional development, alongside the range of wellbeing supports in place are accessible to all of our workforce. We recognise that we could not deliver our front-line health and social care services without our support services across the Partnership. All wellbeing and professional development opportunities that are open to the workforce include our support services where relevant and the need to ensure our workforce within these services are given the chance to develop their career is important.

Carers

Scotland's Census based in 2010 indicated that there were 34,428 unpaid carers within Fife, half of whom spend over 20 hours a week providing unpaid care supporting and complementing the activities of the Partnership. The contribution of unpaid carers is extra-ordinary and hugely valued within the Health and Social Care Partnership. Significant work is ongoing in relation to the implementation of the Carers Act. With an estimated 1 in 7 employees across the UK holding carer responsibilities, the importance of providing a supportive working environment is embedded within our Carers Strategy for Fife. Building on this work, partner organisations are encouraged to explore the benefits of obtaining Carer Positive Accreditation throughout the Partnership. We are also supporting the principles of fair work and flexibility and set out expectations through the commissioning process that all contractors are delivering fair work practices.

Actions to Support the Third Sector

We will continue to work with Fife Voluntary Action (FVA), as the third sector interface in Fife, to keep third sector staff and volunteers up to date with policy and planning developments, as well as opportunities to engage and influence.

FVA will continue to bring together the voice of hundreds of third sector organisations and the tens of thousands of people they support through a variety of third sector forums, meetings and thematic events, in particular the Health and Social Care Forum, so that lived experience, relevant knowledge and expertise contribute fully to the work of the Partnership.

We will continue to work with FVA to identify training and learning needs and help promote opportunities made available through the Partnership and work with FVA to engage with the wider third sector on all aspects of strategic planning, service design and service delivery.

Recruitment and Retention

We recognise that to meet the challenges ahead within Fife's Health and Social Partnership we need to continue to develop a sustainable, skilled workforce with career pathways and a belief that the work they do makes a difference.

We have significant levels of vacancies across social work and social care and are working across all partners to develop improved responses to these difficulties in recruitment.

Social Work WTE Vacancies (June 2022)

Diagram 6 (source: Fife Council Workforce Data 2022)

Social Care WTE Vacancies (June 2022)

Care Assistant	65
Community Support Assistant	0
Home Carer	65
Senior Social Care Worker	1
Social Care Worker	30

Diagram 7 (source: Fife Council Workforce Data 2022)

These diagrams represent vacancies across social work and social care. At present we have:

- 3 FTE vacancies within a workforce of 113 (105 FTE) Social Workers (just under 3%)
- 6 FTE vacancies within a workforce of 40 (38 FTE) SW Senior Practitioners (just under 16%)
- 30 FTE vacancies within a workforce of 405 (333 FTE) Social Care Workers (9%)
- 65 FTE vacancies within a workforce of 399 (320 FTE) Care Assistants (just over 20%)
- 65 FTE vacancies within a workforce of 701 (512 FTE) Home Carers (just under 13%)

However, recruitment of staff into social care and social work roles has proved difficult, with an average of 14% of advertised roles being filled.

This risk has also been documented by the Scottish Social Services Council's (SSSC) Workforce Skills Report 2021, highlighting the expected shortfall in qualified staff:

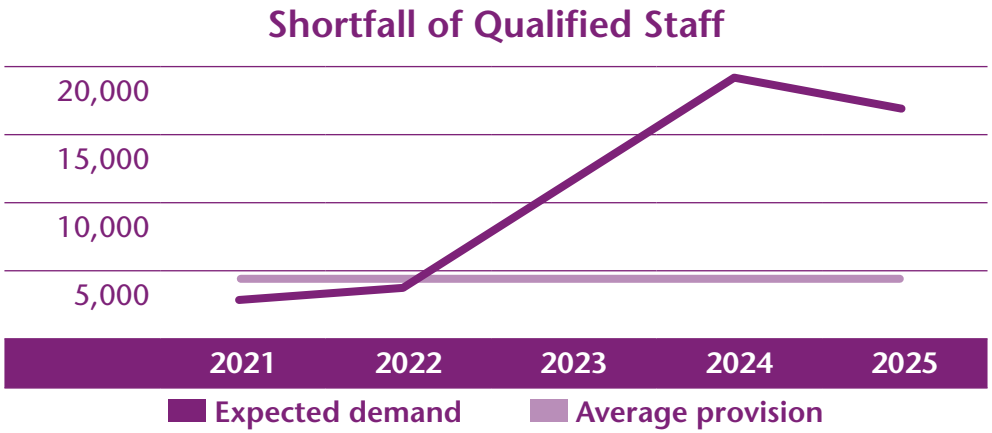


Diagram 8 (source: SSSC Consultation – A Register for the Future)

The pandemic demonstrated the dedication and flexibility of our workforce as we mobilised existing Health and Social Care staff and volunteers, building a 'Team Fife' culture, to ensure we could continue to deliver to key services the people of Fife.

A wide range of activities to attract the workforce we need are underway using the increasing range of media available, whole system developments to simplify and speed up the recruitment process, and existing employability schemes. We need to continue to demonstrate that a career in care is an attractive option for young people choosing their career pathway from school, or people changing career later in their lives.

Youth Employment and Apprenticeships

A nationally recognised demographic challenge highlights the ageing workforce as a risk to health and social care and the need to increase the number of young people employed in health and social care. Within social care we have an ambitious target of the 5% of our workforce being in the 16–24-year-old age category by 2024, which also has a positive impact on our communities by reducing levels of youth unemployment and helping to address socio-economic disadvantages.

Our priority in this area is to deliver a youth employment approach that incorporates career pathways, social inclusion, Foundation / Modern Apprenticeship Schemes, and closer liaison with schools, pupils and parents. We have already put in place a wide range of measures with our schools and local employers utilising national and local employability schemes and partner agencies to develop pathways to a career in care and we will continue to widen the reach of these.

We have programmes in place to support Foundation Apprenticeships with schools, which are being adapted to deliver within one year to reduce the number of students leaving the course early. We are working with Fife College Employer Advisory Board to support measures to align academic calendars with employment 'hotspots' throughout the year. This work also promotes career pathways into Modern and Graduate Apprenticeships and maximises undergraduate placement opportunities.

Qualifications and Learning and Development

The opportunity for our workforce to develop positive career pathways to support best outcomes for the people of Fife is underpinned by their ability to access the relevant professional development that will support their aspirations. We will continue to ensure that we can enable our workforce to access the qualifications that they need to meet national registration requirements and support their wider career aims within the Partnership.

At present we are engaged in consultation led by the SSSC to improve the process that drives the registration of the social care workforce to increase flexibility of movement across the sector and the time it takes to qualify and register.

Within NHS Fife there are a range of learning and development actions are in place between NHS Workforce Development Team, Medical Education and Practice and Professional Development Teams in collaboration with NHS Education for Scotland, including building on existing regional managed clinical networks. Collaboration will continue with NHS Education for Scotland and St Andrews University, as well as other local and national training providers, to provide development and educational opportunities for our workforce.

Learning and development plans across social work and social care are developed annually in line with regulatory body requirements and service priorities. Our staff have access to a range of learning opportunities to ensure safe practice and professional competency alongside providing support for personal development. Supervision is promoted and focused work is being progressed to support the implementation of this across the system. A key priority is to widen our collaborative learning and share resources across our whole system and we have introduced a range of actions, facilitated through our Workforce Strategy Group, to ensure the widest possible opportunities exist for staff across the whole Partnership.

Appraisal, Personal Development Planning and Supervision

Ongoing support for reflective practice is crucial to ensuring our workforce have the personal and professional support to deliver a high-quality service. At present we have differing approaches across the Partnership that meet professional requirements and national guidance.

During the pandemic it was recognised nationally that the formal Personal Development Plan and Review (PDPR) process within health was not required to be monitored. Fife Health and Social Care Partnership have reintroduced an expectation that we prioritise this to support our workforce to develop.

Our Principal Social Work Officer is undertaking a review of professional supervision across social work and social care to ensure the model still meets the needs of our workforce, recognising the opportunities to align our approach across the Partnership more widely, whilst continuing to meet national requirements.

There is also Medical Professional Leadership in place to support medical appraisal and work planning to meet national requirements.

Brexit

The small percentage of EU nationals in social care who were working in the service pre-1st January 2021 have continued to do so. However, with the national shortage of social care workers in various roles, we expect the removal of free movement will impact on our ability to attract EU nationals, more so where the role does not meet the criteria for skilled work visas potential workers may be discouraged. We are focused on opportunities for recruitment including potential for international recruitment and will work closely with partners regarding this.

Our Engagement & Participation Approaches

This Workforce Strategy and Plan aligns with the Partnership's 'Integration Joint Board Participation and Engagement Strategy for Fife 2022-25' which aspires to develop a service for participation and engagement where people who use services and staff at all levels are involved and supported through services that deliver person centred and high-quality care. We aim to work with the population, including our workforce, around how we co-produce, plan, design, and deliver our services. This includes ensuring our workforce can shape our future design, one of our key principles being that those who are affected by change are involved in the change.

The Strategy identifies seven key areas of activity that underpin a successful approach, which link together to form an overall framework based on consultation activity gathering views, knowledge and experience utilising social media, planning with people, and supporting systems

Leadership Visibility

There are a range of ways in which we represent and engage with our workforce. This includes leadership visibility and walkabouts, discussion at management teams, Local Partnership Forum, and staff meetings. The Extended Leadership Team provides opportunity for all services to be engaged in the Senior Leadership of the Partnership.

iMatter

We are committed to valuing and empowering our workforce and supporting them to work to the best of their ability, recognising that improved staff experience is critical for delivery of the Scottish Government's Health and Social Care Delivery Plan to provide better care, better health, and better value. Our most recent iMatter survey delivered an excellent 61% response from Health and Social Care Staff in Fife - our highest ever. Our Employee Engagement Index was 76, in the 'Strive & Celebrate' categorisation.

We recognise the importance of capturing staff experience and have introduced a range of measures to improve accessibility and quality of experience, including an ability to participate via text and a range of resources to improve the action planning process. We have also worked with our Local Partnership Forum to develop an Action Plan that addresses key elements of staff feedback to improve future results.

Our Council colleagues also introduced a recurring annual Heartbeat Survey, which includes social work and social care staff, and further embeds our commitment to hearing the voices of workforce to shape our culture and future organisational change.

The Local Partnership Forum

A key partner in the delivery of this Strategy is our Local Partnership Forum (LPF). The LPF were consulted early in the design and representatives joined our Workforce Strategy Group. Meetings were also held with the co-chairs and Joint Trade Union Secretary to update on progress and consult on development. Ongoing consultation with the LPF will be crucial to ensuring this Strategy adapts to future challenges and continues to meet the needs of our workforce. The Local Partnership Forum also produces an annual report which is presented to the Integration Joint Board. This is another key mechanism that the IJB can be assured of the joint working taking place in partnership with trade unions to support the workforce in Fife Health and Social Care Partnership.

Equality, Diversity and Inclusion Action Plans

There is significant work ongoing on a range of matters that are key to supporting our workforce including the diversity of our people and our commitment to support our staff in relation to the nine protected characteristics in the Equalities Act. Discussions are ongoing with Partners to provide support aligned to the action plans of our partners as the employers.

Whistle Blowing

Listening and responding to concerns raised by staff about the way services are provided is a vital way in which organisations can improve their services. Health and Social Care Partnerships are in an unusual position in having employees from multiple organisations delivering services together. It is, therefore, more important than ever that we promote a culture that encourages staff to raise issues or concerns at the earliest opportunity. Through the actions described in relation to leadership visibility and our organisational development approaches we would seek to create this culture. In line with part 8 of the National Whistle Blowing Standards there are expectations and options for Health and Social Care Partnerships (HSCPs) in implementing the Standards and this will be further developed and monitored through the Local Partnership Forum and in conjunction with advice from HR in both NHS Fife and Fife Council.

Staff Governance and Support

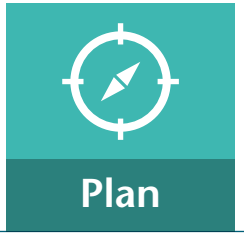
A key remit of the Local Partnership Forum is advising on the delivery of staff governance and employee relations issues. Considerable work is ongoing to ensure that staff are well informed, this includes a weekly briefing issued by the Director and an update to staff following every Local Partnership Forum meeting. Through the work described in this strategy we are seeking to ensure staff are appropriately trained and developed and that opportunity is supported for staff to be involved in decisions that affect them. Every Local Partnership Forum has standing agenda items on matters core to supporting our workforce including health and safety and promoting Health and wellbeing.

Our Priorities

The priorities in our workforce plan for the next three years have been developed in partnership, including with third and independent sector partners, and will build on what has been achieved to date whilst having a focus on defining the workforce needed to support our future challenges and supporting the health and wellbeing of our people. These align with our service planning for remobilisation and recovery, whilst acknowledging that we must safely manage living with COVID and be flexible to the undoubted future challenges in this.

This will consider not only the data and planning for our workforce but also the priorities defined in the Fife Health and Social Care Partnership Strategic Plan, including the role of early intervention and prevention across the life course, considering health inequalities and our commitment to deliver services within the localities of Fife co-produced with the people that we work with and care for.

The priorities defined by services and informed by our data are defined under each of the 5 Pillars - Plan; Attract; Train, Employ and Nurture our Workforce. The Action Plan in Appendix 1 will further define these priorities into short term and medium-term goals.



We will strengthen our workforce planning by:

- Improving workforce planning capability within the Health and Social Care Partnership, ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan and considering our Strategic Needs Assessment.
- Ensuring all portfolios develop workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future demand and projected staffing changes.
- Developing pathways that set out career progression, succession planning and retention to support a workforce that is representative of the communities we serve and in line with Equality Impact Assessments.
- Enabling the whole system to align with our workforce, strategic and financial plans and creating a culture of continuous improvement.
- Continuing to develop Integrated Services in the hearts of our communities in line with the priorities for the Strategic Plan and the legislative requirement for locality planning.
- Ensuring that workforce planning supports the capacity and capabilities required through our transformation and redesign of services and models, in line with the agreed funding model.
- Continuing joint working and support for the development of the Local Partnership Forum in line with our Staff Partnership Agreement
- Reviewing all business continuity plans, considering the learning through COVID, to support service and workforce resilience.
- Working closely with regulatory bodies such as the Care Inspectorate regarding the workforce requirements in line with national standards.

We will attract people into careers into Health and Social Care by:

- Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that supports integrated joint working.
- Exploring the potential for increasing the international workforce supply routes into Health and Social Care through engagement with NHS Fife, Fife Council and the Third and Independent Sector.
- Prioritising recruitment against our current workforce priorities including children's services, mental health, social care, primary care, to support our recovery agenda.
- Putting in place infrastructure that will facilitate longer term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.
- Targeted and creative recruitment campaigns in Social Care emphasising the wide range of roles across the sector, the skills and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed and to incentivise career progression.
- Increasing the number youth apprenticeships and employability programmes and initiatives into health and social care.
- Development of the professional structure across Social Work, Medicine and Nursing, including collectively accountability and assurance.

We will support the training and development of our workforce by:

- Working with partners in NHS Fife, Fife Council and the Third and Independent Sectors to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.
- Implementing "grow your own" pathways for posts that are either specialist or in hard to recruit areas to support the required pipeline of roles within the medium term.
- Implementation of a training passport which recognises core training across sectors.
- Progressively expanding the role of locality-based training programmes to support pathways into Health and Social Care services, which enable existing staff to work flexibly across their practitioner licenses to improve service outputs and increase the pace of role-redesign to facilitate longer-term service reform.
- Supporting the development of digitally enabled workforce in line with new models of working and care delivery working with partners, including Housing.
- Supporting new entrants to Health and Social Care through developing and delivering robust induction for all new starts into Health and Social Care with support for Newly Qualified Practitioners.
- Enabling implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources and a professional support tool.
- Supporting the development of a trauma-informed workforce via the National Trauma Training Programme.
- Developing skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care.
- Supporting Quality Assurance and Improvement across our services though skills development including care homes, care at home, adult resources, community care, preventative care, and complex care.

We will increase our employment into Health and Social Care by:

- Monitoring progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).
- Developing and delivering Social Work advanced practice and quality improvement career pathways and strengthening the integrated multi-disciplinary models within health and social care.
- Developing career pathways that support skills mix, new roles and retention in practice areas across Health and Social Care including Mental Health Officers.
- Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.

We will nurture our workforce by:

- Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery.
- Supporting the capacity within our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.
- Listening and learning from staff about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.
- Developing Leadership Programmes across Health and Social Care.
- Nurturing our Leaders as part of the opportunities available to support leadership growth such as SOLACE (Society of Local Authority Chief Executives) Springboard, Project Lift Systems Leadership Programme and Social Services Scotland Council, Leading for the Future.
- Investing in our Culture and Leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and Organisational Development approaches.
- Championing and delivering the policies of NHS Fife and Fife Council to support a nurturing workplace culture.
- Developing an engagement programme across our workforce to inform a set of shared values which we all hold.
- Supporting readiness for the implementation of the Safety (Health and Care (Staffing) (Scotland)) Act 2019.
- Good governance in the implementation of part of 8 of the national whistle blowing standards
- Continuing to promote the mental health and wellbeing of the Health and Social Care workforce, led through the introduction of a Partnership Wellbeing Strategy Group, which is working through an integrated wellbeing strategy approach to understand our workforce sectors.
- Recognising that staff may be unpaid carers and support staff in line with the Carers Act and our partner organisations' flexible working conditions.

Monitoring & Review

The implementation of this Workforce Strategy and Three-Year Plan is the responsibility of the Integration Joint Board. The Board includes the Chief Officer, who holds responsibility for delivery in the role of Director of the Health and Social Care Partnership supported by the Senior Leadership Team (SLT).

The Director of Health & Social Care is responsible for a range of delegated services within the integrated environment and responsible to the Chief Executive Officers within NHS Fife and Fife Council. The Director of Health & Social Care, along with the Senior Leadership Team, is responsible for working with colleagues from NHS Fife, Fife Council, the Independent and Third Sectors, to take forward actions via the appropriate governance arrangements.

This Strategy and Plan is a live document that is flexible and adaptive and able to respond to change and is an underpinning element of the **Partnership's Strategic Plan 2022-25**. The Strategy complements Fife's **NHS Workforce Plan**, **Fife Council's Our People Matter Strategy**, the future **Fife Population Wellbeing Strategy**, and the **Scottish Government's National Workforce Strategy**.

A key part of our commitment is to support a "**Team Fife Culture**" and to ensure alignment with NHS Fife, Fife Council and Independent and Third Sector Strategy, valuing the importance of working collectively across all sectors to support our shared common purpose to enable joined up care for the people of Fife.

The plan will be reviewed three times a year at four monthly intervals to reflect and react to organisational change and systemic pressures. The risks associated with the delivery of this strategy will be considered as part of both strategic and operational risk assessment, management, and mitigation processes through risk registers. A monitoring and review forum will be established, reporting to the Workforce Strategy Group, to support the implementation of the plan and ensure information remains current and will report annually to the Integration Joint Board, Quality and Communities, and Finance, Performance and Scrutiny committees as well as the Local Partnership Forum. There will also be close connection as appropriate to the appropriate governance committees of NHS Fife and Fife Council to assure staff governance.

Glossary of Terms

Carers Act - a law which enhances the rights of carers in Scotland. The Act is intended to recognise the valuable role that carers play in the lives of people with care needs because of their illness, condition or disability.

Co-design & Co-production – working with everyone involved to make sure they have a say in how we deliver services in the future

Demographic – how we describe and show the difference between the various characteristics of the population

Graduate Apprenticeship – these provide work-based learning opportunities up to Masters degree level for new and existing employees. The apprenticeships combine academic knowledge with skills development to enable participants to develop in the workplace.

Extended Leadership Team – All direct reports to the Senior Leadership Team, representing all services within the Partnership

Foundation Apprenticeship - a work-based learning opportunity for senior-phase secondary school pupils, where they spend time out of school at college or with a local employer to achieve a qualification in health and social care

FTE or WTE (Full-Time Equivalent or Whole-Time Equivalent) – our way of describing the number of hours we need to deliver services based on the amount of full-time or whole-time posts required

Fair Work – a national approach to making sure we give our workforce the best levels of pay possible within the available funding

'Grow your own' – a belief that it's important to develop our own professional workforce by investing resources in qualifications and skills to make sure we have the workforce we need in the future.

Health and Wellbeing Outcomes – Included within the national legislation these are high level statements of what health and social care partnerships are meant to achieve through integration.

Public Health – how we think about the importance of prevention and early intervention within health and social care, recognising the social, environmental, and economic impact on our wellbeing

iMatter – our approach within health and social care that asks our workforce how things are and makes sure that managers draw up action plans to improve experiences for teams.

Local Partnership Forum – our staff side forum where Trade Unions, managers and professional advisors meet on a regular basis to work together to support the workforce. Advising on the delivery of staff governance and employee relations issues, informing thinking around priorities on health and social care issues, informing and testing the implementation of approaches in relation to strategic plans, and commissioning intentions, advising on workforce including planning and development and staff wellbeing, promoting equality and diversity, and contributing to the wider strategic organisational objectives of the IJB.

MOU2 – a Scottish Government contract offer to GP's with a key aim of expanding and enhancing multidisciplinary team working supporting the role of GP's as Expert Medical Generalists, to improve patient outcomes

Modern Apprenticeship – is a job which lets people earn a wage and gain an industry-recognised qualification. For employers, Modern Apprenticeships help develop their workforce by training new staff and supporting existing employees to gain new skills.

Ministerial Strategic Group – National group including leaders across health and social care providing leadership and direction.

National Care Service – the proposed way that the Scottish Government believes health and social care should be run in the future. The National Care Service Bill will make Scottish Ministers accountable for adult social care in Scotland when implemented.

Neurodevelopment – The Brains development of neurological pathways that influence performance or functioning.

Organisational Development – a term for describing how we make sure we try to achieve organisational success through connecting the way organisations set up, think and act to the objectives they need to achieve

Organisational Culture – How we describe the shared beliefs, expectations, language, customs, habits and attitudes of our workforce, as well as our underlying values, ways of behaving and professional standards

Perinatal – The time period during pregnancy or in the first year following giving birth.

Project Lift – a Scottish Government supported project to support leadership at all levels and at all stages, in all roles across health and social care in Scotland.

The Promise – a Scottish Government initiative to deliver the change demanded by the Independent Care Review, with an ambition for Scotland 'to be the best place in the world to grow up' so that children are 'loved, safe, and respected and realise their full potential'.

Senior Leadership Team – Heads of Operational Services, Professional Standards in Nursing, Medicine and Social Work/Social Care, and Business Enabling (Finance, Planning, Performance & Commissioning, Organisational Development)

Sustainability – How we make sure the organisation has the right staffing, resources and set up to continue to deliver services needed in the future

Six-step workforce planning methodology – a practical approach to ensure that there is a workforce of the right size and with the right skills and competencies.

Systems Leadership – how our leaders work together to make sure our Partnership is successful at delivering services across all areas

ScotGEM – is a four-year graduate entry medical programme. It is designed to develop doctors interested in a career as a GP within NHS Scotland.

Strategic Needs Assessment - is a process which helps us to understand the needs of the population and what health and social care services we need to provide that will bring the greatest benefit.

Staff Governance – Supports the fair and effective management of staff

SOLACE - Solace is the leading members' network for local government and public sector professionals throughout the UK.

Third Sector – all voluntary and charitable Health & Social Care services delivered in Fife

Independent Sector – all privately owned Health & Social Care services delivered in Fife

Team Fife – Our commitment to working together in partnership and to create the conditions that support and enable whole system working.

Transformation, reform & service redesign – how we change things to make sure we are still able to deliver with the projected resources we will have in the future

Trauma-Informed Practice – working in a way that understands and responds to the impact of trauma on people's lives. The approach emphasises physical, psychological, and emotional safety as a way of avoiding re-traumatising people and empowering them

Workforce Planning – methods used to think about what staff are needed, what the gaps are and how we fill them

Whole System – making sure we think about all parts of the Partnership when we plan for the future

Whistle Blowing Standards – a process that supports staff to be able to raise concerns. Part 8 of the standards relate specifically to Health and Social Care Partnerships and Integration Joint Boards

Summary of Short-Term Actions across the Five Pillars of the Workforce Journey

Plan	Attract	Train	Employ	Nurture
Analyse and address the gap between the current provisions of workforce data, to ensure it meets the needs of the various Workforce Planning Groups, pressure points and priorities aligned to our Strategic Plan, Medium Term Financial Strategy and our Strategic Needs Assessment. Develop data gathering methods with the Third and Independent sectors to reflect the current position which supports workforce and locality planning using real time data. Commit to support continued attendance on the Models of Care Forum, to review staffing remodelling and data harvesting to inform future workforce planning.	Continue to increase the number of employment programmes, such as Foundation, Modern and Graduate Apprenticeships and other initiatives, to strengthen our talent pipeline of candidates from the local community. Engage with young people in our workforce to find and act on ways to attract and support other young people (aged 16 - 24) into training and employment opportunities with the Partnership. Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that supports integrated joint working.	Continue to promote and grow new roles based on the outcomes of service sustainability reviews and support the establishment and implementation of career succession opportunities and implementation of alternative models of care (e.g. Nurse Led Models). Continue to engage in national initiatives for recruitment and training including those within a range of professions who have recognised shortages. Deliver a Systems Leadership Programme for our existing Extended Leadership Team, involving the Third and Independent Sectors.	Monitoring our progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2). Develop succession pathways that reflect the Integration imperative of the Partnership and take account of personal ambition and in line with Equality Impact Assessments. Build on the connections with Fife College Industry Advisory Board to configure approaches that better supports access to higher education including the introduction of variable start dates.	Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery. Implement career development conversations, enabling staff to access the most suitable development opportunity for them. Ensure that our belief in a nurturing workplace culture is at the heart of strategic and policy decision-making forums. Review and enhance provision of information capturing the protected characteristics of our workforce, ensuring information supports meaningful discussion at the right forums.

Plan	Attract	Train	Employ	Nurture
Develop, with college partners, improved approaches that link delivery of courses with recruitment needs for Partnership organisations. Design a revised induction programme that supports a positive start, improved morale, and the retention of our workforce. Plan where to invest in our welfare, wellbeing, and health for best return on investment. Plan to reduce sickness absence levels particularly attributed to MSK and stress. Access funding routes to develop learning and development with awarding agencies and partners.	Prioritising recruitment against our current workforce priorities including children's services, mental health, social care, primary care, to support our recovery agenda. Review the recruitment model for consultant level medical and dental posts, establishing options to identify permanent solutions to range of roles filled via supplementary staffing / locum arrangements. Build on the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife, mitigating shortage of applicants from the domestic labour market. Increase active engagement in undergraduate placement provision.	Work with all partners to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities. Implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources. Developing our digitally enabled workforce in line with new models of working and care delivery working with partners, including Housing.	Continue to review marketing approaches that reflect regulatory requirements when recruiting. Work to improve the information we hold about employee's equality information. Create the new Social Work advanced practitioner career pathway and quality improvement service design. Employ three Quality Improvement Officers and new Advanced Practitioners in key strategic areas. Review skill set and banding structure within Health Care Support Worker Roles. Review measures to support retention of current senior clinical and non-clinical staff. Implementation of Once for Scotland Policies.	Raise awareness of managers and supervisors to understand the importance of health, safety, and wellbeing of their team with a focus on prevention/early intervention. Raise awareness of employees to the resources and supports available to them and how to access these. Support our workforce to request a referral to physiotherapy and / or counselling provider. Communicate and implement our pledge relating to the Miscarriage Association's Pregnancy Loss to, amongst other supports, provide paid time off for employees (and their partners) who suffer a pregnancy loss at any stage of pregnancy.

Plan	Attract	Train	Employ	Nurture
Analyse resource implications and effect on overall service sustainability from those services that need to redesign from a 5 day to 7-day service (e.g., Allied Health Professions, Hospital at Home). Develop 'Flexibility Works' to help consider flexible working options for front-line employees. Develop career pathways and succession planning to support the future pipeline of our workforce and creates a culture of continuous improvement. Continue to develop locality working and co-production with our communities.	Continue to explore and provide opportunities to promote the Health & Social Care Partnership, including but not restricted to, participation in recruitment events, use of social media, Training events Build on existing recruitment programmes to attract undergraduates, and those contemplating career changes to mitigate the shortage of applicants. Introduce the Princes Trust 'Get into Health and Social Care' 18 to 30 years programme to set up a presence in Fife and provide investment for youth and workforce planning that supports recruitment and career pathways.	Building internal 'grow our own' pathways to sustain our capacity in specialist and hard to recruit areas. Deliver a Leadership Programme for our leaders beyond the Extended Leadership Team, involving the Third and Independent Sectors. Develop a range of 'Innovation Hubs' to take forward key strategic areas for improvement across the Partnership. Develop learning specifically for managers and supervisors about health, safety / wellbeing to develop confidence when discussing stress prevention / management for our workforce linked to the HSE's 6 management standards.	Implementation of GMS Contract (MOU2) including Community Care and treatment, Pharmacotherapy, and vaccine transformation.	Implementation of the Career Conversation Lite program, enabling staff to establish the most suitable development opportunity for them. Continue to promote and implement iMatter and Heartbeat surveys and Action Plans. Promote mental health and wellbeing of the workforce through the work of the Partnership Wellbeing Strategy Group. Support readiness for the implementation of the safe (health and care) Staffing (Scotland) Act 2019. Support the implementation of Excellence in Care. Review the implications of Setting the Bar for social work and develop a Partnership response.

Plan	Attract	Train	Employ	Nurture
Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, related to Health & Care (Staffing) (Scotland) Act, Digital enhancements and opportunities, and national difficulties in recruitment certain professional groups / specialties. Where appropriate, explore all options to ensure sustainability of those services at increased risk, including regional / national working, joint appointments etc.	Targeted and creative recruitment campaigns in social care emphasising the wide range of roles across the sector, the skills, and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed and to incentivise career progression.	Continue to promote and grow new roles, such as: • non-medical Consultants, • Associate Specialists (AS's) and Physician Assistants (PA's), • Advanced Practitioner (AP's), • Band 4 HCSW Develop, with college partners, learning opportunities that reflect the needs of the workforce, including wider use of digital access. Provide learning for our workforce to develop skills that support higher acuity or complexity, within the community or home / homely setting through Hospital at Home, palliative care, and social care and supports Quality Assurance and Improvement.		Develop and implement Equality and Inclusion Initiatives including Equally Safe at Work since being confirmed on to 'Close the Gap's Equally Safe at Work' programme to work towards bronze accreditation over the next 18 months. In conjunction with the Once for Scotland work, contribute to and promote Carer Friendly Employment Practices. Recognise that members of our workforce may be unpaid carers and provide support in line with the Carers Act and our partner organisations' flexible working conditions.

Summary of Medium-Term Actions across the Five Pillars of the Workforce Journey

Plan	Attract	Train	Employ	Nurture
Review sustainability of all services by running available Workforce and Workload Planning Tools, giving cognisance to Safe Staffing Legislation, Digital Opportunities, the national standards scrutinised by the Care Inspectorate and Health Improvement Scotland and national difficulties in recruitment across certain professional groups / specialties.	Focused recruitment campaigns targeted at areas of greatest workforce pressures including social care, mental health, and children's services. As part of the Directorate and Portfolio level Workforce Plans, consider succession planning implications for range of critical roles, including supervisor and practitioners' grades and above. Implement the professional assurance structure across health and social care supporting quality, standards, and professional assurance. Further our support to recruit and retain a diverse workforce.	Increase the Partnership's ability to support the newly qualified workforce with post qualifying opportunities to enhance knowledge and skills. Establish implications of the increased reliance on Digital and Information solutions, and drive for Paperlite solutions, on range of D&I measures, including Digital Fitness Training; Information Governance and Security (including Records Management, Caldicott, Freedom of Information); Data Quality, in a way that supports a future workforce and upskills the current workforce.	Develop recruitment platforms including greater presence across social media and HEI (higher education institutions) sources. Work to improve the information we hold about employee's equality information. Demonstrate our commitment to equality of opportunity for our LGBTQ+ community throughout recruitment and employment approaches. Engage with local communities about our workplace practices in partnership with Fife Centre for Equalities.	Support managers in managing the wellbeing of our workforce through policy / procedure and guidance development, including induction, training and development and personal development practices. Support the capability of our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures. Support line managers to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work.

Plan	Attract	Train	Employ	Nurture
Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability and financial pressures named by the Workforce and Workload Planning Tools exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased ability requirements; age demographics; and supports the capacity and capabilities required through our transformation and redesign of services and models. Integrate services supporting multi-disciplinary and multi-agency working to improve outcomes for the people of Fife in line with the Health and Social Care strategic Plan.	Attract the right number of employees to deliver our services to our communities. Develop approaches for youth apprenticeship and employability. Developing approaches that facilitate medium-term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.	Draw upon Apprenticeships and Placements (Student and Work Experience) when undertaking operational workforce planning succession planning to ensure a supported and positive learning experience. Expand locality-based training programmes that support pathways in health and social care. Review employee training relating to equality, diversity and inclusion and health and safety. Further develop Managers and Supervisors to support and manage health and wellbeing of the workforce. Further develop Managers and Supervisors to understand equality and diversity protocols and resources.	Measure growth and recruitment in line with national direction and investment including: Care at home Care homes Mental Health Recovery and Renewal Vaccination transformation Primary Care Improvement (MOU2) Implementation of a new Social Work Career Pathway. Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.	Increase awareness for managers on the supports / tools / resources available and the relevant HR policies, procedures, and guidance available. Support our workforce to take responsibility for their own health and wellbeing and use training and development to engage and focus employees on their own health and wellbeing. Developing an engagement programme across our workforce to inform the creation of a set of shared values. Integrate wellbeing fully into Partnership training programmes.

Plan	Attract	Train	Employ	Nurture
Evidence correlation with safe staffing levels and quality of care through regular updates from the Excellence in Care and Workforce Leads. Ongoing commitment to partnership working through the Local Partnership Forum in line with the Staff Partnership Agreement to support excellent relations with our workforce to make the Partnership an attractive place to work. Engage with local communities about our workplace practices in partnership with Fife Centre for Equalities. Develop new workstyles to support more flexible and inclusive working across the Partnership.		Continue to promote and grow Advanced Practitioner (AP) opportunities as appropriate in response to wider service sustainability pressures. Engage with Higher Education, Colleagues, SSSC, and NES to support our approach to recruitment in Fife including supporting newly qualified practitioners. Implement Training Passport across sectors. Development and delivery of locality-based training programmes. Support for a digitally enabled workforce. Drive the implementation of Trauma Informed Practice and support the workforce to develop a trauma informed practice approach through the National Trauma Training Programme.		Implement learning from our workforce about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.

Plan	Attract	Train	Employ	Nurture
Consider how our policies develop the culture we aim to have and how they support managers to manage health, wellbeing, and equality. Establish a clearer understanding of the challenges being encountered within specialities to consider the flow of career grade, training pipelines, and assess the fragility and sustainability of each service, at Directorate level. Continued engagement with the Care at Home Collaborative Forum to ensure the independent sector have an equal voice in the safe delivery of care in this sector. Review of business continuity plans to support resilience in line with the learning post COVID.				

Alternative Formats

The information included in this publication can be made available in large print, Braille, audio CD/tape and British Sign Language interpretation on request by calling 03451 55 55 00.

Language lines
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Fife Council and NHS Fife are supporting the people of Fife together through Fife's Health & Social Care Partnership. To find out more visit **www.fifehealthandsocialcare.org**

Fife Health & Social Care Partnership

Equality Impact Assessment

Part 1: Background and information

Title of proposal	Fife Health & Social Care Workforce Strategy & Plan 2022 - 25
Brief description of proposal (including intended outcomes & purpose)	This document is the refreshed Partnership Strategy, which sets out our strategic priorities and the actions needed to attract, train, employ and nurture our workforce for the period. It is a strategic document that sets out the vision and future direction of workforce strategies and planning for health and social care services in Fife and sets out the detail of planned activities that will achieve this. The document meets the guidance set by the Scottish Government when delivering the Workforce Strategy and Plan describing how the Partnership will 'Plan, Attract, Employ, Train and Nurture' our workforce in the short and medium term. The Strategy is designed to demonstrate to our stakeholders how we will support the mental health and wellbeing, career pathways, training and development and culture and leadership of our workforce through a range of strategic commitments and actions. We have co-produced the Strategy and Plan with a range of stakeholders across the Partnership involving representatives from: Workforce Planning in Fife Council and NHS Fife, the Independent and Voluntary Sector, Trade Unions and the Local Partnership Forum, Operational Management, Professional Standards in Medicine, Nursing and Social Work, and HR including Business Partners and Staff Wellbeing Leads.
Lead Directorate / Service / Partnership	Fife Health & Social Care Partnership
EqIA lead person	Roy Lawrence
EqIA contributors	Roy Lawrence
Date of EqIA	27th June 2022

How does the proposal meet one or more of the general duties under the

Equality Act 2010? (Consider proportionality and relevance on p.12 and see p.13 for more information on what the general duties mean). If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?)

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	The Strategy and Plan set out a range of actions to: Improve the leadership and management skills, abilities and knowledge in supporting our workforce. Support the mental health and wellbeing of our workforce. Develop a Trauma Informed workforce and practice delivery. The opportunities within the Strategy are available to all our employees within health and social care related to their careers.
Advancing equality of opportunity	At the heart of the Strategy and Plan is our commitment to: The development of new career pathways for our workforce. Developing a youth employment approach that supports young people to begin and sustain a career in care. A range of actions to promote the participation and engagement of our workforce.
Fostering good relations	The Strategy and Plan has been developed by a group that represents the whole system across the Partnership and who have contributed to the finished document. The Strategy sets out a range of actions to improve integrated working across the Partnership. The Strategy sets out actions to improve locality working for our workforce.

	The Strategy involves a commitment to whole system partnership working that includes the Third and Independent Sector and will ensure shared resources and equal access to workforce development where practicable.
Socio-economic disadvantage	The Strategy demonstrates a commitment to the Fair Work Agenda. The Strategy also describes a range of actions to support our voluntary sector delivery. The Strategy highlights our commitment to utilise Public Health data as a driver to future service design and delivery.
Inequalities of outcome	The Strategy promotes workforce development that is underpinned by a commitment to person-centred practice and supporting people to make the choices they want to make. It includes a commitment to prioritised investment in our workforce linked to key areas of community need. The Strategy also sets out that as we introduce organisational change, we commit to ensuring those affected by the change are included in the design of the change.

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

All areas have been considered within this refreshes Strategy and Plan and we do not anticipate direct impact on equality groups.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the policy change is on any of the protected characteristics

Protected characteristic	Positive impact	Negative impact	No impact
Disabled people	X		
Sexual orientation	X		
Women	X		
Men	X		
Transgendered people	X		
Race (includes gypsy travellers)	X		
Age (including older people aged 60+)	X		
Children and young people	X		
Religion or belief	X		
Pregnancy & maternity	X		
Marriage & civil partnership	X		

Please also consider the impact of the policy change in relation to:

	Positive impact	Negative impact	No impact
Looked after children and care leavers	X		
Privacy (e.g. information security & data protection)			X
Economy	X		

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
1. Co-production of the document with a stakeholder-based Workforce Strategy Group that involves representatives from: Workforce Planning in Fife Council and NHS Fife, Independent and Voluntary Sector, Trade Unions, Operational Management, Professional Standards in Medicine, Nursing and Social Work, HR including Business	**Minutes of meetings of the Partnership wide Workforce Strategy Group. SBAR updates to HSCP governance meetings. Consultation with the Integration Joint Board and Local Partnership Forum**

Partners and Staff Wellbeing Leads.	**through governance forums. Consultation / feedback session at the Extended Leadership Team which covers all services in the Partnership.**
2. Cross- referencing of the document with National and Local legislation and guidance	**Scottish Government's National Workforce Strategy for Scotland, NHS Recovery Plan, National Health & Wellbeing Outcomes, HSCP Participation and Engagement Strategy, NHS Workforce Strategy, Fair Work Agenda, Fife Council's Our People Matter Strategy**
3. Consultation at Committees before submission to Scottish Government.	**Quality & Communities Committee 5th July** **Finance, Performance & Scrutiny Committee 8th July** **NHS Staff Governance 14th July** **Local Partnership Forum 20th July** **Integration Joint Board 29th July** **Submission to Scottish Government 31st July** **Return with feedback from Scottish Government 31st August** **Final version to FP&S Committee & IJB (Sep/Oct tbc)** **Publish Strategy & Plan on website 31st October**
Evidence gaps	**Planned action to address evidence gaps**
1.	
2.	
3.	

Part 3: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead person	Timescale
1.		
2.		
3.		
4.		
5.		

Sign off
(By signing off the EqIA, you are agreeing that the EqIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice and the recommendations are proportionate.

Date completed: 27th June 2022	Date sent to Community Investment Team: Enquiry.equalities@fife.gov.uk
Senior Officer: Roy Lawrence	Designation: Principal Lead for Organisational Development & Culture

FOR COMMUNITY INVESTMENT TEAM ONLY

EqIA Ref No.	
Date checked and initials	

Equality Impact Assessment Summary Report
(to be attached as an Appendix to the committee report or for consideration by any other partnership forum, board or advisory group as appropriate)

Which Committee report does this IA relate to (specify meeting date)?
The Workforce Strategy and Plan will be presented at the:

- Senior Leadership Team Assurance Meeting 27th June 2022
- Quality and Communities Committee 5th July 2022
- Finance, Performance and Scrutiny Committee 8th July 2022
- Local Partnership Forum 20th July 2022
- Integration Joint Board 29th July 2022

What are the main impacts on equality?

The Strategy and Plan set out a wide range of organisational strategies and actions to: improve our ability to deliver services to all the people of Fife who need health and social care, improve our ability to recruit, train and nurture our

workforce who include people with protected characteristics who will have equal access to any of the supports available through the Strategy and Plan, investing in local communities improvement through our workforce participation, improving our workforce capacity and capability in all areas of service delivery including early intervention and prevention.

Delivery of workforce skills, knowledge and abilities and support for their wellbeing in the workplace will impact on the Partnership's ability to support the people of Fife to live independently in their homes or homely settings and to make informed choices about their care.

The Plan sets out a range of measures, working with local partners (schools, colleges, universities, the third and independent sector) to improve career pathways for young people, for people who need or wish to change career due to possible economic factors and can establish a career pathway in health and social care across the range of protected factors.

In relation to a strategic decision, how will inequalities of outcome caused by economic disadvantage be reduced?

The Strategy supports the partnership's priority to support our workforce skills, knowledge and abilities to effectively transform, integrate and improve services. Actions to address inequalities of outcome include promoting employability and employment opportunities across the life span, including Foundation and Modern Apprenticeships and youth employment and a focus on public health data and a commitment to fair work as our approach to service design and workforce development.

What are the main recommendations to enhance or mitigate the impacts identified?

If there are no equality impacts on any of the protected characteristics, please explain.

Further information is available from: Name / position / contact details:
Roy Lawrence, Principal Lead for Organisational Development & Culture,
Roy.Lawrence@fife.gov.uk

One of the following statements must be included in the “Impact Assessment” section of any committee report. Attach as an appendix the completed EqIA Summary form to the report – not required for option (a).

(a) An EqIA has not been completed and is not necessary for the following reasons: (please write in brief description)

(b)The general duties section of the impact assessment and the summary form has been completed – the summary form is attached to the report.

(c)An EqIA and summary form have been completed – the summary form is attached to the report.

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**29 July 2022**
Agenda Item No:	**12**
Report Title:	**Local Partnership Forum Annual Report 2021-22**
Responsible Executive:	**Nicky Connor, Director of HSCP**
Report Authors:	**Simon Fevre, NHS Staff Side Co Chair HSCP LPF** **Roy Lawrence, Principal Lead for OD & Culture**

1 Purpose

This Report is presented to the Integration Joint Board:

- Approval.

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

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.

2 Route to the Meeting

This report went to the Local Partnership Forum (LPF) initially on the 21 June 2022. Comments were received and the report was enhanced. The report was taken to the Finance, Performance and Scrutiny Committee on 8 July 2022 for approval. The report was again discussed at the LPF meeting on 20 July 2022 and agreed that once approved at the IJB it would be issued in a variety of ways to our staff. Both the Finance, Performance and Scrutiny Committee and the Local Partnership Forum agreed that the LPF Annual Report should be brought to the IJB on the 29 July 2022 for approval.

3 Report Summary

3.1 Situation

The attached Local Partnership Forum Annual Report provides an overview of the work undertaken by the LPF over 2021 / 2022. The LPF has a unique and crucial part to play in ensuring the future design of the Health & Social Care Partnership and this report sets out our work over 2021/22 to deliver on this.

The report has been developed in partnership and brings together the work of the LPF in delivering on its key objectives of:

- Advising on the delivery of staff governance and employee relations issues
- Informing thinking around priorities on health and social care issues
- Informing and testing the delivery and the implementation of strategic plans, and commissioning intentions
- Advising on workforce planning and development
- Promoting equality and diversity and
- Contributing to the wider strategic organisational objectives of the Integration Joint Board (IJB).

3.2 Background

Previously the LPF has developed an annual action plan to support and direct its work and to provide evidence for the NHS Fife Staff Governance Monitoring tool, which is required annually by the Scottish Government. Last year we decided that rather than develop an Action Plan we would produce an annual report to highlight what had been achieved over the past year and what our objectives were for the forthcoming year.

This therefore is the second LPF annual report outlining the work that has taken place between 1 April 2021 to 31 March 2022 and the objectives and next steps for 2022-2023.

3.3 Assessment

The report covers the following key areas of work by the LPF:

- Covid Response
- Organisational Change and the new Structure
- Staff Communication
- Staff Health and Wellbeing
- Organisational Development and Culture
- Equality and Fairness
- Staff Engagement
- Promoting Attendance
- Learning and Development
- Health and Safety

The report provides information gathered from key stakeholders across our health and social care systems with the expertise and responsibility for these priority areas and highlights some of the work undertaken in the partnership. It also sets these in the context of the national emergency response to COVID which impacted on so much of the activities over this period.

The report highlights the many improvements taken forward in partnership over a very challenging period. These have included areas such as support for staff health and wellbeing, which has been a significant area of focus for both health and social care staff and has included:

- Staff support hubs throughout Fife
- Listening support
- Information and links to online resources
- Mindfulness sessions for staff
- Peer support and support for managers to name but a few examples.

3.3.1 Quality/ Customer Care
As stated above, the report highlights many areas of improvement in support for the workforce resulting in higher quality employee experience.

3.3.2 Workforce
See main report.

3.3.3 Financial.
The report does not feature a financial assessment of the work undertaken. It is recognised that funding has been made available to support many elements of the new developments in support of the workforce in relation to the pandemic and that elements of this will be resource dependent going forward.

3.3.4 Risk/Legal/Management
No new risks associated with the report.

3.3.5 Equality and Diversity, including Health Inequalities
The report does not require an impact assessment.

3.3.6 Other Impact
None noted.

3.3.7 Communication, Involvement, Engagement and Consultation
None required for this report.

3.4 Recommendation

- **Approve the Local Partnership Forum Annual Report.**

4 List of Appendices

The following appendix is included with this report:

Appendix 1 Local Partnership Forum Annual Report 2021-2022

5 Implications for Fife Council

None noted

6 Implications for NHS Fife

None noted

7 **Implications for Third Sector**
None noted

8 Implications for Independent Sector
None noted

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	**No Direction Required**	X

10 To be completed by SLT member only

Lead	**Simon Fevre** **Roy Lawrence**
Critical	**LPF including SLT**
Signed Up	**ELT**
Informed	**All HSCP Staff**

Report Contact
Simon Fevre - Simon.Fevre@nhs.scot
Roy Lawrence – Roy.Lawrence@fife.gov.uk

www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership

Local Partnership Forum Annual Report 2021/22

NHS Fife

Supporting the people of Fife together

Fife Council

Contents

Introduction

Thoughts from our Director and Co-Chairs

Dear Colleagues,

Welcome to Fife Health and Social Care Partnership Local Partnership Forum's (LPF) Second Annual Report.

This report covers the time period from April 2021 - March 2022, it highlights the key work undertaken by the Local Partnership Forum and shines a light on the fantastic staff working across Health and Social Care in Fife.

This year has undoubtedly been one of the most challenging times in Health and Social Care as we have lived through another year of the pandemic impacting on our work and home lives. As the world moved towards less restrictions and recovery, our services continued to experience unprecedented whole system impact across the Health and Social Care Partnership, NHS Fife, Fife Council and colleagues in the Third and Independent Sectors.

Thank you to all Health and Social Care Staff across all sectors who despite the challenges faced every day, demonstrate kindness, care, compassion and commitment to the people they care for and their colleagues, really supporting a "Team Fife" approach. Many staff have experienced re-deployment and worked in different roles to support delivery of critical services for the people of Fife and we have continued to see the need to work differently using technology, and through agile and remote working. The flexibility shown by staff is humbling and we are very lucky to have such a skilled, flexible and willing workforce in Fife. You are all indeed at the heart of Health, Social Work and Social Care and the great work you do every day is highly valued.

Thank you also to all members of the Local Partnership Forum who committed to monthly meetings for the majority of this year to enable increased monitoring and joint working between management and trade unions/staff side whilst the pressures have been so great. A Staff Partnership Agreement governs how the LPF functions, and the Local Partnership Forum has fulfilled its remit through:

- Advising on the delivery of staff governance and employee relations issues,
- Informing thinking around priorities on health and social care issues,
- Informing and testing the implementation of approaches in relation to strategic plans, and commissioning intentions,
- Advising on workforce including planning and development and staff wellbeing
- Promoting equality and diversity,
- Contributing to the wider strategic organisational objectives of the IJB.

There are a number of highlights that we would draw your attention to in this report which include:

- The focus we have had at every LPF on Health and Safety, Service Pressures, Staff Health Wellbeing
- The forum's influence on the transformation work around home first, immunisation, mental health
- The support for the organisational change that has taken place across the Health and Social Care Partnership
- The co-chairs share the minutes and provide an update at every Integration Joint Board Meeting

We communicate after every LPF in the Director's Brief and have placed significant focus on iMatter, including learning from feedback from our amazing 61% response rate and developing actions in response.

A great deal has been achieved in the past year with much to be proud of and we will continue to listen to staff, champion integration and work together through the Local Partnership Forum to collectively support Fife Health and Social Care Partnership staff as we look to 2022/23.

Thank you for all you do.

Simon Fevre
Co-Chair LPF

Eleanor Haggett
Co-Chair LPF

Nicky Connor
Co-Chair LPF

Our Vision and Values

The LPF has established an approach with stakeholders that focus on three main objectives:

- Is the LPF assured that work being undertaken within the Partnership meets the needs and best interests of our people?
- What can the LPF contribute to any conversation that advocates for our staff and improves the corporate or professional response to challenges within the system?
- Can the LPF assure the workforce that the challenges and issues they face are being addressed positively by the employers and senior leadership team within the Partnership?

This report seeks to provide a brief overview of the organisational issues the LPF believes has the biggest impact on our workforce and our work with the senior leadership team of the Partnership and beyond to ensure the voice of our people is heard within the decision-making process.

The report will highlight some of the excellent work being carried out across the Partnership to support our workforce: from wellbeing, to our response to the impact of Covid, to support for sickness absence and health and safety, our leadership, organisational change and learning and development, to our belief in the importance of equality, fairness and staff engagement and participation.

The LPF has a unique and crucial part to play in ensuring the future design of the Health & Social Care Partnership and this report sets out our work over 2021/22 to deliver on this core objective.

Over the last year, members of the LPF have been key members of the groups that are developing our future service design and strategy across the Partnership. For example, we have supported the development of the Workforce Strategy for 2022 – 25 which will be published in October 2022, the distribution of Scottish Government Wellbeing Funding over the winter of 2021/22, the creation of a partnership focused Wellbeing Strategy Group which will work to generate an integrated approach to Wellbeing from 2022/23 onwards and the conversations at the Extended Leadership Team sessions to provide a voice for our staff.

Our Membership and Meetings over 2021/22

Membership

The Local Partnership Forum consists of core membership from Trade Unions, Staff Side, Senior Leadership Team and Human Resources. There are also people who regularly attend the LPF to provide advice, reports and support the work of the Local Partnership Forum.

Regular members and attendees to the Local Partnership Forum

Name	Role
Nicky Connor (Co-Chair)	Director of Health & Social Care and Chief Officer of the IJB
Simon Fevre (Co-Chair)	Staff Side Representative, NHS Fife
Eleanor Haggett (Co-Chair)	Staff Side Representative, Fife Council
Debbie Thompson	Joint Trades Union Secretary, Fife Council
Lynn Barker	Associate Director of Nursing, H&SC
Jane Brown	Principal Social Work Officer, H&SC
Wilma Brown	UNISON, Employee Director, NHS Fife
Elizabeth Crighton	Project Manager – Wellbeing & Absence, H&SC
Bryan Davies	Head of Primary & Preventative Care Services, H&SC
Kenny Egan	UNITE
Lynne Garvey	Head of Community Care Services, H&SC
Kenny Grieve	Health & Safety Lead Officer, Fife Council
Helen Hellewell	Associate Medical Director, H&SC
Elaine Jordan	HR Business Partner, Fife Council
Angela Kopyto	Community Dental Officer, NHS Fife
Rona Laskowski	Head of Complex & Critical Care Services, H&SC
Roy Lawrence	Principal Lead Organisation Development & Culture, H&SC
Chuchin Lim	Consultant Obstetrics & Gynaecology, NHS Fife (BMA)
Kenny McCallum	UNISON
Wendy McConville	UNISON Fife Health Branch
Fiona McKay	Head of Strategic Planning, Performance & Commissioning, H&SC
Anne-Marie Marshall	Health & Safety Officer, NHS Fife
Alison Nicoll	RCN, NHS Fife
Lynne Parsons	Society of Chiropodists and Podiatrists, NHS Fife
Susan Robertson	UNITE
Morag Stenhouse	H&S Adviser, Fife Council
Audrey Valente	Chief Finance Officer, H&SC
Mary Whyte	RCN, NHS Fife
Hazel Williamson	Communications Officer, H&SC
Susan Young	HR Team Leader, NHS Fife
Wendy Anderson	H&SC Co-ordinator (Minutes)

Meeting Dates

Meetings ordinarily take place on a 2 monthly basis to ensure there is a Local Partnership Forum within each cycle of the Integration Joint Board. The Forum has been responsive to challenges over the past year and under times of increased pressures on services the forum has met monthly.

The LPF met on the following dates:

- Wednesday 28 April 2021
- Wednesday 19 May 2021
- Wednesday 21 July 2021
- Wednesday 1 September 2021
- Wednesday 20 October 2021
- Wednesday 24 November 2021
- Wednesday 19 January 2022
- Tuesday 15 February 2022
- Wednesday 16 March 2022

Meeting Agendas

Agenda topics are agreed ahead of each meeting by the co-chairs and HR colleagues. The meeting structure is developed through a mix of set agenda items discussed at every meeting and more responsive agenda items which are topical and responsive to the priorities at that time. The co-chairs lead the meeting on a rotational basis.

Summary of Standing Agenda Items:

- Budget / Finance Update / Recovery Plan
- Covid-19 Position
- Health & Safety Update
- Health & Wellbeing
- Items for Briefing Staff
- Joint Chairs' Update
- Sickness Absence Reporting
- Winter Pressures, Covid-19 Position and Workforce Update

Summary of Responsive Agenda Items:

- East Region Recruitment Service
- Health Staff Testing & Staff Testing (Covid-19)
- Home First Strategy Update
- iMatter Survey Update
- Immunisation Workforce & Planning Assumptions
- Interim Workforce Plan 2021-2022
- LPF Annual Report
- National Care Service Consultation
- Refresh of Workforce Strategy and Plan
- Whistleblowing

Covid Response

The year 2021/22 has been incredibly difficult for staff and the people that we care for and deliver services to. This challenge has been a combination of the ongoing impact of covid and unprecedented challenges over the winter period causing significant whole system impacts. This has meant increased demand for health and social care services and reduced capacity through both ward and care home closures and challenges in community health and care team capacity.

All these system challenges have created unprecedented pressures on our workforce through Covid related absences, following self-isolation guidelines, the need for extra hours, the use of bank and agency staff and the redeployment of staff across the system to meet the demands put on services. We recognise that the impact of these pressures will continue to have an impact on our workforce over 2022/23 and the LPF will continue our work with stakeholders to support our staff.

Despite these pressures we have seen innovation, whole system joint working and progress in integration in Fife. Some of the examples of this response include:

Bronze Control

The command structure has remained in place this year. Every weekday morning a representative from all of the services in Health and Social Care in Fife along with representation from staff side and trade unions meet. This has enabled a real time, daily review of the pressures enabling open whole system discussion, transparency and awareness of the pressures where teams have reached out to support each other, and key issues for escalation to the Silver or NHS Fife Gold command or Fife Council Incident Management Team. This daily meeting will continue, even though the Command Structure has officially ended as a Health and Social Care System Huddle to continue the great work that was started and enable an ongoing, agile response.

Resilience

The command system has worked well and included the wider resilience partnership when, at the peak of winter pressures, services were most challenged. Thank you to colleagues in NHS Fife and Fife Council for their support and to the volunteers who stepped forward to work in different roles or undertake additional hours to help support critical services. Work has commenced on the review of our resilience, post covid and winter including business continuity.

OPEL Tool

To support a review of the pressures each day a tool (named OPEL, which stands for Operational Pressure Escalation Level) was developed which covers all services and considered the status of flow, workforce and wider system pressures. This has enabled a common language across health and social care and acute services. It also provides an objective measurement which enables a consistent description of pressures and identify improvements or increasing pressures. Staff side and Trade Unions were involved in the development, testing and review of the use of OPEL and participated in a joint development session with the Local Partnership Forum and the Integration Joint Board to showcase the tool.

Local Partnership Forum

The LPF has met monthly for most of the year to ensure close working between trade unions, staff side and the senior leadership team as we monitor the pressures and impact on staff, to ensure we are maximising the opportunities to support staff health and wellbeing and keep a close focus on Health and Safety.

Investment in Workforce

This year also saw significant financial commitments being made to support investment in the workforce in Fife Health and Social Care Partnership. This includes within Social Work and Social Care, mental health renewal and recovery, primary care, immunisation and multi-disciplinary teams. Whilst recruitment has been a challenge into some of these areas there is significant work ongoing which is being closely monitored to deliver on the commitments to bring to fruition the investment in the Health and Social Care workforce in Fife. LPF members are also members of the Partnership's Workforce Strategy Group and are able to influence the direction of this work.

Adult Protection

In this past year we have been involved in joint inspection of Adult Protection. This covered health, social care and social work and involved staff surveys and focus groups. The final report was very positive about the work being done in Fife and testament to the staff working to support some of our most vulnerable adults.

Organisational Change and Our New Structure

In 2021/22 there has been significant organisational change progressed within Fife Health and Social Care Partnership. This has been co-produced with the Extended Leadership Team and in strong partnership with Trade Unions and Staff Side. The proposal was agreed with the Local Partnership Forum and regular updates were presented to the LPF. All staff impacted by the change were engaged with and had the opportunity for discussion in line with NHS Fife and Fife Council Policies.

The design principles that we agreed and implemented were:

- Staff will be involved in changes that affect them
- Rationale for change will be transparent
- Balance size and scale
- Reduce barriers to integrated working
- Help the services that work together to be a team together
- Support delivery of the H&SCP objectives in line with the Strategic Plan and National Health and Wellbeing Outcomes

This change process enabled a movement from East, West and Fife Wide Divisions to establishing portfolios of services that bring the teams that work most closely together to focus on pathways of care for the people of Fife and to support Primary and Preventative Care, Community Care Services and Complex and Critical Care Services. The change also created portfolios to support business enabling functions (including finance, strategy, performance and organisational development) and Professional Standards (including Nursing, Medical and Social Work professional leadership).

A key focus of this change is to support systems leadership with all portfolios working together to support the identity of One Health and Social Care Partnership in Fife. This has been further enabled through the development of an Extended Leadership Team which includes Staff Side and Trade Union Representation. The wider workforce has been kept updated through every stage of this process via updates in the weekly directors brief, videos, and opportunities to attend bite-size sessions, as well as communication material from Extended Leadership Team sessions to share with services.

The change took place in July 2021 therefore work is still ongoing to support embedding the new structure but there has been early feedback on the value of clearer roles and responsibilities, the opportunity that will come from bringing together teams with a common purpose and in an integrated way, and the value of systems leadership. The next phase of change will be to support working at a locality level in Fife and this will be a focus of discussion at a future LPF in the coming year.

Staff Communication

The Partnership's Lead for Communications is a member of the LPF and works with colleagues to ensure the LPF is represented well within the Partnership's communication channels.

Our reflection on 2021/22 is that communications work continues to progress across the Partnership, as we look at ways to connect with staff and keep them updated on what is happening as well as signposting the information, guidance and resources available to staff to support their health and wellbeing.

On a day-to-day basis and throughout the pandemic the LPF has been instrumental in putting our staff's health and wellbeing and the support available to them at the forefront of communications. After each Forum, an update is included in the Director's weekly staff briefing highlighting the amazing workforce we have across the whole health and social care system, challenges facing the workforce and any common concerns raised – this has included regular thank you messages, updates on guidance across the respective organisations and the daily challenges facing the health and social care system and also what has had to happen to ensure our staff and those we care for are safe, keeping everyone updated on the current situation.

It has no doubt been a challenging couple of years for everyone and communications has played its part in keeping staff connected including looking at ways to engage with staff who have no or limited access to a pc. There is much we have learned in this time which will help us to develop the communications to support the Partnership to reach the 2025 vision.

Key Priorities for 2022/23

The Comms team will continue to develop the director's weekly briefing and to reach more Partnership staff – all services will have an opportunity to shine a light on what they do and who they are, diversity, best practice and health and wellbeing. Along with the weekly briefing, there is now a monthly briefing which is co-produced with the leads from the independent and third sectors to share news and information across the whole health and social care system, showcasing integration in Fife.

Improve leadership visibility – an action from the iMatter survey was for the senior leadership team to have more visibility. Following the easing of restrictions, the senior leadership team is now able to visit teams across Fife and a programme of visits has been developed.

Communications survey to partnership staff – to understand more about what staff need and want from this briefing.

Staff Health and Wellbeing

Key dimensions of staff support

The LPF would like to pay tribute to our workforce for their perseverance, resilience and dedication to continuing to deliver a high-quality service to the people of Fife throughout the most challenging of years. The LPF group members have worked collaboratively to ensure the health and wellbeing of our workforce is at the forefront of decision-making for the Partnership. The stakeholder's commitment to staff health and wellbeing has been evident in the incredible range of interventions provided to support our staff.

Over 2021/22 we have worked alongside the NHS, Fife Council and the 3rd and Independent Sectors to support the delivery of wellbeing interventions:

- NHS Fife & Fife Council achieving and retaining the Gold Healthy Working Lives award
- The NHS Fife 'Well @ Work' Programme, which encompasses a wide range of employee supports for wellbeing to achieve a culture of kindness and a range of other wellbeing culture shifts
- Fife Council has developed a culture of 'TeamFife', using videos and challenges to inspire a positive spirit and mindset. A recent Healthy Working Lives survey generated 175 responses from HSCP staff providing data to understand what areas have the biggest impact on staff wellbeing
- An NHS Fife / Fife HSCP Staff Health and Wellbeing Bronze group has provided focus and co-ordination for a range of measures underpinned by the principles of Psychological First Aid
- A wide range of communications that support staff and signpost them to the resources available, e.g. through the weekly Director's Brief, the new Fife Council employee intranet, and NHS Fife StaffLink

- Listening support is available via the NHS Fife Spiritual Care Team's Staff Listening Service and Fife Council's listening ear service provided by Workplace Chaplaincy Scotland, Mental First Aiders and the Occupational Health Counselling provision
- Nine HSCP members of staff were trained in Mental Health First Aid to provide a confidential listening service as well as employers providing access to a range of psychological interventions, counselling and mental health resources
- Mindfulness Sessions as part of the NHS 'Going Beyond Gold' approach
- Positive Steps to Mental Wellbeing - Peer support sessions hosted by volunteer trainers
- A range of supports for Managers, signposted through Access Therapies Fife website, including information sharing sessions to discuss the resources and supports available to support both wellbeing and absence
- A range of interventions to support whole person health – physiotherapy, information sessions, learning and development resources including Mental Health Awareness and Good Conversations.

All of these services have been complemented by a range of wellbeing activities and courses, including self-care and compassion, outdoor wellbeing sessions, wellbeing champion's courses, spaces for listening, managers, compassionate connected and effective teams workshops, fuel poverty awareness sessions and access to Values Based Reflective Practice sessions for teams.

Inspiring a Culture of Kindness Conference 2021

An example of the growing understanding of the need for a compassionate workplace was the engagement in the very successful "Inspiring a Culture of Kindness" Conference which was held on Wednesday 26 May 2021. The conference was led by NHS Fife and open to all staff within the Health and Social Care Partnership. Over 100 staff attended this all-day virtual event, with keynote internationally renowned speaker, Dr David Hamilton, presenting on The Five Side Effects of Kindness and Ben Thurman from the Carnegie Trust presenting on The Courage to Be Kind. The main speakers were complemented by an overview of local activities and a range of Health and Wellbeing Workshops.

Feedback from the conference evaluation and one of the creative competition winner's art work (Laura Affleck: Where there is Kindness there is Hope) are below:

For 2022/23 - Stress Management and Prevention, a Risk Assessment Project

A large-scale project involving the University of Hull, Centre for Human Factors is progressing. From the University of Hull, the work will be led by Dr Katie Cunnah, Operations Director & Senior Psychologist and Professor Fiona Earle, Director, The Centre for Human Factors.

A steering group chaired by Jane Brown: Principle Social Work Officer has been set up with a wide range of representatives and service champions. LPF representatives are part of this group. The work will involve focus groups and interviews with a range of different job holders from within Health and Social Care. The aim is to seek perceptions and opinions about work including what challenges have been experienced in recent months and years, what has been going well, how the workforce is feeling about work and what can be done to provide further support.

Following the focus groups, the next phase is the deployment of a large-scale stress assessment survey. This work is initially beginning with Social Care and Social Work but will have learning transferable across the whole partnership.

Winter Wellbeing Monies for Staff Support

The Scottish Government made funds available to help employers support their workforce with a range of emotional and practical mental health and wellbeing needs over last winter. LPF representatives were involved in the engagement process across H&SC to add their voice to the most appropriate use of the funds that were made available. Collectively, with management and staff across the services who the monies were aimed at, we agreed the following were most useful:

- The Coach Approach training which was accessed by managers across the whole Partnership, with excellent representation from the Third and Independent Sectors
- Mental Health Training for Managers/supervisors
- Sessions from Workplace Chaplaincy Scotland
- Gym and Swimming memberships from Fife Sport and Leisure Trust
- A wellbeing bag with hand sanitiser, hand cream, lip balm, insulated drinks bottles/ flasks
- Replacement mattresses / storage basis and full bedding for all sleepover beds across Fife Housing Support
- Additional items for Staff Hubs
- Modern vending provision to enable staff to access healthy and nutritious meals during weekends and out of hours
- Yoga Kit
- Team Development and Communication Sessions
- Additional Cycle Lockers

Strategic Priorities for Staff Wellbeing for 2022-23

- Develop the Staff Health & Wellbeing Framework aligned to the three-year workforce plans
- Ensuring a sustained focus on staff support and wellbeing and on prevention and reduction of stress
- Shaping organisational culture to support resilience across the workforce

Priority actions in line with these include:

- Providing information and guidance relevant to the above
- Addressing the needs of staff who may struggle to seek help including the areas of workforce with limited, or no access to technology
- Progressing developments to support compassionate and trauma informed leadership
- Increasing and embedding of peer support options
- Identifying and mitigating areas of work-related stress
- To continue to promote mental health in the workplace training
- Continue to promote and facilitate staff to access the full range of options including occupational health support and access to counselling services and physiotherapy

A full report on Wellbeing work across the Partnership is included as Appendix 1.

Organisational Development and Culture

Part of the cultural change being championed in the Health and Social Care Partnership is Supporting Systems Leadership.

This has involved developing an Extended Leadership Team which brings together all direct reports to members of the Senior Leadership Team (SLT), SLT itself, Local Partnership Co-chairs and key business partners in NHS Fife and Fife Council.

The purpose of the Extended Leadership Team is:

- Listen - inform and connect us as a "one HSCP"
- Voice - to share collective experience and influence developments
- Promote - open networks and engagement with SLT and peers
- Impact - Keep focus on our common priorities to ensure collective impact

Together we have enabled all services within the Health and Social Care Partnership to have direct input and influence into the strategic planning and key priorities within the Health and Social Care Partnership.

Together the extended leadership team has developed Success Statements which focus on:

Our Leadership ability and Organisational Culture

- Everyone understands they are a leader within the partnership and that they represent us all whenever they deliver a service
- Our people believe they are treated fairly, feel included in our future and recognise we are all in this together to be the best we can be

Opportunities for our Workforce to thrive and perform to their potential

- Our people will feel supported to try new ways of working to improve the service they deliver
- Our people will feel proud and passionate about the work of the Partnership

Our ability to Transform our services

- Our people work together to design new ways to deliver the best possible care and support across the whole partnership
- Our people use technology and other resources to sustain new ways of working that change people's lives for the better.

Our ability to get the best value from our Financial resources and Sustain our services

- We plan to deliver and deliver what we plan within the resources available
- Our planning demonstrates a forward-looking vision for the future to make sure we can continue to deliver high quality service

Our performance in affecting people's lives Earlier to Prevent the need for hospital and reduce the need for health and social care services

- We can show how we are working in a way that helps people to help themselves and build strength in their communities
- There will be less emergency hospital admissions

Our ability to empower our Local Places to influence the service they receive

- We can show we are listening to people and supporting them to get the service they need wherever possible
- We can show how local voices are helping us design the future of the Partnership

Our Standards of Practice Excellence & Quality

- Our people challenge themselves to provide the best possible care and treat others as they would like to be treated
- We celebrate the great work of our people and have a track record of high-quality care that improves people's lives

Our Reputation with our Citizens and our Staff

- The citizens of Fife believe our partnership works with them to achieve the best possible outcomes in their lives
- Our people believe the partnership is an excellent place to work and that their contribution to our success is valued

The success statements have a clear focus on people including the Health and Social Care workforce and the citizens of Fife. There is emphasis on culture, leadership and our collective aspirations for delivery which supports values shared across the Senior Leadership Team and Local Partnership Forum.

This Extended Leadership Team is flourishing and in future LPF annual reports we will be seeking to include information on how we are delivering against the Success Statements that relate to workforce, leadership and culture.

Equality and Fairness

Fife Council's Equality and Inclusion Initiatives

Equally Safe at Work

We were accepted on to Close the Gap's Equally Safe at Work programme to work towards their bronze accreditation over the next 18 months.

Flexibility Works

We have been working with Flexibility Works to help consider flexible working options for front-line employees.

Pregnancy Loss Pledge

We took the Miscarriage Association's Pregnancy Loss Pledge to, amongst other supports, provide paid time off for employees (and their partners) who suffer a pregnancy loss at any stage of pregnancy.

Equality Outcome Progress

Fife Council's employment equality outcome for 2021-2025 is:

> "The Council understands its workforce better and it reflects the diversity of the local population"

Last year we identified workforce actions that we will progress by 2025. The table below shows our progress on these actions in 2021/22:

Action	Progress
Work to improve the information we hold about employee's equality information.	We have begun work on building a custom report within our HR/payroll system.
Engage with local communities about our workplace practices in partnership with Fife Centre for Equalities.	We have planned work with Fife Centre for Equalities who will engage on our behalf with community groups.
Engage with young people in our workforce to identify and act on ways to attract and support other young people (aged 16 - 24) into training and employment opportunities with the Council.	The Young Employee Network was reinstated. Since the pandemic, they have been meeting virtually every 6 weeks. This has allowed employees to catch up from different locations across Fife.
Demonstrate our commitment to equality of opportunity for trans people throughout recruitment and employment, including supporting trans employees through a transitioning process.	We developed guidance on our intranet which outlines our support for our transgender colleagues and gives practical advice to managers on how best to support their employees through a transitioning process.
Further our support to recruit and retain disabled employees.	We launched a Workplace Adjustments Passport to offer a live record of adjustments that have been agreed between disabled employees and their managers to support them at work.
Review employee training relating to equality, diversity and inclusion.	We have begun the scoping work for this action - identifying the separate training required for employees and managers.
Develop new workstyles to provide support for more flexible and inclusive working across the Council.	Conversations are ongoing with services and unions about future ways of working. We have mapped every job to one of six workstyles and will be formally introducing the blended workstyle to those in roles suitable for this way of working.

NHS Fife's Equality and Inclusion Initiatives

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.

NHS Fife Workforce

- Supporting overseas candidates to live and work in UK
  NHS Fife has welcomed international nursing recruits to NHS Fife. The new recruits are part of a wider project to enhance and expand NHS Fife's nursing workforce, with Fife being the first Health Board in Scotland to welcome international recruits into the workforce as part of a partnership with Yeovil District Hospital NHS Foundation Trust.

During 2021-22 NHS Fife

- Improved on data collection on Protected Characteristics
- Published Workforce Data
- Supported compliance with Public Sector Equality Duty
- Launched Pride Badge
- Supported a BAME Network for NHS Fife staff.

Recruitment

- New Equality, Diversity & Lead Officer appointed
- New Employability Manager appointed

Kickstart Scheme

NHS Fife engaged with the UK Government Kickstart Scheme which enabled the creation of jobs for 16 to 24 year olds on Universal Credit who are at risk of long term unemployment. Appointments were made to support services and administrative roles throughout NHS Fife.

Staff Training

- 640 staff completed the LearnPro Equality and Diversity Training last year
- 1,855 staff updated compliance with Equality Diversity and Human Rights via TURAS Learn
- The Terrance Higgins Trust ran three Introduction to Trans Awareness Sessions during September 2021 to November 2021 and 157 staff members attended these sessions
- 70 members of NHS staff completed the NHS Lothian eLearning Transgender Awareness Module during April 2021 to March 2022.

BAME Network

The Black and Minority Ethnic Network was formed in February 2021 with Joint Co-Chairs nominated from within the group and Terms of Reference agreed. There are members from all areas of NHS Fife, H&SCP, Independent Contractors and partnership input, with support from Workforce Directorate. There has been learning from colleagues from other established networks in NHS Lanarkshire and NHS Lothian on how to support our network. There has been a presentation and Q&As from an external speaker on Unconscious Bias and how to improve this.

We have reviewed Workforce Policies that support Equality and Diversity in the Workplace. These include, Menopause in the Workplace Policy, Retirement Policy and Flexible Working Policy. The 'Once for Scotland' Workforce Policies Programme was paused until April 2022, and this had an impact on us reviewing other policies. This work will recommence in 2022-23. LPF members continue to contribute to this work.

Staff Engagement

The Partnership would not have been able to achieve as much as it has in the past year without the active involvement of all of our people. The need to mobilise, redeploy and recruit significant numbers of staff would not have been possible without the support of those staff and their Trade Unions and Professional Organisations. At all stages of the COVID-19 pandemic, staff side organisations have been included in discussions and where rapid action has been required a spirit of cooperation and compromise has been sustained to achieve an acceptable outcome for all. The COVID Gold, Silver and Bronze command structures have had staff side fully engaged throughout and appreciate the ongoing, solution-focused approach of our LPF representatives.

iMatter

The iMatter Continuous Improvement Model was developed by NHS Scotland staff and aims to engage staff in a way that feels right for people at every level. As a team-based tool, iMatter offers individual teams, managers, and organisations the facility to measure, understand, improve and evidence staff experience.

The iMatter survey was accessible to all staff working within Health and Social Care in Fife in 2021and more than 5400 questionnaires were sent out. Despite 2021's questionnaire being significantly longer, the H&SCP received its highest response rate (61%) and to date, almost 300 (out of 505) teams have completed action plans.

In keeping with previous national iMatter Reports, Fife H&SCP was not an outlier. There were no red flags and no significant surprises in our report. In addition to having HSCP overall report, each team has their own report. A critical part of the iMatter process is to have team discussions on the findings and from that complete an action plan and story board which enables teams to both acknowledge what is going well and areas for development. Team reports and actions plans are confidential to individual teams and these discussions have remained active over the year.

Local Partnership Forum (LPF) time was spent discussing the HSCP iMatter report at multiple LPF meetings and identified areas to both celebrate and also areas we need to collectively develop. These are grouped into three key areas: Let's Celebrate; Let's Develop; Let's Act.

Let's Celebrate

It is fantastic that so many Health and Social Care Staff took time to complete this survey – this high staff engagement is valued.

Overall, there was a lot of "green" within the report which highlights a positive story.

There was very positive feedback that your manager cares about your health and wellbeing and given that we have been working through a pandemic which has impacted on everyone's personal and work lives – it is reassuring to know that people are feeling supported by their line manager.

There was also positive feedback about being treated with dignity – this is part of HSCP, NHS Fife and Fife Council core values and is so crucial to the way we want to work together.

Another area noted by the LPF was the high score in recommending the Partnership as a great place to work – which is a great way to celebrate peoples experience at work.

Let's Develop

We received feedback which will help us to develop further. Some key themes to develop were Senior leader visibility – including the senior leaders and the board members; Being involved in decision making; Supporting your learning and development; Supporting teams to be connected; Improving communication.

There was discussion regarding the challenges of the year gone by and the impact this has had on being visible when many people are working remotely either from home or not from their normal office base. The LPF acknowledge the importance of helping people to keep connected both within your team and as part of the wider Health and Social Care Partnership team.

We are committed to ensuring that leaders at senior management and board level are regularly visible across the Partnership and the opportunities this can offer in partnership with our trade union colleagues.

We recognise that good communication is absolutely essential and want to do all we can to help improve this and this needs to underpin all of our work.

The LPF also acknowledges that some areas of supporting learning and development may have been impacted over the covid period and want to explore how we can focus on this moving forward.

Let's Act

The LPF is committed to ensuring that we take action in response to the feedback that you have provided and has kept these discussions live throughout the year. A summary of the actions that have been and continue to be progressed are:

Theme	Actions
Senior Leaders (including the board) are visible across the workforce	• Utilise Directors Brief to introduce Integration Joint Board Members. Starting with Chair and Vice Chair. • Senior Leadership Team visits across services and communicate these via the Directors Brief • Once Covid restrictions allow arrange site visits for Board members
Involved in Decision Making	• Have conversations with staff regarding what actions would be helpful. • Continue with Extended Leadership Team which means services have a direct influence through the senior manager into the Senior Leadership of the HSCP • Continue to strengthen the role of the Local Partnership Forum to enable engagement of trade unions in decision making • Explore how we can utilise some of the Senior Leadership Visibility sessions to have direct discussion and engagement with staff on key issues • Revise the SBAR reporting template to ensure that how staff have been engaged with is a consideration of any reports brought forward. • Strengthen communication to ensure that updates are provided in the Director's Brief including agenda at Integration Joint Board, Local Partnership Forum, and updates on any major changes
Supporting Learning and Development	• Review uptake of Mandatory Training across all services areas • Include staff development within the refreshed Organisational Development and Workforce Plan

In preparation for the 2022 cycle, we are encouraging as many managers within the H&SCP as possible to switch from paper-based to SMS-based during the team checking stage. In 2021, the SMS functionality was tested for the first time, and 29% of H&SCP respondents who were sent a link responded, compared with only 1% of paper respondents.

Recent developments include Action Planning Guidance for Managers and we are preparing to launch a new e-learning module for raising awareness.

In the National Report, Fife H&SCP has a number of mentions, and we have suggested that the report should separate out data from the H&SCPs as the report remains heavily NHS-focused.

Shining a Light

Nursing

Working collaboratively also with staff side members attending all the Community Treatment and Care Centres workforce meetings. Staff side colleagues have been fundamental in assisting with TUPE and other workforce changes and challenges. This collaborative work involves ensuring everyone is engaged with, supported, and have the correct communication relevant to them, the situation and that it is individualised. The work with band 2/3 has been done completely in collaboration with staff side members through the short life working groups and any individual meetings.

Bronze

Every morning at 9am one of the Heads of Service coordinates the Fife Health & Social Care Partnership (FHSCP) Services operational response in relation to the relevant phase of recovery, mobilisation, COVID-19 response and systems pressures in line with the agreed priorities and actions delegated through the Leadership Team.

The introduction of a new Operational Pressures Escalation Tool (OPEL) has enabled us to

- Co-ordinate the operational delivery of Fife H&SCP services during the COVID-19 pandemic
- Implement business continuity measures to release capacity based on risk assessment in response to the agreed clinical and scientific need to support flow, public safety and deliver safe and effective care
- Frequently review and risk assess surge plans to ensure agile responses to any pressures
- Escalate issues for support and direction
- Ensure accurate and timely communications across FH&SCP services
- Enable decision making and/or timely escalation on critical flow and capacity matters:
  - Workforce
  - Equipment (including PPE)
  - Process
  - Provide support and resilience within FH&SCP services

One of the key successes of introducing our OPEL tool and facilitating bronze huddles is the engagement from our staff side and trade union colleagues. Without their support our decisions and dissemination of information would not have been as optimal. The Senior Leadership Team would like to thank all staff side and trade union colleagues for their continuing ongoing support, advice and tenacity and their contribution to our control structure and Bronze decision making.

Bitesize Care at Home Sessions

These sessions were led by the Head of Community Care Services to communicate directly with the Care at Home workforce. These sessions provided an update on what was happening and offered the opportunity for employees to ask questions and raise issues important to them, including resource gaps and the need to plan for the future which was a concern for them. Themes have been identified and an action plan has been developed and implemented. From the outset of the first Care at Home bitesize information gathering sessions, through to the action planning meetings and subsequent 'You Said, We Did' feedback sessions, consistent involvement and engagement of trade union colleagues has been key. Their in-depth knowledge has been hugely beneficial in ensuring that a pragmatic and sensible approach is taken for the benefit of all.

Immunisation workforce

Staff engagement sessions have been used to support the transition between a temporary to a permanent workforce. Events were held in October 2021 and February 2022. Over 200 staff attended these sessions which were to deal with the workforce issues that have arisen because of the need to create a permanent workforce and to speak with staff about bringing all immunisations together to deliver a service from the cradle to grave. The workforce has now been recruited to and work is underway to bring the COVID/Flu Immunisation workforce together with the childhood immunisation service.

Podiatry Service

The podiatry service has recently gone through a service review making change to the service delivery model and their management structure. This has been done in full partnership with the local staff side representative, who helped guide and support staff and managers through the process. On 25 April the service model was agreed by SLT and is now in the process of recruiting managers to support the structure.

Promoting Attendance

Absence management and support for our people

Fife Council and NHS Fife HR and Project Management colleagues report to every LPF meeting to update the group on absence levels and trends. This allows in depth conversation about the issues facing our people and the work being done within the Partnership to support the workforce.

This includes a focus on short and longer-term absence and the reasons for those, looking at the prevalent issues for our people, e.g. Covid, stress, musculoskeletal and how we best respond to those. A detailed report from both NHS Fife and Fife Council is included as Appendix 2.

NHS Promoting Attendance & Fife Council Absence Management Report for 2021/22

This report provides in depth analysis of the figures and underlying reasons alongside a range of proposed actions to improve these issues for our people.

Learning and Development

Learning and Development for Social Work & Social Care and NHS Fife Staff

To ensure our people have the knowledge, skills and experience to deliver the high-quality services the citizens of Fife depend on, a huge range of learning and development opportunities are provided to our workforce across the Partnership.

The ability to deliver learning and development has, like all services during the pandemic, adapted to ensure those who need training and learning are able to access what is required. This included how we supported staff to redeploy quickly across services and trained volunteers to move into key areas safely alongside making sure our organisational priorities around registration of staff, qualifications, mandatory training, leadership and management development and specific training to meet the needs of those who receive a service were all delivered as required by operational service.

One example of innovative practice in learning and development is our work on National Whistleblowing Standards:

New National Whistleblowing Standards for the NHS in Scotland came into force from 1 April 2021. This is a change in how whistleblowing concerns are dealt within the NHS. The Standards are underpinned by legislation and cover all NHS providers.

The key aim is to ensure everyone is able to speak out and to raise concerns, when they see harm or wrongdoing putting patient safety at risk or become aware of any other forms of wrongdoing.

This learning will become a core requirement over the course of 2021/22 in order to ensure that all members of staff are appropriately trained. The relevant learning can be accessed via the links below:

- Whistleblowing : staff needing an overview | Turas | Learn
- Whistleblowing : managers and people who receive concerns | Turas | Learn

To date 1968 members of H&SC workforce undertook the staff training and 345 undertook the manager training.

A full report on the learning and development activity for 2021/22 is included as Appendix 3.

Health and Safety

The HSCP Health and Safety Assurance Forum was able to reconvene during 2021 – 2022 under the leadership of Rona Laskowski, Head of Complex & Critical Care. The H&S leads from NHS Fife and Fife Council have continued to participate in the LPF to provide contact and updates relating to both COVID and health and safety issues.

The ability to participate in the LPF has been of real benefit in keeping colleagues up to date with developments and allows staff side representatives to raise any concerns from the service. H&S representatives also participate in the HSCP Silver Command meetings and latterly the Extended Senior Leadership Team has ensured that H&S issues could be highlighted, escalated and managed appropriately throughout the pandemic.

The detailed report is included as Appendix 4.

Conclusion

This report has offered a summary of the activity undertaken by the Health and Social Care Partnership Local Partnership Forum in 2021/22. There are supplementary reports available via the appendices 1) Well Being, 2) Attendance Management, 3) Learning and Development, 4) Health and Safety. Thank you to all members for their active contribution and commitment to supporting staff within Fife Health and Social Care Partnership. Whilst there can be complexity supporting systems leadership and a shared vision across a workforce employed by different organisations and in partnership with colleagues in the Third and Independent Sectors much has been achieved to enable learning across and between organisations, strengthening joint working and enhancing the value of Integration by being part of Fife Health and Social Care Partnership.

Whilst recognising the fantastic effort of our staff as highlighted in this report, we are aware that there are significant challenges ahead for all of us. We continue to be extremely busy in all areas of the Partnership, which puts added stress and pressure on our staff, which are increased by the recruitment and retention difficulties. The effects of the pandemic are still around for our staff including wearing face masks during shifts, staff absence due to COVID and, for some staff, the effects of long COVID. The current increase in Covid numbers also adds to these pressures.

The growing cost of living crisis affects us all and will have an effect on our staff's health and wellbeing, as well as for the people we care for. In particular, for our peripatetic staff, we recognise the impact that increasing fuel costs are having on their lives and we are working with the Partnership to raise awareness and find solutions that will support our staff.

The Local Partnership Forum looks forward to building on the good work achieved thus far as we continue to work together on the priorities for our staff. A final thanks to all of the staff working in Fife Health and Social Care Partnership for who you are, all you achieve and the difference you make for the people of Fife each and every day.

Appendix 1
Wellbeing at Work

NHS Fife and Fife Council both have a long-term commitment to supporting staff health and wellbeing. Both organisations are committed health working lives employers with both achieving and retaining the Gold Healthy Working Lives (HWL) Award. Both organisations facilitate and promote access to information on wellbeing and other staff support topics.

Key dimensions of staff support

"Well @Work" is the branding of NHS Fife's employee Health and Wellbeing programme. Prior to the pandemic this meant actively supporting staff health and wellbeing by raising awareness of health promotion and protection topics. In recognition of a requirement to improve the depth of the approach, a plan for "Going Beyond Gold" was developed in 2018. The plan is focused upon achieving a culture of kindness and a shift in organisational culture.

Recently a Healthy Working Lives survey was completed by 1618 staff from across the Council with 175 returns from HSCP. The survey will be used by the Council's Research Team, along with other data, to determine the areas that would have the biggest impact in improving staff wellbeing.

Fife Council has developed a culture of **"Team Fife"**, using videos and challenges to inspire a positive spirit and mindset.

The pandemic period saw innovations in communication from senior management in both NHS Fife and Fife Council, with strong messages around staff health and wellbeing. Alongside this, a range of staff wellbeing and support initiatives were developed and implemented. This work was guided by the principles of Psychological First Aid which recognises people's resilience, their need for practical care and supports, the importance of connection, information, emotional and social support and the fostering of useful coping. An NHS Fife / Fife HSCP Staff Health and Wellbeing Bronze group has continued to provide focus and co-ordination.

Wellbeing provision covers physical, social, mental, and financial wellbeing as well as aspects of stress, which is also a recognised Health and Safety hazard. Mental Health awareness will be strengthened in 2022, with the appointment of a part-time Mental Health Training Officer, employed by Fife Council Corporate HR.

Information about supports and training on a wide range of wellbeing topics continues to be communicated and support arranged where required and regular news articles are published in the HSCP Director's weekly newsletter and on StaffLink . A host of Well@Work and Fife Council wellbeing activities are on-going with more planned.

Information and resources, a Staff Wellbeing Resource pack and a Psychology Support pack for staff, were developed and promoted via NHS Fife Stafflink and have been complemented by a range of additional materials .

Fife Council introduced a new employee intranet in April 2021 and has sections focused on Employee Health, Safety and Wellbeing. Information and resources for staff were also produced and disseminated by Health Promotion.

Communication to staff and managers has been key, with enhancements to StaffLink and a new separate wellbeing section has been added to the weekly and monthly all staff news briefings. The "Going Home" suite of materials has been refreshed and re-issued and work is continuing with Fife Health Charity and the Kingdom Staff Lottery to ensure that staff wellbeing is actively promoted and supported.

Listening support remains in place via the NHS Fife Spiritual Care Team's Staff Listening Service. Fife Council employees also have access to the listening ear service provided by Workplace Chaplaincy Scotland, Mental First Aiders and the counselling provider.

A Mental Health First Aid Network offers a confidential listening service to staff across the Council. At the end of March 2022, there were 69 staff trained and in place across the Council, 9 of whom are from the HSCP.

Mindfulness

There has been a focus on Mindfulness by both Council and NHS. As part of the NHS Fife Going Beyond Gold work to bring mindfulness into the workplace, there have been lunchtime introductory sessions, telephone peer support, video clips were filmed and published to enable access for staff outwith formal sessions and Mindful movement sessions.

Psychological interventions and counselling – Direct self-referral for psychological support is in place via the Access Therapies Fife website, with additional resources from Scottish Government supporting delivery. An additional Mental Health nursing resource was secured within NHS Fife Occupational Health service and there is internal access to a new Occupational Health Occupational Therapy fatigue service to support staff resuming work following a diagnosis of long Covid.

A new pilot for Fife Council staff started on 1 December 2021 of a physiotherapy information line (PhIL) and an employee assistance package, PAM Assist and ran until 31 March 2022, when the corporate contract ended. The pilot offered quicker interventions and included a 24/7, 365 support line as well as an app and online hub. The physiotherapy was employee referral and triage within 48 hours of contact.

Fife Council provided a range of services to support staff health and wellbeing. Time For Talking provides manager or self-referred counselling which is available to all staff. There is direct self referral to counselling for NHS staff via Occupational Health. PAM delivered a physiotherapy service mentioned above, which is accessed via a manager referral and provision from April 2022, will be continued through Connect Health. PAM provides the Fife Council Occupational Health service which again is accessed via manager referral.

Peer Support sessions provide a safe environment for staff to come together, to talk, share experiences and be listened to in a non-judgmental, informal space. Positive Steps to Mental Wellbeing, hosted by in-house volunteer trainers within HSCP and Fife Council.

Physical interventions

Fife Council offer a physiotherapy service by appointment to staff and the Council's physical activity team have initiatives to encourage staff to keep active. Self referral access to physiotherapy is also available to NHS staff, via Occupational Health.

Support for Managers

A short life working group of the Bronze Staff Health and Wellbeing group, assessed gaps in the managerial support available locally and nationally. Signposting to resources is now available via Access Therapies Fife web pages; information-giving sessions are being offered via the psychology service; and the Learning and Development team are developed several resources using a blended approach. This includes stress, e-learning and creating a library of webinars, including leading compassionate care in a crisis, compassionate self-care, and resilience. Advice to managers and staff has been paramount during the extended period of the pandemic, taking account of changes to guidance and responding to outbreaks.

Both NHS and Council provide training to support managers in having conversations with staff including those with a focus on health, wellbeing and attendance. Training sessions on mental health awareness have been taking place for managers and supervisors to assist them to support themselves and their teams.

Information sharing sessions have been held for groups of managers and supervisors, to discuss the resources and supports available to support both wellbeing and absence. The content covered the resources are and how to access, a preventative approach to absence, the absence management process and the stress prevention tool, with time provided for discussion. Sessions received positive feedback and continue to be offered.

These services have been complemented by a range of wellbeing activities and courses, including self-care and compassion, outdoor wellbeing sessions, wellbeing champion's courses, spaces for listening, managers, compassionate connected and effective teams workshops, fuel poverty awareness sessions and access to Values Based Reflective Practice sessions for teams.

Staff Hubs

Work has been continuing on the provision of Staff Hubs within the Community Hospital sites, to ensure staff have access to an appropriate space to rest and recharge. Refreshments and snacks have continued to be provided for staff within the existing Hubs and recognised staff rooms / rest areas, throughout the pandemic.

Work on the development of the Staff Health and Wellbeing Framework for 2022 to 2025 is progressing with a view to this being in place by the Summer of 2022. This work is being overseen by the Bronze Staff Health & Wellbeing Group.

To ease navigation of support options, the staff support, and wellbeing section of the Fife Psychology Access Therapies Fife website went live in March 2021. New information and offers continue to be added.

There has been continued to promotion and signposting staff to the NHS Scotland National Digital wellbeing hub (ProMIs) and to the NHS 24 helpline. The latter provides advice and support and can sign post to local and national options.

There is NHS Fife and Fife HSCP representation on the national Workforce Wellbeing Champions Network and sharing of learning via this is shaping thoughts on future strategy and approach.

Survey of New Recruits

As a mechanism for feedback, a survey was sent to new starts to receive the benefit of their experiences in the recruitment and induction stages. The feedback was presented to the Care at Home Improvement Group after the survey closed. A repeat of the survey is now underway with the new starts since December. The feedback will inform an improved way forward.

Appendix 2
Absence Report & Promoting Attendance

NHS Staff Summary

The purpose of this information is to provide an overview of sickness absence data from April 2021 to March 2022, management actions and an update on the Health and Social Care Partnership's (HSCP) performance against trajectory for health staff employed within the HSCP, based on the March 2022 sickness absence figures, (latest available). The NHS in Scotland has a Local Delivery Plan Standard for Boards to achieve a 4% Sickness Absence rate, this target is currently under review.

NHS Fife's planned trajectory has been set with the anticipation of meeting the NHS Scotland Local Delivery Plan Standard and a reduction in sickness absence by 0.5% per year from 1 April 2019, in line with Circular PCS (AfC) 2019/2. Any reduction in absence levels is likely to reduce the costs of associated bank or agency expenditure.

Chart 1: NHS Fife's Sickness Absence Rates / Trajectory Position

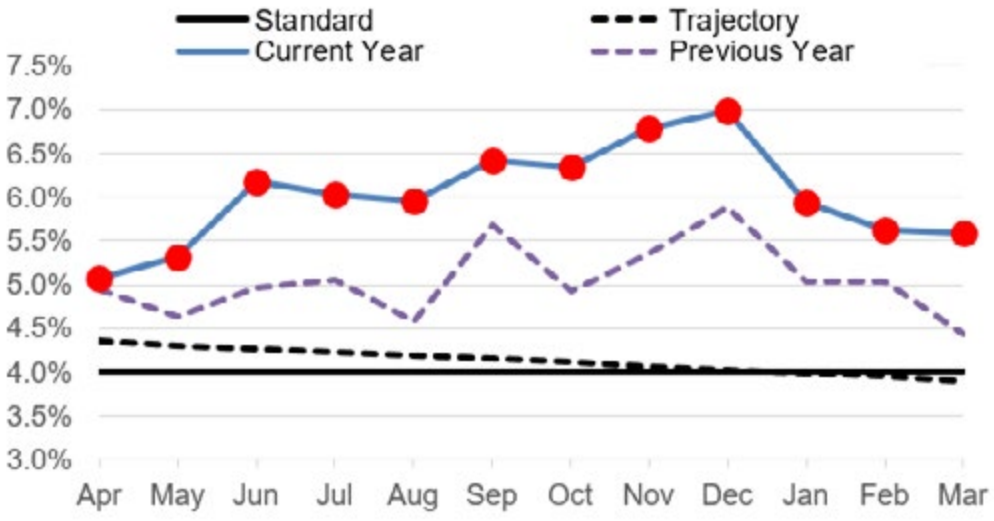


Chart 2: HSCP Sickness Absence Rates / Trajectory Position

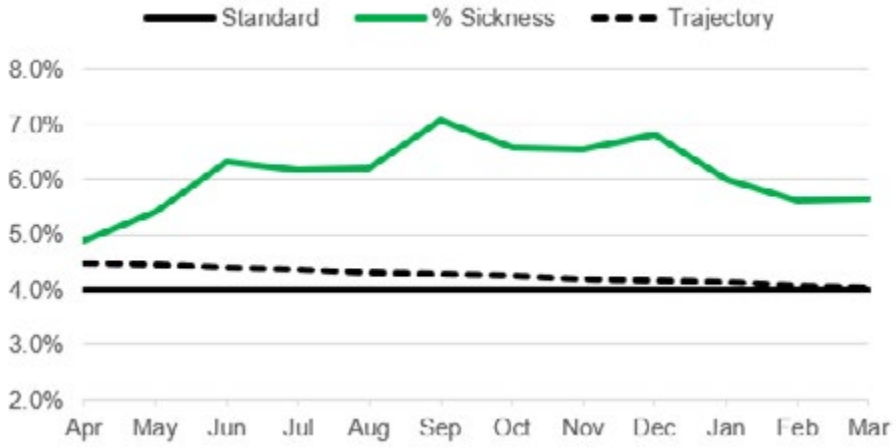


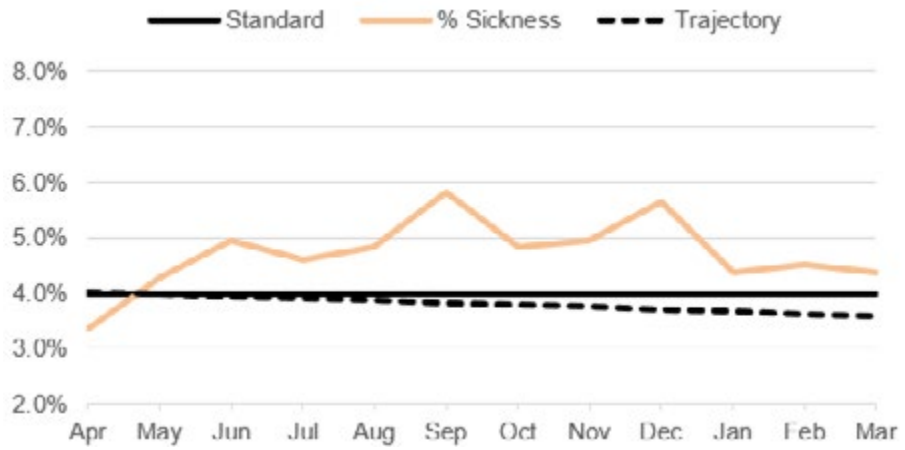
Table 2 above details the HSCP performance position against trajectory for 2021/2022.

Locally, Heads of Service and the respective Promoting Attendance Review and Improvement Panels are in place to review sickness absence data and individual cases to ensure appropriate action is being taken, including application of the triggers within NHS Scotland Attendance Policy and follow up in respect of staff on long term sick leave. Divisions are provided with their respective trajectory positions on a regular basis.

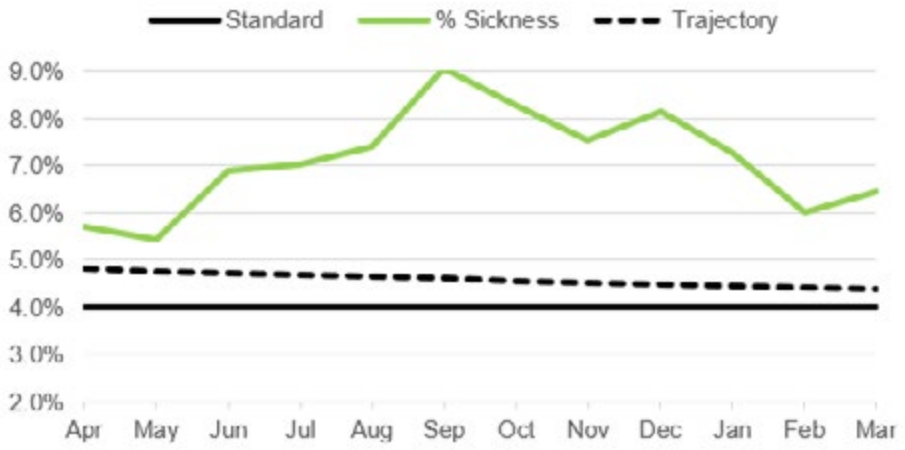
The sickness absence rates and agreed trajectory setting of the respective HSCP areas are detailed in the table below:

Chart 3: Sickness Absence Rates / Trajectory per HSCP Unit for 2021/2022

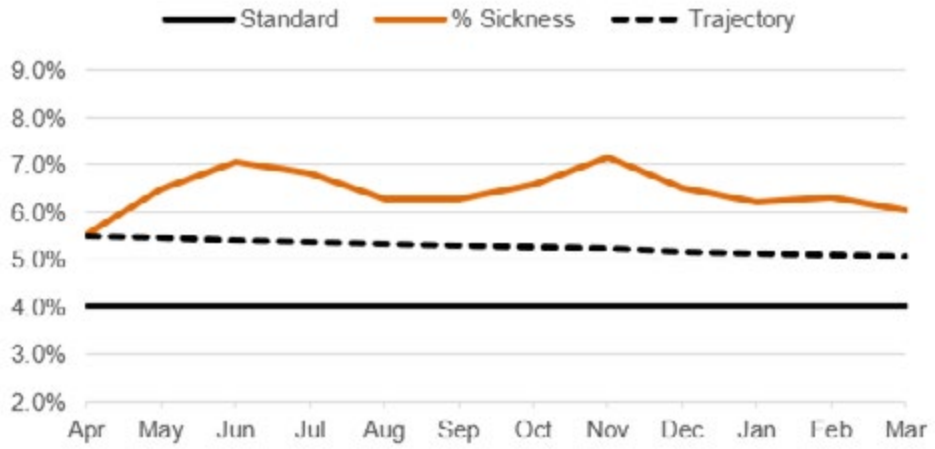
Primary Care & Prevention Services



Community Care Services



Complex & Critical Care Services



There has been an increase in the overall rolling sickness absence rate in HSCP for the 2021/2022 financial year however there has been a recent reduction in sickness absence rates to below 6% for three consecutive months. Of the three large Divisions within HSCP, Primary Care and Prevention has the lowest sickness absence with a 4.71% average, Complex and Critical Services had an average of 6.44% and Community Care Services had an average of 7.10%. There have been 7 of 12 months in 2021/2022 with an overall HSCP sickness absence rate above 6%, in comparison to zero months above 6% sickness absence rate in 2020/2021.

Hot spots are identified for all areas of the Board on a weighted WTE basis, to assist with local Promoting Attendance Panels. Tableau functionality has been used to support direct access of this data by line managers. "Hot spot" data is available via Tableau reports accessible by line managers at local level and areas of concern are being followed up by line managers, supported by HR Officers, as required. An overview is taken at the respective Promoting Attendance Review and Improvement panels.

In addition to increased sickness absence rates there have been variable rates of COVID-19-related absence in 2021/2022, but this has reduced overall from 2020/2021.

Management Actions

NHS Fife's Promoting Attendance Group and Promoting Attendance Review and Improvement panels continue to meet, along with local Promoting Attendance Groups. Progress continues to be made in relation to any health-related employee relations cases, with no further pausing of this activity in 2021/2022 following a previous pause of some of these cases due to the COVID-19 pandemic during 2020/2021.

The initiatives that were introduced to support the health and wellbeing of HSCP staff during the current COVID-19 pandemic continue and are evolving, taking account of feedback from staff and those providing the support.

The planned trajectory set for HSCP has not been achieved, (4% by the end of March 2022), and there has been a deterioration in performance this financial year, with the current circumstances due to the COVID-19 pandemic likely a contributory factor.

Priorities for 2022/2023 will be:

- To continue with the implementation of the NHS Scotland Attendance Policy;
- To ensure that managerial training for Attendance meets organisational needs;
- To promote the new TURAS Learn Attendance module;
- To promote the new TURAS Learn Disability modules, including attendance/disability; hearing loss; mental health; learning disability etc;
- To continue to focus on cases of long-term absence and to promote early intervention to minimise long term absence wherever possible;
- To continue to promote mental health in the workplace training, given that this is the highest ongoing reason for absence;
- To continue with the rollout and access to Tableau, to assist managers with the identification of trends, hot spots and outliers in respect of absence issues within their service areas;
- Ensuring Occupational Health support for these areas and any impacts of Long COVID.

Fife Council Current Position

The COVID-19 pandemic has continued to have significant impact on the workforce and how managers effectively manage sickness absence. Absence levels have remained high and in addition the challenges of COVID related absences and unfilled vacancies have had a significant impact on the delivery of front-line services, as capacity has been diverted to where the need is greatest. The impacts of COVID on the workforce, and what the period of post-COVID recovery will look like, remain uncertain.

Continuing with covid transmission reduction measures, and dealing with the consequences of covid related absences, will have an ongoing resource requirement.

The HSCP has responded to workforce challenges throughout the pandemic and at times this has meant mobilising employees from across Directorates to bolster numbers in areas of critical need.

Following the Scottish Government's national call to arms for Local Authorities to support the NHS and a worsening local position within Fife, Corporate Incident Management Team gave its full agreement to seek volunteers from across the wider workforce to supplement resources in Health and Social Care (HSC) for Care at Home, Care Homes and Group Homes.

The aim was to support HSC to manage a surge in hospital discharges. Lessons have been learned from this exercise and will inform other key workforce activities such as relief pool management and workforce planning in HSCP and future proposals around corporate redeployment.

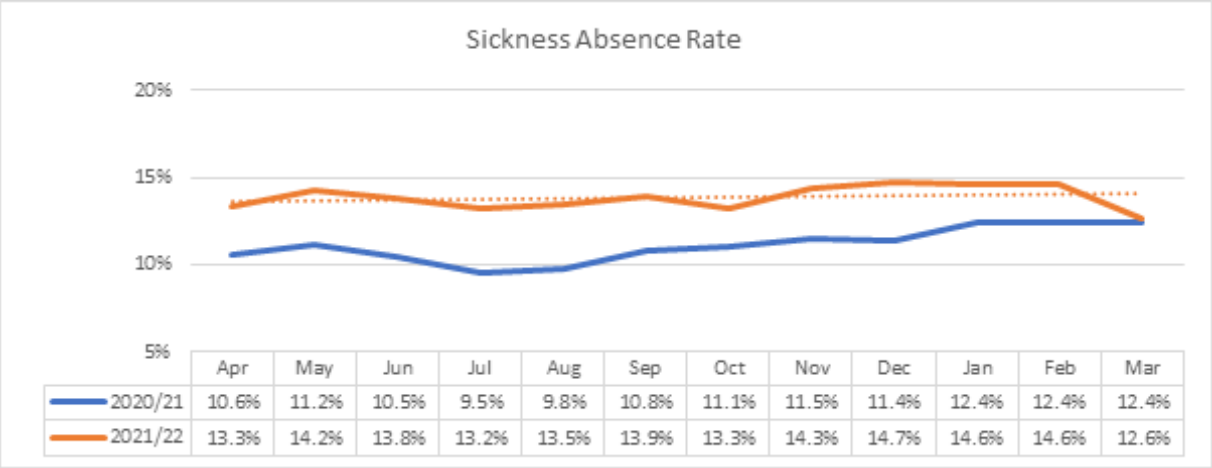
Absence Analysis

(1) Sickness Absence Rates

The chart below shows that absence rates for 2021/22 had been persistently higher than those for 2020/21, but, while still significantly higher than April 2020, there was a notable flattening of absence rates from November 2021 to February 2022 and a reduction in March 2022 from 14.6 percent to 12.6 percent. The percentage absence rate for March 2022 is the lowest since March 2021 but it is difficult to determine at this point whether the downward trend will continue.

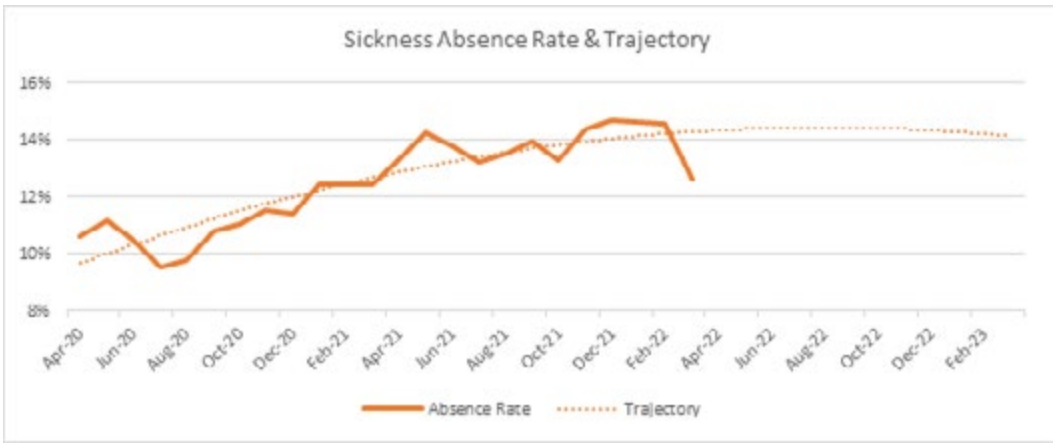
In the period April 2020 to March 2021 there were 14,362 weeks lost in HSCP, an average of 1,197 weeks lost per month. In the period April 2021 to February 2022 there were 17,846 weeks lost, an average of 1,487 weeks lost per month. This is an increase of 290 weeks lost on average per month, or a 24 percent increase from 2020/21 to 2021/22.

The absence rate is the number of weeks lost through sickness expressed as a percentage of the total weeks available.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	10.6%	11.2%	10.5%	9.5%	9.8%	10.8%	11.1%	11.5%	11.4%	12.4%	12.4%	12.4%
2021/22	13.3%	14.2%	13.8%	13.2%	13.5%	13.9%	13.3%	14.3%	14.7%	14.6%	14.6%	12.6%

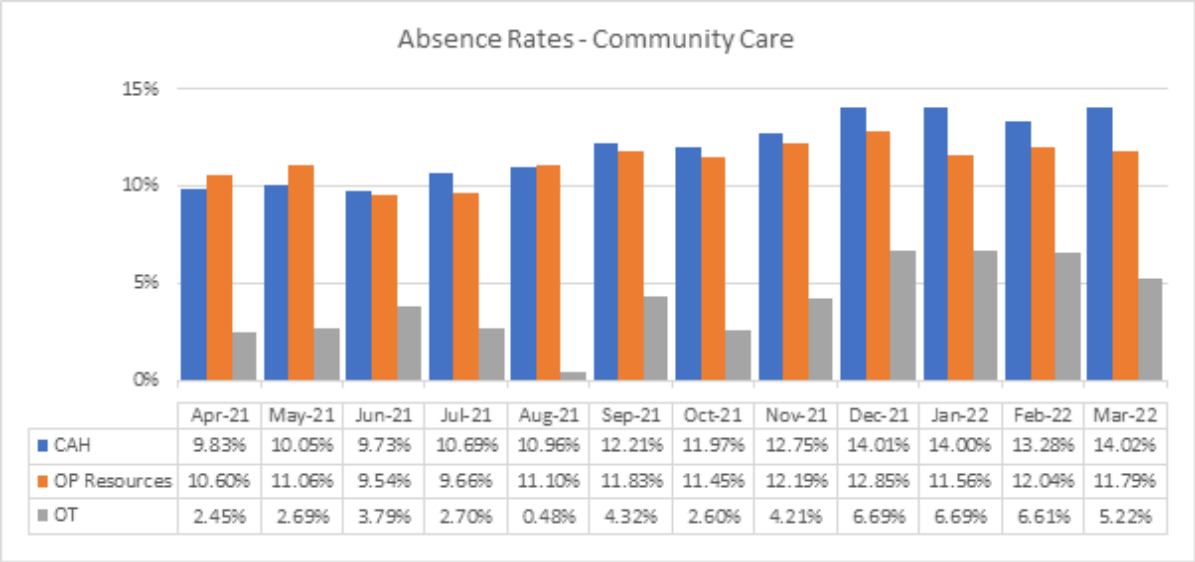
If the observed trajectory in the absence rate from April 2020 to March 2022 continues, absence rates will continue to be around 14 percent over the next year. However, a number of actions are in place to help reduce the levels of absence in HSCP and support the health and wellbeing of the workforce.



(2) Absence Rates by Service

The charts below illustrate Oracle data for Community Care Services and Complex & Critical Care Services and expresses the absence rate as weeks lost as a percentage of the total weeks available.

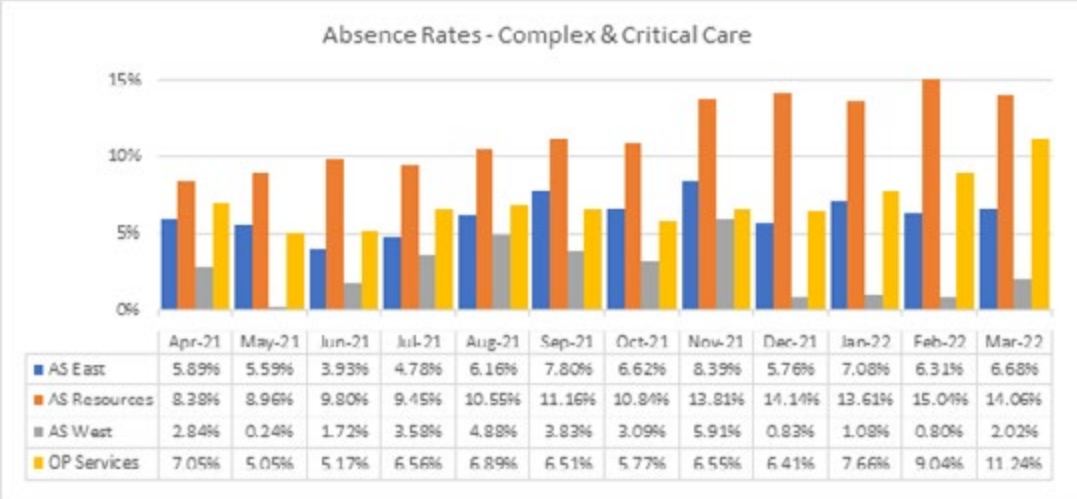
As there are issues concerning the HSCP structure being properly reflected in Oracle, these charts may be subject to correction.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
CAH	9.83%	10.05%	9.73%	10.69%	10.96%	12.21%	11.97%	12.75%	14.01%	14.00%	13.28%	14.02%
OP Resources	10.60%	11.06%	9.54%	9.66%	11.10%	11.83%	11.45%	12.19%	12.85%	11.56%	12.04%	11.79%
OT	2.45%	2.69%	3.79%	2.70%	0.48%	4.32%	2.60%	4.21%	6.69%	6.69%	6.61%	5.22%

In the year April 2021 to March 2022, from the Oracle data, Community Care Services (employing approximately 60 percent of the HSCP workforce) lost 8,299 weeks through sickness, an average of 692 weeks lost each month. The average monthly absence rate for Community Care is 11.41 percent.

Additional HR support is being provided to managers in Care at Home to aid effective absence management and support the reduction in absence levels.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
AS East	5.89%	5.59%	3.93%	4.78%	6.16%	7.80%	6.62%	8.39%	5.76%	7.08%	6.31%	6.68%
AS Resources	8.38%	8.96%	9.80%	9.45%	10.55%	11.16%	10.84%	13.81%	14.14%	13.61%	15.04%	14.06%
AS West	2.84%	0.24%	1.72%	3.58%	4.88%	3.83%	3.09%	5.91%	0.83%	1.08%	0.80%	2.02%
OP Services	7.05%	5.05%	5.17%	6.56%	6.89%	6.51%	5.77%	6.55%	6.41%	7.66%	9.04%	11.24%

Over the same period, Complex & Critical Care Services, (employing approximately 40 percent of the HSCP workforce) lost 5,242 weeks through sickness, an average of 437 weeks lost each month. The average monthly absence rate for Complex & Critical Care Services is 10.36 percent.

Absence rates in Adult Services Resources remain high and this is an area where additional HR support will be needed.

Next Steps

With the aim of providing a consistent and concerted approach across the services to reduce absence and support people to remain at work, corporate funding was secured for a Project Manager (Wellbeing and Absence) for 24 months. The postholder who started in July 2021 is responsible for planning, managing, and implementing a range of projects to support attendance management and health and wellbeing strategies.

The Project Manager has been working with managers across all services and more specifically on actions to reduce absence in areas identified as hot spots. Absence data analysis is continually improving and reporting at key forums is aiding discussion and improvement.

Additional HSCP funding for one year has resulted in the recent recruitment of three management support officers.

Working alongside HR colleagues the focus will continue to be on supporting line managers to develop the skills, competence, and knowledge to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work after an absence. This includes increasing awareness on the supports/tools/resources available and the relevant HR policies, procedures and guidance available. The Support Officers will also work on various projects including a large-scale stress risk assessment across the council workforce within HSCP.

Funding from HSCP has also been provided to add an HR Lead Officer to the HR team to support HSCP for one year. This post has now been filled and the post holder started in this role in April 2022. They will provide extensive professional knowledge, skills and expertise across a range of HR activities with a focus on supporting managers and case officers to manage a range of complex case work such as sickness absence, discipline, grievance and performance management. A key priority will be reducing the number of absence cases with a focus on clearing the backlog of long-term absence cases.

Working closely with managers across the Health and Social Care Partnership they will also be providing HR support to projects to meet identified business needs and working collaboratively with partners to meet the strategic objectives of the Health and Social Care Partnership and the council. In addition to absence management, resourcing and recruitment will be areas the post holder will support Services with.

The Senior Leadership Team continue to monitor progress and support the delivery of actions to reduce absence. These temporary interventions will support line managers to be fully confident and competent in addressing any attendance management issues.

HR and Trade Union support continue to be key to the success of this proposal, supporting a culture of shared learning and ensuring a robust approach towards attendance management.

Actions For 2022

- A set of strategic actions will be developed as part of the strategic workforce strategy and planning process.
- Improving the analysis of absence data and reporting information.
- Identifying trends/patterns of absences i.e. hot spots e.g. high absence, longest absences, high stress, high MSK etc and initiating or undertaking appropriate interventions with relevant managers.
- Supporting line managers to develop the skills, competence, and knowledge to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work after an absence. This includes increasing awareness on the supports/tools/resources available and the relevant HR policies, procedures and guidance available.
- Addressing requirements for training in supporting mental health and wellbeing at work, address with managers.
- Focussing on efficient and effective absence case management. Establishing new Absence Review Panel and Absence Review and Improvement Panel processes.
- Progressing a pilot in Care at Home to provide early support to employees on sickness absence.
- Encouraging self-service and recording of sickness absence within Oracle Cloud, raising awareness and building confidence through briefings and training sessions.
- Progressing the Stress Assessment Project involving the University of Hull.
- Ensuring there is a focus on attendance management within Induction to ensure relevance and effectiveness.
- Continual liaison with HR through the Business Partner to ensure all actions are compliant with Corporate Processes and Procedures.

Appendix 3
Learning & Development

Training and Development (Social Work / Social Care)

Covid-19 continued to impact on the delivery of learning and development over 2021-22, as well as affecting the capacity of staff to undertake learning and development.

However, online delivery of training has become more familiar, both to those attending and those facilitating training. Coupled with an increased functionality from Microsoft Teams, the benefits, of what had started out as being an interim delivery method, have been recognised and will continue as the main delivery method in many cases.

As the impact of Covid-19 continued through the year, the focus of learning and development has predominantly been on mandatory training, such as Moving and Handling, Adult and Child Protection, Infection Control and Emergency First Aid.

During the winter months, priority was on supporting the redeployment of staff and fast-tracking recruitment for frontline services. Online learning was made available for new staff to access and complete while employment checks were being carried out. This enabled staff to complete mandatory training prior to their start dates.

There has continued to be an emphasis on staff wellbeing. This included further sessions on coping with loss, grief and bereavement and how you can support others going through this in the first half of the year. Delivered by Cruse Scotland, these sessions were offered across all social work and social care teams.

There were new learning and development opportunities including an online Sensory Impairment: Recognition and Support course which went live in July 2021. This was developed with DeafBlind Scotland and provides information on a range of sensory impairments, signs that may indicate someone has a sensory impairment, interactive activities to gain greater understanding of what having a sensory impairment can be like and signposting to support that is available in Fife and nationally.

At the latter part of the year, using funding from the Scottish Government, the first of several planned training, specifically for Health and Social Care, on the Coach Approach was delivered. This was made available to staff across the Partnership. The Coach Approach is being offered to staff with a line management or supervisory role, with the aim of improving the quality of conversations with staff to allow them to reach their own solutions and conclusions.

In addition, introduced early in 2022, with plans to continue to offer these in 2022-23, were Transgender and LGBT+ Awareness sessions and a seminar on Trauma. The Transgender and LGBT+ Awareness sessions have been offered across the Partnership and are delivered by the Terence Higgins Trust, Health Promotions Specialist for Fife. The Trauma Seminar: Impact of Trauma through the Lifespan, was originally delivered to the Adult Protection Committee. It had been so well received; it was agreed to offer this to a wider social work audience. This full day seminar, delivered on MS Teams, received great feedback from participants and was attended by staff from Adult and Older People Services Assessment and Care Management Teams and Justice Services.

Going forward, priorities for 2022-23, in addition to the existing learning and development and essential training for service delivery, include

- leadership and management
- assessment and management of risk
- induction

It is also anticipated that services will have more capacity to look at team development, with support provided to tailor this to meet individual team's needs.

Mandatory Training for staff is split into 3 requirements:

1. **Training that is required by all Fife Council employees**
   This is generally eLearning that is either required to meet legislation requirements and/or health and safety requirements.
2. **Training that is required by all staff in Health and Social Care**
   The training in this category links with specific National Frameworks which are relevant across all Health and Social Care Staff, but the level of training may differ depending on the staff member's role.
3. **Training that is required for a specific Service or role in Health and Social Care**
   This may also include training to provide specific support to individuals receiving services. Service specific mandatory training is agreed with Service Managers.

The following training is the mandatory for all Fife Council employees. These eLearning courses are automatically assigned to staff on the Council's Learning Management System (Oracle).

- ACT Awareness
- An Introduction to Health & Safety at Work (RoSPA)
- Corporate: Mentally Healthy Workplaces
- Cyber Security – Stay Safe Online
- Fife Council Data Protection
- Fife Council: Email, Phone and Internet Guidelines
- Fife Council: Information Security
- PREVENT

In addition, there is mandatory training for all Health and Social Care staff, although the level of training required will depend on the individual's role.

- Adult Support and Protection – linking with Adult Support and Protection (Scotland) Act 2007
- Child Protection – linking with National Guidance for Child Protection in Scotland 2021
- Diversity and Equality – linking with Equality Act 2010
- EPiC (Equal Partners in Care) – linking with Carers Strategy
- Trauma Informed Practice – linking with National Trauma Strategy

Depending on the area of work, Service and role specific mandatory training may include:

- Adults with Incapacity (Scotland) Act Part 1 and Part 2
- Adult Support and Protection Council/Supporting Officer
- Autism
- CALM
- Care Programme Approach
- Dementia Awareness
- Duty of Candour
- Dysphagia
- Emergency First Aid
- Enteral Feeding Pump
- Epilepsy
- Fire Safety
- Fluids, Nutrition and Food Safety
- Food Hygiene
- Good Conversations
- Hoarding Awareness
- Implementing the Carer's (Scotland) Act
- Infection Control
- Legionella Awareness
- Lone Working Hazards and Risks
- Medication Administration
- Midazolam
- Moving and Handling
- Professional Curiosity
- Risk Assessment
- Self-Directed Support

Often there is a range of training within these topics offering different levels of development.

Training and Development (NHS Staff)

There is no classroom training at this time, however several offerings have been reintroduced, including Recruitment and Selection, TURAS Appraisal, Foundation Management, and preparing for retirement (all delivered via Microsoft Teams). Microsoft Teams has been welcomed and enjoyed by an overwhelming majority of employees.

The TURAS appraisal training was attended by 179 H&SC employees between April 2021 and the end of March 2022.

A total of 9 H&SC employees attended the 5 week Foundation Management course delivered over 4 cohorts in the same 12 month period.

NHS Fife has now completed the phased move from our existing Learning Management system and e-Learning authoring tool (used since 2014) to the nationally supported TURAS Learn system. The transition to TURAS Learn has allowed us to provide the workforce with more interactive and engaging eLearning. All our core training modules have been redeveloped and have also created a number of new wellbeing resources.

The H&SCP will benefit from this move as access to the platform will also be available to third sector organisations, thus ensuring they have the same opportunities for learning. Collaborating with our partnership colleagues and managers in H&SCP, we are working to provide access to non-compliance training reports. Our goal is to report on compliance based on job role. Aspart of phase 2 of the TURAS Learn project, we will facilitate manager self-service, which will ensure that managers and employees are able to access compliance data and that employees are notified when they are required to update their training.

We are currently preparing to launch facilitated career conversation lite where we will facilitate a career conversation that enables staff to: reflect on their career history, explore their current role and opportunities, and define their aspirations and development needs.

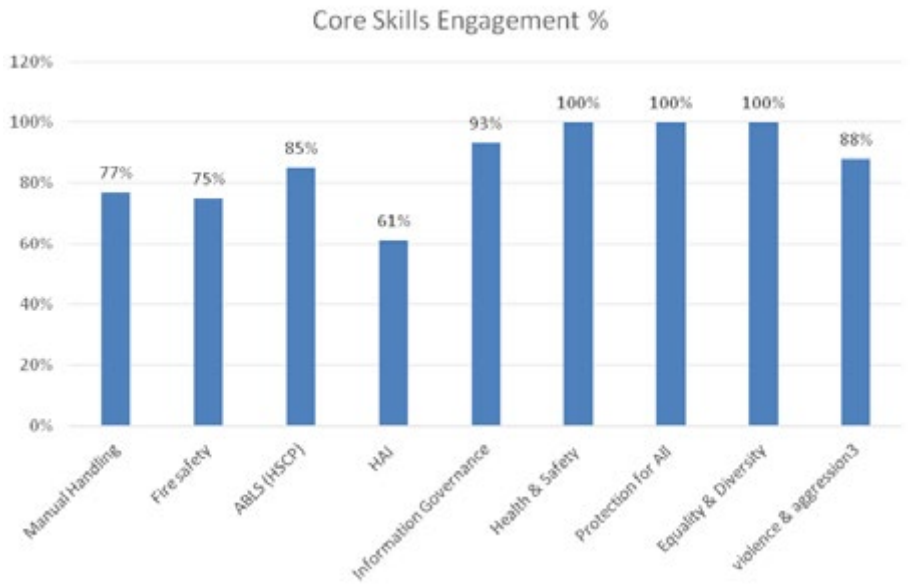
Core skills compliance

Core Skills training is monitored at the local level in accordance with organisational policy and statutory requirements. In the first 3 months of employment, all 9 core topics (shown below) must be completed, and then updated at appropriate intervals. We acknowledge that it is unrealistic to expect full participation of all employees as some members of staff will not be able to meet the core requirements due to long-term absences. It is important to note that since this data was captured, efforts have been made to improve compliance levels in several areas, including:

- Fire safety
- Information Governance, and
- Equality and Diversity

We have developed Core Skills Training Guidance and efforts are being made to provide all managers with compliance data regarding their teams, as well as some supporting guidance materials, to enable them to identify outstanding Core Training for each member of their staff.

Below is a table illustrating the Core Skills Engagement within the Health and Social Care Partnership.



Induction

As previously reported a new welcome and orientation package for employee induction was launched on our new learning platform TURAS Learn. This package went live on the 1st July and ensured that every member of staff was provided with a consistent and structured approach to their initial learning and development needs, ensuring that our staff are appropriately trained to deliver a quality service to patients in line with organisational requirements. The package has been warmly welcomed and more than 279 new HSC employees have now completed this induction. We are currently seeking feedback to measure the benefit of the new learning resource to make continuous improvements.

National Whistleblowing Standards

New National Whistleblowing Standards for the NHS in Scotland came into force on 1st April 2021. This is a change in how whistleblowing concerns are dealt within the NHS. The Standards are underpinned by legislation and cover all NHS providers.

The key aim is to ensure everyone is able to speak out and to raise concerns, when they see harm or wrongdoing putting patient safety at risk or become aware of any other forms of wrongdoing.

This learning became a core requirement over the course of 2021/22 in order to ensure that all members of staff are appropriately trained. The relevant learning can be accessed via the links below:

- **Whistleblowing : staff needing an overview | Turas | Learn**
- **Whistleblowing : managers and people who receive concerns | Turas | Learn**

To date 1968 members of H&SC workforce undertook the staff training and 345 undertook the manager training.

Appendix 4
Health & Safety

Fife Council Health & Safety

Workplace Violence

The HSCP continue to be committed to positive and proactive approaches with service users who present with behaviour that challenges.

During the first year of the COVID-19 pandemic, there were significant changes in areas of Adult Services in relation to the complex needs of some service users – this trend has continued over the last twelve months. CALM Theory training continued to be delivered throughout the last year using a blended approach. In addition, pockets of physical intervention training have taken place where the need has been greatest with all COVID guidance adhered to as much as possible in the training environment. The Service have also upskilled staff to deliver Physical Intervention skills as we move through recovery and plans are in place for 2022-23 regarding Physical Intervention training including re-accreditation where required All training delivery is set within a context of reducing the use of restrictive interventions and protecting service users, as well as the staff who support them.

Home Care Service and Older Peoples Service paused CALM Training (theory) during the pandemic but there are plans to re-introduce a programme of training in 2022-23, commencing with priority areas. No physical intervention training is provided for these groups.

CALM Associates across HSCP also now have 'real-time' online access to incidents involving behaviour that challenges, via Assyst. This allows for monitoring and evaluation and creates opportunities to minimise frequency and/or severity of incidents.

Moving and Handling (M&H) Training (April 2021-end March 2022)

The information in this section is not from Oracle due to the difficulties with Oracle reporting. It is gathered from the services and from our own tracking of training completion.

The M&H team, temporarily, have an extra staff member funded by HSCP (until end July 2022) to assist with training and service support. This is focussing on the back log of staff requiring training that had occurred with the pause in some M&H training at the start of lockdown in 2020 and the staff who had been highlighted as out of date by the HSE Notice of Contravention. This additional staff member has been monumental in ensuring timely Foundation training was able to occur. No new staff will wait >2weeks for a place. There were 24 key trainers from HSCP/Education and NHS partners who before lockdown would have delivered this level of training. They were unable to get time away from their own services due to workload pressures for all the reasons you will be aware of. The Foundation training was also temporarily changed to 1 day due to smaller class sizes and the need to have staff job ready as quickly as possible. The skill level required by the trainer to deliver Scottish Manual Handling Passport standard training within one day is high and it has been hugely beneficial to have the M&H team deliver the Foundation training.

Foundation/Induction training has remained as busy this year as it was 2020-21 with clear peaks for recruitment drives throughout the year in September/October and January/February this year.

M&H Course	Classes	Attendees	% Attendance
Foundation 1 day	90	403	75%
Skills Update ½ day	38	170	45%
New Link Worker (30hr course)	6	50	98%
New Competency Assessor for Link Workers ½ day	7	19	100%
Minimal Handling/Driver Course ½ day	2	11	100%
Link Worker Update Online with Assignment	N/A	206	85%

Training currently runs every Wednesday for new staff at the St Clair Centre in Kirkcaldy and booking is made directly with the team. This direct link allows additional courses to be added very easily at peak times and no delays with Oracle accounts. Pre lockdown the average spaces offered per year were 330. The last 2 years have been running with 30% more staff requiring this Foundation/Induction training.

Improvements and changes have been made to link worker update training for 2022 and more information about that will be coming very soon.

The M&H team support with complex service users and discharges. They have continued to visit service users in hospital or at home with Link workers to ensure as successful a discharge or ongoing care as possible. Work to support NHS staff with M&H to facilitate D/C is also done.

Service Area	Compliance with M&H Training 31/3/22
Community Occupational Therapy	OTAs 99% OTs 94%
Care at Home	Frontline 78% Link workers 85%
Community Support Services	Frontline 68% Link workers 95%
Adults Accommodation	Frontline 95% Link workers 80%
Older Peoples Care Homes	Frontline 90% Link workers 80%
AVERAGE	86%

Priorities going forward

Engaging with staff with the relevant evidence to decide if temporary measures put in place for the last 2yrs should continue.

Namely;

- 1 day Foundation vs 2 day Foundation
- Use of service key trainers vs M&H Team maintain resource for classroom training
- Link worker update wholly online vs Link workers must evidence practical competence.
- M&H Team getting out to services for compliance checking. Ensuring that all the surrounding procedures that support training are being followed.

Display Screen Equipment (DSE)

During 2021/22 home working introduced as a direct result of lockdown has now become the norm for many employees. Our IT systems have continued to adapt to remote working, employees have been issued with hardware (web cams, headsets, cloud-based PCs etc) as required to facilitate working at home. Employees were asked to complete DSE elearning and reported any issues with their home set up to their manager. This process will continue as we move to a formal blended working workstyle.

Mental Health

During 2021/22 FC promoted good mental wellbeing with the provision of a revised intranet page which includes information and guidance on: stress (individual and organisational risk assessment) , counselling, the supportive workplace (including mental health first aiders), personal life and financial wellbeing.

COVID

When staff started to return to work within offices compliance walk rounds were undertaken. Any non-conformances were reported to the employee's managers for attention.

Setting Referrals

The HSW team worked with colleagues in Environmental health to follow up COVID 19 positive cases relating to employees to follow up breaches identified and any follow up with Managers.

94 reports were received in 2021/22 for HSCP with 10 identifying a breach mainly relating to social distancing.

Lone Working Solutions

Where an employee is identified as being at risk from lone/remote working they were issued with a lone working fob. However, we are seeing low usage of the system, within HSCP utilisation was approx. 18%. This is cause for concern and the reasons for the low usage should be investigated as soon as possible.

Driving Licence Checks

The exercise to check driving licenses within HSCP was completed in 2021. Any drivers failing to complete the check were notified that they can't drive on FC business.

Slips, Trips and Falls in Care Homes

Slips, trips, and falls (STFs) account for the highest number of incident reports within HCSP. Out of the total number of STF incident reports, 92% were in Residential and Day Care Services. A deep dive was carried out on STFs in care homes. There were no specific areas of concern, and a report will be issued in April 2022.

HSE

RIDDOR Reports

There were 23 RIDDOR reports, 6 of these were Occupational Diseases, all work related Covid-19 and all within Residential and Day Care Services.

10 led to over 7 days lost/restricted duties – Injury to Employee.

1 led to Specified injury to employee.

6 led to Service User admitted to hospital for treatment.

Notes of Concern

There was one NOC from HSE. This came from an incident which occurred in June 2020 within Adult Resources and resulted in the death of a service user. The service user who was diagnosed as having oral dysphagia, was eating a sandwich that contained a filling deemed as high risk for his diet as assessed by the SALT unit. The service user choked and despite resuscitation attempts by staff and paramedics, he died. The RIDDOR report was sent to the HSE and the HSE have since handed this over to the procurator fiscal.

NHS Fife HSCP Health & Safety

As the pandemic is hopefully being brought under control and things start to open up, the ligature risk assessment programme for the partnership is being re-introduced. Some work on updating action plans and process were undertaken as safely as could be achieved during the pandemic. The process and programme for these assessments is being reviewed using small test of change methodology to provide better quality and more consistent assessments and this has been a significant piece of work for 2021 – 2022.

From September 2021 and early into 2022 we focused on 5 particular areas to allow better quality and more consistent ligature risk assessments throughout the Mental Health and Learning Disability Service.

4. A documented Ligature Risk Assessment (LRA) process.
5. Ligature Risk Assessment Tool.
6. Ligature Risk Assessment – Immediate / High Risk Action Plan.
7. Ligature Management Oversight Group – representation includes H&S Lead, Head of Estates, Sector Estates Managers, Service Manager and Head of Nursing.
8. Ligature Management Spreadsheet.

Learning from past assessments, streamlining of the programme and collaborative working with Clinical and Estates staff has resulted in a more structured collation of information, which feeds directly into the assessment. NHS Fife Ligature Risk Assessment Tool incorporates the patient group (cognitive understanding / ability), the type of service, individual rooms and the specific height of the ligature point.

A rolling schedule was sent out to our Estates Managers and Clinical Staff in March regarding the proposed 2022 Ligature Risk Assessments. The programme of works is currently in motion for 2022.

In the 2020-21 annual report the reintroduction of face to face training for staff was highlighted as a key theme for 2021-22. We can confirm that retrospective manual handling training was completed for the staff who started with NHS Fife at the beginning of the pandemic.

Focus and direction was given to:

- Retrospective induction for staff already in post (Fully Contracted and Bank staff)
- Re introduction of Refresher Courses (Fully Contracted and Bank staff) (scenario based)
- Competency Based Assessments in wards / areas to support classroom sessions
- Specific support to wards and areas as required and or requested
- Bespoke sessions provided (based on risk and capacity)
- Contingency and resilience provided within plan to accommodate short notice / immediate needs of the organisation
- Redeployment of staff
- Reopening of wards (VHK ward 6 , QMH Ward 8 and 8a , Cameron Balfour)
- Increase in ward capacity (VHK ward 10)

All face-to-face training has resumed, inclusive of H&S, V&A and Manual Handling with associated covering risk assessments and Covid Questionnaires to facilitate a safe environment and training session for all involved. Training schedules have been set up and are out on stafflink for staff to book.

Continued involvement of the H&S leads at the LPF will also need considered as this was introduced as a pandemic measure but is perhaps a relationship worth preserving on a more formal basis and on parity with the NHSFife Acute Division LPF.

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**29 July 2022**
Agenda Item No:	**13**
Report Title:	**Draft Participation and Engagement Strategy Update**
Responsible Officer:	**Fiona McKay, Head of Strategic Planning Performance**
Report Author:	**Tracy Harley, Service Manager, Participation and Engagement**

1. Purpose

This Report is presented to the Board for:

- Discussion
- Agree

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

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

8 People who work in health and social care services feel engaged with the work they do and 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:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.
- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- Managing resources effectively while delivering quality outcomes.

2. Route to the Meeting

This report has been submitted to the Senior Leadership Team for discussion.

There has been a working group in place to support the strategy with members of the IJB.

The report has been submitted to the Qualities and Communities Committee on 5 July 2022 and the Finance, Performance and Scrutiny Committee on 8 July 2022.

As a result of the presentation to the above committee's an executive summary has been created and comments received have allowed for changes to be made to the final draft.

3.1 Situation

The Participation and Engagement Strategy is brought the committee for comment and decision.

Throughout April and May 2022 there were four online engagement events held along with a further four face to face sessions with People First advocacy groups and face to face sessions held with Fife International Centre.

The small team of Engagement officers including the Service Manager are also practically involved in supporting various requests for participation and engagement across the Partnership

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integrated Joint Board. The Fife H&SCP board has a responsibility for the planning of Services which will be achieved through the Strategic Plan.

Scottish Government - Planning with People Guidance was Published: 11 Mar 2021

Planning with People is co-owned by The Scottish Government and COSLA.

Planning with People Guidance replaces previous guidance on engagement. The guidance is clear in that the IJB must have its own strategy for Participation and Engagement.

3.3 Assessment

The information in this report provides an overview of progress in relation feedback from various public representatives on the Participation and Engagement Strategy for 2022 – 2025 and is based on:

- Feedback from sessions held to date with a wide range of stakeholders identified via Fife Councils Peoples Panel and NHS Fife virtual public partners.
- Fife's seven Locality Planning wider stakeholder groups
- Identified protected characteristic groups

3.3.1 Quality/ Customer Care

There is a risk that, without an effective updated approach to participation and engagement across Fife and in localities the aims and principles of the Public Bodies (Joint Working) (Scotland) Act 2014 will not be achieved.

3.3.2 Workforce

There are no implications for workforce.

3.3.3 Financial

Actions will be carried out within existing current resources, but future consideration may need to be given to business support and other expenditures related to participation and engagement activities moving forward.

3.3.4 Risk/Legal/Management

There is a risk that without an effective approach to participation and engagement in localities and across Fife, the aims and principles of the Public Bodies (Joint Working) Act (Scotland) 2014 and national statutory guidance will not be achieved.

3.3.5 Equality and Diversity, including Health Inequalities

An Equalities Impact Assessment has been carried out on the Participation and Engagement Strategy (appendix two)

3.3.6 Other Impact

No other impacts.

3.3.7 Communication, Involvement, Engagement and Consultation

A full consultation has been carried out with Fife's seven Locality Planning Groups and NHS Fife's virtual Public Partner Volunteer Network and Fife Council People's Panel. A report on the consultation activity to date is included at appendix 1

3.4 Recommendation

The Integration Joint Board are asked to approve the final draft of the strategy.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Draft Participation and Engagement Strategy

Appendix 2 – EQIA

5 Implications for Fife Council

The Integration Joint Board is a statutory partner on Fife Council Community Planning Partnership, which will present the opportunity to work with partners in engaging with people and communities on a local and Fife wide basis. We will continue to develop this relationship and align engagement structures where relevant.

6 Implications for NHS Fife

NHS Fife engagement structures will link to the Integration Joint Board Participation and Engagement Strategy particularly through the NHS Fife Participation and Engagement Steering Group and their Fife wide virtual online Public Partner Volunteer network.

7 Implications for Third Sector

Third sector engagement structures will link to the Integration Joint Board Participation and Engagement Strategy particularly through the Third Sector Interface HSC Forum. People and staff who support the work of the Third Sector will be invited to sit on the proposed Community Engagement Forum as outlined in the draft updated strategy.

8 Implications for Independent Sector

Independent sector engagement structures will link to the Integration Joint Board Participation and Engagement Strategy particularly through the Third Sector Interface HSC Forum. People and staff who support the work of the Third Sector will be invited to sit on the proposed Community Engagement Forum as outlined in the draft updated strategy.

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT member only

Lead	**Fiona McKay**
Critical	**All SLT**
Signed Up	
Informed	

Report Contact

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Fife Health & Social Care Partnership

Integration Joint Board
Participation and Engagement Strategy For Fife
2022-25

NHS Fife

Supporting the people of Fife together

Fife Council

July 14, 2022

Message from Nicky Connor
Director of Fife Health & Social Care Partnership

Hearing the voices of the people who use health and social care services and those who deliver those services is hugely important to how we plan, design, and deliver services. It is by strengthening a culture of engagement and participation with people and communities that will help us to do this.

This strategy will put mechanisms in place and remove barriers so everyone has the opportunity to comment and provide feedback on health and social care services, whether that's telling us we are doing well or where we need to make improvements – hearing from as many voices as possible, including those who are harder to reach, will help us to shape services that meet the needs of people across our seven localities now and in the future.

By working together across our communities, our staff, our partners, and colleagues from the independent and third sectors we can use knowledge and experience to help shape services, improve integrated working and better use of collective resources, with the common goal of supporting the people of Fife to live health and independent lives

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Foreword

Fiona McKay, Head of Strategic Planning

As Head of Strategic Planning, Performance & Commissioning for Fife Health & Social Care Fife HSCP I am committed to delivering the priorities and objectives that have been set out in our Strategic Plan.

We need to make sure that in order to meet our priorities we must build our services on sound evidence and ensure that services are transformed and delivered around people and communities and that we deliver to a high standard.

We need to build services around people's rights, needs and aspirations and work with individuals and communities to build up their resilience so that the people of Fife are supported to live healthy independent lives.

That means that we need to understand what it feels like for people who use our services and what gets in the way of their health and wellbeing needs being met. It is therefore crucial that the people who oversee and deliver these services and those who have lived experience, including carers, local communities, care providers and others, are involved in the planning, design and delivery of health and social care services in Fife.

The approaches we will focus on in this updated Participation and Engagement Strategy are informed by views of people with lived experience and other key stakeholders (**Appendix 1**) including national statutory guidance regarding community engagement and participation guidance for NHS Boards, Integration Joint Boards and Local Authorities that are planning and commissioning care services in Scotland.

This guidance was published by the Scottish Government in 2021. This statutory national guidance is known as '**Care services - planning with people: guidance**'.

We aspire to develop a service for participation and engagement where people who use services and staff at all levels, are involved and supported through services that deliver person centred and high-quality care. We want to be inclusive of all social, economic, and geographical groups. We aim to work with the population about how we co-produce, plan, design, and deliver our services and to actively engage where there are concerns noted by the people who use our services.

We aim to achieve this through ongoing planning, meaningful engagement, consulting, evaluation and providing feedback. We are aiming higher together to benefit all people and our communities.

The updated Strategy sets out how we will support Fife's Integration Joint Board to deliver on its vision through Participation and Engagement activity:

> "Enable the people of Fife to live independent and healthy lives"

Introduction

Fife's Health and Social Care Strategic Plan sets out a vision for the transformation of health and social care in Fife. In terms of the Integration Joint Boards (IJB) Participation and Engagement Strategy this includes strengthening a culture of participation and engagement with people and our communities and embedding it into our business enabling and planning processes.

The integration of health and social care services is a major programme of reform, affecting most health and care services in Fife. With a population of 374,130, as of latest National Records of Scotland 30th June 2021, and involving approximately £600 million annually it is vital that we work with the people of Fife to plan, design, and deliver services that meets local need across communities and improves health and wellbeing outcomes.

Fife Health and Social Care Fife HSCP (HSCP) is responsible for the governance, planning and resourcing of all adults and older peoples social work and social care services, Primary and Preventative Care Services, Community Care Services and Complex and Critical Care Services. In Fife this also includes Children's Health Services and some acute hospital services. The updated strategy will focus on services which are managed by Fife Integration Joint Board and delivered by Fife HSCP. This will give scope to what this Participation and Engagement Strategy can and cannot do. A full list of these services can be found in **Appendix 2**.

Individuals and communities using health and social care services across Fife are in the best position to understand what works for them, what they need and what needs to be improved. Therefore, it is vital that the people of Fife are involved in the planning, shaping and prioritising of services to ensure the Fife HSCP improve and deliver effective and sustainable services that matter locally.

Our Vision

Our vision for the strategy towards the Fife HSCP overall strategic vision is to:

"Enable the people of Fife to live healthy independent lives by ensuring stake holder views, experiences and ideas are included in the design and delivery of health and social care services that meet the needs and aspirations of the people of Fife."

Our Mission

To put people who use services and communities at the heart of planning and design of health and social care services that meets the needs of individuals and communities.

Our Goal

To maximise the opportunity of the people in Fife to participate and support them with planning, design and delivery of their health and social care services.

Equality and Human Rights

The Fife HSCP is committed to the elimination of discrimination and promotion of Equality and Human Rights. This will be embedded into public engagement and participation activities fulfilling the public sector duty under the Equalities Act 2010. The Fife HSCP will fulfil this duty by:

- Placing equality and human rights at the fore front of our approach as outlined by the Integrated Joint Board in the Mainstreaming Equalities Report 2020 – 2024.
- Carrying out Equality Impact Assessments (a process designed to ensure that a policy, project or scheme does not unlawfully discriminate against any protected characteristic) to reduce inequality caused by socio-economic issues as required by the Fairer Scotland Duty.
- Engagement activities will be planned to remove barriers by being flexible, accessible, and inclusive.
- Promoting this strategy by working collaboratively with stakeholders.
- Adhering to reflective practice to continually seek improvement in public participation including learning from the experience of others.
- Ensuring engagement is appropriate, proportionate, and effective to the participation and engagement activity.
- Employing a variety of innovative methods along with tried and tested methods to ensure maximum participation.
- Working in collaboration with stakeholders to ensure the appropriate people, communities and organisations are involved.

1. Why do we need a Public Participation and Engagement Strategy?

There is a strong legislative and policy context for Participation and Engagement across Health and Social Care that demands and promotes participation and engagement with individuals, communities, and our partners.

The Fife HSCP recognises the range of national standards, guidance, and principles to aid with the planning and organisation of participation and engagement activities to ensure they are meaningful, accessible, and flexible to encourage and increase participation. This strategy complies with these standards as can be seen within **Appendix 4** under 'Guidance, Standards & Principles'.

In view of the requirements and current context it is imperative that the Fife HSCP has robust mechanisms in place to ensure effective Participation and Engagement. In implementing the updated strategy, the Fife HSCP must also meet the requirements of Equality Legislation by actively seeking to involve those within local communities who are not often heard. Collaboration with Third Sector to build capacity and develop innovative ways of working will be a precursor to the successful implementation of the Strategy Action Plan.

Our approach is set within a local and national context and guided by **The Scottish Government Care Services – Planning with People Guidance (2021)** which recognises the importance of listening to the views of people who use services and how important it is to actively involve them throughout the process of planning care delivery. The statutory duties of community engagement states:

"The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland. This guidance supports care organisations to meet their legal responsibilities. NHS boards are bound by duties of public involvement set out in the **NHS (Scotland) Act 1978** as amended by **National Health Service Reform (Scotland) Act 2004.** For Integration Joint Boards engagement and participation duties are specified by the Public Bodies (Joint Working) (Scotland) Act 2014. Integration Joint Boards are expected to apply this guidance and work with colleagues in Health Boards and Local Authorities to share learning and develop best practice. The duty to involve people in the design and delivery of care services was strengthened with the introduction of the **Community Empowerment (Scotland) Act 2015.** Participation is also a key element of a **Human Rights** based approach, which requires that people are supported to be active citizens and that they are involved in decisions that affect their lives."

The current legislative and policy landscape summarised in **Appendix 4**, strongly reflects this view. In addition, Dr Campbell Christie, in the introduction to the **Christie Commission report on the Future Delivery of Public Services (2011)** states that:

> "Reforms must aim to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use."

> ". . . effective services must be designed with and for people and communities – not delivered 'top down' for administrative convenience"

It has been twelve years since the Christie Commission report was published which looked at the future delivery of public services in Scotland. **The Independent Review for Adult Social Care** (IRASC) published in 2021 made 53 recommendations which cover social care practice, structural change, workforce, and funding implications. The IRASC Strengthens and acknowledges that there is more work to be done to achieve the ambitions set out in the Christie Commission. The IRASC states that:

> "Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity."

1.1 What this strategy is going to do for the Fife HSCP?

The strategy builds on the previous strategy's underpinning principles and engagement approaches and will enable the Fife HSCP to work together with people, communities, and our partners to improve and sustain health and wellbeing outcomes and our health and social care services that meet the identified needs across Fife's seven locality planning areas.

The Strategy will meet the following objectives:

- Ensure the Fife HSCP has mechanisms to engage with a wide range of people at locality level.
- Provide a feedback mechanism to ensure the Fife HSCP is sighted on public/community views.
- Provide a forum for members of the public who are committed to supporting the work of the Fife HSCP.
- Raise the profile of participation and engagement and raise the profile of a Fife HSCP who values the experience of people accessing services or supporting those who do.
- Provide opportunities for collaborative working across sectors with an ability to build capacity for participation and engagement.
- Strengthen and improve community-based health and wellbeing services and supports in each of Fife's seven localities through a Participation and Engagement model, which aligns our strategies, plans and ways of working to deliver our ambitions in Fife HSCP with the people of Fife.

1.2 The Underpinning Principles of Participation and Engagement

The principles to underpin the participation and engagement approach and working practices for the Fife Health and Social Care Partnership.

1. Influence and support an overall 'cultural change' towards a person centred, personal outcomes approach with service users. Actively develop the knowledge, skills and experience of all staff to work in this way and develop service user and public confidence in providing input and feedback to our systems.
2. Go to where the people are – do not expect people to come to the Fife HSCP. To engage with 'people and groups whose voices are seldom heard' using the networks and places people trust, e.g., current community assets, groups and networks including specific care groups.
3. Produce positive changes in individual service user's experience. Provide a clear point of access to provide feedback, make complaints or suggestions for improvement for users of services and the public. Feedback given by the service should be efficient, open, and transparent – e.g., why an issue happened, how it will be resolved and details of how any change will be implemented. If feedback cannot be acted upon, an explanation is provided. Carer and service users' needs, and expertise should be reinforced.
4. Value and hold on to our existing knowledge, skills, and experience from the established groups: such as volunteers, members of Public Forums, People's Panel and Care Representation Groups. Take account of the best of systems previously in place but use these resources differently. Participation and engagement should be a two-way process with a focus on creating and maintaining partnerships.
5. Be a flexible, evolving model making the most of social media. Be focused on making step changes and continually improving, experimenting, and drawing upon input and feedback.
6. Be appropriately resourced and involve all stakeholders.
7. Learn from other organisations and systems of participation and engagement. Share our own learning and experiences with others.
8. Aim to remove unacceptable levels of bureaucracy. Monitoring, information, reporting and governance are focused on the use of plain English and what will make a difference to service users.
9. Make best use of users of services and public feedback to address issues proactively with local and national politicians.
10. Consider all relevant legislative requirements, standards, and guidance. Where appropriate have requirements defined and made clear in policies and procedures for organisations and staff. This must be influenced by the experience of those who use services.

1.3 How the updated Strategy has been developed

This updated strategy has been produced in collaboration with members of Fife Integration Joint Board which includes public members, elected members, representatives from Health and Social Care and the Third Sector.

Consultation and activity have been overseen by a subgroup made up of Integration Joint Board members which included: - Carer Representative, Public Member, Elected Members and the newly appointed H&SC Participation and Engagement Team.

The process for developing the updated strategy was as follows:

- Reviewing revised and updated strategy requirements, policy drivers, quality standards and legal requirements.
- Consider how existing arrangements could support the Fife HSCP in line with strategic priorities.
- Seven engagement events were held in April and May 2022. Members of the public and wider stakeholders were invited to participate through Fife Council's People Panel and NHS Fife Public Partner Volunteers virtual network. Wider stakeholders were invited to attend through Fife's Health and Social Care Partnerships Locality Planning Wider Stakeholders Network including various other participation groups throughout Fife. The events focussed on feedback received so far to build on the previous strategy approaches to participation and engagement and work undertaken across all partners. Participants had the opportunity to ask questions and raise concerns regarding the approaches and how this should be taken forward over the next three years.

2. The Approaches: For Participation and Engagement for Fife Health and Social Care Partnership

The strategy will cover a three-year period in line with the Fife HSCP Strategic planning cycle.

The agreed Participation and Engagement approach is made up from seven identified key areas of activity. These activity areas link together to form an overall framework that coordinates the citizen's voice. This ensures that citizens are heard in the participation and engagement activities, decision making and feedback processes of the Fife HSCP and work within the set of ten principles (as highlighted in section 1.2).

1. Gathering views and community knowledge
2. Individual experience
3. Specific topics - Planning with People - special interests and service redesign and transformation
4. Governance and Accountability through formal meetings
5. Social Media
6. Internal and external supporting infrastructure
7. Consultation Activity.

The following sections provide more detail on the proposed updated approaches. See section 5 of this document for explanation of how the framework and approaches will be supported in relation to implementing the strategy and alignment with formal statutory groups and governance structures of the Integration Joint Board and the Fife HSCP.

2.1 Gathering local community views and knowledge

Participation and Engagement begins and ends with communities, through supporting them to engage with the Fife HSCP and by providing communities with feedback on the impact of their engagement. This type of activity is still acknowledged as one of the most important components in the participation and engagement approach and is a recurring theme in ongoing feedback. The aim is to ensure that individuals within communities can have their voice heard on current and future planning, redesign and delivery including individual experiences in a way that suits them and will allow us to engage directly with and work with individuals that services find hard to reach.

Fife is divided into seven areas for the purpose of planning and delivering services in each locality. These areas are known as 'Localities'. The seven areas are:

- Cowdenbeath (includes Lochgelly, Kelty and Cardenden)
- City of Dunfermline
- Glenrothes (includes Thornton, Kinglassie and Leslie)
- Kirkcaldy (includes Burntisland and Kinghorn)
- Levenmouth (includes West Wemyss, Buckhaven, Methil, Kennoway and Leven)
- North East Fife (includes Auchtermuchty, Cupar, Taybridgehead, St. Andrews, Crail and Anstruther)
- South West Fife (includes Inverkeithing, Dalgety Bay, Rosyth, Kincardine, Oakley, and Saline).

Locality planning is a key element of Health & Social Care Integration and with the enactment of the Public Bodies (Joint Working) (Scotland) Act 2014 has become a legal requirement in relation to the planning and delivery of health and social care services.

Locality Planning arrangements **support** participation and engagement locally and currently provide a platform for carers representatives, local health and social care staff, including the third and independent sectors, Fife Council Community Planning Partners and NHS Fife staff to engage in the planning process to influence the Fife HSCP strategic planning and annual commissioning process.

Public engagement activity with user groups will be specific and informed by local people, professionals who deliver health and social care services in and across communities highlighting 'need' in their area. This includes the analysis of Intelligence led data produced and updated by Local Intelligence Support Team (LIST) Public Health Scotland. For example: at time of writing, the Levenmouth Locality Planning Group informs the locality that there is a need for improving health and wellbeing outcomes for those affected by addictions. In future the Public Engagement Officers (PEO) will then be focussed on the identified need in each locality to support the gathering of people's views who are most affected by the issues and feed those views back into locality planning groups and the Fife HSCP. This will ensure that there is scope and boundaries around the public engagement activities which is informed by identified need in relation to health and social care services for individuals and across communities.

The Locality Planning Groups will then feed up priorities, views, and action plans to the HSCP Strategic Planning Group for consideration and inclusion in the Strategic Commissioning Plan based on the identified priorities for each locality. Locality Planning and the Strategic Planning Group roles and responsibilities in relation to participation and engagement is explained further in Section 5 of the strategy, How will the Strategy be Implemented in practice 2022 -2025.

The responsibility for locally based engagement does not lie entirely on HSCP PEOs and Locality Planning Groups. Forums, networks, and groups across Fife are constantly involved in engagement activity. The role of the HSCP is to support linking the defined geographical communities with the other community-based engagement structures. This will support better use of collective resources and reduce consultation fatigue.

The approach in each locality will be different and needs to be tailored to meet identified need in each of the seven localities as laid out in their respective annual Locality Plans.

Tailored Models for Participation and Engagement

Tailored models of participation and engagement are in operation across Fife to suit specific communities of interest and their own requirements. Examples include the "Home First" strategy development to transform discharge from hospitals and a model of participation and engagement that will enable active participation by patients and their carers ensuring that they understand and are able to contribute as appropriate to care delivery and discharge planning to enable people to live longer healthier lives at home, or in a homely setting.

To achieve the ambitions set out in national and local strategies for the development and delivery of community-based mental health and wellbeing services and supports in Fife we recognise that we need to strengthen and improve coproduction approaches to meet unmet needs and promote population mental health and wellbeing which puts people who use services and communities at the heart of design. We recognise that this will need a system-wide approach which ensures that every person in Fife can access local mental health services.

A recurring theme emerging from feedback is that, considering rising demand and growing levels of need, current approaches are becoming increasingly unsustainable and new ways of operating are required. There is a growing body of evidence that real improvements to people's lives can be made by creating additionality that not only expands and improves mental health and wellbeing provision in localities, but that brings about even greater improvement through coproduction approaches that are based on an understanding of what matters most to people in terms of their values, outcomes, and experiences.

Coproduction is an approach to designing with, rather than for people. The Fife HSCP Mental Health & Wellbeing in Primary Care Services (MHWPCS) programme commits to creating the enabling conditions for coproduction whilst ensuring parity of service provision across Fife and greater collaboration at local level. The coproduction process will support those with lived experience to engage as equal partners and will place individuals and communities at the heart of design. Success will be evaluated on the difference that is made to people's lives.

A programme will be developed with our partners that commits to operating in a way which creates the enabling conditions for **coproduction** whilst ensuring greater **collaboration** and **responsiveness** at a **local level**.

2.2 Individual feedback mechanisms

This approach considers the value of the individual experience and how this can influence individual experience of the care and support they receive and also service changes to achieve positive outcomes. Mechanisms will include:

- The participation and engagement officers will work in Fife's local communities engaging with people and groups that services often find hard to reach to gather their views and feed them back through locality planning structures up to the Integration Joint Board.
- Online feedback systems such as Care Opinion where general comments as well as specific issues can be raised and responded to quickly. Care Opinion will allow us to give people who use our services a seamless way of sharing feedback about their care and treatment, across both health and social care.
- General surveys of people who use services which will be tailored to individual responses as and when required. For example, easy read, read aloud, Braille, ESOL. Where people who do not read or write, read aloud functions are available and where people with learning disabilities are involved we will engage with local advocacy groups and key workers to support people to participate as independently as possible to express their views and opinions.
- Concerns/complaints/ compliments processes are already in place across the partnership. These follow the guidelines provided by the Scottish Public Services Ombudsman. Details on how to make a complaint are readily available to the public online, by leaflet and on premises used by the Partnership. Each organisation ensures that all comments, compliments and complaints are reported to a central point and monitored and recorded in a standard format. Information on complaints across the partnership is collated and reported to the Senior Leadership Team and the Integration Joint Board on a regular basis.
- Clear feedback processes for the public in relation to what has changed as a result of their experience and input

2.3 Planning with People: Specific topics, special interests, service redesign and Transformation

As already identified, during 2021 the Scottish Government issued guidance to NHS Boards, HSCPs and Local Authorities Care services that are planning and commissioning care services in Scotland. This is called **Planning with People Guidance 2021.** Listening to the views of people who use services, and actively involving them throughout the process of planning care delivery, is also a key improvement recommendation of the recent **Independent Review of Adult Social Care in Scotland.** This guidance will help us achieve that widely and with consistency.

As previously identified, a recurring theme emerging from feedback, and in light of the ongoing challenges regarding Covid-19 and recovery resulting in rising demand and growing levels of need, current new ways of operating are required. This strategy commits to operating in a way which creates the enabling conditions for co-production whilst ensuring greater collaboration and responsiveness at a local level.

When services are reviewing strategies, redesigning, and planning change, we will work with the people who use services and those who deliver services to ensure the right people with the right knowledge are involved as early as possible in the co–producing, planning and redesign of services as they relate to each topic.

To do this we will work closely with service providers to ensure that they provide structure to activities and ensure they meet the national engagement standards whilst meeting the agreed objectives of different projects.

Requests for participation and engagement will be directed to the Public Engagement Team following a process that will be based on best methods of engagement for the particular outcome of the request as set out in the national standards for engagement and explained further in **section 3** of this document.

2.4 Social Media

During COVID-19, social media was a great way for individuals and communities to stay connected.. The power of digital and social media solutions will be utilised to help local people find their voice and continue to use these platforms to communicate and engage with our stakeholders.

We will use social media as an effective tool to engage with a large diverse range of people in various ways. Supporting and encouraging wider participation by offering opportunities to build and maintain networks, by offering ongoing communication and various opportunities to become involved in stages from discussion to coproduction. It will enable us to connect with communities who might be interested in collaborating, consulting, and sharing their own lived experience to help inform what services are required in Fife.

Social media will not be used as a replacement for in person activity but will be used as a complimentary tool alongside traditionally recognised face to face methods for engagement and participation.

2.5 Governance and Accountability – Engagement with Fife HSCP Integration Joint Board

We know that formal meetings and bureaucratic processes often put people off or prevent people from participating and engaging in planning and redesign of services. Therefore, we aim to limit the number of formal meetings and simplify the way the public voice is heard in HSCP. It is recognised that some activity will need to continue through formal meetings and that there needs to be a framework to ensure accountability and good governance, but this will play a smaller part and will be more focussed in line with the updated strategy.

It is proposed that a new Fife wide "Community Engagement Forum" is developed. This will be aligned to the Strategic Planning Group and already established seven Locality Planning Groups and will be fully supported by the Fife HSCPs Participation and Engagement Team. Other existing established networks will be aligned to this forum with input from the Third and Independent Sectors which will be critical in terms of building capacity to deliver on the proposed model for Participation and Engagement. This will be a structured and supported forum for public representatives. A structure is set out in **section 6** of this document Consultation on Proposed New Model of Engagement and Participation. The newly formed Community Engagement Forum will have carers and public representation. A process for electing public representatives will be put in place.

The Community Engagement Forum will not be a public engagement 'forum' for members of the public to attend and raise issues or enter into debate with staff on personal agendas but is a forum that members of the public are entitled to attend and observe.

Through the Fife HSCP's Strategic Planning Group and Locality Planning structures, the people of Fife, and local Third and Independent Sector organisations will have a much stronger voice and active role via the Community Forum. There will be a direct route of engagement and role in influencing the strategic planning and commissioning process and ultimately enable the community and public voice to influence the decisions made by the Fife HSCP Integration Joint Board.

In Fife, our Third and Independent sectors are already partners in decision making structures of the Integration Joint Board and its Committees, Strategic Planning Group and Locality Planning Groups as well as key partners in transformation programmes across health and social care. The Integration Regulations state that the Integration Joint Board must have a carer and service user as Integration Joint Board members. We will continue to build on these relationships to ensure we make better use of the experience and knowledge they bring and to ensure a more efficient use of collective resources across Fife by formalising involvement and representation on the community forum.

2.6 Remit of the Community Engagement Forum

The remit of the Community Engagement Forum is to

- Feed the voice of the people of Fife up to the Integration Joint Board via the Strategic Planning Group and the Integration Joint Boards Carer Representative and Public Representative.
- Provide a feedback loop from the IJB back to localities and local group regarding decisions made by the IJB as a result of feedback from localities and communities.
- Understand where we need to do more work using the themes emerging from Care Opinion and complaints mechanisms.
- Be sighted on service changes planned and underway in relation to the HSCP.
- Understand emerging themes for carers.
- Consider equalities issues.
- Monitor and review the development and implementation of the Fife HSCP Integration Joint Boards Participation and Engagement Strategy.

The Community Engagement Forum will be responsible for ensuring the public voice is heard in line with agreed principles and support the changes being developed in line with the agreed approach. They will also be key to the ongoing evaluation of the model.

Membership of the Community Engagement Forum will include:

- Public Representatives
- Third and Independent Sector
- IJB Member
- Members of FHSCP Forums
- Representatives from Fife's Health & Social Care Third Sector Interface Forum

2.7 Consultation Activity

We already benefit from existing mechanisms and approaches to consultation activity across our Third and Independent sectors, NHS Fife, and Fife Council. The strategy will seek to learn from the past and improve the quality of participation and engagement methods and better coordinate activities with our partners avoiding consultation fatigue and duplication of effort across services and partners.

To ensure the HSCP consults effectively with communities regarding proposals for the delivery of health and social care we will utilise existing networks across the Third and Independent Sectors, NHS Fife, and Fife Council.

Fife Voluntary Action including our Third and Independent sectors and organisations have in place various support networks and user group panels such as carer support representatives, and mental health alcohol and drugs groups. When relevant and appropriate we will engage with these organisations and groups to ensure we have the voice of lived experience included in all feedback.

NHS Fife hosts a directory of virtual group of patients, carers, members of the public, and community groups who have an interest in knowing about and improving local health and care services in Fife. Being a member of the Directory for health and care means people receive up to date information about the health and care services that are developing and proposals regarding changes to services. Members of the virtual directory can get involved in one-off discussion groups giving their views and opinions on proposals and be involved in working groups to influence decisions regarding changes.

Fife Council also host Fife People's Panel which is an online group of people who have volunteered to help improve Fife by giving their opinions and observations on a variety of public issues.

Panel members receive questionnaires (either online or by post) around four times a year and may also be invited to participate in telephone surveys, focus groups, or other consultation projects.

2.8 Putting in place an internal and external supporting infrastructure

The above approaches will be supported and resourced through the existing infrastructures currently in place but realigning them to the Locality Planning Groups, Community Engagement Forum (CEF), Strategic Planning Group (SPG), Qualities and Communities Committee and the Integration Joint Board. To make this work we know that there needs to be leads with capacity to undertake engagement activity within each locality and provide support for public engagement in service changes, strategic plan reviews and service redesign. We now have a new service development for Participation and Engagement within the Fife HSCP with a team of four staff who will be responsible for working alongside all partners and communities to make this updated strategy work. Additional funding may need to be identified to provide administrative support and communications moving forward.

The Community Engagement Forum mentioned in **section 2.5** of this document will be made up of members of community representatives, the IJB, SPG, Locality Planning Groups, and will be chaired by advisors representing the Third and Independent sectors and equalities groups.

Through the locality planning structure, the people of Fife and local Third and Independent sector organisations can play an active role in the forum and have a direct route of engagement and role in the decisions made by the Integration Joint Board.

Developing Fife wide Engagement across Communities and Localities

Most of the participation and engagement activity will take place at a local level through existing networks and groups and with individuals and will be the main methods for members of the public to get involved and engage in two-way communication on the work of the Integration Joint Board. There is also an important role for Fife wide activity.

Examples of Fife wide activities include how the public influence service planning and delivery which includes the development of the Fife HSCP Strategic Plan and associated strategies, Locality Plans, and ongoing consultation on transformational change programmes.

As part of the process of Fife wide engagement, we will close the feedback loop with communities via the seven-locality planning networks to ensure people are able to see the impact of their involvement as well as the difference that has been achieved because of the decisions made or implemented.

This might include hosting engagement events when appropriate or making use of social media and use current planning and engagement structures that exist across the Fife HSCP.

Each Locality Planning Group hosts an annual event to report back to their Wider Stakeholder Group which includes all partners, including interested volunteers such as carers representatives. These events highlight the work and activities that have taken place and report on what was delivered and to identify and explore with them next steps to discuss issues and priorities of shared importance and to influence priorities of annual Locality Plans to feed into the strategic commissioning plan. It is proposed that to avoid duplication and confusion we will redesign our annual locality planning wider stakeholder events to include the newly formed Community Engagement Forum so that they come together on an annual basis.

The topics for discussion would mainly focus on the Strategic Planning Group receiving information from the public but also to share information from each locality planning group to and from the Fife wide Community Engagement Forum. This means we will coordinate and bring together the various local and Fife wide internal and external groups which includes public representatives to engage on issues of importance to communities.

The topics for discussion would focus mainly on.

- Understanding where more work needs to be done using the priorities emerging from public feedback through information gathered from the views gathered across communities by the Public Engagement Officers, Care Opinion and Complaints, analysis of data as they relate to intelligence led locality profiles and the voice of people who deliver HSC services in and across communities.
- Understand emerging themes coming from Carers.
- Feedback from the Integration Joint Board via the newly formed Community Engagement Forum.
- Consider any equalities issues.
- Service changes planned and underway.
- 'Our Voice' National Updates.

The Community Engagement Forum will plan the work that is required for the following year and ensure the public voice is heard in line with agreed principles and to support changes being developed. The Community Engagement Forum will also be key to ongoing evaluation of the model and Strategy.

3. National Standards, Guidance and Programmes for best practice

Fife HSCP is committed to providing person centred care and services. Participation and Engagement activity for services will comprise of the seven elements, as previously mentioned in section 1, albeit that engagement activities will be bespoke to each service and will therefore look different. In order to do this, we will make use of the following well-known standards, programmes and methods which are tried and tested nationally. They will underpin all participation and engagement activities undertaken with individuals, communities, services, and staff.

3.1 Voices Scotland

Chest Heart and Stroke Scotland (CHSS) has developed a Voices Scotland Programme which supports individuals and communities, and support groups and organisations by providing the knowledge, skills, and confidence to help people have their say and influence local and national health and social care services.

3.2 The Participation Toolkit – Healthcare Improvement Scotland

The Participation Toolkit is intended as a resource for staff across the public, private and voluntary sectors to help them involve people in shaping and improving services.

3.3 National Standards for Community Engagement

The National Standards for Community Engagement are good-practice principles designed to improve and guide the process of community engagement. Community engagement is a way to build and sustain relationships between public services and community groups - helping them both to understand and take action on the needs or issues that communities experience.

4. Fife Health and Social Care Partnership Support Team

The newly appointed HSCP Participation and Engagement Service Manager along with the three Public Engagement Officers and the Locality Planning Coordinator will provide:

- A point of contact and day-to-day support and advice for volunteers involved in participation and engagement activity.
- Ensure guidance and governance to support a system that has minimal bureaucracy but is safe, effective, legal, and sustainable.
- Provide administration and organisation to support all our participation and engagement work (needs supported by business support).
- To work closely with recognised groups and partners that are valuable resources and should be used more regularly to gather public views and as a source of volunteers for specific topics.

The newly appointed Public Engagement Officers role is primarily to engage with and support public members particularly those who use H&SCP services (such as carers) so that they can effectively influence change; to help them to identify and act on community needs and ambitions and to influence the strategic commissioning plan.

The Public Engagement Officers will:

- Work within and with local communities.
- Gather information from individuals and existing local groups.
- Provide a clear route to Locality Planning Groups exchanging of information between communities and HSCP and the IJB.
- Encourage and support seldom heard groups and voices.

They will provide the Locality Planning Groups with the public voice to be fed into the Strategic Planning Group and upwards into the Integration Joint Board as shown in the model diagram in figure 1.

Figure 1

Integrated Model for Public Engagement
Fife Integration Board

5. How will the Strategy be Implemented in practice 2022 -2025?

Localities exist to ensure that the benefit of better integration improves health and well-being outcomes. They provide a local forum for professionals, communities, and individuals to inform redesign and improvement for their locality and avoid a top-down approach.

Localities Role

Localities feed into the annual strategic commissioning process a collective view on what needs to be made available in respect of their locality – with a focus on local design, delivery, and priorities.

Localities are also represented on the Strategic Planning Group

The groups on an on-going basis decide on proposals from local clinicians and professionals, people using services and communities on ways to improve the delivery of services for the locality.

5.1 People and Professionals Involved in Locality Planning

The relevant and appropriate people are represented on Locality Planning Groups which include:

- Health and social care professionals
- Carers Representatives
- Representatives of third and independent sectors
- Representatives of the housing sector
- Carers and people using services reps
- People managing services in the area of the integration authority.

Working from a "top-down, bottom-up" approach we aim to reach all our communities and ensure their voices are heard. To do so we have identified how this could be achieved. Figure 2 in **section 6** of this document Consultation on Proposed New Model of Engagement and Participation illustrates how we will successfully achieve working with our communities and making decisions based on their needs and requirements.

5.2 Strategic Commissioning Plan

The Public (Joint Working) (Scotland) Act 2015 sets out the requirements for integrated bodies to develop a local Integrated Strategic and Commissioning Plan.

5.3 Strategic Planning Group (SPG)

Each integrated body is required to establish a Strategic Planning Group (SPG) for the purpose of preparing the commissioning plan.

The SPG is concerned primarily with support and informing the development process for the Fife HSCP's Strategic Commissioning Plan, together with ongoing iterative reviews. It provides stakeholder advice to the Integration Joint Board. Details of the representatives of this group can be found within the table shown in **Appendix 5**.

The Implementation of this strategy will align with the remobilisation of groups across Fife and will also align with the three priorities for application of the approach for the next three years placing communities and services users at the heart of planning and design. The priorities for action include:

- Those agreed within the Strategic Plan for Fife
- The priority areas set out within the NHS Critical Care Strategy
- Priorities emerging from service redesign changes identified by the public.

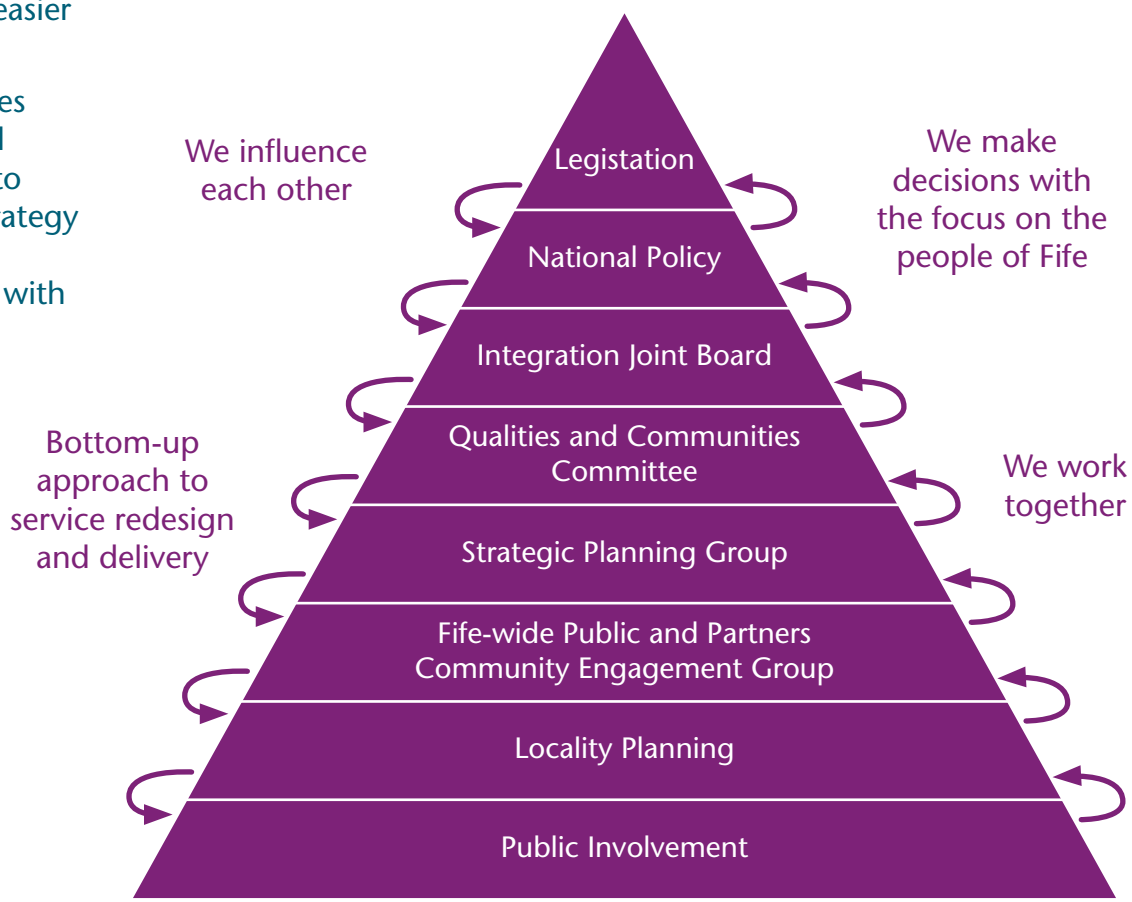
6. Consultation on Proposed New Model of Engagement and Participation

The proposed model was sent out to wider participation networks in Fife in April 2020. There was a total of 71 respondents. The majority of respondents agreed with the proposed approaches agreeing that they would make it easier to have their voice heard.

The table Activity Timeline shown in **appendix 5** illustrates a timeline of engagement and participation activities and has informed and will ensure a co-production approach to producing an updated Participation and Engagement Strategy for Fife and will ensure that future activity will meet with legislative requirements as outlined in **appendix 4** along with the Fife HSCP's expectations for locality planning.

Figure 2

Working from a "top-down, bottom-up" approach



Appendix 1
Key stakeholders

Figure 3: Key Stakeholders

Appendix 2
List of Services

What services does the Fife Health and Social Care Partnership covers?

The Strategic Plan will cover all services delegated to the IJB as set out in the Integration Scheme. The budget for these services amounts to over £600m annually involving a workforce of around 5,500 staff. Those services, for which budgets are delegated and services managed by the Fife Health and Social Care Partnership, are:

Fife Council

- Social work services for people aged 16 and over
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse services
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Reablement services, equipment, and telecare.

Housing

The interface with housing is crucial to the success of the integration agenda. The housing functions, which are delegated to the Integrated Health and Social Care Fife HSCP are described fully in the Health & Social Care Strategic Plan include:

- Housing support services
- Housing adaptations.

NHS Fife

- Community Services
- District nursing services
- Substance misuse services
- Services provided by allied health professionals in an outpatient department, clinic, or out with a hospital
- The Public Dental Service
- Primary Medical Services
- General Dental Services
- General Ophthalmic Services
- General Pharmaceutical Services
- Community geriatric medicine services
- Community palliative care services
- Community learning disability services
- Community mental health services
- Community continence services
- Services provided by health professionals that promote public health
- Community children's services
- Sexual Health Service
- Rheumatology Service
- Health visitors
- School nursing
- Community Children and Young Persons Nursing Service
- Family nurse Fife HSCP team
- Child health administration team
- Allied health professions
- Child protection nursing team.

Hospital Inpatient Services

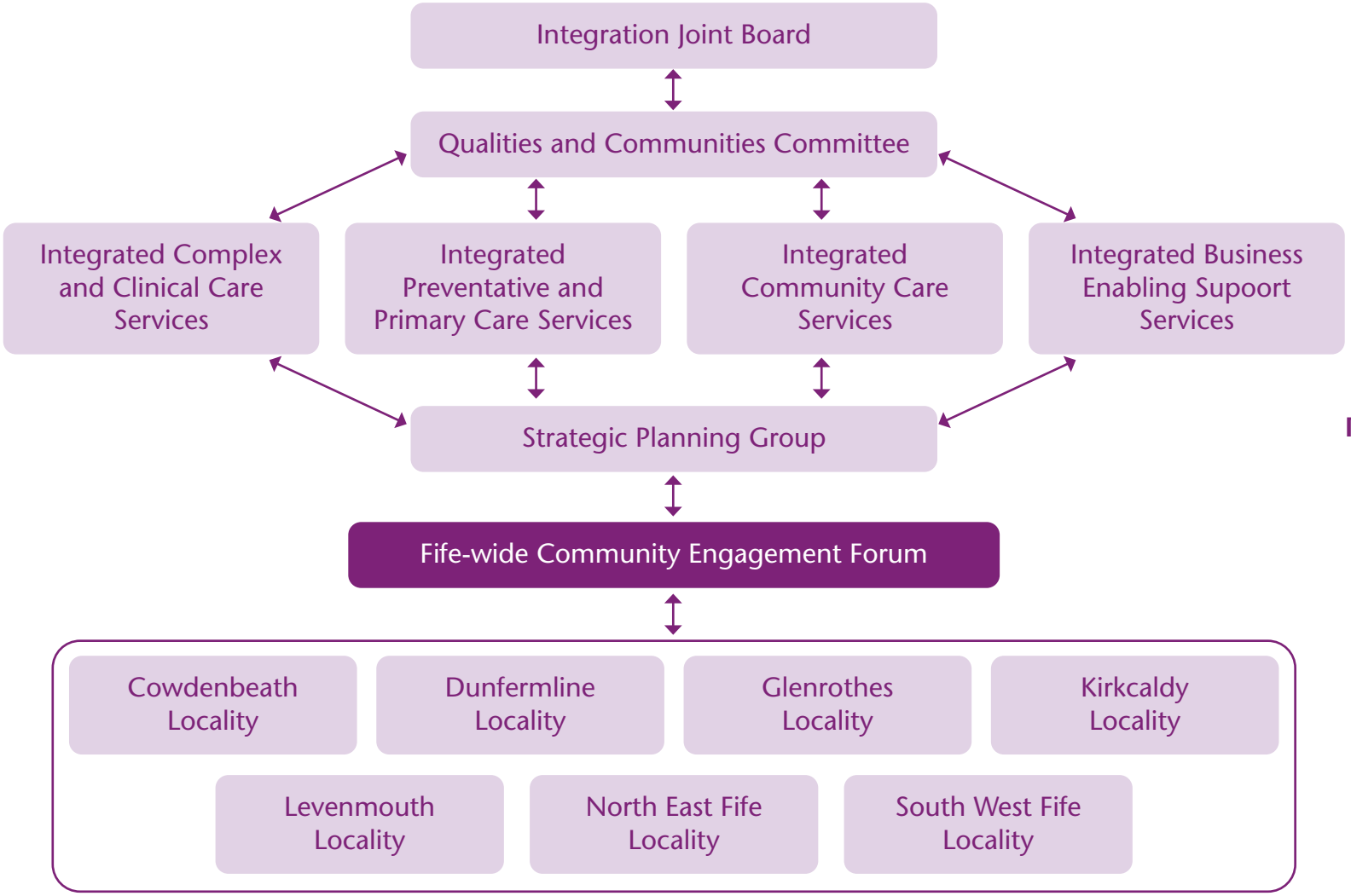
- Community hospital inpatient facilities
- Palliative Care inpatient services
- Psychiatry of learning disability
- Mental Health including Forensic.

Fife HSCP will be responsible, also, for strategic planning of those aspects of acute hospital care which are most commonly associated with emergency care i.e., specialties where most of the unplanned hospital admissions are for adults. These are areas where there may be potential to design and deliver services to prevent admission. The operational management remains the responsibility of the Acute Services Division of NHS Fife. These services include:

- Accident and Emergency services provided in a hospital
- Inpatient hospital services relating to:
- general medicine
- geriatric medicine
- rehabilitation medicine
- respiratory medicine.

Appendix 3
Governance Arrangements for Participation and Engagement in Health and Social Care

Figure 4



Public Engagement Officers x3

- Work in and with local communities
- Be the clear route to feedback and exchange information across communities, Localities, SPG up to IJB.
- Gather information from individual's and existing networks e.g. Carers Centre, Local Area Coordination, The Wells and other existing local groups.

Appendix 4
Current Legislative and Policy Landscape

Legislative and Policy Context

The Public Bodies (Joint Working) (Scotland) Act 2014

The Public Bodies (Joint Working) (Scotland) Act 2014 sets the framework for integrating adult health and social care, to ensure a consistent provision of quality, sustainable care services for the increasing numbers of people in Scotland who need joined-up support and care, particularly people with multiple, complex, long-term conditions.

It sets out what the Scottish Government is aiming to achieve. It's established a set of nationally agreed outcomes, which will apply across health and social care, and for which NHS boards and local authorities will be held jointly accountable.

Users of health and social care services can expect to be:

- listened to
- involved in deciding upon the care they receive
- an active participant in how it is delivered

This will mean better outcomes for people, helping them enjoy better health and wellbeing in their homes and communities.

Planning with People – published In March 2021 the Scottish Government and COSLA published Planning with People. This document provides guidance which applies to all care services. It supports organisations to deliver their existing statutory duties for engagement and public involvement, with a direction that it should be followed not only by health and social care providers but also by local, regional, and national planners, Special Boards and all independent contractors and suppliers such as care homes, pharmacies and general practices. The Planning with People Guidance replaces **CEL 4 - Chief Executive Letter 4** guidance relating to engagement required for Informing, Engaging and Consulting People in Developing Health and Community Care Services set out in the Scottish Government document CEL 4

Health and social care integration - localities: guidance - gov.scot (www.gov.scot) The Public Bodies (Joint Working) (Scotland) Act 2014[1] (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area.

This guidance reinforces the importance of localities. Achieving the aspirations, we share for health and social care integration will rely upon partners across the health and social care landscape, and their stakeholders, focussing, together, on their joint responsibility to improve outcomes for people. Every locality will involve a range of people from different backgrounds, who are accustomed to different working styles and arrangements.

CEL 4 - Chief Executive Letter 4 (CEL 4). NHS Boards are required to involve people in designing, developing, and delivering the health care services they provide for them. A Board is responsible for ensuring that the informing, engaging, consulting process is fully accessible to all equality groups and ensuring that any potentially adverse impact of the proposed service change on different equality groups has been taken account by undertaking an equality impact assessment. Where a Board is considering consulting the public about a service development or change, it is responsible for

- Informing potentially affected people, staff and communities of their proposal and the timetable for engagement and decision-making
- Ensuring that the process is subject to an equality and diversity impact assessment
- Ensuring that any potentially adverse impacts of the proposed service change, on, for example, the travel arrangements of patients, carers, visitors and staff, have been taken account of in the final proposal
- Providing evidence of the impact of this public involvement on the final agreed service development or change. Where a proposed service change would impact on the public in another area, the Board proposing the change should lead the public involvement process. The Board, and any other affected Board(s), should aim to maximise the involvement of affected individuals and communities in the process.

The Community Empowerment Act (Scotland) 2015

The Community Empowerment (Scotland) Act 2015 The Act is based on the principles of subsidiarity (that social and political decisions are taken at as local a level as possible), community empowerment and improving outcomes. Underpinning all these provisions is the intent to focus attention on reducing disadvantage and inequality.

The aims of the legislation are to:

- Empower community bodies through ownership of land and buildings and through strengthening their voices in the decisions that matter to them
- Support an increase in the pace and scale of public sector reform by cementing the focus on achieving outcomes and improving the process of community planning.

Part 1. National Outcomes: This requires Scottish Ministers to continue the approach of setting national outcomes for Scotland, which guide the work of public authorities.

Part 2 is about strengthening community planning, so communities have more of a say in how public services are to be planned and provided.

Part 3 enables communities to identify needs and issues and request action to be taken by public bodies on these. These are known as participation requests.

Part 4 and **part 5** extend the community right to buy or otherwise have greater control over assets.

Commission on the Future Delivery of Public Services - This Commission, chaired by Campbell Christie, highlighted that, if they are to be effective, public services must empower individuals and communities by involving them in both the design and delivery of services. Such an approach requires understanding the needs of communities and working together. It advocated a fundamental overhaul of the relationships between institutions responsible for delivering public services and the needs of individuals and communities.

2021 Independent Review of Adult Social Care – A key recommendation from this independent review led by Derek Feeley and published in 2021 was to listen to the views of people who use services and actively involve them throughout the process of planning care delivery.

National Standards for Community Engagement - National Standards for Community Engagement (Scottish Development Community Centre) applies to all engagement. The seven National Standards for Community Engagement as set out by The Scottish Executive are INCLUSION, SUPPORT, PLANNING, WORKING TOGETHER, METHODS, COMMUNICATION, IMPACT.

The Gunning Principles (R v London Borough of Bren ex parte Gunning 1985) - The Gunning Principles are the founding legal principles applicable to public consultation in the UK. They consist of four principles, which if followed, are designed to make consultation fair and lawful: 1: Consultation must be at a time when proposals are still at a formative stage, 2: Sufficient reasons must be put forward for any proposal to permit "intelligent consideration" and response, 3: Adequate time is given for consideration and response, 4: The product of consultation is conscientiously taken into account by the decision maker(s).

Freedom of Information (Scotland) Act 2002 - An Act of the Scottish Parliament which gives everyone the right to ask for any information held by a Scottish public authority

Human Rights Act - In Scotland, civil and political rights are protected by the Human Rights Act 1998 and provisions in the Scotland Act 1998. These rights come from the European **Convention on Human Rights (ECHR).**

NHS Reform (Scotland) Act 2004 - The Act of the Scottish Parliament contains a section on Public Involvement. Under Duty to Encourage Public Involvement, it states, 'It is the duty of everybody to which this section applies to take action with a view to securing, as respects health services for which it is responsible, that persons to whom those services are being or may be provided are involved in, and consulted on — (a) the planning and development, and (b) decisions to be made by the body significantly affecting the operation, of those services. (2) This section applies to — (a) Health Boards, (b) Special Health Boards, and (c) the Agency. (3) For the purposes of subsection (1) a body is responsible for health services if they are health services.

Fairer Scotland Duty 2018 - The Fairer Scotland Duty, Part 1 of the Equality Act 2010, places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

Healthcare Improvement Scotland Community Engagement participation toolkit - The Participation Toolkit suggests a range of tools, guidance and resources which can be useful for planning community engagement.

Healthcare Improvement Scotland Quality Framework for Community Engagement - This framework developed by NHS Healthcare Improvement Scotland is currently being tested by a mix of Fife HSCPs and health boards.

Local Strategies

- **Plan for Fife 2021-24 | Our Fife - Community portal**
  The Fife HSCP has a vision for Fife as place where communities really matter, where people set the agenda and contribute to how change is being delivered.
- **Fife Health and Social Care Fife HSCP Strategic Plan**
- **Fife Health and Social Care Locality Plans**
  - **Getting to Know Glenrothes**
  - **Getting to Know Cowdenbeath**
  - **Getting to Know Levenmouth**
  - **Getting to Know Dunfermline**
  - **Getting to Know Kirkcaldy**
  - **Getting to Know North East Fife**
  - **Getting to Know South West Fife**

Appendix 5
Activity Timeline

	Activity	Date	Process	Outcome / Next Steps
1	• IJB Strategy Review Working Group - • Members of the Integration Joint Board including Carer and Service User Representatives, elected members, NHS staff, Third sector	17/12/21	• Review of previous strategy 2016 – 2019 • The role and statutory responsibilities of the IJB • The purpose of the revised strategy • Highlights from the previous strategy • Proposals for the new strategy • Next steps for the group • Mapping current landscape for public engagement and participation • Local structures for public engagement alongside existing Locality Planning structures • Fife wide structure (Care opinion for example) • Engagement with the Integration Joint Board through the Strategic Planning Group structure and future committees • Engagement with the Third, Independent & Private Sector's • Consultation activity • Equalities Plan for Fife.	• Co-production and co-delivery of strategy with all partners / services / people • Minimise meetings for the public – go out to the public • Use of existing engagement structures i.e., third sector user panels, peer support networks, Fife People Panel, NHS Public Partners virtual volunteers • Clarity of what we 'can' do and what we 'can't' do relating to outcomes of engagement • Furthering lived experience involvement • Working within localities • Considering seldom heard group engagement • Underpinning honesty, integrity, and objectivity • Using the good conversation aspect to gather feedback, person centred approach • Ensuring the people of Fife know what services are currently in place to help inform what can be improved. • Public engagement team to refresh draft strategy • Input on impact of the Independent Review of Adult Social Care recommendations and Planning with People Guidance, take account of review recommendations, new guidance and statutory duties of the IJB and the changes to the Fife HSCP's structure and leadership.

	Activity	Date	Process	Outcome / Next Steps
2	• IJB Strategy Review Working Group - • Members of the Integration Joint Board including Carer and Service User Representatives, elected members, NHS staff, Third sector	21/01/22	• The evolving approach to participation and engagement. • National Standards for Community Engagement which provide a framework of clear principles – inclusion, support, planning, working together, methods, communication, and impact. • Standards for Community Engagement – levels of engagement. • Principles of community engagement. • Community engagement process. • HSCP success statement 'we can show how local voices are helping us design the future of the Fife HSCP', based around the National Outcomes. continued /	• Strategic Planning Group – requires to be remobilised • Localities groups to be remobilised • Develop processes to gather public views across communities that don't expect the public to attend meetings all the time. Develop one community forum Local Public - Purpose to develop public voice and into the Strategic Planning Group via locality planning groups. Ensuring the forum is accountable and effective, potentially a third sector representative fully supported by the public engagement officers who will support and develop the forum. • Training through The Voices training for representatives • Participation and engagement team meet with people and groups, services and find seldom heard people homeless projects, addictions projects etc to assist in bring the voice in. • Develop Fife wide Community Engagement Group - A structured strategic group with representation from the locality groups, local public engagement forums and the Strategic Planning Group. This group to feed into the IJB via the SPG. The remit for this forum will be across health and social care • Carer's representatives • Review relaunch of Care Opinion –relaunch

	Activity	Date	Process	Outcome / Next Steps
2	• IJB Strategy Review Working Group - • Members of the Integration Joint Board including Carer and Service User Representatives, elected members, NHS staff, Third sector	21/01/22	• Proposed HSCP vision 'enable the people of Fife to live healthy independent lives by ensuring all our stakeholder views, experiences and ideas are included in the design and delivery of health and social care services that meet the needs and aspirations of the people of Fife', links into the strategic vision, strategic plan, and strategic objectives. • The revised strategy goals. • The revised strategic objectives. • Proposed integrated strategic public engagement structure (IJB Strategic Context). • Integrated model for participation and engagement and how this will be achieved. • Integrated model for public engagement (IJB). • Way forward – Action Plan.	• considering the pandemic and where does this fit into the proposed structure. • Pilot test proposed structure in a small number of areas to keep the process manageable ahead of rolling out to the seven localities • challenges regarding Covid-19 and recovery has resulted in rising demand and growing levels of need, current new ways of operating are required. Real improvements to people's lives can be made by creating greater improvement through coproduction approaches that are based on an understanding of what matters most to people in terms of their values, outcomes, and experiences.

	Activity	Date	Process	Outcome / Next Steps
3	• IJB Strategy Review Working Group - • Public & Carer Rep Sub Meeting	02/02/22	• Reviewed goal and objectives • Reviewed streamlined integrated model structure • Reviewed governance arrangement structure • Reviewed recruitment of public representatives on IJB • Sought approval of both structure and governance arrangements	• Further explore recruitment mechanism of public and carers representation on IJB • Revised new strategy to be written around the Fife HSCPs success statement regarding Participation & Engagement. • Work towards developing the refreshed strategy around existing approaches and principles as they are still relevant today and what gets feedback through existing mechanisms.
4	• IJB Strategy Review Working Group - • Members of the Integration Joint Board including Carer and Service User Representatives, elected members, NHS staff, Third sector	18/02/22	• Build and harness relationship with public through consistent and meaningful engagement	• Build a model for Public Engagement that meets strategic goals & objectives of the team and the partnership as a whole
5	• Carers Representatives Group supported by Fife Voluntary Action – Voices Training	25/02/22	• Carer's representatives need their own platform to have their voices heard at strategic and planning level	• Need to develop a more formal process for carers to have their voice heard like a 'Community of Carers'. This would mean that a representative from this group could represent the voice of Carers at the Integration Joint Board

	Activity	Date	Process	Outcome / Next Steps
6	Carers Centre	10/03/22	• Identify process for recruitment of carers representatives at IJB level. • Sharing of thoughts about how carers representatives should and could be supported locally and at IJB level • Identify transparent and open process for recruitment of public representative at IJB level	• The Fife HSCP needs to undertake a fair, open transparent process in the recruitment of Carers Representatives who represents the voice of Carers at IJB level. This needs to be communicated across various platforms, radio advert, videos • Any new forum to support carers needs to link in with the Carers Centre • The IJB need to consider how to make board meetings work for carer representatives. Example: have carers and public feedback first on the agenda for board meetings. The IJB papers need to be much more accessible to carer representatives and distributed timely to give carers representative time to read papers • Understood that the HSCP in Fife has not integrated children's services but we still need to consider how adult carers of children needs are being met. • Need to understand and consider how we bring carers of children, adults, and older people and how this could and should work
7	Online Engagement Event	13/04/2022 (am)	• An independent organisation needs to be identified to chair the proposed Fife Wide Community Engagement Forum	• Majority of participants are in favour of the proposed approaches over the next three years.

	Activity	Date	Process	Outcome / Next Steps
8	Online Engagement Event	13/04/2022 (PM)	• Ensure that there are various methods of collecting individual experiences that do not rely on use of technology	• Majority of participants are in favour of the proposed approaches over the next three years
9	Online Engagement Event	14/04/2022 (am)	• Chair and remit of the Community of Carers needs to be agreed with carers. Community of carers needs to ensure that all carers are represented	• Majority of participants are in favour of the proposed approaches over the next three years
10	Online Engagement Event	14/04/2022 (evening)		• Majority of participants are in favour of the proposed approaches over the next three years
11	People First (online)	9/05/2020	The top health and social care issues for adults with learning disabilities are • Housing • Access to information • Access to support such as how to manage finances and day-to-day living • Day services and community-based groups • Building up our communities to increase our confidence	• proposed approaches are good ways of communicating.

	Activity	Date	Process	Outcome / Next Steps
	People First (Face to Face)	11/05/2022	• The top health and social care issues for adults • with learning disabilities are • Closure of day services and community groups. • Care at home and housing support. • Easy read information including signs in public places. • Good quality of support to help people to live independently. • Community centres and local activities.	• Participants agreed proposed approaches are good ways of communicating.
	People First (Face to Face)	12/05/2022	• The top health and social care issues for adults with learning disabilities are • Lack of services • More resources need to be available • Waiting lists for services such as housing are too long • Community based services / Day Services • Clear and open conversation with us is important so we know what is going on	• proposed approaches are good ways of communicating.

Appendix 6
Participation and Engagement Action Plan

No.	Action	Owner	Timescale	Outcome
1	Develop a Strategy Framework & Communications Plan Adapt the stakeholder engagement framework adapted the Reimaging Third Sector Commissioning Plan	Participation & Engagement Team	December 2022	Framework that sets out how we will undertake engagement activity with people to design our approaches to planning, delivering, and monitoring public involvement in the decision making of the Integration Joint Board and where appropriate service changes in Health and Social Care.
2	In collaboration with key stakeholders and partners develop a process to recruit Carer and Public representatives to represent Carers and Public on the Integration Joint Board			Encourage and harness public participation in decision making of the IJB through membership of recognised formal structures
3	In collaboration with key stakeholders and partners establish Fife Wide engagement network or seven forums across localities (depending on resource available) to feed the voice of local communities up to the Integration Joint Board. This will include inclusivity group representatives			Inclusive communication that is coordinated across communities, localities up to the Integration Joint Board and back to communities Services are planned and developed in a way which actively and engages with the community and local professionals
4.	In collaboration with key stakeholders and partners establish 'Community of Carers' network that supports carers voices to be fed into the Integration Joint Board via the Integration Joint Board Carer Representative			Inclusive communication that is coordinated across communities, localities up to the Integration Joint Board and back to carers Encourage and harness public participation in decision making of the IJB through membership of recognised formal structures

No.	Action	Owner	Timescale	Outcome
5	Put in place an internal and external supporting infrastructure for when HSC delegated services are reviewing strategies, redesigning, and planning change to ensure the right people with the right knowledge are involved as early as possible in the co–producing, planning and redesign of services and strategies as they relate to each topic.		September 2022	Services are planned and developed in a way which actively and systematically engages with the community and local professionals so that services are redesigned in a person-centred way.
6.	Develop Communication and Engagement Mechanisms for example an Engagement Tracker that seeks to track what engagement activities are planned and what the result was.	Participation & Engagement Team		To ensure meaningful two-way participation and engagement around the integration of health and social care
7.	Relaunch of Care Opinion	Participation & Engagement Team	September 2022	Ensure all people can have their voice heard as an individual person who uses services without needing to join a structured meeting
8.	Develop participation guidelines to ensure a common understanding and set of expectations for both stakeholders and partnership staff	Participation & Engagement Team		

No.	Action	Owner	Timescale	Outcome
9.	Develop links to HSCP locality planning structures to identify priority areas for participation and engagement	Participation & Engagement Team		Localities can consult with communities on identified priorities
10	Develop and ensure the partnership allocates appropriate financial resources and volunteer support by developing Volunteer Induction Guidelines Volunteers Expenses Guidelines			Make sure community, service user and carer representatives are not worse off as a result of contributing to the work of FHSCP and there is provision for out-of-pocket expenses Make sure volunteers can be supported in their role as carer and public representatives contributing to the work of FHSCP.
11	Engagement opportunities should be accessible and engagement materials offered in accessible formats			

Glossary

Defining community engagement

- Community refers to a group of people that share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse, and that people can belong to several at a time.
- Engagement covers a range of activities that encourage and enable people to be involved in decisions about issues that affect them. This can range from encouraging communities to share their views on how their needs are best met and influence how services should be delivered, to giving communities the power to inform decisions and even provide services.

The National Standards for Community Engagement defines engagement as:

'A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.'

What do we mean by participation?

Participation refers to the service user or public involvement processes by which perceptions and opinions of those involved are incorporated into decision making (**Scottish Council Participation Toolkit**) It is used as an umbrella term for the numerous words and phrases used to describe involving people in:

- Decisions about their own health and care
- Shaping and influencing service provision as communities of interest or geography, and
- Working in Fife HSCP with service providers.

What do we mean by levels for engagement?

The revised National Standards for Community engagement has set out five levels for engagement and seven standards. The 5 levels are detailed below and visually represented (figure 3).

The revised 7 National Standards for Community Engagement

The revised **National Standards for Community Engagement**, provides guidance and acts as a general reference point for best practice when engaging between communities and public agencies. This will enable us to identify the role of each stakeholder and level of engagement each stakeholder will have in any decision-making as seen in **Appendix 1**, figure 3.

Figure 5

	Engagement Goal
Empower	To involve stakeholders in **shared decision** making about strategic priorities and service delivery.
Collaborate	To work in partnership with stakeholders, **seeking their perspectives** and **encouraging their ideas and solutions** to inform priorities and planning.
Involve	To **involve stakeholder throughout the process**, ensuring their **specific concerns and aspirations are understood and considered**. Provide feedback on how their input influenced the decision.
Consult	To **obtain stakeholder feedback**, listening to and acknowledging concerns and aspirations.
Inform	To **provide stakeholders with information** to assist them in understanding the problem, alternatives, opportunities and/or solutions.

Alternative Formats

The information included in this publication can be made available in large print, Braille, audio CD/tape and British Sign Language interpretation on request by calling 03451 55 55 00.

Language lines
خط هاتف اللغة العربية: 03451 55 55 77
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中文語言熱線電話: 03451 55 55 88
Polskojęzyczna linia telefoniczna: 03451 55 55 44
اُردو زبان کے لیے ٹیلیفون نمبر 03451 55 55 66

Fife Council and NHS Fife are supporting the people of Fife together through Fife's Health & Social Care Partnership. To find out more visit **www.fifehealthandsocialcare.org**

Fife Health & Social Care Partnership

Integration Joint Board
Participation and Engagement Strategy for Fife 2022-25

Fife Health & Social Care Partnership

Executive Summary

Participation is central to the work of the health and social care partnership with the people of Fife. We are committed to listening to people and taking views into account to achieve the best possible outcomes for everyone.

This Strategy sets out the principles, and approaches for participation work across all Adult Health & Social Care Services in Fife.

This Strategy will help us not just to listen but also to act on the thoughts and feelings of the public on health and social care services, and to use feedback as part of ongoing quality and service improvement.

The Participation Team will provide an important service in helping teams and services across the health and social care partnership to develop their participation practice.

The Leadership Team wants to see teams and services using a participation review process to reflect on their practice and ensure that the views of carers, those who use adult health and social care services individuals, families and communities are used to the greatest effect.

The Goal

The goal of this strategy is

> "To maximise the opportunity of the people in Fife to participate and support them with planning, design and delivery of their health and social care services".
>
> **Ian Dall, Public Representative Integration Joint Board**

Progress on reaching the goal will be achieved through our Fife Health and Social Care Partnership Participation and Engagement Strategy which will be in place between 2022-25 in line with our three yearly strategic planning cycle.

The Need

Fife faces an uncertain climate in terms of meeting the health and social care needs of people. There is an increasing need for care, largely driven by an ageing population with increasingly complex needs. There are also challenges for younger people for instance around addiction services. The change in need will be challenging but will vary across the population and need will be felt most in poorer areas. There is a large amount of detailed information regarding need which can be found in Fife Health & Social Care Partnerships Joint Strategic Needs Assessment 2022. However, a great deal of this is preventable and relates to lifestyle choices. Changing the behaviour of people will be key to this and we will need to work closely with communities to find the best way to do this.

This will mean that different approaches will be needed in different circumstances.

Key Learning

During the development of this updated strategy people told us loud and clear that we need to go to where the people are to engage with them instead of expecting them to come to us to find out what is important to them and what works well and what doesn't.

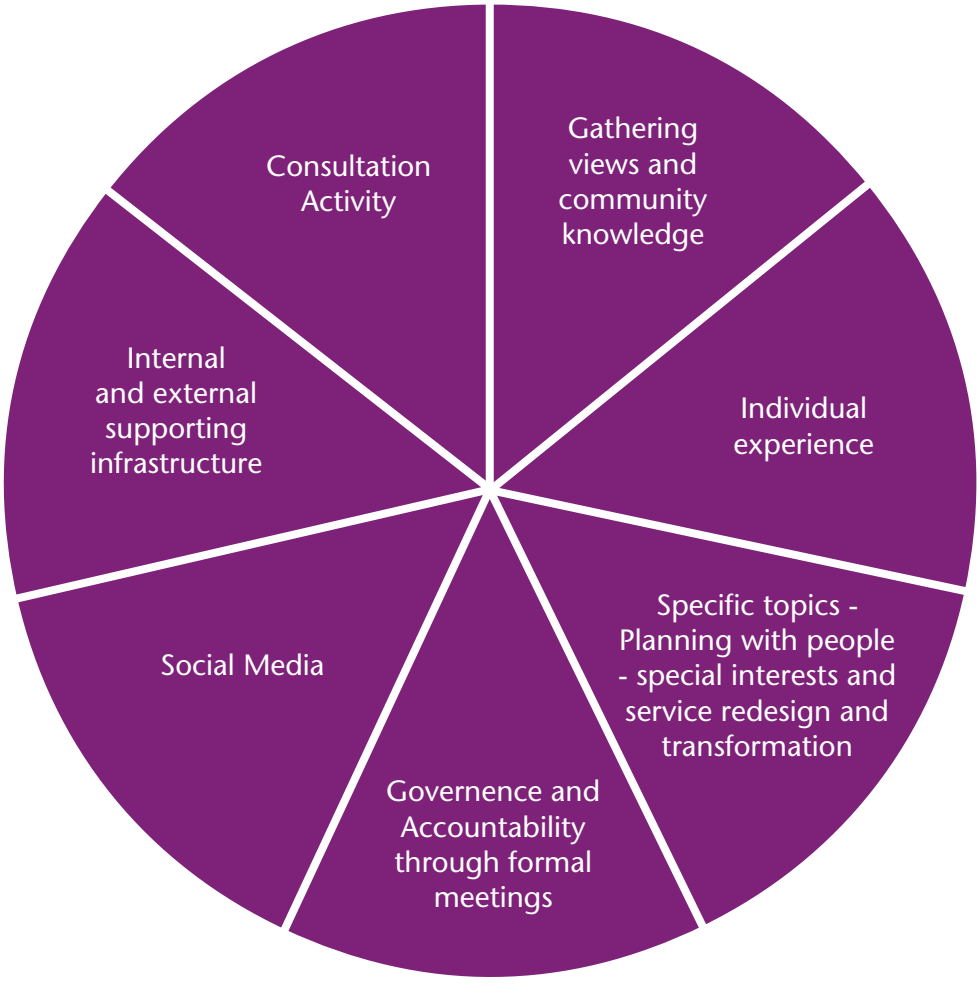
With this feedback in mind and the challenges outlined above, we have seven different approaches to participation.

Approaches of Participation

Participation will take place in seven arenas which are outlined in more detail on pages 13 to 22.

By adopting each of these approaches to engagement we will progress the opportunity in different ways for people to get involved from across our communities and to have their voices influence the decision making of the Integration Joint Board.

To ensure we are also compliant with legislation the Strategy will see the development of a Fife-wide Community Engagement Forum developed along with a Community of Carers Forum. Both forums will form a "bridge" between ground level engagement across communities, and up into the Partnership's governance structures.



Equality Impact Assessment

Part 1: Background and information

Title of proposal	**Participation & Engagement Strategy Review, 2022-25**								
Brief description of proposal (including intended outcomes & purpose)	Fife Health and Social Care Partnership's (H&SCP) Participation and Engagement Strategy review aims to: • Set out the HSCP's approach to participation and engagement activities with stakeholders from a Fife-wide perspective and also within the seven localities • Define the principles of the approach to engagement • Acknowledge the different communities across Fife and their requirements to recognise the need to tailor our approach to maximise engagement opportunities and the impact these may have • Define the different levels of engagement with the HSCP and the levels of engagement each stakeholder group will have • Outline the local and region-wide engagement structures and how people can engage with these • Present and implement an action plan to improve our approach to participation and engagement.								
Is this a new development?			No	X					
Lead Directorate / Service / Partnership	Public Engagement Team, Fife Health & Social Care Partnership								
EqIA lead person	Fiona McKay – Head of Strategic Planning, Performance & Commissioning, Fife H&SCP								
EqIA contributors	All stakeholder groups including, but not limited to; Fife IJB, Fife H&SCP, Fife Council, NHS Fife, Voluntary and Third Sector Organisations, Private Sector, Carers Representatives, General Public including								
Define the work – is it? **N = New** **R = Review/Redesign**	**Policy**		**Procedure**		**Guideline**		**Project**		
	Strategy	R	**Protocol**		**Service**				
	Other	(Please describe)							
Date of EqIA	28th January 2022								

How does the proposal meet one or more of the general duties under the Equality Act 2010? (Consider proportionality and relevance on p.12 and see p.13 for more information on what the general duties mean). If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?)

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	**The updated strategy will aim to improve the approach to involvement of all members and communities representing all protected characteristic groups. However, we acknowledge and understand that even when all effort is made to reach these groups we may not achieve the engagement we desire and engagement may not reach all communities. This reflects a broader requirement of the Fife H&SCP to continue to develop our approach to participation and engagement activities and communications and work closer with our communities to understand how we can gain better access to engage with them. The revised Strategy will aim to address this and will aim to improve the performance of Fife H&SCP within this area.**
Advancing equality of opportunity	**We will offer engagement opportunities in a variety of different formats during consultation/engagement activities to meet the needs/preferences of our stakeholder groups. However, it must be noted that when resources are limited this may not always be achievable and therefore the Fife H&SCP will work closely with our partners (Third and Voluntary Sector) to create a "larger" reach engagement channel, offering access to all stakeholder groups throughout engagement.**
Fostering good relations	**In the event that we fall short of expectations or where the updated Strategy does not cater for the needs of a particular group, community or individual, we will continue to work together with the relevant community,**

	group or individual on an ad-hoc basis. This should resolve any deficits as effectively as possible to meet their needs and requirements and we will learn from such matters for future engagement and participation activities.
Socio-economic disadvantage	**The updated Strategy will consider socio-economic impacts**
Inequalities of outcome	

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

There are no known impacts

Part 2: Evidence and Impact Assessment

Protected characteristic	Positive Impact	No Impact	Negative Impact
High Relevance	No full EqIA required	No full EqIA required	Full EqIA required – action plan required
Medium Relevance	No full EqIA required	No full EqIA required	Full EqIA required – action plan required
Low Relevance	No full EqIA required	No full EqIA required	EqIA may be required – discuss with EqIA Team as these impacts may be able to be addressed immediately

Explain what the positive and / or negative impact of the updated strategy will have on any of the protected characteristics:

Protected characteristic	Positive impact	Negative impact	No impact
Disabled people	x		
Sexual orientation	x		
Women	x		
Men	x		
Transgender/ Gender Reassignment (transitioning pre and post transition)	x		
Race (includes gypsy travellers)	x		
Age (including older people aged 60+)	x		
Children and young people	x		
Religion or belief			
Pregnancy & Maternity	x		
Marriage & civil partnership			

Please also consider the impact of the policy change in relation to:

	Positive impact	**Negative impact**	**No impact**
Looked after children and care leavers			
Privacy (e.g. information security & data protection)	x		
Economy			

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	**Source of evidence**
1.	
2.	
3.	
Evidence gaps	**Planned action to address evidence gaps**
1.	
2.	
3.	

Have you consulted with staff, public, service users and other key stakeholders to help assess for impacts?

Part 3: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead person	Timescale
1.		
2.		
3.		
4.		
5.		

Sign off

(By signing off the EqIA, you are agreeing that the EqIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice and the recommendations are proportionate.

Date completed:	Date sent to Community Investment

	Team: Enquiry.equalities@fife.gov.uk
Senior Officer: name	Designation:

FOR COMMUNITY INVESTMENT TEAM ONLY

EqIA Ref No.	
Date checked and initials	

Equality Impact Assessment Summary Report
(to be attached as an Appendix to the committee report or for consideration by any other partnership forum, board or advisory group as appropriate)

Which Committee report does this IA relate to (specify meeting date)?
What are the main impacts on equality?
In relation to a strategic decision, how will inequalities of outcome caused by economic disadvantage be reduced?
What are the main recommendations to enhance or mitigate the impacts identified?
If there are no equality impacts on any of the protected characteristics, please explain.
Further information is available from: Name / position / contact details:

One of the following statements must be included in the “Impact Assessment” section of any committee report. Attach as an appendix the completed EqIA Summary form to the report – not required for option (a).

(a) An EqIA has not been completed and is not necessary for the following reasons: (please write in brief description)

(b)The general duties section of the impact assessment and the summary form has been completed – the summary form is attached to the report.

(c)An EqIA and summary form have been completed – the summary form is attached to the report.

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**29 July 2022**
Agenda Item No:	**14**
Report Title:	**Annual Review of Best Value**
Responsible Officer:	**Nicky Connor, Chief Officer/Director of Health and Social Care**
Report Author:	**Fiona McKay, Head of Strategic Planning, Performance and Commissioning**

1 Purpose

This Report is presented to :

The Integration Joint Board are invited to discuss and approve the annual review of best value.

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:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.
- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- 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.

- The report has been discussed at the Finance, Performance and Scrutiny Committee on 8 July 2022

3 Report Summary

3.1 Situation

The Local Government (Scotland) Act 2003 places a duty on Local Government bodies to secure Best Value. As a section 106 body under the 2003 Act, Integration Joint Boards have the same statutory duty to secure Best Value.

3.2 Background

In January 2019, a report was presented to the Finance and Performance Committee setting out a Best Value Framework. The Best Value Framework outlines the key areas where the IJB would seek to demonstrate delivery of best value for the delegated functions. An annual assessment of how the IJB has demonstrated best value will be undertaken and reported to Committee and to the Board.

In February 2020 a Best Value position statement for 2019/20 was taken to Finance and Performance and Audit and Risk Committees. This set out the key areas within the Framework, the evidence in place to support Best Value and the actions we are working on continue to make improvements. Due to pressures caused by Covid no statement was made in 2020/2021

3.3 Assessment

The Best Value Framework approved by the IJB in 2019 sets out the following key areas where the IJB seeks to demonstrate compliance with the principles of Best Value

- **Management of Resources** (e.g. financial assurance and monitoring of IJB budget resources, medium term financial planning, workforce planning)
- **Effective Leadership and Strategic Direction** (e.g. commitment to delivering integration among Board members and senior managers through IJB Strategic Plan)
- **Performance Management** (e.g. regular reporting and scrutiny of IJB performance, achievement against Health and Social care outcomes and progressing integration)
- **Joint Working with Partners** (e.g. demonstration of effective approach to joint working with partners to progress integration through Fife Health and Social Care Delivery plan)
- **Service Review / Continuous Improvement** (e.g. regular reviews of service activity and scope for integration through projects such as Frailty Programme and Mental Health Redesign)
- **Governance and Accountability** (e.g. demonstration through public performance information such as Annual Accounts, Governance Statement and Annual Performance report)
- **Engagement with Community** (e.g. regular engagement and consultation with stakeholders through Locality Planning Groups and Strategic Plan consultation)

A review has been undertaken to look at progress that has been made in each area of the Best Value Framework in 2021/22, highlighting where we have evidence to demonstrate compliance and where we are working to continuously improve and reach exemplary standards. The report is shown at Appendix 1.

3.3.1 Quality / Customer Care

The Best Value Framework will assist in delivering health and wellbeing outcomes

3.3.2 Workforce

There are no workforce implications to this report.

3.3.3 Financial

Best Value in the use of resources is a key objective for the IJB. The Best Value Framework seeks to demonstrate compliance and provide assurance for the Board.

3.3.4 Risk / Legal / Management

The Best Value Framework provides a formal process for the IJB to demonstrate compliance with its statutory duty of Best Value

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

There are no direct environmental / climate change impacts relating to this report.

3.3.7 Communication, Involvement, Engagement and Consultation

Consultation has taken place with the Senior Leadership Team

3.4 Recommendation

- **Decision** – agree Annual Review of Best Value.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Annual Review of Best Value Progress 2021/22

5 Implications for Fife Council

No implications for Fife Council.

6 Implications for NHS Fife

No implications for NHS Fife.

7 Implications for Third Sector

No implications for the Third Sector.

8 Implications for Independent Sector

No implications for Independent Sector

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To Be Completed by SLT Member Only

Lead	**Fiona McKay**
Critical	**SLT**
Signed Up	
Informed	

Report Contact

Author Name: Fiona McKay

Author Job Title: Head of Strategic Planning, Performance and Commissioning

E-Mail Address: Fiona.McKay@fife.gov.uk

APPENDIX 1

Progress with Best Value – Annual Review 2021/22

	WHERE ARE WE NOW? *What do we have in place now that we can evidence*	**WHAT ARE WE ACTIVELY WORKING ON/NEXT STEPS?** *To include - Ministerial Strategic Group Action Plan, Management of Strategic Risks actions and Audit recommendations*		
BEST VALUE FRAMEWORK KEY AREAS	**CURRENT EVIDENCE**	**WORK ACTIVITY**	**DUE DATE**	**SLT LEAD**
Management of Resources *Financial assurance and monitoring of IJB budget resources, medium term financial planning, workforce planning*	Regular financial reporting/budget monitoring to IJB/F&P Committee Regular Tri-partite meetings with Partners to discuss funding and implications of funding assumptions including inflation pressures. Financial Governance Group Financial Recovery Plan required in an overspend position Medium Term Financial Strategy in place Regular monitoring and reporting of Ministerial Strategic Group Action Plan Set up of Project Management Office and detailed Transformation Change Programme in place Workforce Strategy and action plan 2019/22 in place Workforce Strategy Group meeting monthly	Refresh of Medium Term Financial Strategy linked to the refresh of the Strategic Plan Refresh of Workforce Strategy and Action 2022 – 2025 to take account of the Scottish Government Health and Social Care Integrated Workforce Plan	**Sept 2022** **July 2022**	**Chief Finance Officer** **Principal Lead for Organisational Development and Culture**

Effective Leadership and Strategic Direction *Commitment to delivering integration among Board members and senior managers through IJB Strategic Plan*	Revised Integration Scheme approved in March 2022 Revised Committee Structure agreed 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. The structure has now been in place for 7 months and will be reviewed at the end of the first year of implementation to ensure that the resource is supporting the service delivery. IJB Strategic Plan 2019-2022 Commissioning Strategy Approved Set up of Project Management Office and detailed Transformation Change Programme in Place Regular Development sessions with IJB Board Members and Senior Officers	Strategic Planning Group redesign Review of the Strategic Plan 2022- 2025 Annual Report review with feedback from external and internal auditors to support transparency and accessibility of information Governance training of new IJB Members Review of HSCP structure	**July 2022** **Nov 2022** **Nov 2022** **Sept 2022** **Dec 2022**	**Head of Strategic Planning, Performance and Commissioning** **Head of Strategic Planning, Performance and Commissioning** **Head of Strategic Planning, Performance and Commissioning** **Chief Finance Officer** **SLT**
Performance Management *Regular reporting and scrutiny of IJB performance, achievement against Health and Social Care outcomes and progressing integration*	Regular Performance Reporting to IJB and Governance Committees Revised Performance Framework approved by the IJB. This will continue to be reviewed to ensure it is fit for purpose and meets the requirements of the new management structure The Head of Strategic Planning, Performance and Commissioning is a member of the IJB Strategic Commissioning and Improvement Network and links	Meetings held with the NHS Chief Operating Officer and team with Partnership senior staff on a regular basis, work to support joint performance reporting is underway Senior Leadership Team performance reporting in construction Future work around the introduction of the National Care Service will see the IJB	**Jul 2022** **Jul 2022** **Dec 2022**	**ALL SLT** **ALL SLT** **Head of Strategic Planning, Performance**

	in with other areas to highlight work that would benefit Fife. Fife are linking with Ayr and Highland as part of the local care programme for Scotland to support the development of pathfinder sites to share local learning. Actively participating in networking communities.	consider good practice and links with other partners who are co-terminus to consider The health and social care partnership are a member of the NDTI Community Led Support programme and working with them we will redesign our pathways into services.	 **Dec 2022**	**and Commissioning** **Head of Strategic Planning, Performance and Commissioning**
Joint Working with Partners *Demonstration of effective approach to joint working with partners to progress integration through Fife Health and Social Care Delivery Plan*	Set up of Project Management Office and Transformation Board and detailed Transformation Change Programme in Place Working with Scottish Care a collaborative has been established with care at home providers to ensure closer working relationships linked directly with people currently in interim care home beds to ensure they return home as quickly as possible. The learning from this will be shared across other partnerships. Winter planning process Regular monitoring and report of the Primary Care Improvement Plan to GMS Board, C&CG Committee, IJB and Scottish Government	Remobilisation plans will continue to consider the government's plan of remobilise, recover and redesign This work will link into the Transformation programme. The Transformation Board will develop and explore the programme for change and the delivery of differing models of care identified in the strategic direction of the partnership including the strategic plan and the associated strategic plans within it. A voluntary sector review is underway with excellent engagement with voluntary organisations, a board has been established with input from Fife Voluntary Action to ensure openness and accountability. Work underway to support private sector to develop using a range of opportunities. This is a programme of work which will be developed over the next year	**Mar 2025** **Dec 2022** **Dec 2022**	**Chief Finance Officer** **Head of Strategic Planning, Performance and Commissioning** **Head of Strategic Planning, Performance and Commissioning** **Head of Primary and Preventative Care**

		Review of models of care incorporating the learning from the pandemic MOU2 (Pharmacotherapy, CTAC and Vaccine Programme)	**Sept 2022** **May 2022**	**Services** **Head of Primary and Preventative Care Services**
Service Review/ Continuous Improvement *Regular reviews of service activity and scope for integration through projects such as Frailty Programme and Mental Health redesign*	Set up of Project Management Office and Transformation Board and detailed Transformation Change Programme in Place Mental Health Redesign Frailty Programme Day Care Review Design and Implementation of Immunisation Strategic Framework 2021 - 2024 Significant investment in carers funding has allowed a programme of engagement and targeted support for carers with the introduction of a "community chest fund" to support local initiatives and ideas brought forward by carers. Digital Innovation Board Introduction of the OPEL tool (Operational Pressures Escalation Levels) Whole system response to manage capacity in times of excess demand Realignment of Community nursing and specialist nursing areas	Mental Health Strategy Day Care Review for OP Carers Strategy/Advocacy Strategy Development of IJB Digital strategic framework Community Immunisation Strategic Framework Implementation 2021-2024 Upgrade of Total Mobile System Home First	**Dec. 2022** **Dec. 2022** **Dec. 2022** **March 2023** **March 2024** **Dec. 2022** **Feb. 2023**	**Head of Complex and Critical Care Services** **Head of Strategic Planning, Performance and Commissioning** **Head of Strategic Planning, Performance and Commissioning** **Chief Finance Officer** **Chief Officer** **Head of Primary and Preventative Care Services** **Head of Community Care Services** **Head of Community Care Services**

	Progress and development of the Specialist Palliative Outreach team			
Governance and Accountability *Demonstration through public performance information such as Annual Accounts, Governance Statement and Annual Performance Report*	Revised Integration Scheme in place from March 2022. Governance Framework Code of Corporate Governance Annual Report Annual Accounts/Governance Statement Regular audit action monitoring Directions Policy in place The Partnership has developed a Quality Matters programme which is a governance board within the partnership, this board will ensure effective clinical and care governance with a dedicated terms of reference and workplan. Weekly meetings are in place to review and govern clinical areas, work is underway to ensure social work is included in this programme.	Review of Governance Framework. Including Scheme of Delegation and Financial Regulations Develop clear use of Directions and scrutiny to ensure these are fulfilled and actioned accordingly Refresh of Clinical and Care Governance (Quality and Communities) framework	**July 2022** **July 2022** **July 2022**	**Chief Finance Officer** **Chief Finance Officer** **AMD/AND**
Engagement with Community *Regular engagement and consultation with stakeholders through Locality Planning Groups and Strategic Plan consultation*	Locality Planning Groups 7 locality plans in place 7 reviews of plans across Fife undertaken New expanded Participation and Engagement Team in Place Qualities and Communities Committee (Established	Refresh of the Participation and Engagement Strategy Review of Carers Strategy	**July 2022** **Jun 2022**	**Head of Strategic Planning, Performance and Commissioning** **Head of Strategic Planning, Performance and Commissioning**

	within the new Integration Scheme arrangements) will have a focus on P&E and membership will include non-voting members of the IJB.	Refresh of the Participation and Engagement Network	**July 2022**	**Head of Strategic Planning, Performance and Commissioning**

Fife Health & Social Care Partnership
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Meeting Title:	**Integration Joint Board**
Meeting Date:	**29 July 2022**
Agenda Item No:	**15**
Report Title:	**Governance Committee Assurance Statements**
Responsible Officer:	**Audrey Valente, Chief Finance Officer**
Report Author:	**Norma Aitken, Head of Corporate Services**

1 Purpose

To provide assurance to the Board that adequate governance and audit arrangements are in place to allow the IJB and wider partnership to discharge its duties in line with the Good Governance Framework.

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:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.
- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- 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.

- Finance & Performance Committee
- Clinical & Care Governance Committee
- Audit & Assurance Committee – 19 July 2022

3 Report Summary

3.1 Situation

As part of the annual accounts process the IJB must provide assurance that it has adequate controls in place to support good governance. This report will become part of the evidence to support and show the IJB is discharging its duties efficiently and effectively.

3.2 Background

As part of the annual accounts process the IJB must provide evidence that it has adequate governance controls in place to demonstrate good governance. An annual assurance statement is produced as part of this evidence and supports the use of the Good Governance Framework as set out by SOLACE/CIPFA.

3.3 Assessment

Corporate governance is the term used to describe the overall control system. It details how functions are directed and controlled, and how they relate to local communities. It covers service delivery arrangements structures and process, risk management, internal controls and standards of conduct.

An annual assurance statement is produced each financial year and is incorporated into the annual accounts. This provides assurance to the IJB that it has discharged its duties if an effective and efficient way and in accordance with the scheme of delegation and standing orders.

The report provides details of the items of business covered at each IJB and development session as well as who was present at each meeting.

A highlight of the work undertaken through the year is the completion of the review of the Integration Scheme which was formally signed off by Scottish Ministers in March 2022.

Each of the governance committees has to produce an annual assurance statement which is signed by the Chair of each committee. The Audit & Assurance Committee then examine the statements and make recommendations to the IJB regarding the assurance that the committees have discharged their duties.

3.3.1 Quality / Customer Care

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

3.3.2 Workforce

Provides assurance that staff are working in accordance with the local governance arrangements

3.3.3 Financial

Gives assurance that the financial regulations are being adhered to and managed appropriately.

3.3.4 Risk / Legal / Management

Provides assurance that the appropriate level of risk is monitored and managed

3.3.5 Equality and Diversity, including Health Inequalities
N/A

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation
N/A

4.4 Recommendation

Assurance – assure members that good governance is in place across the partnership and recommend inclusion of this assurance statement in the annual accounts.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Audit & Risk Committee Annual Assurance Statement 2021-2022

Appendix 2 – Finance & Performance Committee Annual Assurance Statement 2021-2022

Appendix 3 Clinical & Care Governance Committee Annual Assurance Statement 2021-2022.

6 Implications for Fife Council

N/A

7 Implications for NHS Fife

N/A

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

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**	

11 To Be Completed by SLT Member Only (must be completed)

Lead	**Audrey Valente**
Critical	
Signed Up	
Informed	

Author Name: Norma Aitken

Author Job Title: Head of Corporate Services

E-Mail Address: Norma.aitken-NHS@fife.gov.uk

Fife Health & Social Care Partnership

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AUDIT AND RISK COMMITTEE

ANNUAL ASSURANCE STATEMENT 2021-22

1 PURPOSE

1.1 The purpose of the Committee is to provide the Integration Joint Board (IJB) with the assurance that the activities of the Health & Social Care Partnership are within the law and regulations and that an effective system of internal control is maintained. The duties of the Audit and Risk Committee shall be in accordance with the Scottish Government Audit Handbook, dated July 2008.

2 MEMBERSHIP

2.1 During the financial year to 31 March 2022, membership of the Audit & Risk Committee comprised:

Chair	Eugene Clarke to July 2021 Dave Dempsey from Sept. 2021
Members	Councillor David J Ross Margaret Wells (to July 2021) Alastair Morris (from Sept. 2021) Christina Cooper (Sept. 2021 & Nov. 2021) Sinead Braiden (from January 2022)

2.2 The Committee may invite individuals to attend Board meetings but the Integration Joint Board Chair, Director of Health and Social Care, Chief Finance Officer, Head of Strategic Planning, Performance & Commissioning (H&SC), Chief Internal Auditor and representation from External Audit along with other Professional advisors and senior officers will normally attend or be present.

3 MEETINGS

3.1 The Committee met on six occasions during the financial year to 31 March 2022, on the undernoted dates:

- 4 June 2021
- 9 July 2021
- 15 September 2021
- 19 November 2021
- 13 January 2022
- 9 March 2022

3.2 The attendance schedule is attached at Appendix 1.

4 BUSINESS

4.1 Details of the substantive business items considered are attached as Appendix 2.

4.2 Minutes of the meetings of the Audit and Risk Committee have been timeously submitted to the Integration Joint Board for its information.

4.3 The range of business covered at the meetings and the additional papers submitted to the Board demonstrates that the full range of matters identified in Audit and Risk Committee's remit is being addressed.

4.4 Adequate and effective Audit and Risk Governance arrangements were in place throughout year 2020-21.

5 BEST VALUE

5.1 Reliance is placed on the value for money arrangements within the partner organisations. The Best Value Frame work was originally approved in January 2019. A Best Value Position Statement went to the Audit and Risk Committee in February 2020. A development session for members on best value was conducted in October 2020.

6 RISK MANAGEMENT

6.1 The Risk Management Policy and Strategy was originally approved by the IJB n 7 April 2016. This was reviewed in December 2019, however will be impacted by the review of the Integration Scheme and will require further revision once the revised Integration Scheme is in place. The Risk Management Policy and Strategy includes reporting structure; types of risks to be reported; risk management framework and progress; roles and responsibilities and monitoring risk management activity and performance. Additional training and development on risk management has been delivered to the Committee. The Committee has considered risk through a range of reports and scrutiny. Progress and appropriate actions were noted. Changes have been made to regular reports to improve visibility and transparency and ensuring better understanding.

7 CONCLUSION

7.1 As Chair of the Audit and Risk Committee for the majority of the financial year 2021 - 2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at the meetings has allowed us to fulfil our remit. As a result of the work undertaken during the year I can confirm that adequate and effective Audit and Risk Governance arrangements were in place across all Divisions of the Fife Health & Social Care Partnership during the year.

7.2 I would thank all those members of staff who have prepared reports and attended meetings of the Committee and express my sincere thanks to all staff for their excellent support of the Committee.

Signed: _____ Dated: 09.05.22

Cllr Dave Dempsey, Chair

On behalf of the Audit and Risk Committee

APPENDIX 1

AUDIT AND RISK COMMITTEE - ATTENDANCE RECORD 2021-22

	4 June 2021	9 July 2021	15 September 2021	19 November 2021	13 January 2022	9 March 2022
Eugene Clarke (Chair to 9 July 2021)	✓	✓				
Cllr David Dempsey (Chair from Sept. 2021)	✓	✓	✓	✓	✓	✓
Cllr David J Ross	✓	✓	✓	✓	✓	✓
Margaret Wells	✓	✓				
Alastair Morris			✓	✓	✓	✓
Sinead Braiden					✓	✓
Christina Cooper			✓	Apologies		
Sinead Braiden					✓	✓

APPENDIX 2

AUDIT & RISK COMMITTEE - SCHEDULE OF BUSINESS CONSIDERED 2021-22

4 June 2021

Governance Arrangements during Covid-19 Self-Assessment

Post Audit Review

Annual Audit Report

IJB Strategic Risk Register

Risk Appetite (Verbal)

Governance Arrangements for Annual Accounts (Verbal)

Transformation Progress (Verbal)

9 July 2021

Fife Integration Joint Board Unaudited Annual Accounts for the Financial Year to March 2021

Transformation Progress (Verbal)

IJB Strategic Risk Register

Audit & Risk Committee Interim Arrangements (Verbal)

15 September 2021

Internal Audit Operational Plan and Audit Charter 2021/22

Transformation Progress (Verbal)

IJB Strategic Risk Register

19 November 2021

Fife Integration Joint Board 2020/21 Annual Audit Report - Draft

Progress on Internal Audit Plan 2020/21

Post Audit Review Report

IJB Strategic Risk Register Update

13 January 2022

IJB Strategic Risk Register Review Progress on Internal Audit Plan 2021/22 Audit & Risk Workplan 2022

9 March 2022

Progress on 2021/22 Internal Audit Plan Fife IJB Draft Internal Audit Joint Working Protocol Updated Governance Action Plan IJB Risk Register Code of Conduct for Members of Fife Integration Joint Board

Fife Health & Social Care Partnership
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FINANCE AND PERFORMANCE COMMITTEE

ANNUAL ASSURANCE STATEMENT 2021-22

1 PURPOSE

The purpose of the Committee is to provide the Integration Joint Board (IJB) with assurance that the financial position is kept under review and to monitor performance against key non-financial targets. To ensure that arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources and that the arrangements work effectively.

2 MEMBERSHIP

2.1 During the financial year to 31 March 2022, membership of the Finance and Performance Committee was:-

Chair	Councillor David Graham
Members	Councillor David Alexander Councillor Rosemary Liewald Martin Black Margaret Wells (until June 2021) Arlene Wood (from January 2022)

2.2 The Committee may invite individuals to attend Board meetings but the Director of Health and Social Care, Chief Finance Officer, Head of Strategic Planning, Performance & Commissioning (H&SC), Divisional General Manager (West), Divisional General Manager (East), Divisional General Manager (Fife-Wide), and other Professional advisors and senior officers will normally attend or be present. Senior Officers in both Partner Organisations receive papers for information.

3 MEETINGS

3.1 The Committee met on eight occasions during the financial year to 31 March 2022, on the undernoted dates:

- 8 April 2021
- 11 June 2021
- 13 August 2021
- 3 September 2021
- 7 October 2021
- 10 November 2021

- 14 January 2022
- 11 March 2022

3.2 The attendance schedule is attached at Appendix 1.

4 BUSINESS

4.1 Details of the substantive business items considered are attached as Appendix 2.

4.2 Minutes of the meetings of the Finance and Performance Committee have been timeously submitted to the Integration Joint Board for its information.

4.3 The range of business covered at the meetings and the additional papers submitted to the Board demonstrates that the full range of matters identified in the Finance and Performance Committee's remit is being addressed.

4.4 Adequate and effective Finance and Performance Governance arrangements were in place throughout year 2021-2022.

5 BEST VALUE

5.1 Reliance is placed on the value for money arrangements within the partner organisations. The Best Value Framework was originally approved in January 2019. A Best Value Position Statement went to the Finance and Performance Committee in February 2020. A development session for members on best value was conducted in October 2020.

8 RISK MANAGEMENT

a. The Risk Management Policy and Strategy was originally approved by the IJB n 7 April 2016. This was reviewed in December 2019, however,,will be impacted by the review of the Integration Scheme and will require further revision once the revised Integration Scheme is in place. The Risk Management Policy and Strategy includes reporting structure; types of risks to be reported; risk management framework and progress; roles and responsibilities and monitoring risk management activity and performance. Additional training and development on risk management has been delivered to the Committee. The Committee has considered risk through a range of reports and scrutiny. Progress and appropriate actions were noted. Changes have been made to regular reports to improve visibility and transparency and ensuring better understanding.

9 CONCLUSION

7.1 As Chair of the Finance and Performance Committee during financial year 2021 - 2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at the meetings has allowed us to fulfil our remit. As a result of the work undertaken during the year I can confirm that adequate and effective Finance and Performance Governance arrangements were in place across all Divisions of the Fife Health & Social Care Partnership during the year.

7.2 I would thank all those members of staff who have prepared reports and attended meetings of the Committee and express my sincere thanks to all staff for their excellent support of the Committee.

Signed: Dated: 12th May 2022

Councillor David Graham, Chair
On behalf of the Finance and Performance Committee

APPENDIX 1

FINANCE AND PERFORMANCE COMMITTEE - ATTENDANCE RECORD 2021-22

	8 April 2021	11 June 2021	13 August 2021	3 Sept. 2021	7 Oct. 2021	10 Nov. 2021	14 Jan. 2022	11 March 2022
Cllr David Graham (Chair)	✓	✓	✓	✓	✓	✓	✓	✓
Cllr David Alexander	✓	✓	✓	✓	✓	✓	✓	✓
Cllr Rosemary Liewald	✓	✓	✓	✓	✓	✓	✓	✓
Margaret Wells	✓	✓						
Martin Black	✓	✓	✓	✓	✓	✓	✓	✓
Arlene Wood							✓	✓

APPENDIX 2

FINANCE AND PERFORMANCE COMMITTEE - SCHEDULE OF BUSINESS CONSIDERED 2021-2022

8 April 2021

Finance Paper
Older People Trend Analysis Presentation
Performance Report – April 2021
IJB Directions Policy
Flash Glucose Monitoring System (Freestyle Libre, Review)

11 June 2021

Finance Paper
Commissioning Strategy
New Carers Act Investment 2021/22
Local Partnership Forum Annual Report
Wellesley Unit, Randolph Wemyss Memorial Hospital, Buckhaven
Finance & Performance Assurance Statement

13 August 2021

Finance Paper
Performance Report
CAMHS Workforce Development Update
Capacity to Meet the LDP Standard's Referral to Treatment Target for Psychological Therapies: Position at July 2021

3 September 2021

Finance Paper
Transformation Update
Care Homes Replacement Programme
Care at Home Pressures & Challenges

7 October 2021

Finance Paper Performance Report Transformation Presentation (Verbal) Performance Framework Public Sector Climate Change Duties Statement of Intent for Support for Unpaid Carers Fife Health & Social Care Partnership Annual Report 2020-21 (Draft)

10 November 2021

Finance Report Financial Recovery Plan Mental Health Action 15 Programme of Investment Delays/Winter and Community Care Integration Scheme (Verbal) Frequency of Meetings (Verbal)

14 January 2022

Finance Paper Performance Report Fife Alcohol and Drug Partnership Update Report Social Care Packages – Transitions Workforce Paper

11 March 2022

Finance Paper Revenue Budget 2022-25 Performance Report Grants to Voluntary Organisations Transformation and Change Update Complaints Update

APPENDIX 3

CLINICAL AND CARE GOVERNANCE COMMITTEE ANNUAL ASSURANCE STATEMENT 2021-2022

1 PURPOSE

1.1 To provide the Integration Joint Board (IJB), and through the IJB, the NHS Fife Governance Committees and the Fife Council Scrutiny Committee with the assurance that Clinical & Care Governance mechanisms are in place within all Divisions of the Fife Health & Social Care Partnership (HSCP) and systems exist to make these effective throughout the whole of the area's responsibilities, including health improvement activities.

2 MEMBERSHIP

2.1 During the financial year to 31 March 2022 membership of the group comprised:-

Tim Brett (Chair)	Councillor from Fife Council
David J Ross	Councillor from Fife Council
Jan Wincott	Councillor from Fife Council
Rosemary Liewald (from 30.11.21)	Councillor from Fife Council
Wilma Brown	Non Executive Director NHS Fife
Christina Cooper	Non Executive Director NHS Fife
Martin Black	Non Executive Director NHS Fife
Sinead Braiden (from 30.11.21)	Non Executive Director NHS Fife

2.2 The Committee may invite individuals to attend the Committee meetings but normally in attendance would be:

Nicky Connor	Director of Health & Social Care Partnership
Dr Helen Hellewell	Associate Medical Director
Catherine Gilvear	Partnership Quality Clinical & Care Governance Lead
Lynn Barker	Associate Director of Nursing

Kathy Henwood	Chief Social Work Officer
Scott Garden	Director of Pharmacy & Medicines (until Feb 2022)
Benjamin Hannan	Director of Pharmacy & Medicines (from Mar 2022)
Bryan Davies	Head of Preventative & Primary Care Services (from Aug 2022)
Rona Laskowski	Head of Complex and Critical Care Services (from Aug 2022)
Lynne Garvey	Head of Community Care Services
James Crichton	Divisional General Manager – Fife Wide (until Jun 2022)
Fiona McKay	Interim Divisional General Manager - East (until Aug 2021) Head of Strategic Planning, Performance & Commissioning (from Oct 2021)
Simon Fevre	Staff Side Representative
Paul Madill	Consultant, Public Health
Chris McKenna	Medical Director & Responsible Officer for NHS

2.3 The IJB Chair and the Director of the Health & Social Care Partnership have the right to attend the Clinical & Care Governance Committee.

3 MEETINGS

3.1 The Committee meets bi-monthly (between IJB meetings) to fulfil its remit but not less than four times per year. The Committee may meet more frequently if deemed necessary by the Chair. The Group met on 8 occasions during the year (1 April 2021 to 31 March 2022) on the undernoted dates:-

16th April 2021
2nd June 2021
4th August 2021
8th September 2021
1st October 2021
12th November
7th January 2022
4th March 2022

3.2 The attendance schedule is attached at Appendix 1.

4 BUSINESS

4.1 Details of the substantive business items considered are attached as Appendix 2.

4.2 Minutes of the meetings of the Clinical & Care Governance Committee have been timeously submitted to the IJB for its information.

4.3 The range of business covered at the meetings and the additional papers submitted to the Board demonstrates that the full range of matters identified in Clinical & Care Governance Committee's remit is being addressed.

4.4 Adequate and effective Clinical & Care Governance arrangements were in place throughout year 2021 - 2022.

5 BEST VALUE

5.1 Reliance is placed on the value for money arrangements within the partner organisations. The IJB has issued directions to the partnership organisations with regard to finance. The IJB Audit & Risk Committee approved the Governance Framework Action Plan on 6 July 2018 and work continues to progress this.

6 RISK MANAGEMENT

6.1 The Risk Management Strategy was approved by the IJB on 7 April 2016. This includes the reporting structure; types of risks to be reported; risk management framework and process; roles and responsibilities and monitoring risk management activity and performance. The Committee has considered risk through a range of reports and scrutiny. Progress and appropriate actions were noted.

7 CONCLUSION

7.1 As Chair of the Clinical & Care Governance Committee during financial year 2021 - 2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at the meetings has allowed us to fulfill our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective Clinical & Care Governance arrangements were in place across all Divisions of the Fife Health & Social Care Partnership during the year.

7.2 I would thank all those members of staff who have prepared reports and attended meetings of the Committee and express my sincere thanks to all staff for their excellent support of the Committee.

30.03.22

_____ (signed) _____ (date)

Councillor Tim Brett
CHAIRPERSON 2021-2022
On behalf of Fife Health & Social Care Partnership Clinical & Care Governance Committee

FIFE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL & CARE GOVERNANCE COMMITTEE ATTENDANCE
1 APRIL 2021 TO 31 MARCH 2022

	16 Apr	02 Jun	04 Aug	08 Sept	01 Oct	12 Nov	07 Jan	04 Mar
Cllr Tim Brett (Chair)	√	√	√	√	√	√	√	√
Christina Cooper	√	√	√	√	√	√	√	√
Cllr David J Ross	√	√	√	√	√	√	√	√
Councillor Jan Wincott	√	√	√	√	√	√	√	√
Martin Black	√	√	√	√	√	√	√	Apol
Wilma Brown	√	√	√	Apol	Apol	√	Apol	√
Cllr Rosemary Liewald (from 30.11.21)	-	-	-	-	-	-	√	√
Sinead Braiden (from 30.11.21)	-	-	-	-	-	-	√	√

Appendix 2

FIFE HEALTH & SOCIAL CARE PARTNERSHIP
CLINICAL & CARE GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2021-2022

16 April 2021

Clinical and Care Governance Update
Clinical Quality Report
Primary Care Update
Fife Integration Joint Board Directions Policy
Glenrothes Hospital Action Plan Tarvit Report
Chief Social Work Officer Report
Corporate Parenting
Adult Protection Annual Report 2020: Adult and Older People Social Work Services
Complaints Update
Assurance statement

02 June 2021

Clinical and Care Governance Update
Clinical Quality Report incl Medicines Update
Joining up Care – Urgent Care
Post Winter Plan Review
Suicide Prevention
HSCP C&CGC Risk Register
COVID Risk Register
Duty of Candour NHS and FC
HSCP Commissioning Strategy

04 August 2021

Clinical and Care Governance Update
Clinical Quality Report
GP Cluster Update
Assurance Committees Update

08 September 2021

Professional Lead Update
Mental Health Strategy Direction – Update on Implementation
National Hub for Reviewing and Learning from the Deaths of Children and Young People
CAMHS Resource & Intervention Update
Complaints Update
Fife Immunisation Strategic Framework 2021-24
Flu Vaccination Covid Vaccination Tranche 2 Plan Delivery

01 October 2021

Professional Lead Update
Clinical Quality Report
Mobilisation Plan / Current Situation
Mental Health Strategy Update on Implementation
Care Homes Update
Delayed Discharge

12 November 2021

Professional Lead Update
Clinical Quality Report (incl Medicines Governance)
Delay, Winter and Community Care 2021-2022
Primary Care Improvement Plan MoU2 Update
Integration Scheme Review
Safeguarding the Rights of MH Patients during the Covid 19 Pandemic
Autism Diagnostic Pathway
Fife HSCP Annual Report 2020-2021
Care Inspectorate Report
Covid Risk Register

07 January 2022

Professional Lead Update
Fife HSCP Day Services for Older People
Fife Community Frailty Services Redesign
Fife Alcohol & Drug Partnership Annual Report
Corporate Parenting

04 March 2022

Clinical Quality Report
Primary Care Improvement Plan Update
Mental Health Strategy Implementation Plan
CAMHS Update
Anti-Ligature Report
Adult Protection Biennial Report 2018-2020
HSCP C&CGC Risk Register
Complaints Update
C&CGC Annual Statement of Assurance
Chief Officer's Report
Quality Matters Assurance Group

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**29 July 2022**
Agenda Item No:	**16**
Report Title:	**Fife Council Duty of Candour Report 2020/21**
Responsible Officer:	**Kathy Henwood, Chief Social Work Officer/Head of Education and Childrens Services (Childrens & Families & Criminal Justice**
Report Author:	**Avril Sweeney, Manager, Risk Compliance**

1 Purpose

This Report is presented to the Board for:

- Awareness

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:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.
- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- 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.

- Senior Leadership Team
- Fife Council Duty of Candour Working Group.
- Clinical & Care Governance Committee – 20 April 2022

3 Report Summary

3.1 Situation

As part of the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act), which came into effect on 1 April 2018, each organisation is required to produce and publish an annual report detailing when and how the duty has been applied.

The report at appendix 1 is the Annual Report for the period 1 April 2020 to 31 March 2021 for Fife Council Social Care Services.

3.2 Background

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 received Royal Assent on 1 April 2016 and introduced a new organisational Duty of Candour on health, care and social work services. This duty applies to almost ten thousand organisations and took effect on 1 April 2018.

The overall purpose of the duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death, or harm, as defined in the Act.

3.3 Assessment

The Act requires organisations to follow a Duty of Candour procedure which includes notifying the person affected, or their family, apologising, and offering a meeting to give an account of what happened. The procedure also requires the organisation to review each incident and offer support to those

affected. This will include those who deliver care services and those who receive care services, including family members.

Fife Council established a Duty of Candour Working Group, chaired by the Chief Social Work Officer to ensure actions were taken to develop compliance with the Duty of Candour procedures. The Group worked closely with representatives from NHS Fife to ensure processes within the organisations are consistent and complementary.

All staff providing social work and social care services have received briefings on the Duty of Candour procedure and these are now incorporated into induction processes. Identified staff are also required to complete an e-learning module.

Information, guidance and access to the processes and templates is available for staff on the Fife Council intranet.

Organisations are required to publish an annual report detailing when the duty has been applied. This report will be considered by the Scottish Government, Healthcare Improvement Scotland and the Care Inspectorate as part of their existing arrangements for reviewing the quality of health and social care delivery in Scotland.

3.3.1 Quality / Customer Care

Being open and transparent is part of delivering quality care

3.3.2 Workforce

No direct workforce implications for the report, however, the Duty of Candour itself does impact on staff providing care where the Duty of Candour procedure is activated. Staff training and support is provided.

3.3.3 Financial

No direct financial implications.

3.3.4 Risk / Legal / Management

Compliance with the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016.

3.3.5 Equality and Diversity, including Health Inequalities

An EqIA has not been completed and is not necessary because the implementation of Duty of Candour is a legislative requirement

3.3.6 Other Impact

No direct environmental/climate change impacts.

3.3.7 Communication, Involvement, Engagement and Consultation

Consultation has taken place with members of the Duty of Candour Working group and members of the Health and Social Care Senior Leadership Team

3.4 Recommendation

- **Awareness** – for members' information only

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Council Annual Duty of Candour Report 2020/21
Appendix 2 – NHS Fife Duty of Candour Report 2020-21

5 Implications for Fife Council

6 Implications for NHS Fife

7 Implications for Third Sector

8 Implications for Third Sector

9 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	

10 To Be Completed by SLT Member Only

Lead	
Critical	
Signed Up	
Informed	

Report Contact

Author Name: **Avril Sweeney**

Author Job Title: **Manager, Risk Compliance**

E-Mail Address: **Avril.sweeney@fife.gov.uk**

APPENDIX 1

Duty of Candour – Fife Council Social Care Services Annual Report – 1 April 2020 – 31 March 2021

All Health and Social Care Services in Scotland have a duty of candour. This is a legal requirement which means that when unintended or unexpected events happen, that result in death or harm as defined in the Act, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future.

An important part of this duty is that we provide an annual report about how the duty of candour is implemented in our services. This report describes how Fife Council Social Care Services have operated the duty of candour during the time between 1 April 2020 and 31 March 2021.

1. About Fife Council

Fife Council is the local authority for the Fife area of Scotland and is the third largest Scottish Council, serving a population of around 367,300. Social Care Services are provided in the following areas:

- Adult and Older People Social Work or Social Care Services
- Children's Social Work or Social Care Services
- Criminal Justice Social Work Services
- Early Learning and Child Care Services
- Child Care Services
- Very Sheltered Housing Services

The planning of Adult and Older People's Social Care Services and Very Sheltered Housing Services, and the policy decisions relating to these services, are the responsibility of the Fife Integration Joint Board under the Public Bodies (Joint Working) (Scotland) Act 2014. Operationally these services are delivered by the Fife Health and Social Care Partnership.

Children's Social Work Services, Early Learning and Child Care Services and Criminal Justice Social Work Services are delivered by Fife Council's Education and Children's Services Directorate.

These services are identified collectively throughout this report as 'Fife Council Social Care Services'.

Our aim is to provide high quality care and support for every person who uses our services.

2. How many incidents happened to which the duty of candour applies?

The legislation defines a Duty of Candour incident as an unintended or unexpected incident that results in death or harm as defined in the Act and set out in the table below.

If we believe an event may trigger Duty of Candour we must seek the views of a Registered Health Professional (RHP) to confirm that one of these "harms" has occurred as a result of the unexpected or unintended incident, rather than as a result of the individual's illness or underlying condition.

Fife Council Social Care Services have identified a number of routes for incidents which may trigger the duty of candour, including accidents reported by staff providing services, review of significant occurrences, incidents reported through Adult or Child Protection processes, complaints, or claims received by the Council.

In 2019/20 we reported 1 outstanding incident which may have triggered the Duty of Candour, however this was not progressed. All incidents relating to 2019/20 are now complete.

Between 1 April 2020 and 31 March 2021, there were 7 incidents where the duty of candour applied.

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2020 and 31 March 2021)
A person died	<5
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5
A person's treatment increased	6
The structure of a person's body changed	<5
A person's life expectancy shortened	<5
A person's sensory, motor or intellectual functions was impaired for 28 days or more	<5
A person experienced pain or psychological harm for 28 days or more	<5
A person needed health treatment in order to prevent them dying	<5
A person needed health treatment in order to prevent other injuries as noted above	<5
Total	7

In addition to following the Duty of Candour procedure, all incidents have been subject to accident reporting and investigation procedures as required by other legislation.

3. To what extent did Fife Council Social Care Services follow the duty of candour procedure?

When we realised the events noted above had happened, we followed the procedure in all cases that have concluded. This means we informed the people affected, apologised to them, and offered to meet with them. In each case, we reviewed what happened and shared our findings with the individual and/or their family unless the individual or family had specifically stated they did not wish to receive any further information.

Each duty of candour event is reviewed to understand what happened and how we might improve the care we provide in the future. The level of the review depends on the severity of the event as well as the potential for learning.

Any recommendations made are considered in terms of the need to develop improvement actions to meet the recommendations. These are then shared across the relevant service(s) and implemented by local management teams.

4. Information about our policies and procedures

Fife Council has developed a process map, guidance and templates for staff to use if they become aware of an incident that triggers the duty of candour. These have been made available to all staff via the Fife Council intranet. Incidents can now be logged on the Council's LAGAN system.

Our process has been shared with colleagues in NHS Fife and a generic e-mail address within the NHS Fife clinical and care governance team is used by Fife Council Social Care Services when requesting assessment of a duty of candour event by a Registered Health Professional.

All staff providing social work and care services have received briefings on the duty of candour procedure and these are now incorporated into induction processes. Identified staff are also required to complete the e-learning module. In the first year to March 2019, 714 staff completed this module. In the second year to March 2020, a further 128 staff completed a revised in-house e-learning module. In the reporting year 2020/2021, a further 183 staff have completed the training. All senior managers and those with responsibility for ensuring Duty of Candour incidents are flagged up, have completed the training or will do so as they move into relevant posts.

We know that events that trigger the duty of candour can be distressing for staff as well as the people who receive care. We have support available for staff through our line management structure as well as through the employee counselling service and trade union representatives.

5. What have we learned?

This is the third year of reporting and staff are now more aware of the Duty of Candour process, however, we recognise that it is still important to continue to raise awareness and ensure openness and transparency of communications when incidents happen.

Staff are continuing to review processes with the registered health professional and continuing to ensure sufficient background information is passed on to support the determination of whether an event meets the duty of candour criteria.

In Older People Residential and Day services the following improvements have been made:

Greater staff awareness of how to check a service user who is experiencing pain or discomfort following a fall, including greater awareness of when and how to seek medical advice and support where it is considered an injury has occurred.

Further use of psychiatry inputs to identify triggers for service users to allow interventions and de-escalation of agitations more rapidly.

Continuing to recognise that it is still important to support positive risk taking in terms of service users' independence and ensuring any barriers in relation to the structure or fixtures of the building are removed or suitably factored into ongoing review of risk.

6. Other information

This is the third year of the duty of candour being in operation and it has been a year of further learning, developing and refining our processes to ensure the organisation is equipped to deal with duty of candour outcomes in line with the legislation.

As required, we have submitted this report to the Care Inspectorate and we have also placed it on our website.

If you would like more information about this report, please contact us using the following details:

Kathy Henwood, Chief Social Work Officer
Fife Council
Fife House
North Street
Glenrothes
KY7 5LT

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title: **Integration Joint Board**

Meeting Date: **29 July 2022**

Agenda Item No: **16**

Report Title: **NHS Fife Duty of Candour Report 2020/21**

Responsible Officer:

Report Author:

1 Purpose

This Report is presented to the Board for:

- Awareness

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:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.
- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- 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.

- Senior Leadership Team
- NHS Clinical Governance
- Clinical & Care Governance Committee – 20 April 2022

3 Report Summary

3.1 Situation

As part of the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act), which came into effect on 1 April 2018, each organisation is required to produce and publish an annual report detailing when and how the duty has been applied.

The report at appendix 1 is the Annual Report for the period 1 April 2020 to 31 March 2021 for NHS Fife Services.

3.2 Background

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 received Royal Assent on 1 April 2016 and introduced a new organisational Duty of Candour on health, care and social work services. This duty applies to almost ten thousand organisations and took effect on 1 April 2018.

The overall purpose of the duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death, or harm, as defined in the Act.

3.3 Assessment

The Act requires organisations to follow a Duty of Candour procedure which includes notifying the person affected, or their family, apologising, and offering a meeting to give an account of what happened. The procedure also requires the organisation to review each incident and offer support to those affected. This will include those who deliver care services and those who receive care services, including family members.

Working closely with Fife Council, NHS Fife assisted to establish a Duty of Candour process to ensure that processes within the organisation are consistent and complementary.

The Duty of Candour procedure has now been incorporated into NHS Fife induction processes and all staff who provide social care have been briefed on the procedure. Staff who have been identified are also required to have also completed an e-module.

Information relating to the Duty of Candour procedure (processes, templates, etc) are available on NHS Fife Staff Blink for staff to access.

Organisations are required to publish an annual report detailing when the duty has been applied. This report will be considered by the Scottish Government, Healthcare Improvement Scotland and the Care Inspectorate as part of their existing arrangements for reviewing the quality of health and social care delivery in Scotland.

3.3.1 Quality / Customer Care

Being open and transparent is part of delivering quality care

3.3.2 Workforce

No direct workforce implications for the report, however, the Duty of Candour itself does impact on staff providing care where the Duty of Candour procedure is activated. Staff training and support is provided.

3.3.3 Financial

No direct financial implications.

3.3.4 Risk / Legal / Management

Compliance with the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016.

3.3.5 Equality and Diversity, including Health Inequalities

An EqIA has not been completed and is not necessary because the implementation of Duty of Candour is a legislative requirement

3.3.6 Other Impact

No direct environmental/climate change impacts.

3.3.7 Communication, Involvement, Engagement and Consultation

Consultation has taken place with members of the Duty of Candour Working group and members of the Health and Social Care Senior Leadership Team

3.4 Recommendation

- **Awareness** – for members' information only

4 List of Appendices

The following appendices are included with this report:
Appendix 1 – NHS Fife Duty of Candour Report 2020-21

5 Implications for Fife Council

6 Implications for NHS Fife

7 Implications for Third Sector

8 Implications for Third Sector

9 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**	

10 To Be Completed by SLT Member Only

Lead	
Critical	
Signed Up	
Informed	

Report Contact

Author Name:

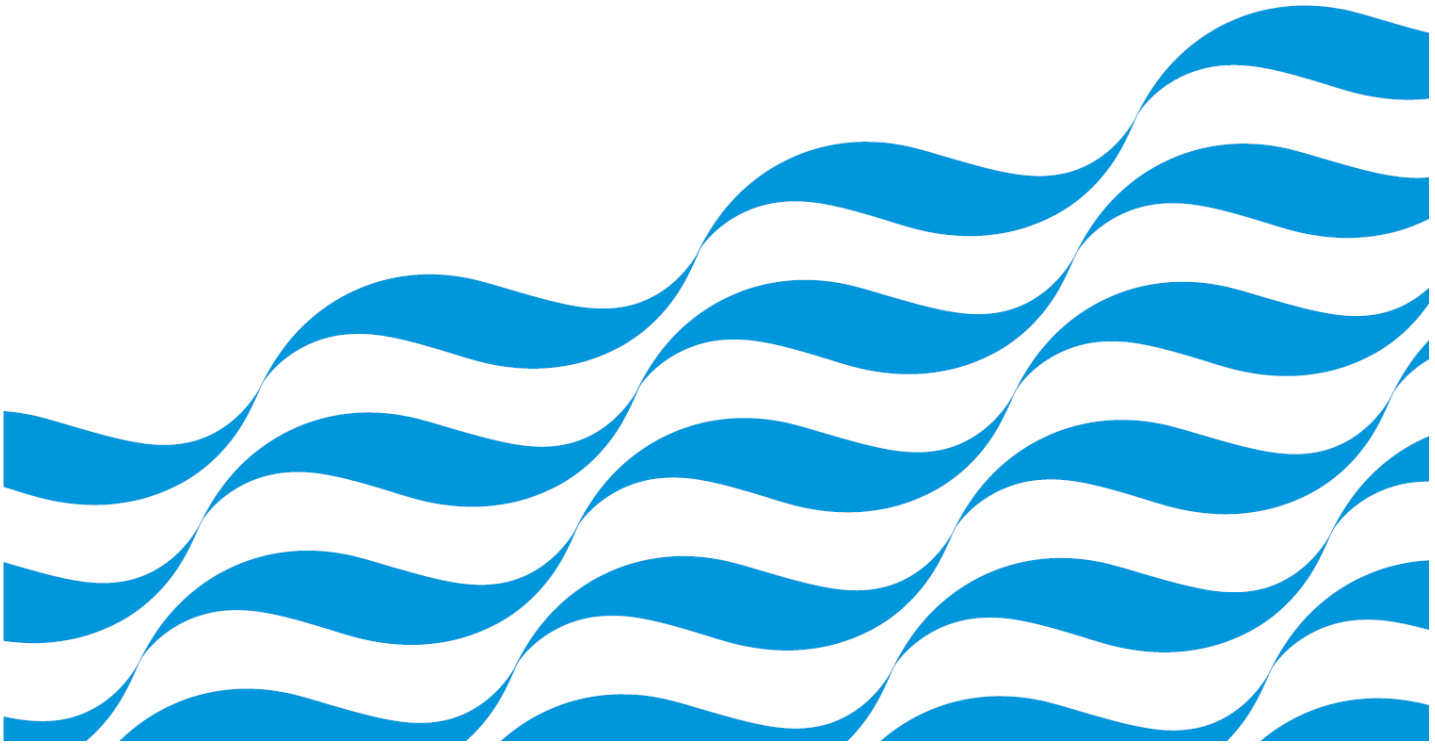
Author Job Title:

E-Mail Address:

ITEM 16 APPENDIX 2

NHS Fife

Annual Organisational Duty of Candour Report 2020-2021



Contents

1. Introduction and background

NHS Fife

NHS Fife serves a population of approximately 368,000 people. Our vision is to enable the people of Fife to live long and healthy lives. We strive to achieve this by transforming health and care in Fife to be the best.[1]

Content of Report

This report describes how NHS Fife has implemented the organisational Duty of Candour (Doc) Regulations during the period 1 April 2020 to 31 March 2021 (2020/2021). NHS Fife identified these events mostly through its adverse event management processes. The organisation adopts a consistent approach to the identification, reporting and review of all adverse events. This is reflected through the local NHS Fife Adverse Events policy and which is aligned with a national framework[3].

The Covid-19 pandemic has resulted in a delay to the completion of adverse event reviews. This is reviewed regularly with processes in place to ensure reviews are progressed and completed. Consequently there are a number of events reported during this period which are currently under review and which may be reported as activating organisational DoC. It is therefore possible that the number of reported DoC events may be higher than stated in this report. Only those events with a confirmed decision have been included in this report.

A look back at year 1 (2018/2019) and year 2 (2019/2020) is also included in this report. Previous years are included for completeness as DoC applied to cases which concluded review after the submission of respective annual reports. Also contained in appendix 1-4 are organisational DoC reports from the four health board managed general practices in NHS Fife.

Organisational Duty of Candour

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour. The purpose of the duty of candour is to ensure that organisationsare open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

The Organisational Duty of Candour guidance[2] outlines the procedure which must be a followed as soon as reasonably practicable after an organisation becomes aware that:

- an individual who has received health care has been the subject of an unintended or unexpected incident and
- in the reasonable opinion of a registered health professional not involved in the incident:

  (a) the incident appears to have resulted in or could result in any of the outcomes below (see Table 1).

  (b) the outcome relates directly to the incident rather than to the natural course of the person's illness or underlying condition.

This means if a patient suffers from an unintended or unexpected harm as a result of an adverse event then the following should happen:

- The patient or relative is notified and an apology is offered;
- An investigation is undertaken; and
- The patient/relative is given the opportunity to raise questions they wish to be considered and answered as part of the investigation

NHS Fife has an embedded process for the decision making for activating organisational DoC and ensuring all necessary actions are undertaken in accordance with national guidance. On review, any event which is considered to activate duty of candour is escalated to the Board Medical Director for ratification and confirmation of decision. This process is summarised in the following:

- On completion of the investigation the findings and report are offered to be shared with the patient or relative;
- A meeting is offered; and
- Throughout the review and investigation support is to be offered to the people affected which may include staff members involved.

The outcome for organisations is to learn from the investigation and make changes identified as part of the review.

[1] NHS Fife Strategic Framework. 2015.

[2] Organisational Duty of Candour guidance. The Scottish Government. March 2018

[3] Learning from adverse events through reporting and review: A national framework for Scotland, revised July2018, NHS Fife review all adverse events.

2. How many adverse events happened to which the duty of candour applies?

Between 1 April 2020 and 31 March 2021, there were 27 adverse events reported where DoC applied. The main categories of event which activated DoC during this period were:

- Other clinical events
- Patient fall
- Tissue viability

Table 1 details the outcomes which were reported across NHS Fife after 1 April 2020 to 31 March 2021.

Table 1

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred
The death of the person	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5
An increase in the person's treatment	10
Changes to the structure of the person's body	0
The shortening of the life expectancy of the person	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	<5
The person requiring treatment by a registered health professional in order to prevent: • the death of the person, or • any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above	<5

The most common outcome which these events have resulted in is an increase in the person's treatment. This can range from additional antibiotics required to additional nightsstay in hospital.

Summary of Years 1-3

Table 2 sets out the events where DoC applied in 2018/2019, 2019/2020 and 2020/2021. This additional information is being included for completeness as DoC was applicable to events which concluded review after respective annual reports were submitted.

The number of events where DoC applied in year 1 is higher than the subsequent years. This can be attributed to the development of learning and understanding of the application of DoC Regulations. Table 3 sets out the DoC outcomes for the three year period. Across this period the most common outcome is an increase in the person's treatment.

Table 2

	Year 1 18/19	Year 2 19/20	Year 3 20/21
Number of events where DoC applied and where included in respective annual report	46	28	27
Number of events where DoC applied and where not included in annual report	10	10	To be determined and included in 21/22 annual report
Total number of events where DoC applied	56	38	To be determined and included in 21/22 annual report

Table 3

Duty of Candour outcome arising from an unexpected orunintended incident	Number of times this occurred		
	Year 1 18/19	Year 2 19/20	Year 3 20/21
The death of the person	<5	<5	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5	<5	<5

An increase in the person's treatment	34	22	10
Changes to the structure of the person's body	<5	0	0
The shortening of the life expectancy of the person	<5	<5	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	<5	0	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuousperiod of at least 28 days	8	<5	<5
The person requiring treatment by a registered health professionalin order to prevent: • the death of the person, or • any injury to the person which, if left untreated, would lead toone or more of the outcomes mentioned above	<5	7	<5

3. To what extent did NHS Fife follow the duty of candour procedure?

Of the 27 identified cases, each one was reviewed to assess for compliance with the procedure for the following elements:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/ and or staff

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified. These are:

- Notifying the person and providing details of the incident
- Provision of an apology
- Reviewing all cases

Areas for improvement which are attributable to the pressures as a result of the pandemic include:

- Arranging the meeting following offer to meet
- Providing the patient with a written apology

We know that witnessing or being involved in an adverse event can be distressing for staff as well as people who receive care. Support is available for all staff through our line management structures as well as through Staff Wellbeing and Safety.

4. Information about our policies and procedures

Every adverse event which occurs is reported through our local reporting system as set out in our Adverse Events policy and associated processes. Through these, we can identify events that activate the DoC procedure.

The policy contains a section on implementing the organisational DoC, and adetailed section about supporting staff and persons affected by the adverse events, withexamples of the types of support available.

Each adverse event is reviewed to understand what happened and the actions we can take to improve the care we provide in the future. The level of review depends on the severity of the event as well as the potential for learning. Recommendations are made as part of the review, and local management teams develop action plans to meet these recommendations.

The decision on whether an event activates the DoC procedure has been takenby senior clinical staff including the Board Medical Director, Board Director of Nursing, Director of Pharmacy, Associate Medical and Nurse Directors, Associate Director of Allied Health Professionals, Clinical Directors and Heads of Nursing.

To support implementation of DoC, staff are encouraged to complete the NHS Education Scotland on line learning module. This has been made available to staff through the intranet. In addition to the above policy to ensure our practice and services are safe, the organisation has clinical policies and procedures. These are reviewed regularly to ensure they remain up to date and reflective of current practices. Training and education are made available to all staff through mandatory programmes and developmental opportunities relating to specific areas of interest or area of work.

5. What has changed as a result?

Further to reviews of DoC events in 2020/2021 the following changes have been implemented:

- Improvement work to increase compliance with the pressure ulcer risk assessment (PURA) including training, education and introduction of a PURA sticker on admission to increase compliance
- Updates to wound care guidance supported by clear escalation plans
- Daily input from off site Plastic Consultant team inputting into multi speciality reviews
- Identification of additional ward Falls Champions to lead improvement work to reduce patient falls
- Review of the pathway for paediatric patients requiring rapid review
- Development of a standard operating procedure to support clinical teams with Warfarin prescribing, monitoring and follow up which includes communications with GPs.
- Development of a neonatal specific guideline for difficult airway management.
- Updated guidance on co-bedding of twins or higher multiples whilst receiving respiratory support.
- Educational update provided for medical staff on the criteria and referral process for the Infection Consult Service.

Given the delays described in this report it is anticipated that more changes will be implemented following conclusion of events which are still under review. These will be captured in the 2021/2022 annual report.

If you would like more information about this report, please contact

Board Medical Director Office
NHS Fife
Hayfield House
Hayfield Road
Victoria Hospital
Kirkcaldy
KY2 5AH
Telephone: 01592 648077

Appendix 1: Linburn Road Health Centre

Linburn Road Health Centre
124 Nith Street
Dunfermline, KY11 4LT
Tel: 01383 733490
Fax: 01383 748758
Email: Fife-UHB.F20502LinburnRoad@nhs.net

Duty of Candour Report

Report period: 1 April 2020 to 31 March 2021

Completed by: Sharon Duncan, Practice Manager (Job Share)

Linburn Road Health Centre provides Health Care to patients within the Dunfermline and Rosyth area. The Health Centre's aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2020 and 31 March 2021)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	**0**

To what extent did Linburn Road Health Centre follow the duty of candour procedure?	All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary. Procedures to be followed: a. to notify the person affected (or family/relative where appropriate) b. to provide an apology c. to carry out a review into the circumstances leading to the incident d. to offer and arrange a meeting with the person affected and/or their family, where appropriate e. to provide the person affected with an account of the incident f. to provide information about further steps taken g. to make available, or provide information about, support to persons affected by the incident h. to prepare and publish an annual report on the duty of candour When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures	See NHS Fife Policies and Procedures available on http://intranet.fife.scot.nhs.uk/

What has changed as a result?	N/A

Other Information	N/A

Appendix 2: Kinghorn Medical Practice

Kinghorn Medical Practice
Rossland Place
Kinghorn
Fife
KY3 9RT
Tel: 01592 890217

Duty of Candour Report

Report period: 1 October 2020 to 31 March 2021

Completed by: Fay Paterson, Practice Manager

Kinghorn Medical Practice provides general medical services to around 3360 registered patients residing within the practice boundary which encompasses Burntisland, Kinghorn and the bottom part of Kirkcaldy and some surrounding rural areas. Our mission is to provide a personal quality service making the best use of available resources.

How many incidents happened to which duty of candour applies?	0

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 October 2020 and 31 March 2021)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	**0**

To what extent did Lochgelly Medical Practice follow the duty of candour procedure?	All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary. Procedures to be followed: a. to notify the person affected (or family/relative where appropriate) b. to provide an apology c. to carry out a review into the circumstances leading to the incident d. to offer and arrange a meeting with the person affected and/or their family, where appropriate e. to provide the person affected with an account of the incident f. to provide information about further steps taken g. to make available, or provide information about, support to persons affected by the incident h. to prepare and publish an annual report on the duty of candour When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures	See NHS Fife Policies and Procedures available on http://intranet.fife.scot.nhs.uk/

What has changed as a result?	N/A

Other Information	N/A

Appendix 3: The Links Practice

The Links Practice
Masterton Health Centre
74 Somerville Street
Burntisland
Fife, KY3 9DF

Tel: 01592 873321

Dr J Yule
M.B.,Ch.B.,D.C.H., M.R.C.G.P.

Dr C Fleming
M.B., Ch.B., M.R.C.G.P.

Fife Health & Social Care Partnership
Supporting the people of Fife together

This short report describes how our care service has operated the duty of candour during the time between 1st April 2020 to 31st March 2021. We hope you find this report useful.

Our Practice serves a population of 1947 patients within the Burntisland, Kinghorn, Aberdour area.

How many Incidents happened to which the duty of Candour applies?

In the last year, there have been no incidents to which the duty of candour applied.

Information about our policies and procedures.

Where something has happened that triggers the duty of candour, our staff report this to the Practice Manager who has responsibility for ensuring that the Duty of candour procedure is followed. The Practice Manager records the incident and reports as necessary to the Health Board. When an incident has happened, the Manager and staff set up a learning review. This allows everyone involved to review what happened and identifies changes for the future.

If you would like more information about The Links Practice, please contact us using these details.

The Links Practice
Masterton Health Centre
74 Somerville Street
Burntisland
Fife
KY3 9JD

Tel: 01592 873321
Email: Fife.F20184LinksPractice@nhs.scot

Appendix 4: Valleyfield Medical Practice

Valleyfield Medical Practice
Chapel Street, High Valleyfield
Fife, KY12 8SJ
Tel: 01383 880511
Email: Fife-UHB.F20729valleyfield@nhs.net

Duty of Candour Report

Report period: 1 April 2020 to 31 March 2021

Completed by: Michelle Parker, Practice Manager

Valleyfield Medical Practice provides Health Care to patients within the High Valleyfield, Low Valleyfield, Culross, Torryburn, Newmills, Cairneyhill and Crossford. The Health Centre's aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 April 2020 and 31 March 2021)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	**0**

To what extent did Valleyfield Medical Practice follow the duty of candour procedure?	All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary. Procedures to be followed: a. to notify the person affected (or family/relative where appropriate) b. to provide an apology c. to carry out a review into the circumstances leading to the incident d. to offer and arrange a meeting with the person affected and/or their family, where appropriate e. to provide the person affected with an account of the incident f. to provide information about further steps taken g. to make available, or provide information about, support to persons affected by the incident h. to prepare and publish an annual report on the duty of candour When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures	See NHS Fife Policies and Procedures available on http://intranet.fife.scot.nhs.uk/

What has changed as a result?	N/A

Other Information	N/A

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

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CONFIRMED MINUTES OF MEETING OF THE AUDIT AND RISK COMMITTEE WEDNESDAY 27 APRIL 2022 AT 10.00 AM VIRTUAL TEAMS MEETING

Present: Dave Dempsey (Chair), Fife Council
David J Ross, Fife Council
Alastair Morris, NHS Fife Board Member
Sinead Braiden, NHS Fife Board Member

Attending: Audrey Valente, Chief Finance Officer (Fife H&SCP)
Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Tony Gaskin, Chief Internal Auditor (NHS Fife)
Norma Aitken, Head of Corporate Services (Fife H&SCP)
Avril Sweeney, Risk Compliance Manager (H&SCP)
Carol Notman, Personal Assistant (Minutes)
Tim Bridle, Audit Scotland (Observer)
Shona Slayford, Principal Auditor (Observer

No	Agenda Item	Action
1.	**WELCOME AND APOLOGIES** Cllr Dempsey welcomed everyone to the final meeting of the Audit & Risk Committee as it changes to become the Audit & Assurance Committee.	
2.	**DECLARATION OF INTEREST** No declarations of interest were noted.	
3.	**DRAFT MINUTE AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 13 JANUARY 2022** With one change, the reference to IRAC to become IRAG, the minutes of the last meeting were agreed to be an accurate record of the meeting. Tony Gaskin confirmed that the IRAG stood for Integrated Resources Advisory Group. Audrey Valente confirmed that the risk scoring was reviewed regularly and both she and Avril Sweeney had met to review the moderate risk score for the Transformation Board and confirmed that it had not been amended but will be kept under continual review. CN to note action as completed. It was confirmed that the minutes and on-going actions will roll-over to the Audit and Assurance Committee in July.	**CN**

4.	**FIFE INTEGRATION JOINT BOARD ANNUAL AUDIT PLAN 2021/22** Audrey Valente introduced Tim Bridle who talked through the detail of the Audit Plan for 2021/22. Tim Bridle noted that 2021/22 was the final year that Audit Scotland would be the auditors for the IJB, and new auditors will be agreed in due course. He noted that the External Auditors was usually a 4-year appointment, but this has been extended to 6 years due to the pandemic. Tim confirmed that the timetable and fee was in line with the previous year, with the fee being £28,000. Tim Bridle advised that the main area of work for the External Auditors was the audit of the financial statements and identifying associated risks. He notes that the plan outlines the significant risks, with the risk associated to management being a statutory requirement within each audit plan across the United Kingdom. Tim Bridle confirmed that no other significant risks had been identified. Cllr Dempsey noted that the paper was a standard audit document and confirmed with the committee that they were happy to approve the document. Cllr Dempsey wished to record his appreciation for Tim's contribution and support over the years.	
5.	**UPDATE ON MSG INDICATORS** Fiona McKay advised that the report provided a status update on the Ministerial Steering Group (MSG) Indicators. Fiona advised that the recommendations had been put in place in 2018 following the Ministerial Steering Group asking each Partnership to undertake a self-assessment. Fiona noted back in 2018 there had been significant effort from the Senior Leadership Team to complete the self-assessment and there had been regular updates provided to the Scottish Government prior to the pandemic. Fiona advised that page 30 provided a summary report on the current status. The next step for the Partnership was looking at the areas that were considered back in 2018 and deciding whether they are still appropriate following the pandemic. Sinead Braiden queried the risk share agreement. Nicky Connor confirmed that the risk share agreement was part of the legislation for IJB's if they are not able to achieve financial balance. Nicky stressed the first goal is for the Partnership to be financially stable but noted if the IJB did find itself to be in an overspend situation then recovery and improvement actions would be put in place. The IJB in line with legislation carries responsibility for set aside and acknowledged concern with accepting the Partners overspend. Sinead noted that the risk share agreement was changing from 70/30 to 60/40. Nicky confirmed that this change had come about following discussions around the Integration Scheme and confirmed should the IJB not be sustainable there is agreement with both NHS Fife and Fife Council around how the risk share will be implemented. Audrey Valente noted that the Partnership was now in a more realistic place and confirmed that the funding split was now 62% for NHS Fife and the remaining 38% being Fife Council. She confirmed that the Partnership is on a journey with regards directions which will evolve over the next few years as	

	there is a move in the status of the MSG Indicators to exemplary. Cllr Ross noted that the discussion of set aside had been going on for many years and asked if there was an end date for the issue to be resolved. Nicky Connor confirmed that the set aside currently sits at £6M overspend and noted that discussions are ongoing with Chief Executives and Chief Finance Officers. She noted, that although there has been some momentum, the situation has not been resolved. Nicky confirmed that this was not specific to Fife, she was not aware of any IJB that has resolved the issue of set aside. It was agreed that a development session be organised for later in the year to review the set aside in more detail ensuring that committee members are aware of the implications involved. Cllr Dempsey queried the layout of the document on pg. 30 and asked if the software would allow for the columns to be made smaller. He also asked if there was any final target that was not exemplary. Fiona McKay noted that the Partnership would always try to get to the exemplary status and confirmed that she would look to see if the formatting of the document could be tweaked. She did note that despite the pandemic 8 of the targets had progressed forward. Cllr Dempsey queried whether it was the responsibility of this committee to drill down into the detail of this report, and whether once a target had been achieved would it drop off the report, and what the timescale was for the report coming back to the committee. Fiona McKay noted that the report initially is tabled at the Senior Leadership Team Meetings where there is significant discussion. She confirmed that the detail of the action plan would not drop out as it is achieved as the full report is submitted to the Scottish Government Health Department. Nicky Connor suggested an Executive Summary to highlight the areas that have been completed and the areas where it will be challenging to deliver the target which will allow the committee to focus their discussion where further assurance is required. Nicky Connor suggested that the report is tabled at the committee on a quarterly basis during 2022/23. Cllr Dempsey confirmed that the recommendations were agreed but noted that the timing be changed to bringing the report back in 3 months' time.	**CN** **FMcK** **FMcK**
6.	**PROGRESS ON 2021/22 INTERNAL AUDIT PLAN** Tony Gaskin confirmed that the internal audit plan had been tabled at the last IJB Meeting. Tony confirmed that there was not much to update as the planning stage has now finished and the services are progressing with the actions outlined. Cllr Dempsey confirmed that neither of the reports tabled created an issue for the IJB Risk Assessment. With this confirmed the committee were happy with the recommendations outlined within the report.	
7	**FOLLOW UP REPORT ON INTERNAL AUDIT RECOMMENDATIONS** Shona Slayford give an update on the progress on the 25 Internal Audit Recommendations and advised that 4 recommendations have been validated	

	as completed and 2 have been given an extension to the original deadline. Cllr Dempsey noted that Recommendation No. 5 had the deadline of 31.3.22. Shona confirmed that a request to extend the deadline for this recommendation had been requested and agreed therefore the deadline for the service to complete is now July 2022. The Committee confirmed that they were happy with the update and accepted recommendations outlined within the report.	
8	**IJB RISK REGISTER** Avril Sweeney noted that the Risk Register Report was for discussion and noted since the last time the committee had reviewed the Risk Register on 9th March 2022 all risks have been updated and changes highlighted in red. Avril confirmed that there are currently 5 risks scoring "High" and since the last review there has been no new risks added to the register. Sinead Braiden queried whether there were any risks that had changed significantly following their review by the service and whether there was anything in particular that the committee should be aware of. Avril noted that there was nothing to escalate currently and noted that the nature of the risks within the register are strategic which often results in the extended timescales. Cllr Dempsey confirmed that the committee had discussed the risk register and were happy to agree the recommendations outlined within the report	
7.	**ITEMS FOR ESCALATION** No items identified requiring escalation.	
8.	**AOCB** Cllr Dempsey explained with the upcoming elections in May there will be a change in Council representation going forward. Nicky Connor wished to thank both Cllr Dempsey and Cllr Ross for their contribution over the years shaping the Integration within Fife and wished them both well in the elections.	
9.	**DATE OF NEXT MEETING** 6th July 2022 – 10.00am – 12.00pm	

Fife Health & Social Care Partnership
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UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 11 MARCH 2022 AT 10 AM VIA MICROSOFT TEAMS

Present:	Cllr David Graham [Chair] Martin Black, NHS Board Member Cllr Rosemary Liewald Cllr David Alexander Arlene Wood, NHS Board Member
Attending:	Audrey Valente, Chief Finance Officer Fiona McKay, Head of Strategic Planning, Performance & Commissioning Rona Laskowski, Head of Critical and Complex Care Services Bryan Davies, Head of Integrated Primary and Preventative Care Services Norma Aitken, Head of Corporate Service, Fife H&SCP *In attendance*: Tim Bridle, Audit Scotland Katie Caldwell, Carol Notman, Personal Assistant (Minutes)
Apologies for Absence:	Nicky Connor, Director of Health & Social Care Helen Hellewell, Associate Medical Director Euan Reid, Lead Pharmacist Medicines Management

		Action
1.	**WELCOME AND APOLOGIES** Cllr Graham thanked everyone for attending the committee meeting and welcomed Katie Caldwell and Tim Bridle to the meeting.	
2.	**DECLARATIONS OF INTEREST** There were no declarations of interested noted.	
3.	**MINUTE OF PREVIOUS MEETINGS – 14 JAN. 2022** Minutes were agreed as an accurate record of the meeting	
4.	**MATTERS ARISING / ACTION LOG – 14 JAN. 2022** The action log was reviewed and discussed.	
5.	**FINANCE PAPER** Audrey Valente noted that the report presents the projected outcome position at December 2021 for Fife Council and January 2022 for NHS Fife Services.	

	She advised that the Partnership is projecting an underspend and there has been little movement from the situation reported for November 2021. Audrey advised that further funding of £981M from Scottish Government has been announced in the last few weeks. This funding has been made available to Health Boards and HSCP. Audrey confirmed that Fife's share of this funding is £43m and advised that any money remaining at the end of the financial year will be carried forward in line with the usual funding arrangements in place. Audrey advised that there are various risks and mitigations outlined in the report, noting that while this funding is welcomed the Partnership needs to continue with the transformation programme as the funding is not recurring. Arlene Wood asked with regards the recommendation (Section 3.4) re the decision to use reserves whether a direction was required to use this funding. Audrey thanked Arlene for the query and advised that she will investigate this as part of the transformation programme going forward. Martin Black wished to stress the importance of keeping covid funding available, noting that although covid restrictions are reducing, the infection remains within the community and there was always the possibility that restrictions may need to be put back in place. Audrey assured the committee that the Local Mobilisation Plan (LMP) was still in place and the Partnership recognised that there will still need to budget for covid costs next year. David Graham thanked Audrey and confirmed with the committee, taking into consideration Arlene's observation regarding the reserves which Audrey will consider and update the committee, that the recommendations had been agreed.	**AV**
6.	**REVENUE BUDGET 2022-25** Audrey Valente presented paper on the Revenue Budget 2022-25 which provides information on the budget gap up to 2025. Audrey noted that additional funding has been made available, but despite this additional investment there remains a financial gap. She assured the committee that the figures will be continually refined as more accurate information becomes available. Audrey advised that the key message within the report is that the Partnership is asking for the Year 1 Budget is approved with the Medium-Term Financial Strategy (MTFS) being deferred and produced later in the year. Audrey confirmed to reach a balanced budget the current value that remains undelivered is £3.7M and assurance had been given that savings will be delivered in the next financial year. She noted that there are 2 PIDS requiring temporary support from reserves. Audrey confirmed that the Set-Aside is currently £6M overspend in health services. Audrey noted that the paper outlines the key cost pressures for the Service is the Primary Care Improvement Plan, which has been recognised and additional funding has been provided, and Transitions for children coming into the adult services with no budget. Audrey advised that the £3M gap for Transitions has been included in the budget for next financial year and has not affected the balanced budget for 2022-23. David Graham noted his frustrations with regards the Set Aside, as this issue has been ongoing for some time and queried why it was taking so long. Audrey advised that it is not a Finance led function but rather Service led and from her perspective as Chief Finance Officer there is a problem of £6M which will be coming across to the Partnership. She confirmed that there have been	

	regular ongoing discussions with key personnel and it had been planned for it to come across during this financial year but due to the pandemic it was not considered a high priority. Audrey advised that she was confident once the delivery model has been finalised that the set aside will be moved. Arlene Wood advised that she was uncomfortable only setting a 1-year finance budget given the transformation programme and the need for longer term planning of sustainable services and also as it appears that the partner bodies have not agreed the budget. Audrey Valente advised that there is a Statutory Obligation to have an approved budget and confirmed that the Partner Bodies had given the Partnership notification of the budget. She confirmed that Fife Council's budget had been approved in February 2021, but NHS Fife's had not progressed through all their governance channels therefore would not be signed off until May 2022. Audrey confirmed that deferring the longer term plans would only be for 3-4 months. David Graham asked Carol Notman to add this to the action plan for July 2022 Meeting. Martin Black noted that the was uncomfortable saying that the Partnership will be bringing in a balanced budget when there is a deficit of £6M in set asides that will be coming across to the Partnership at some point. Audrey advised that this has not come across formally to the IJB at this point and noted that she hears the concerns of the Committee and confirmed that discussions still required to take place but currently the Partnership was not in position to discuss and include it. Martin queried why the Partnership was going to provide additional funding of £1M to Primary Care if it was not going to have any control over what happened with the funding. Audrey Valente confirmed that the Scottish Government provides the Partnership with funding for the Primary Care Improvement Plan who acts like a post box for this funding. Bryan Davies confirmed that funding had been provided with specific instructions that it is used for Community Treatment Access Centres, Pharmacotherapy and the Vaccination Programme. Bryan confirmed that monitoring the progress of the implementation is undertaken by the GMS Implementation Group which regularly provides updates to the Clinical & Care Governance Committee and the Scottish Government Health Department. David Alexander noted while he was delighted with the current budget position, he feared going forward that although there would not be a reduction in budget there would be an increase in demand. Audrey Valente advised that additional costs is a certainty, the level of detail is not known at this point but is being looked at nationally. Martin Black reminded all of the ongoing pressures that are going to hit the NHS, Fife Council and the people of Fife with increased energy costs. He noted that this will likely have detrimental effect for the mental health and malnutrition of the people of Fife and in turn the services supporting these people. Bryan Davies advised that the services are planning to hold information sessions in April and noted that the two new health care hubs in Lochgelly and Kincardine that will be opening soon will be providing support services delivered to the public as outlined in the Primary Care Strategy. Audrey Valente confirmed that additional funding has been provided to the Mental Health Team in anticipation. She noted with regards increased energy costs for the Partnership will be managed from the reserves next year but acknowledged that this was a short-term solution. David Alexander advised that the Scottish Government will be providing support to people who are struggling with funding being provided to Local Authorities.	**CN**

	David Graham noted that, with the agreement that the plan will be provided at the July 2022 meeting, the committee were happy to accept the recommendations.	
7.	**PERFORMANCE REPORT** Fiona McKay advised that this report was the usual performance report that is tabled at the committee every second meeting. Fiona noted that the content of the report was being currently reviewed and she was a member of the group that was looking at the definitions of what is classed as performance and what is quality as these are reported separately depending on the subject matter. In addition, Fiona confirmed that she is also planning to investigate how Fife compared with the rest of Scotland with regards the MSG Indictors and Best Value. Arlene Wood queried with regard Capacity and Flow, noting that the hospital emergency admissions, A&E and delayed discharge numbers had increased and asked when an improvement was likely to be seen. Fiona McKay advised although the emergency admissions sit with us they are A&E Targets which is part of the set-aside. She acknowledged that the increased admissions had impacted on delayed discharges but confirmed that Lynne Garvey, Head of Community Care Services had been working closely to ensure that people are not admitted at the front door if they don't need to be. A Settling Service has been introduced at A&E to support those who are ready to go home. This service has been in place for 3 weeks and is being funded from the Scottish Government Health Department. Arlene Wood queried when the committee would commence seeing the Mental Health Indicators within the Performance Report. Fiona advised that it was her understanding that the Mental Health Indicators would be included in the Quality Report submitted to Clinical & Care Governance Committee and would investigate with the Senior Leadership Team and report back to this committee if this should be changed and included within the Performance Report. Martin Black noted surprise that there is no statistics regarding the impact that alcohol and drugs are having on A&E Department. Fiona McKay acknowledged that drug and alcohol will impact on waiting times but the information available did not go into detail but noted that the Medication Assisted Treatment (MAT) Standards have now come into force and will investigate with Nicky Connor, Chair of ADP how information could be brought into the Performance Report Rosemary Liewald queried with regards the STAR Team and the expected length of stay within a STAR Bed which is 42 days but in reality, this is closer to 130 days on average before a support package can be put in place which is having a significant impact going forward. She asked how the progress for recruiting staff for the service was going. Fiona McKay advised that there is a rolling recruitment in place to bring more staff on board, in addition there has been a review of care packages to ensure that the care being provided is required and it is hoped that the next report will show an improvement in the figures. Rosemary Liewald queried whether there was flexibility within the service to move people to the private sector. Fiona McKay advised that the budget is aligned to the number of people we have in care and it is managed around the number of beds that are available. She noted that the service is looking at transformation with the philosophy of Home First as the Care Homes are also finding recruitment to be challenging, and there is an impact for the Partnership if the Nursing Home is not able to recruit the registered staff that they need to remain classified as a Nursing Home.	**FMcK**

	David Alexander queried how the ongoing pandemic is affecting the care homes with the current increase in infections. Fiona McKay advised that there is currently 13 care homes closed due to covid but during the height of the pandemic this had been over 30 which had been extremely challenging for the service. Fiona noted that the Public Health Team is working with the service to keep as much of the care home open as possible and advised that the 4th vaccine is soon to be offered to all care home residents within Fife. David Graham thanked Fiona for the report and confirmed that the committee agreed with the recommendations outlined in the report.	
8.	**GRANTS TO VOLUNTARY ORGANISATIONS** David Graham confirmed that this report on grants to Voluntary Organisations is tabled at this committee on an annual basis. Fiona McKay advised that the grants to Voluntary Organisations is devolved to Fife Council's Voluntary Sector Task Group which includes representatives from each of the Councils Services, which includes the Health & Social Care Partnership who award grants to voluntary organisations. Fiona advised as part of the assurance and scrutiny the Link Officer supports the organisations and are involved in recruitment of senior roles for the charities when appropriate. Fiona advised that the voluntary organisations have received an uplift due to the increase in living wage to guarantee that anyone delivering care receives and hourly rate of £10.50 per hour. Fiona wished to assure the committee that she had reviewed all the organisations listed and was satisfied that the report tabled is what was needed for the ongoing commitment for 1 year noting that previously the Service Level Agreements had been in place for 3 years which had been more challenging to agree funding for that length of time. David Graham asked if there were KPI's in place with a requirement for the voluntary organisations to prove that they are meeting their obligations. Fiona advised that in addition to the annual monitoring the link workers attended Board Meetings who raise early indicators if there are any issues. Fiona noted that the Link Officer is swapped in Year 3 when the more detailed report is completed to ensure there is no partiality. Arlene Wood queried with regards the responsibility for assurance around best value and asked if there was any evidence that can be provided from the voluntary organisations listed in Appendix 1. Arlene also asked if additional funding and information was provided specifically for areas of known deprivation to reduce inequalities. Fiona noted that Jackie Stringer has recently commenced role and will be undertaken a strategic needs assessment for the Strategic Plan and will be linking with the Link Officers but noted that it will be challenging to break the support provided down into localities. Fiona confirmed that best values is part of the Service Level Agreement that all organisations are required to sign. Martin Black queried what happens when a voluntary organisation changes their name mid service level agreement. Fiona confirmed that when this occurs staff must transfer over on the same terms and conditions and the new organisations is required to resubmit a revised service level agreement to ensure that they still meet the requirements of the original agreement.	

	Martin Black noted concern with additional fuel and energy costs for voluntary organisations and queried whether this had been taken into consideration. Fiona advised that it is acknowledged that there will be higher costs for those who provide transport via minibuses as fewer people are allowed in the vehicle at one time therefore additional runs will be required. David Alexander advised that money will be made available to support day trips for both young and older people, but the detail is still being worked out. David Graham confirmed with the committee that they were happy to approve the spends associated with the voluntary organisations.	
9.	**TRANSFORMATION AND CHANGE UPDATE** Audrey Valente advised that the associated papers issued with the agenda provided an update on all transformation projects currently being undertaken within the Partnership. She advised that the first Transformation Board took place on 24th January 2022. Audrey advised that the majority of the transformation project dashboards are scored green except for Care Home Replacement and Primary Care Improvement. Audrey advised that the Senior Leadership Team is aware of the issues and a solution has been found to provide additional funding resources for the Primary Care Improvement. Audrey advised that recruitment for the Transformation Team is progressing, but a lot of work has been put in place with the existing team to provide the assurance that governance is in place. Arlene Wood noted that it was exciting to see all the projects and queried whether the review of the Strategic Plan which was highlighted at the last IJB would impact on the pace of the projects going forward. Audrey confirmed that there was a lot happening and the revision of the Strategic Plan being undertaken by Fiona McKay will influence projects going forward. She confirmed that all project, to keep the pace moving, have deadlines set for 30/60 and 90 days going forward. Arlene also noted that within the Membership outlined within the Terms of Reference that there is currently no service user, or third sector member included. Audrey advised that the Transformation is a Strategic Board with a Programme and Project Board sitting below. The Transformation Board will present reports that include progress updates which will then be tabled at the IJB which does have third sector members. Rosemary Liewald noted that there was a lot of acronyms within the dashboards which are difficult to follow and queried the timeframes outlined. Audrey advised that the documentation being utilised by the team were standard templates and would highlight the confusion that acronyms can cause to the Transformation Team. With regards the timeframe it was agreed that further discussion out with the meeting would be beneficial. Martin Black noted that there seem to be an excessive number of members for the Transformation Board and queried whether there was the requirement to have everyone there. Audrey Valente advised that the membership list would be reviewed. David Graham thanked Audrey for the report and confirmed with all that the recommendations had been accepted.	
10.	**COMPLAINTS UPDATE**	

	Audrey Valente advised the report provides an overview of the complaints closed by the Fife Health and Social Care Partnership during the period January to December 2021. During this time there had been 414 complaints closed, 176 closed by Social Care, 1 closed by Fife IJB and 237 closed by NHS Fife. In addition, the Partnership received 310 compliments during 2021. David Graham noted that the service learns from receiving complaints and compliments and noted the importance of sharing the positive comments received with staff. He asked going forward if this report could be renamed to Complaints and Compliments Update. Martin Black queried how the complaints were logged and whether there could be complaints counted more than once if they involved both partnering bodies? David Graham confirmed that within the Health Board the complaints were logged in DATIX and within the Council they were logged in Lagan. Fiona McKay noted that if the complaint spanned both partner organisations then there was the possibility that it is logged within both systems with the complainant receiving separate responses from the Health Board and Council, as the Council would not respond on behalf of the health board and vice versa. Rosemary Liewald noted that themes are looked at but queried whether localities and demographic structure were ever taken into consideration when looking at the complaints received. Audrey advised that currently there is not the staffing resource to undertake this but noted that it is hoped that additional support for the Compliance Officer is being sourced therefore going forward this may be an option to include within the report. Arlene Wood queried who is responsible for dissemination of learning following complaints/SPSO reports received. Fiona McKay noted that this would be included within the Quality Assurance Report and that outcomes and action plans in response to SPSO reports would be reported through the Head of Service onto the Quality Matters Committee and Clinical & Care Governance Committee. David Graham thanked Audrey for the report and confirmed that the report had been brought to the awareness of the committee.	
11.	**ITEMS FOR ESCALATION** It was agreed to escalate the Contributions to the Voluntary Organisations to highlight the significant investment of £10M	
12.	**AOCB** No other issues were raised under AOCB.	
13.	**DATE OF NEXT MEETING:** 29 April 2022 at 2pm via MS Teams	

Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 4TH MARCH 2022, 1000hrs - MS TEAMS

Present:	Councillor Tim Brett (Chair) Councillor Rosemary Liewald Christina Cooper, NHS Board Member Councillor David J Ross Councillor Jan Wincott Wilma Brown, Employee Director
Attending:	Dr Helen Hellewell, Associate Medical Director Lynn Barker, Associate Director of Nursing Sinead Braiden, NHS Fife Board Member Rona Laskowski, Head of Complex and Critical Care Services Kathy Henwood, Head of Education and Children's Services (Children and Families/CJSW and CSWO) Fiona McKay, Head of Strategic Planning, Performance & Commissioning Catherine Gilvear, Quality Clinical & Care Governance Lead Simon Fevre, HSCP LPF Co-Chair (Staff Side) Claudia Grimmer, Consultant Psychiatrist Heather Bett, Senior Manager Children's Services Avril Sweeney, Risk Compliance Manager Alan Small, Chair of Child Protection Committee Geraldine Smith, Lead Pharmacist Medicine Governance Katie Caldwell, Community Staff Nurse (observing)
In Attendance:	Jennifer Cushnie, PA to Associate Medical Director (Minutes)
Apologies for Absence:	Martin Black, NHS Board Member Nicky Connor, Director of Health & Social Care Chris McKenna, Medical Director Lynne Garvey, Head of Community Care Services Bryan Davies, Head of Preventative and Primary Care Services Paul Madill, Consultant in Public Health Medicine

No	Item	Action
1	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** Cllr Brett welcomed everyone to the meeting. Katie Caldwell was introduced and a warm welcomed extended. Katie is attending several committee meetings to observe.	

	Cllr Brett commented on the terrible events currently happening in Ukraine and was very pleased to hear Scottish Government has sent out medical supplies. Newport on Tay, which is within Cllr Brett's ward, is twinned with a community in Ukraine. Cllr Brett acknowledged there still remains a lot of Covid in Fife and understands the pressure services remain under. As the Agenda for the meeting is extensive, it was asked if introductory comments could be kept brief.	
2	**DECLARATION OF MEMBERS' INTEREST** No items raised.	
3	**APOLOGIES FOR ABSENCE** Apologies were noted as above.	
4	**MINUTES OF PREVIOUS MEETINGS HELD ON 07 JANUARY 2022** SB stated, under Item 6.4, Fife Alcohol & Drug Partnership Annual Report, she had expressed her disappointment at the lack of psychological therapies around drugs, deaths and interventions. She asked this be recorded. Cllr Brett added, there is to be an alcohol and drug issues development session, date to be confirmed. He also added, following the January meeting, he met with Anne McAlpine who had presented the Fife Community Frailty Services Redesign report. She forwarded a very helpful Q&A paper which has been circulated to Members. Communication issues around Primary Care were discussed at the January meeting. HH advised there is to be a national campaign which will help the public to understand how to access services and what the new way of working for Practices will be, going forward. HH will forward dates of when the campaign will run to Members.	**JC** **HH**
5	**ACTION LOG** No comments.	
6	**GOVERNANCE**	
	6.1 Clinical Quality Report LB introduced the report and gave an overview with emphasis and detail on falls, pressure ulcers and medication. She outlined the activity which is taking place to mitigate problems as they arise. HH highlighted a sustained improvement in hospital acquired infections. She described good work which is going on in addiction services.	

	Cllr Brett asked if a longer time frame could be considered relating to hospital acquired infections. At the moment, only the current and previous quarter are being considered. He felt the language used relating to Falls was a little difficult to understand and gave examples. Cllr Ross queried how difficult it has been to continue the activities outlined in the report throughout the pandemic, owing to a shortage in staffing. LB advised it has been very difficult to maintain a quality improvement programme while staff are being stretch to the limit. As we come out of the pandemic, it is the intention to continue the programme and step it up once current vacancies have been filled. Cllr Brett referred to an increase in Covid outbreaks in hospital and sought assurance this was a reflection of increased Covid out with hospital settings. LB confirmed that was correct and primarily due to visitors meeting with loved ones in hospital, she assured infection control standards are excellent. HH added a national investigation is taking place and further data will be coming. This will be brought to C&CGC once available. Cllr Brett asked if the format of the report and the items covered will remain similar, moving to the new structure. HH advised, the intention is to place more emphasis on care indicators. She told of work which is taking place looking at expansion of the report, within national guidelines. She added there is more data available which extends beyond the two quarters shown on graphs. The executive summary can be reviewed to show trends over time more clearly. Cllr Brett felt this would be beneficial.	**HH**
	6.2 Primary Care Improvement Plan Update HH introduced the report which is to update the Committee of progress being made within Primary Care. She advised, transfer of the Vaccination Programme continues on track and will transfer at the beginning of April. Community Treatment & Care (CTAC) and Pharmacotherapy will not be ready to transfer, which Scottish Government is fully cognisant of. Transitionary payments have been made to GPs to cover a further year. HH outlined the incremental plans which are in place around this work. In line with direction from MoU2, other funding streams are being utilised to progressing other important work, such as mental health. HH told of challenges around workforce with recruitment being undertaken in a staged way and looking to skill-mix as much as possible. She also described work to ensure economies of scale and good collaboration around the Vaccination Service and CTAC. Cllr Brett queried if members of the public will see an improved service, perhaps a Pharmacist giving advice where before they would need to see a doctor. HH advised, patients will see increased access to Pharmacists, and stated, this is already being seen and will increase as Pharmacotherapy develops. CTAC and Vaccination will be delivered by nurses or healthcare support workers, although may not be performed in Practice. There was discussion around the public becoming used to a new way of accessing care.	

	Cllr Liewald was very supportive of the direction Primary Care are taking and felt it was crucial signposting for the public is correct and extensive to ensure success. There was good discussion around Pharmacotherapy and the Services which will transfer from General Practice.	
	6.3 Mental Health Strategy Implementation Plan RL advised there are several workstreams underway locally which are informed by the Scottish Government's National Mental Health Recovery Renewal Programme which is directing much of Fife's activity. RL outlined the Services this covers which is over and above the Local Strategic Improvement Plan. She told of the redesign of the Mental Health Estate and with Inpatient Services as its focus and told of a range of workshops which are planned. RL told of a Scottish Government initiative ask which requested an outline of Fife's ambition for multi-disciplinary teams covering MH and well-being within GP cluster areas. RL gave details and spoke of the challenges being faced, she also outlined other work ongoing currently and spoke of Action15, which will be rolled out over the next 5 years. There has been a national ask for an increase to the mental health workforce. RL reported Fife has met the ask and gave details around numbers and funding. She told of work being developed to incorporate mental health service data indicators into the Clinical Quality Report. Workforce within Mental Health Services, particularly within Nursing, continues to be very challenging. Currently, Fife is carrying 40 whole time vacancies, approx. 20% of the workforce. This is a Risk which needs to be managed in terms of Fife's ability to provide quality care. Radical solutions will be considered, which RL described. SB was delighted to hear of the use of creative therapies and was keen to discuss challenges within the Nursing Workforce off-line with RL. KH wanted to highlight the corporate parenting agenda and gave details. She felt there was a strong argument to look at alternative therapies for this group. She queried if there would be an opportunity for joined-up working. This was discussed at some length with RL advising of potential asks and funding coming from Scottish Government.	**SB/RL**
	6.4 NHS Fife/H&SCP 2021 Child Protection Annual Clinical Governance Report Heather Bett introduced the report which was to give assurance of the work which has taken place relating to child protection within the HSC Partnership from Jan-Dec 2021. HB advised the report was created due to concerns relating to an increase of Interagency Referral Discussions (IRDs) over the pandemic and concerns of a risk to the organisation.	

HB advised 831 referrals took place Jan-Nov 2021. The main reasons were outlined and statistics around medical examinations were advised. Mental health of the parent/s continued to be a high reason for registration, along with neglect.

HB spoke of workforce and training, with the CP Core Training Framework being refreshed and recommencement, following the pandemic, of the Child Protection Health Steering Group.

HB advised, a priority going forward is preparation for implementation of the new CP guidance. Work is underway to develop an Implementation Plan to ensure compliance with new guidance by Sept 2023.

Cllr Brett queried what differences the new guidance will bring. HB explained there will be greater involvement from Health and gave details around this and added a Gap Analysis will be carried out to identify all changes to be implemented.

Cllr Brett queried whether the work around the Child Wellbeing Pathway has been concluded. HB advised, National guidance is awaited, this is being developed and is out for consultation. KH gave further detail around IRDs and the Child Wellbeing Pathway. She stressed supporting families with adversity is a priority and the Child Wellbeing Pathway is a very complex and extensive piece of work. It must ensure the values are correct to support families from early intervention/prevention through to protection at the end of the scale.

Cllr Liewald queried the linked-up agency approach. During lockdown there was a cohort of children who did not engage – she asked what schools can do when neglect is suspected. KH advised health and education colleagues helped SW to identify families where there were concerns and it was decided which professional was most appropriate to engage with the family. She gave details around how families were categorised - Partnership working with learning being taken forward.

6.5 CAMHS Update

Claudia Grimmer highlighted points from the report which identifies challenges being faced by the Service, ie. recruitment of 7 new nurses, however, 5 leavers, deployment of staff due to Covid, staff absences leading to cancelled appointments. The pandemic has seen an increase in presentation, with the Intensive Therapy Service and Emergency Response Team having a huge influx of referrals.

CG told of Risk Assessment Clinics which have been established to react to the influx. The Urgent Response Team, pre-pandemic was holding 12 clinics/month, now holding 36/month.

RL advised, although there are challenges being faced, the Service is now beginning to come back into balance. Year on year, the

	significant increase in priority treatments and level of presentation requiring an urgent response is huge. Workforce continues to be a challenge, however, RL has been assured by Staff the service is on target to be compliant with Scottish Government's ambition for all young people to be seen within 18 weeks of referral. Reports of young people being seen within 7 weeks is on the increase. RL acknowledged there is a backlog, however, felt as workforce steadily increases, this will be met. Cllr Brett asked what is behind the surge in urgent referrals and is this down to the pandemic? CG advised social factors have a major impact on mental health. She described a large array of reasons including exams, education working differently during lock-down, school coming back, all contributing factors. There was much discussion around the isolation experienced during lockdown and the impact on young people's mental health. Work within the social aspect of the school curriculum was highlighted.	
	6.6 Adult Protection Biennial Report 2018-2020 Alan Small introduced the report which refers to the time period, 2018-2020, therefore pre-pandemic (with only one week pertaining to lockdown). The report is late coming to C&CGC for various reason. AS advised the Adult Protection Committee is in the habit of publishing an Annual Report, the years there is not a Biennial Report. This is to be the practice moving forward, as agreed with Committee. There is a report 2020-2021 which will come to C&CGC in July. AS highlighted points of interest within the report. The number of referrals received has increased significantly which indicates the raised profile of Adult Protection within the community. He added, referrals can sometimes be inappropriate and described the reasons why, however, the numbers demonstrates awareness. He advised, the Improvement Plan which was to be achieved, did not develop further due to dealing with the crisis of the pandemic. AS stated understanding what Service Users feel and require is most important and whether the Adult Protection process is helpful for them. This can be difficult to ascertain, depending upon the individual. AS told of two very active Service User Representatives (both part time) on the Committee through People First. Cllr Brett was interested to learn the number of referrals has tripled in the last 5 years, although, as AS explained, these do not always lead to investigations. Cllr Liewald queried the Adult Protection Awareness Week and the outcomes which came from it. AS stated, this year there has been an ongoing advertising campaign with Kingdom FM, which has run for the past year. The message is consistently reaching out to the public and he felt this would have had an impact. Data is not yet available whether there has been a spike seen following the AP Awareness Week.	

	KH stressed the "So What?" question needs to be asked and felt confident AS will take this forward as Chair. She felt now the next level of activity needs to be achieved with continual improvement - delivering outcomes and making a positive difference in people's lives.	
	6.7 Strategic Risk Register AS presented the report and advised the Register sets out the risks that may pose a threat to the Partnership achieving its strategic objectives in relation to C&CG and assures that these risks are being effectively managed. AV advised, the Risk Register was last presented to Committee June 2021, since this date, a full review has been carried out by SLT. The full Risk Register was presented to IJB on 28.01.22. The review considered the following elements: • Clarity of the risks to be included on the IJB Strategic Risk register • More formalised links to performance and the Performance Framework for the IJB Strategic Risks • Setting SMART management actions to mitigate the IJB Strategic risks AS advised, once the Integration Scheme Review is signed off, the IJB Risk Management Policy and Strategy will be reviewed again, however, the risks themselves will be familiar. She advised there are currently 3 high risks, which are shown in summary form on the SBAR and residual score order, in column 10 of the full risk register. Cllr Brett queried if there should be a Risk around specialist staffing – all services chasing the same staff. He would like to leave that with LB/HH/RL to consider.	**LB/HH/ RL**
	6.8 Complaints Update LG presented the report covering the timeframe of Jan-Dec 2021. During this time, the Partnership closed 414 complaints, 68% were closed on time. This is higher than in 2020 when the Partnership closed 359 complaints, 53% were closed on time. In summary, a 15% increase in the number of complaints closed and 15% increase in the number which have been closed on time, indicating performance is improving. Cllr Brett was interested in the themes of the complaints. He queried if the Partnership are doing anything about addressing the reasons. LG explained each individual case is considered and appropriate actions taken, not all complaints are upheld, only around 40%. Cllr Ross queried the response timescales around the stages of complaints. LG advised complexity is a factor causing delay and the resourcing of information and assured there is always good communication with the complainant. Cllr Ross also queried if timescales is the best way to measure stage 2 complaints, owing to the complexity. LG advised, if resource and operational demands	

		allowed, customer satisfaction could be used as a measurement and is something to consider for the future. However, timescales are the measurement the SPSO Complaint Regulator asks to be reported on. There was discussion regarding Service Users who do not complain. There was varying opinions and perception of the view of these people. LB added there is a lot of positive feedback through Care Opinion. She spoke of the reflection and learning mechanism which is in place to learn and improve through complaints.	
	6.9	**C&CGC Annual Statement of Assurance** Cllr Brett outlined the Statement of Assurance which comes to Committee on an annual basis. This was approved.	
	6.10	**Chief Officer's Report** KH introduced the Chief Officer's Report dated April 2020-March 2021 and apologised for its lateness. She advised the report comes annually to C&CGC, the Children Services Committee and to Scottish Government. The report captures where Fife are in terms of Children and Families work, children, adult and older people's health and Social Work and Social Care Services have been during the timeframe. KH apologised for the length of the report which must follow a particular template. Cllr Brett enjoyed the report very much and found it hugely informative. He asked what feedback, if any, does KH receive from Scottish Government. KH responded, although she gets no direct feedback on her individual report, Scottish Government helpfully draws out themes which may be common across each Authority and reports on these. Going forward, KH and colleagues will compile quarterly reports, to avoid such a huge amount of work being required at one time	
	6.11	**Quality Matters Assurance Group** LB advised there has been a redesign of Assurance and Governance within the Partnership following restructuring. A Quality Matters Assurance Group (QMAG) replaces the 4 Divisional C&CG Committees which were in East Fife and West Divisions. LB advised, to date there has been 5 meetings of QMAG looking at redesign, change of delivery and the requirements to be implemented. Weekly meetings take place (rotationally chaired between LB/HH/JB). The meetings review data to identify 'hot spots'. LB went on to explain the work in good detail. She advised there is also a Quality Matters Assurance Safety Huddle (QMASH). The QMASH meet approximately monthly to define and review processes and reporting.	

	HH added, a whole system working approach is starting to show benefits and she looks forward to bringing further details to Committee as work progresses.	
7	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	7.1 Fife Area Drugs & Therapeutics Committee Unconfirmed Minute from 08.12.21 No issues to draw to the attention of C&CGC. **7.2 Minute of the Infection Control Committee Unconfirmed Minute from 01.12.21** No items to highlight.	
8	**ITEMS FOR ESCALATION** No items for escalation.	
9	**AOCB** No further items raised.	
10	**DATE OF NEXT MEETING** Wednesday 20 April 2022 at 1000hrs MS Teams	

Fife Health & Social Care Partnership

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CONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE WEDNESDAY 20TH APRIL 2022, 1000hrs - MS TEAMS

Present:	Councillor Tim Brett (Chair) Councillor Rosemary Liewald Martin Black, NHS Board Member Councillor David J Ross Councillor Jan Wincott
Attending:	Dr Helen Hellewell, Associate Medical Director Lynn Barker, Associate Director of Nursing Kathy Henwood, Head of Education and Children's Services (Children and Families/CJSW and CSWO) Fiona McKay, Head of Strategic Planning, Performance & Commissioning Catherine Gilvear, Quality Clinical & Care Governance Lead Lynne Garvey, Head of Community Care Services Joanna Clark, Service Manager (Fife Macmillan Improving the Cancer Journey) Hazel Close, Lead Pharmacist - Public Health and Community Pharmacy
In Attendance:	Jennifer Cushnie, PA to Associate Medical Director (Minutes)
Apologies for Absence:	Wilma Brown, Employee Director Nicky Connor, Director of Health & Social Care Chris McKenna, Medical Director Rona Laskowski, Head of Complex and Critical Care Services Bryan Davies, Head of Preventative and Primary Care Services Sinead Braiden, NHS Fife Board Member

No	Item	Action
1	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** Cllr Brett welcomed everyone to the meeting. Cllr Brett hoped everyone had kept well, he acknowledged there still remains a lot of Covid in Fife and advised he, himself, had suffered from Covid the previous week. He stated this would be his final meeting and would like to say a few words at the end of the meeting.	

2	**DECLARATION OF MEMBERS' INTEREST** No items raised.	
3	**APOLOGIES FOR ABSENCE** Apologies were noted as above.	
4	**MINUTES OF PREVIOUS MEETINGS HELD ON 04 MARCH 2022** Cllr Brett advised in future minutes, Sinead Braiden should be entered under 'Present' not 'Attending'.	**JC**
5	**ACTION LOG** Cllr Brett asked if the items in the Action Log could be pressed for action by HH / LB as these were to take place in early 2022.	**LB / HH**
6	**GOVERNANCE**	
	6.1 Reducing Harms Presentation LB introduced the presentation which discussed harm in its various forms - these include Falls, Pressure Ulcers and Catheter Associated Urinary Tract Infections (CAUTI). LB explained the meaning of the data and statistics relating to occurrences of harm within Fife Healthcare settings. LB acknowledged Covid and staffing problems have contributed significantly to the occurrences experienced. She gave details around the work which takes place to reduce and prevent harm. The aim is to achieve a 25% reduction in occurrences of harm in 2022 and a further 25% reduction in 2023. The many factors which slow progress and the quality improvement systems in place to support improvement in each form of harm, were discussed. MB queried the footwear being used, he remembered this was investigated and reviewed a few years ago, resulting in safe footwear being provided. He also asked if the urinary tract infections are experienced by people who have long-term catheters fitted outside of healthcare settings. LB advised the CAUTI is for short and long terms catheters. The slipper-socks are provided and a risk assessment is carried out. Cllr Liewald queried pressure sores within the community for bed-bound patients and asked if ripple mattresses and other devices are provided and what the procedure is. LB advised a home visit is carried out by a Community Specialist, District Nurses, OT or GP and the situation will be assessed to ascertain what equipment is required. Cllr Brett queried the use of Morse. LG, who Chairs the Morse Board, confirmed 80% of services have transferred over to Morse, with only a few remaining. This is on target, in terms of transitions set within the Paper, and is not a risk.	

	6.2 Clinical Quality Report Covered above.	
	6.3 MWC Update – Dunino and Ravenscraig Ward LB gave apologies on behalf of Rona Laskowski who had been called to an urgent meeting. She advised, RL was happy to take questions or actions off-line. There was much discussion relating to both reports. A summary of all discussion and the questions raised will be passed to RL. There was agreement the Paper will come back to the next meeting for presentation by RL.	**RL**
	6.4 Delayed Discharge Update LG introduced the update report which focuses on performance. She advised the report follows the detailed Delayed Discharge Paper which was brought to IJB in October 2021. The ask from the Chair was an update, in terms of performance, against Fife's difficult Delay position, which was poor in relation to the whole of Scotland. This update is brought to the Committee to give assurance around performance. LG gave context by explaining Fife have experienced a very difficult winter with several significant outbreaks of Covid/Omicron being felt in the bleakest months. Increase in emergency department presentations, demographic changes and complexities, whole system pressures increasing, with up to 34% absence all made for a very difficult period. Proportions of delay were presented in Oct 2021, these have now improved significantly and LG talked through the various improved percentages. She explained how care homes are being used as interim placements rather than patients remaining in hospital. LG reported referrals have massively increased, going from 56 referrals into discharge hub at VHK pre-Covid, to around 70-80 currently, requiring social care exits. She stressed she was encouraged the service has shown great flexibility to accommodate people getting out of Acute settings. Census data will show an improving picture from a national perspective Fife have improved compared to other Boards, from Oct'21-Feb'22 there has been a 18.5% reduction of daily beds occupied and per 100K of population a 39.4% reduction. Delays in Acute wards to free capacity for Covid, has also seen a significant improvement. Cllr Ross queried the average length of stay for patients in a care home who are awaiting a care package at home. LG gave details of work led by FMcK with Scottish Care, who have set up a collaborative, whereby, external care at home providers have grouped together with a focus on bringing people out of care homes, who are in interim beds. LG offered to share data to give assurance to the Committee.	**LG**

	Cllr Ross also queried Social Housing and Guardianship. LG explained proportions are 38% guardianship vs 2% for complex housing. Delays mainly relate to awaiting court dates and legal aid. Cllr Brett queried why the workaround used during Covid could not continue to be used. LG advised this is being used and detailed the complexities. Cllr Liewald was greatly encouraged by the improvements seen since Oct '21.	
	6.5 Fife MacMillan Improving the Cancer Journey – Update Report JC gave an update of the progress within the ICJ Service since the previous report which came to Committee on Feb 2020. She advised last year, despite Covid restrictions, the highest number of enquiries into the Service were seen – 1028. JC went on to give statistics around the enquiries, with 58% completing the whole process. She told of greatly improved relationships with colleagues and partners within NHS and HSCP and how the service has now moved to an opt-out, rather than opt-in service. Execution of the Test of Change was another significant improvement seen and JC told of learning from ICJ used to provide support for other long-term conditions. Encouraging partnership working was outlined. Cllr Brett queried future funding for the Service. FMcK, lead for MacMillan Cancer, advised current funding will sustain the Service for the forthcoming year and she is in discussions with Fife MacMillan re ongoing support. Additional funding is being sought through Scottish Government by MacMillan as a spike, post-Covid, is expected. FMcK advised, consolidation is being considered as the Partnership cannot support a standalone Cancer programme. The work looking at other conditions gives evidence Fife can support a range of other long-term conditions. Cllr Brett asked for an update to come back to Committee once discussions are concluded. Cllr Ross queried the impact the pandemic has had upon the service. JC advised support was provided primarily through telephone and NearMe to enable the service to continue. Face-face has restarted where appropriate. Cllr Liewald had previously touched on the Opt In/Out and asked if there are patients on the cancer journey who do not take up the Service. JC stated MacMillan report, approx. 30% of cancer patients are able and happy to look after themselves and do not need/seek support, The Opt In/Out has brought more control to the Service and explained how the Service is 'sold' and patients are engaged with.	**FMcK**
	6.6 Duty of Candour Reports – NHS & FC HH introduced the NHS Duty of Candour report which comes to Committee on an annual basis. HH outlined the process of Duty of Candour, particularly the organisational duty of candour and how this relates to more serious incidents which happen to individuals and how these are communicated. The report details how many times this has arisen and a summary of events. HH highlighted, only the Practices	

	which are 2C are included within the report. Practices which are not 2C, have their own Duty of Candour Reports. Significant changes, which have been made because of Duty of Candour, are outlined in the report. HH discussed the importance of any learning being shared and communicated across all Services. FMcK introduced the FC Duty of Candour Report. She highlighted the lessons learned paper and stressed the importance of transparency of communication when incidents happen. She told of good work within older people residential and day services resulting in significant improvements. She advised there have been 7 incidents which have been through a rigorous process. Cllr Brett queried the exact process around Duty of Candour - HH clarified. He asked how quicky a patient or their family are informed if something goes wrong. HH advised patients/families are informed as quickly as possible but acknowledged the pandemic has slowed this process in some cases. Cllr Brett was encouraged to see the learning taken forward and changes implemented from the reports.	
	6.7 Corporate Parenting KH gave a verbal update around Corporate Parenting. She explained the previous report looked at the restructuring of the Corporate Parenting Board and the development of six panels of expertise. These were drawn from the care experience community and sit above the Local Area Committees. They will inform and give a view on practices, design and delivery of services going forward. They will also give a sense-check of what works and what does not. KH told of three improvement activities which were committed to by the Corporate Parenting Board: • How to support children/young people and their families who have returned to Fife through the 'Belonging to Fife Strategy', 2 years ago there were 149 in residential places, currently there are 32 - a massive shift. KH told of difficulties due to the pandemic and how these have been overcome and the sense checks which are in place to measure success and the feedback received. • Supporting young people (17/18yo) with a range of emotional health and wellbeing needs who are prone to high risk-taking behaviour. Linking with the Young People's Team with involvement from CAMHS. KH stated there is still a good deal of work to take place to get the support right and good work is taking place towards achieving correct team support. • School attendance improvement for young people in residential care (currently 32) to optimise their attainment, employment and life chances. Strides have been taken to address this which KH described. KH explained how the above work has brought into sharp focus where improvements are required. She told of Embrace Care Five which is a communication strategy website, developing hubs for the care community to come together to share experience and look at how to	

	work in a more holistic way across the services to better meet needs. KH told of lots of activity taking place but felt there is still a lot of work to be done. Cllr Brett asked if young people are choosing to remain with the service once they are of age to leave. KH advised, young people are encouraged to remain with the Service as very few with care experience have the resources and skills to live independently. She told of ways this is made attractive to young people, either through providing accommodation or support. She told of funding which has been made available and work with young mums. Cllr Liewald was very supportive of the work undertaken by the Corporate Parenting Board and looks forward to learning how the work progresses.	
7	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	7.1 Fife Area Drugs & Therapeutics Committee Unconfirmed Minute from 09.02.22 Cllr Brett queried HEPMA – HH advised this is Hospital Electronic Prescribing and Medicines Administration, the new digital system which will be used for electronic prescribing within hospitals. No other items to highlight to C&CGC. **7.2 Minute of the Quality Matters Assurance Group Unconfirmed Minute from 02.03.22** Cllr Brett queried the mental health and ligature update and felt a good deal of business had been deferred to the next meeting. This was discussed and LB advised the mental health risk is to be reviewed and updated. Cllr Brett queried the reference to severe assaults to members of staff from patients in Acute admission wards. LB gave assurance, the 2 instances which occurred, have been thoroughly investigated with actions to be taken identified.	
8	**ITEMS FOR ESCALATION** No items for escalation.	
9	**AOCB** No further items raised.	
10	**DATE OF NEXT MEETING - Tuesday 05 July 2022 at 1000hrs MSTeams** Cllr Brett advised the format of the next meeting is likely to change to the new format. He hoped the changes will simplify and clarify arrangements and wanted to acknowledge the topics and issues discussed at C&CGC have not always been easy and wanted to thank all members. His hope and aim was always for the Committee to be a 'critical friend'. He offered his best wishes to all who continue to work with the Committee. He particularly wanted to thank Helen, Lynn, Cathy and Jenny for their support.	

Fife Health & Social Care Partnership
Supporting the people of Fife together

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
WEDNESDAY 16 MARCH 2022 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT:
Nicky Connor, Director of Health & Social Care (Chair)
Simon Fevre, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Angela Kopyto, Dental Officer, NHS Fife
Anne McAlpine, Clinical Service Manager (for Lynne Garvey)
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing & Absence, H&SC
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Jane Brown, Principal Social Work Officer, H&SCP
Karen Nolan, Clinical Services Manager (for Bryan Davies)
Kenny McCallum, UNISON
Lynn Barker, Associate Director of Nursing
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Young, HR Team Leader, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES:
Alison Nicoll, RCN
Bryan Davies, Head of Primary & Preventative Care Services
Eleanor Haggett, Staff Side Representative
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Kevin Egan, NHS Fife
Lynne Garvey, Head of Community Care Services
Morag Stenhouse, H&S Adviser, Fife Council
Susan Robertson, UNITE
Valerie Davis, RCN Representative
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	**APOLOGIES**	
	As above.	

NO	HEADING	ACTION

2 PREVIOUS MINUTES

2.1 Minute from 15 February 2022

The Minute from the meeting held on 15 February 2022 was approved as an accurate record of the meeting.

2.2 Action Log from 15 February 2022

The Action Log from the meeting held on 15 February 2022 was approved as accurate.

3 JOINT CHAIRS UPDATE

Nicky Connor advised that a joint inspection of Adults with Physical Disabilities and Complex Needs by Healthcare Improvement Scotland and the Care Inspectorate will be happening in the near future. Dialogue is ongoing to establish when this fairly significant inspection will begin. The inspection will last approximately 21 weeks and will require a lot of preparation from staff before and during it.

Regular meetings are being set up with the Cabinet Secretary to discuss the situation with delayed discharges and to provide a level of scrutiny and challenge.

4 HEALTH & SAFETY UPDATE (INC FORUM)

Anne-Marie Marshall advised that a new H&S Manager has been appointed to the NHS H&S team and should be in post by May. Since the last LPF meeting complaints have been received from NHS staff who have been wearing the see-through face masks. If managers received complaints can these please be passed to Anne-Marie. Targeted Datix training for staff was discussed, to assist staff to complete reports appropriately with sufficient information. Anne-Marie and Simon to discuss and bring back to a later meeting. **SF/AMM**

There was also discussion on reporting of incidents in Social Work / Social Care settings and the need to encourage staff to record these. **LG/AM**

Lynne Garvey and Anne McAlpine will promote this through Social Care and Rona Laskowski through the Health and Safety Forum. **RLas**

There had been discrepancies with how employees with Covid-19 were being reported in NHS and FC – in FC each case was being checked to see if it was RIDDOR reportable (if work was source of infection). Anne-Marie and Morag to discuss this and talk through the process. **AMM/MS**

Morag Stenhouse had provided a written update on Health and Safety from a Fife Council perspective, this was circulated with the papers for the meeting.

5 BUDGET / FINANCE UPDATE

Audrey Valente updated on the Revenue Budget 2022-23 as well as the budget gap and medium-term position to March 2025. Budget for next year is balanced with an expected £4m gap in year 2 and a £7m gap in year 3. These are high level estimates which take account of expected recurring funds and new cost pressures and will be refined going forward.

5 BUDGET / FINANCE UPDATE (Cont)

The Integration Joint Board, at its meeting on 25 March 2022, will be asked to approve a one-year budget. During 2022 the Medium-Term Financial Strategy will be aligned to the refreshed Strategic Plan.

With regards to the Finance Update, Audrey advised there has not been much change since the previous report. There is a projected underspend on £573k which can be carried forward if not spent. There has been additional funding allocated from Scottish Government and the Fife share is £43m.

Discussion took place around ongoing PPE and testing costs, recruitment to vacancies, agency costs and the new Transformation Board. Audrey will share the Terms of Reference for the Transformation Board with Simon, Debbie and Eleanor. **AV**

Agency costs should reduce as staff are recruited to fill posts on a permanent basis.

6 IMMUNISATION WORKFORCE AND PLANNING ASSUMPTIONS

Karen Nolan covered this report for Bryan Davies. The flu and covid vaccination programme will continue through 2022 and 2023. As a result of additional funding being made available a permanent workforce is now being established with interviews currently being held. Fife Council staff are expected to return to their substantive posts by 1 May 2022. Staff engagement is ongoing.

Vaccinations for 5-11 year-olds go live this weekend with Care Homes and those over 75 being boosted in the coming weeks.

7 WINTER PRESSURES, COVID-19 POSITION & WORKFORCE UPDATE

Nicky Connor advised that the current position is on a fairly good trajectory but covid numbers have risen in the past week and this has had a significant impact. Bronze command is updated daily and safe services are being provided.

Anne McAlpine updated on behalf of Lynne Garvey. There is considerable pressure within Care Homes and Care at Home and staff are working to ensure people can be kept at home. Business continuity plans have resulted in surge capacity being opened up.

Rona Laskowski advised that within Complex & Critical Care Services there has been a gradual return of staff to their substantive posts and a “welcome back” week has been arranged to help staff to re-engage with their original teams. Vacancies continue to put pressure on most areas, but staff absences are reducing. Mental Health and Adult Resources are currently absence hot spots. Management actions have included planning team sessions, face to face support and blended working patterns.

Rona then updated on Primary & Preventative Care Services on behalf of Bry Davies. Recruitment has been challenging within Health Visiting and School Nursing. Covid is having an effect on staff in Dentistry and Nutrition and Dietetics. Currently five GP practices are only able to provide reduced services due to staff absences as a result of covid.

NO	HEADING	ACTION

7 WINTER PRESSURES, COVID-19 POSITION & WORKFORCE UPDATE (Cont)

Nicky Connor updated on workforce issues and the national funding situation.

Elaine Jordan advised that there has been a focus on supported Care Home and Care at Home staff . A new Lead HR Officer has been appointed and will join the partnership in April to provide recruitment support.

Susan Young advised there are similar issues within the NHS. Recruitment to new Health Care Support Worker and Ward Admin roles has taken place.

Scottish Government guidance for Health and Social Care Partnerships is expected soon and this should provide advice on keeping staff safe whilst also reducing the number of restrictions which are in place.

8 HEALTH & WELLBEING

Susan Young updated on the attendance statistics for NHS staff which are showing an overall absence rate of <6% overall, although some areas are over 10%. Both short and long terms absences have reduced. Review groups are being set up to allow more investigation into absence.

Elaine Jordan advised that a dedicated resource is in place to mirror the information provided by the NHS on staff absence. Levels in Fife Council are currently around 15% with covid-19 and vacancies proving challenging. Lots of support is available for managers and staff through HR, Elaine's team and Oracle. There will be a focus on absence in the coming months.

Elizabeth Crichton advised three new staff members had joined her, one would focus on Oracle data the other two would support Elizabeth with the University of Hull stress assessment work. Absence Management Review Panels have been set up for the coming month. The current provision for Occupational Health/Counselling/Physiotherapy Services for Council staff is coming to an end and new services will be introduced following a retendering process.

Angela Kopyto asked what support would be available to Ukrainian employees who required time off in light of the conflict. Susan Young and Angela will speak out with the meeting to discuss in more detail.

Nicky Connor left the meeting and Simon Fevre took over as Chair.

Discussion took place around the prevalence of muskulosketal problems causing absences and the lack of Manual Handing training during the covid pandemic. Additional support has been in place and Elaine Jordan will ensure there is an update on this for the next full LPF meeting.

Susan Young advised that fuel poverty awareness sessions are being provided and are open to NHS and Council staff, the link to these was shared.

NO	HEADING	ACTION
9	**ITEMS FOR BRIEFING STAFF**	
	Hazel Williamson had left the meeting before this item but had been noting items for the briefing throughout the meeting.	
10	**LPF ANNUAL REPORT**	
	Simon Fevre advised that work was about to commence on this year's Annual Report. A copy of last year's report would be sent to all LPF members and Simon would contact those who would contribute to the new Report later in the week.	**WA**
	It is anticipated that the final report would be taken to the IJB meeting on Friday 29 July 2022.	
11	**AOCB**	
	Nothing was raised under this item.	
12	**DATE OF NEXT MEETINGS**	
	Tuesday 19 April 2022 – 2.00 pm – 3.00 pm – Single Item Meeting - Winter Pressures, Covid-19 Position & Workforce Update	
	Wednesday 11 May 2022 – 9.00 am – 11.00 am – Full Meeting	

Fife Health & Social Care Partnership
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HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
TUESDAY 19 APRIL 2022 AT 2.00 PM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Eleanor Haggett, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing & Absence, H&SC
Kenny McCallum, UNISON
Lynne Garvey, Head of Community Care Services
Mary Whyte, RCN
Morag Stenhouse, H&S Adviser, Fife Council
Susan Young, HR Team Leader, NHS Fife
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Alison Nicoll, RCN
Angela Kopyto, Dental Officer, NHS Fife
Bryan Davies, Head of Primary & Preventative Care Services
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Frances Baty, Director of Psychology, NHS Fife
Hazel Williamson, Communications Officer, H&SC
Helen Hellewell, Associate Medical Director, H&SC
Jane Brown, Principal Social Work Officer, H&SCP
Kenny Grieve, Health & Safety Adviser, Fife Council
Kevin Egan, NHS Fife
Lynne Parsons, Society of Chiropodists and Podiatrists
Roy Lawrence, Principal Lead Organisation Development and Culture
Valerie Davis, RCN Representative
Wendy McConville, UNISON Fife Health Branch

NO	HEADING	ACTION

1 APOLOGIES

As above.

2 PREVIOUS MINUTES

2.1 Minute from 16 March 2022

The Minute from the meeting held on 16 March 2022 was approved as an accurate record of the meeting.

2.2 Action Log from 16 March 2022

The Action Log from the meeting held on 16 March 2022 was approved as accurate. The iMatter report will be considered at the May 2022 meeting.

NO	HEADING	ACTION

3 WINTER PRESSURES, COVID-19 POSITION & WORKFORCE UPDATE

Nicky Connor began by expressing her thanks to staff for the exceptional work which has been done to sustain services in the last few months. She also thanked LPF members for their support during these challenging times.

Nicky then handed over to Lynne Garvey who advised that daily Bronze meetings continue and updates at these meetings show the system is still under significant press and the number of people in hospital is currently high. There are significant workforce pressures with staff absence reaching 24% in some areas of the partnership. Performance remains good and the system has been able to flex to cope with the flow of patients. Currently there are 11 wards/bays and 15 Care Homes closed, which is an improving picture.

Recruitment campaigns are continuing to attract new staff. Scottish Government recently announced 1,000 extra staff have been recruited in Scotland, including 200 international applicants. Fife has an allocation of these staff with 4 international staff already in post and a number set to join the coming months.

Community Hospital occupancy has been sitting around 120-130% every day recently. A further 44 surge beds were reinstated to assist with this. Work is ongoing to move patients into care homes/care at home.

A Capacity and Flow Review Event 2021/2022 is being held on 27 April 2022 to look back over the last 6 months and review lessons learned for the future. Simon asked that Eleanor and Debbie be invited to attend. Lynne Garvey will arrange for this.

The legal requirement to wear face masks was lifted from Monday 18 April 2022, but all staff, patients and hospital visitors should be encouraged to continue with all covid precautions, including face masks, hand hygiene and social distancing, to reduce the risk of infection.

Discussions have been held at both Silver and Gold meetings on how best to encourage this and what updated guidance and communications could be issued, recognising personal safety should be a priority.

Debbie Thompson raised the issue of care staff continuing to use lateral flow tests and PPE. Nicky advised that PPE Hubs are being extended in line with emergency legislation. Lynne Garvey confirmed that supplies of lateral flow test kits will also continue.

It was agreed that HR from both organisations would look at current guidance and work on joint message. Nicky Connor will raise this at the next Gold meeting

Susan Young and Elaine Jordan confirmed that sickness absence rates in both partner organisations are improving. More information will be provided at the LPF meeting on 11 May 2022. **SY/EJ/EC**

Nicky Connor advised that the joint inspection of Adults with Physical Disabilities and Complex Needs by Healthcare Improvement Scotland and the Care Inspectorate will now start on mid-May (date to be confirmed), following a letter from the Chief Executives raising concerns about current pressures and the impact on the workforce required to assist the inspection.

NO	HEADING	ACTION
3	**WINTER PRESSURES, COVID-19 POSITION & WORKFORCE UPDATE (Cont)**	
	Simon Fevre thanked those who have contributed items for the LPF Annual Report, as draft of which will be discussed at the LPF meeting on 11 May 2022.	
4	**AOCB**	
	Nothing was raised under this item.	
5	**DATE OF NEXT MEETING**	
	Wednesday 11 May 2022 – 9.00 am – 11.00 am – Full Meeting	

Fife Health & Social Care Partnership
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HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
WEDNESDAY 11 MAY 2022 AT 11.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Eleanor Haggett, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Alison Nicoll, RCN
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Bryan Davies, Head of Primary & Preventative Care Services
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Hazel Williamson, Communications Officer, H&SC
Kenny McCallum, UNISON
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Young, HR Team Leader, NHS Fife
Vicki Bennett, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Angela Kopyto, Dental Officer, NHS Fife
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Frances Baty, Director of Psychology, NHS Fife
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Lynn Barker, Associate Director of Nursing
Morag Stenhouse, H&S Adviser, Fife Council
Susan Robertson, UNITE
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION

1 APOLOGIES

As above.

2 PREVIOUS MINUTES

2.1 Minute from 19 April 2022

With a small amendment to the Apologies, the Minute from the meeting held on 19 April 2022 was approved as an accurate record of the meeting.

2.2 Action Log from 19 April 2022

The Action Log from the meeting held on 19 April 2022 was approved as accurate.

NO	HEADING	ACTION

3 JOINT CHAIRS UPDATE

There was nothing to update that was not already on the agenda.

4 IMATTER – SURVEY UPDATE

Roy Lawrence advised that this update was in response to the iMatter Action Plan which has been informed through discussions at both LPF and SLT, as a result of last year's survey. The paper provides assurance that improvement activities identified in the Action Plan are being carried out under the three main areas of Let's Celebrate; Let's Develop; Let's Act.

The report provided an update on the work done by SLT to take forward actions set out by the LPF and captured in the agreed Action Plan.

Activities underway cover three key themes:

- Senior Leaders (including the Board) are visible across the workforce
- Involved in decision-making
- Supporting Learning and Development

SLT members have undertaken activities that have improved connectivity and visibility with their services and teams. We have also used leadership development forums to raise the importance of iMatter for the Partnership to achieve the aim set out in the previous sections.

The opportunity for the aims initially set out in the LPF Action Plan have been severely constrained through the ongoing impact of Covid-19 and it's impact on our day-to-day services. As we hope we are beginning to see the opportunity to come together face to face with our people without severe restrictions or impeding on the need to focus on maintaining services, the leadership team across the HSCP are planning further approaches to improving visibility.

Fife Council has recently completed their Heartbeat Survey but all partnership employees are being encouraged to take part in the iMatter survey as this is the partnership approach to staff engagement.

This year's survey is due to go live in the next few weeks, work is ongoing to ensure information on employees is correct and the collective ambition is to improve the response rate.

5 LPF DRAFT ANNUAL REPORT

Simon Fevre gave a verbal update on the current position with the Annual report, which is currently awaiting one more contribution. It will then be pulled together and sent to LPF members to read and reflect prior to being finalised, discussed at the June LPF meeting and then taken to the IJB meeting on 29 July 2022. **SF/RLaw**

6 HEALTH AND SAFETY UPDATE (Inc FORUM)

Morag Stenhouse, H&S Adviser, Fife Council had provided a written update which was circulated with the papers for the meeting.

Anne-Marie Marshall updated that online training relating to Risk Management and Datix were now on offer for NHS Staff and Paul Smith / James Murray should be contacted to book this. Anne-Marie is currently finalizing a package to assist managers inputting data to Datix to decide whether or not it is RIDDOR reportable.

NO	HEADING	ACTION

7 FINANCE UPDATE

Audrey Valente gave a verbal update on the current financial position. The team are currently working on year end and the closing of the accounts. Early indications show a potential £6m underspend with Reserves of approximately £70m. No further covid funds will be received from Scottish Government. Work is ongoing to identify future financial pressures and plan for this financial year. Audrey will provide further updates at future LPF meetings.

8 WINTER PRESSURES, COVID-19 POSITION & WORKFORCE UPDATE

Lynne Garvey updated on the current situation with closures and at present only 3 bays in community hospitals and 2 Care Homes are closed, which is a much more positive picture than 2/3 weeks ago. Overall the whole system is still under huge pressure, with patients presenting at Victoria Hospital A&E with more complicated issues and difficulties in ensuring a flow of patients through the system. The Partnership has been showing as amber on OPAL in recent days, while Acute are consistently purple, which reflects the pressures being felt across the whole system.

An event has been set up to look at winter and lessons learned and feedback from this will be used to plan for the future.

Workforce pressures are lessening slightly as sickness absences reduce, but staff morale is low in some areas. SLT continue to support staff and there are a lot of wellbeing resources available.

Discussion took place around ensuring staff being encouraged to use up annual leave despite system pressures. Elaine Jordan advised that Fife Council HR staff met recently to discuss this and managers are to ask staff to schedule annual leave over the coming months and ensure it is taken.

The level of demand for services continues to increase in Social Care, Social Work and clinical services. Despite announcements of investment in these areas, to date these have not translated into an increased workforce as recruitment has been a significant challenge.

Nicky Connor advised that the command structure which had been in place during covid is being stood down and work continues to look at opportunities to change how we work and find transformational solutions.

Simon Fevre asked about the extra surge beds which had been opened to help alleviate pressure. Lynne Garvey advised these had gone down from 62 to 44 in recent weeks and planning is ongoing to ensure that these can be removed as soon as it is safe to do so. Priority will be given to closing the extra beds in Queen Margaret Hospital to reduce 6 bedded bays back to 4 beds. This work will be undertaken in close dialogue with acute colleagues to support a whole systems response.

Debbie Thomson raised the issue of Social Work/Social Care staff who needed face to face supervision to be able to retain their SSSC registration. This has not been possible over the last two years and needs to be restarted. Additional Supervisor posts are being recruited to which will assist with this.

NO	HEADING	ACTION
9	**HEALTH & WELLBEING**	
	Attendance Information	
	Susan Young updated on absence figures from NHS Fife, which show a reduction on previous months. Anxiety, stress and depression are still main causes, with gastro problems and coughs/colds increasing. Short term absence is increasing but long term is decreasing.	
	Elaine Jordan advised that the absence figures for partnership staff who work for Fife Council was the lowest it had been since March 2021. Figures for April 2022 are already showing that further reductions are likely. Actions are being progressed by Elizabeth Crichton and her team to support Managers dealing with long term absences (currently 147 cases). Both long and short-term absences are decreasing with MSK and mental health being the main causes of absence. Moving and Handling training continues with 86% compliance up to 31 March 2022.	
	Staff Health & Wellbeing	
	Many practical supports for staff are available and a number of actions are planned to ensure staff access these. A stress assessment is ongoing within Fife Council and figures for Counselling, Physiotherapy and Occupational Health referrals will be available in the coming weeks. HR staff have been working on a list of ideas for utilising money given by UNISON for staff health and wellbeing.	
	Staff are to be encouraged to use annual leave as well as access the wellbeing support which is available to them. Everyone is also encouraged to connect with colleagues – Managers to begin holding face-to-face, 1:1 meetings with staff – possibly "walking meetings" to check in.	**ALL**
	Roy Lawrence gave an update on the Wellbeing Strategy Group which met for the first time on 10 May 2022 and will cover staff from the partnership as well as the Third and Independent sectors. At present the group is focusing on agreeing the remit for the group and sharing learning to make the best use of time in meetings. Regular reports will come to the LPF from the group with the first update coming to the July LPF.	**RLaw**
10	**ITEMS FOR BRIEFING STAFF**	
	Via Directors Brief / Staff Meetings	
	An update from the LPF meeting will go into the Directors Brief on Friday 20 May 2022 and will include information on the iMatter Launch, encouraging employees to use their annual leave entitlement and encouraging staff to check in with colleagues.	**NC/SF/ EH/DT/ HW**
11	**AOCB**	
	Nothing was raised under this item.	
12	**DATE OF NEXT MEETING**	
	Tuesday 21 June 2022 – 4.00 pm – 5.00 pm (single item – LPF Annual Report)	

Fife Health & Social Care Partnership
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HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
TUESDAY 21 JUNE 2022 AT 4.00 PM AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Simon Fevre, Staff Side Representative
Eleanor Haggett, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Alison Nicoll, RCN
Bryan Davies, Head of Primary & Preventative Care Services
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crichton, Project Manager – Wellbeing & Absence
Kenny McCallum, UNISON
Lynne Garvey, Head of Community Care Services
Mary Whyte, RCN
Morag Stenhouse, H&S Adviser, Fife Council
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Sally O'Brien, NHS Fife (for Lynn Barker)
Susan Young, HR Team Leader, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Angela Kopyto, Dental Officer, NHS Fife
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Frances Baty, Director of Psychology, NHS Fife
Hazel Williamson, Communications Officer, H&SC
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Lynn Barker, Associate Director of Nursing
Lynne Parsons, Society of Chiropodists and Podiatrists
Susan Robertson, UNITE
Vicki Bennett, NHS Fife
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION

1 APOLOGIES

As above.

2 PREVIOUS MINUTES

2.1 Minute from 11 May 2022

The Minute from the meeting held on 11 May 2022 was approved as an accurate record of the meeting.

NO	HEADING	ACTION

2.2 Action Log from 11 May 2022

The Action Log from the meeting held on 11 May 2022 was approved as accurate.

iMatter Survey

Nicky Connor advised that the iMatter survey is now live and thanked managers for getting team information updated for this. The partnership had a 61% response rate last year and it is hoped to exceed this in 2022. The Director's Brief will promote the survey and LPF colleagues are asked to support this and to encourage employees to complete it. Simon Fevre advised that NHS HR are looking to do roadshow events to help the promotion of the survey and assist employees to complete it if needed. All Senior Leadership Team will actively promote i-matter to encourage as many staff as possible to be involved.

System Pressures

Nicky advised that there has been a rise in Covid-19 cases in recent weeks both within the community and our workforce. This is difficult to quantify in relation to COVID numbers given that large scale testing no longer takes place. Nicky extended thanks to all staff working across the Health and Social Care Partnership as it continues to be challenging for staff and there are whole system pressures. Although we are no longer in the command structure used during the height of the pandemic, a daily huddle still takes place and there is escalation in to Senior Leadership Team and Nicky attends Council Exec Team and NHS Fife Exec Team which enables escalation of key issues.

Lynne Garvey confirmed that there are still pressures in the partnership and acute services. Surge beds are still open, several Care Homes have been closed recently and referrals to H&SC have increased approximately 25% recently.

Bryan Davies updated on the large number of staff from his area who had been deployed during the pandemic and who are now back in their substantive roles and working on trying to support remoblilsation of service delivery. Absence rates and recruitment continue to be challenging.

Rona Laskowski confirmed that absence rates and recruitment are challenging within her services.

Debbie Thomson raised the issue of stress on staff with absence rates being high and the school holidays starting soon. Lynne Garvey advised of the recruitment campaign will be undertaken in the near future to try and mitigate this. Work is ongoing with health staff in community care to alleviate some of the risks associated with staff shortages.

Discussion took place around staff relationships in Home Care and it was agreed that Lynne Garvey and Debbie Thompson would meet with others to discuss how best to resolve these issues. Roy Lawrence updated on work being undertaken in conjunction with Hull University and a meeting held with this staff group, which can be built on.

National Care Service Bill

Nicky Connor shared a link to the Bill which has just been published. This is primary legislation and further information will be published at a future date.

NO	HEADING	ACTION

3 LPF ANNUAL REPORT

Simon Fevre had circulated the draft Annual Report prior to the meeting and he thanked everyone who had contributed to this. The draft report will be taken to the Finance, Performance & Scrutiny Committee on 8 July 2022 and the LPF meeting on 20 July 2022, with the final report going to the Integration Joint Board meeting on Friday 29 July 2022.

Discussion took place around some of the language in the report and including links to the appendices rather than having them as separate documents.

Overall the reaction to the draft report was positive but it was felt that highlighting some information on previous challenges and forthcoming pressures would make the report more balanced.

Debbie Thompson asked if it would be possible to provide printed copies of the final report for staff who did not use e-mails on a regular basis. There was suggestion that even having this as a higher-level highlight report would be helpful. It was agreed that this would be possible once it is approved. Simon and Roy will lead on this.

The report will be circulated to LPF members following the meeting and further comments are requested by 27 June 2022. Simon will then update the report ready for the Finance, Performance & Scrutiny Committee and for the report to be endorsed at LPF on 20 July 2022. **WA**

4 AOCB

Nothing was raised under this item.

5 DATE OF NEXT MEETING

Wednesday 20 July 2022 – 9.00 am – 11.00 am