



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 26 NOVEMBER 2021 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**

	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S HANDOVER	Rosemary Liewald	-
2	CHAIRPERSON'S WELCOME	Christina Cooper	-
3	CONFIRMATION OF ATTENDANCE / APOLOGIES	Christina Cooper	-
4	DECLARATION OF MEMBERS' INTERESTS	Christina Cooper	-
5	CHIEF OFFICERS REPORT	Nicky Connor	-
6	MINUTES OF PREVIOUS MEETING 22 OCTOBER 2021	Christina Cooper	3-9
7	MATTERS ARISING - ACTION NOTE 22 OCTOBER 2021	Christina Cooper	10-11
8	FIFE INTEGRATION JOINT BOARD 2020/2021 ANNUAL AUDIT REPORT	Audrey Valente	12-91
9	FINANCE UPDATE	Audrey Valente	92-109
10	FINANCIAL RECOVERY PLAN	Audrey Valente	110-118
11	HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT	Fiona McKay	119-218
12	DELAYS, WINTER AND COMMUNITY CARE	Lynne Garvey	219-285

13	PRIMARY CARE IMPROVEMENT PLAN MOU2 UPDATE	Bryan Davies	286-295
14	STATEMENT OF INTENT FOR SUPPORT OF UNPAID CARERS	Fiona McKay	296-304
15	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED Clinical & Care Governance Confirmed Minute from meeting held on 1 October 2021 Finance & Performance Committee Unconfirmed Minute from meeting held on 10 November 2021 Audit & Risk Committee Verbal update from meeting held on 19 November 2021 Local Partnership Forum Unconfirmed Minute from 3 November 2021	Tim Brett David Graham Dave Dempsey Simon Fevre / Nicky Connor	305-323
16	AOCB	ALL	
17	DATES OF NEXT MEETINGS INTEGRATION JOINT BOARD – Friday 28 January 2022 - 10.00 am IJB DEVELOPMENT SESSION - Friday 25 February 2022 - 9.30 am		
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
Glenrothes
KY7 5LT

Copies of papers are available in alternative formats on request from Norma Aitken, Head of Corporate Services, 6th Floor (West), Fife House – e:mail

Norma.aitken-nhs@fife.gov.uk



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 22 OCTOBER 2021 AT 10.00 AM

Present	Rosemary Liewald (RLi) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council – David Graham (DG), Fiona Grant (FM), David J Ross (DJR), Jan Wincott (JW) and Graham Ritchie (GR) for Dave Dempsey NHS Fife Board Members (Non-Executive) – Martin Black (MB), Alistair Morris (AM) Chris McKenna (CM), NHS Fife Board Member (Executive Director) Medical Director NHS Fife Janette Owens (JO), NHS Fife Board Member (Executive Director), Director of Nursing, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associate Medical Director Kathy Henwood (KH), Chief Social Work Officer, Fife Council Lynn Barker (LB), Associate Director of Nursing
Attending	Bryan Davies (B), Head of Primary & Preventative Care Services Rona Laskowski (RLas), Head of Complex & Critical Care Services Joy Tomlinson (JT), Director of Public Health Alan Adamson (AA), Service Manager (for Fiona McKay) Norma Aitken (NA), Head of Corporate Services Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO HEADING

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board (IJB), including Arlene Wood and Sinead Braiden who are newly appointed NHS Fife Board members. Councillor Graham Ritchie was attending today's meeting at a substitute for Dave Dempsey and the Chair reminded Members of the protocol for the meeting.

Members were advised that a recording pen was in use at the meeting to assist with Minute taking.

NO HEADING**ACTION****2 CONFIRMATION OF ATTENDANCE / APOLOGIES**

Apologies had been received from Tim Brett, Dave Dempsey, David Alexander, Lynne Garvey, Fiona McKay, Katie Paramore, Eleanor Haggett and Simon Fevre.

3 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

4 CHIEF OFFICERS REPORT

The Chair handed over to Nicky Connor for her Chief Officers Report.

Nicky extended a warm welcome to those present including Arlene Wood and Sinead Braiden. This will be Rosemary Liewald's final meeting as Chair of the IJB as Christina Cooper and Rosemary's positions will rotate as Chair and Vice-Chair. A formal handover will take place at the IJB meeting on 26 November 2021.

The Integration Scheme Review was supported by both Fife Council and NHS Fife and is now with Scottish Government for their approval. Once this has been received proposals will be brought forward with regard to changes to the governance committees.

There has been confirmation of additional funding has been awarded by Scottish Government and work is ongoing through the Senior Leadership Team to develop proposals. There will be opportunity to discuss at an IJB Development Session and further discussion at IJB committees.

A briefing was circulated to Board members giving an update on covid-19 and remobilisation. Significant challenges continue across all areas and thanks are extended recognising the outstanding work by staff in the partnership, NHS Fife, Fife Council and third and independent sectors.

Chris McKenna then updated that the situation currently is very similar to that at the previous IJB meeting on 24 September 2021. High levels of Covid-19 cases remain a challenge and hospital admissions remain steady. Non-covid patients presenting at hospitals are exhibiting more complex medical conditions and physical frailty, which can cause delays in moving people through the system. Staff are currently preparing for the increase in winter pressures. Chris provided assurance that the NHS Executive Team are doing all that they can to ensure safe and effective patient care through whole system, joined up working.

Janette Owens updated on current workforce and ongoing recruitment. Newly qualified practitioners are now taking up post and a number of Health Care Support Workers have been added to the Nurse Bank along with Nursing and Allied Health Professional (AHP) staff. Various innovative campaigns are ongoing to increase recruitment of staff where needed. Janette recently visited Tarvit Ward and was impressed by the staff and levels of care being provided. Several staff have been nominated by national awards.

NO HEADING**ACTION****4 CHIEF OFFICERS REPORT (Cont)**

Nicky Connor advised that senior staff are ensuring they are visible to staff by undertaking visits to workplaces to meet staff and given them the opportunity to discuss issues.

The weekly and monthly Sway briefings continue to shine a light of staff in the partnerships and support strong communication.

5 MINUTES OF PREVIOUS MEETING 24 SEPTEMBER 2021

The Minute of the meeting held on Friday 24 September 2021 was approved.

6 HOMOLOGATION OF DECISIONS TAKEN AT IJB MEETING ON 24 SEPTEMBER 2021

The Chair advised Board members that as the IJB on 24 September 2021 was not quorate, there were two items from that meeting which required to be formally approved at today's meeting.

These were: –

- Finance Update – approval of Financial Monitoring Update as at July 2021.
- Fife Immunisation Strategic Framework 2021-2024 – approval of the Direction to approve the Framework.

The Board formally approved both of these items.

7 MATTERS ARISING

The Action Note from the meeting held on 24 September 2021 was approved.

8 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report which had been discussed in depth at the Finance & Performance Committee (F&P) on 7 October 2021.

As at 31 August 2021 the partnership is reporting a projected outturn overspend of £6.109m. The key areas of overspend which are contributing to the projected outturn overspend are:-

- Hospital & Long-Term Care
- Family Health Services
- Older People Residential and Day Care
- Home Care Services
- Adult Placements

NO HEADING**ACTION****8 FINANCE UPDATE**

The report provided information on in-year additional funding allocations to provide clarity and transparency in terms of additional funding made available by the Scottish Government to IJBs.

Audrey continues to work with the Senior Leadership Team (SLT) on the Recovery Plan and progressing savings.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David had nothing to add in addition to the report provided.

Discussion took place around resource transfers, the detail of savings in Appendix 3, unallocated funding and the likelihood of achieving efficiency savings by the end of the financial year. Audrey Valente undertook to do more work around the table in the Report which shows committed and allocated funding and bring this back to a future meeting to provide clarity. Audrey also confirmed that SLT are working on achieving savings in year. The medium-term financial strategy, recovery plan and transformation projects will give longer term financial sustainability

The Board considered the key actions and next steps and approved the Financial Monitoring position and use of Reserves as at August 2021.

9 PUBLIC SECTOR CLIMATE CHANGE DUTIES

The Chair introduced Audrey Valente who presented this report which had been discussed at the Finance & Performance Committee (F&P) on 7 October 2021.

This report is a statutory requirement for all public bodies and must be submitted to Scottish Government by 30 November 2021.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David advised that there had been a detailed discussion at the committee and they were happy to recommend the Board accept the report.

Arlene Wood asked about the Fife Action Plan and Audrey Valente will discuss this with her out with the meeting.

Following discussion about the report it was agreed that it should be a subject at a Development Session in 2022.

NC/AV

The Board considered and agreed the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment Section of the report.

10 PERFORMANCE REPORT – EXECUTIVE SUMMARY

The full Performance Report had been discussed at the Finance & Performance Committee on 7 October 2021. The Chair introduced Alan Adamson who presented this report which provides an overview of progress and performance and also highlights areas where targets are not being achieved.

10 PERFORMANCE REPORT – EXECUTIVE SUMMARY (Cont)

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David advised that the full Performance Report had received a significant level of scrutiny at Committee and members were aware of areas of challenge.

Discussion took place around some of the data within the report, some of which is provided nationally and is not as up to date as internal information. Work is ongoing to get more timely data and plans are in place to enhance the report to provide information on improvements being made.

Wilma Brown asked if it was possible to see information presented in the form of a Gantt chart which showed a timeline and progress being made.

Nicky advised that the feedback on the report will be shared with Fiona McKay as the Head of Performance to help refine the information presented to the Board in future.

David J Ross asked about a reduction in Care at Home hours during July and August and the reasons for this. Alan advised this could be as a result of several issues as fluctuations in the hours of care provided varied day on day.

There was discussion around some key targets which were missed consistently and whether these needed to be revised. Alan will pick this issue up with Fiona McKay.

The issue of ongoing recruitment, movement off staff within the sector, the risks involved in this and retention of staff were raised. There needs to be an umbrella approach over all sectors to help mitigate risks.

This report was presented to the Board for awareness.

11 PERFORMANCE FRAMEWORK

This report had been discussed at the Finance & Performance Committee on 7 October 2021. The Chair introduced Alan Adamson who presented this report which is a key part of ensuring the monitoring of performance within the partnership.

The Framework has been updated to reflect the structural changes within SLT and data is being aligned to the new Heads of Service.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David confirmed that robust discussions took place and the Committee are keen to see this framework develop.

Ian Dall raised the question of client satisfaction and was assured this will be addressed by the Participation and Engagement team who can gather the views of service users.

NO HEADING**ACTION****11 PERFORMANCE FRAMEWORK (Cont)**

Discussion took place around the provision of trend information which would allow data to anticipate future performance and influence work going forward.

This report was presented to the Board for awareness.

12 STATEMENT OF INTENT FOR SUPPORT FOR UNPAID CARERS

Prior to this report being considered Morna Fleming expressed her disappointment that she had not been part of process to develop this Statement of Intent. She had discussed it in detail with the report author prior to this meeting and had no issue with the content. Rosemary Liewald and Audrey Valente apologised for this oversight and assured Morna that processes would be reviewed.

This report had been discussed at the Finance & Performance Committee on 7 October 2021. The Chair introduced Alan Adamson who presented this report which outlines our intentions and confirms our commitment to enhance the support for unpaid carers across Fife through the development of new support as necessary, and the ongoing investment in the support already in place. Once agreed the statement will form the basis of our future strategy as it is developed over the next year.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David was happy to recommend the report to the Board and highlighted that the committee recognised and valued the considerable contribution from unpaid carers.

Discussion took place around what constituted "support" for unpaid carers (signposting, respite, training, etc), the number of unpaid carers in Fife (circa 35,000) and what the next steps would be.

It was agreed to find out if there was a deadline for submitting the Statement to Scottish Government and once that was known feedback will be given to Morna Fleming on whether the statement would come back to the next IJB meeting (26 November 2021) for final approval or if a special F&P meeting would be convened that Morna could attend.

NC/AA

The Board considered the statement and were broadly content with the statement and endorsed the intent to discuss further once it is known if there is a deadline for submission.

13 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED

The Chair asked Christina Cooper, David Graham, Audrey Valente and Nicky Connor for any items from governance committees / Local Partnership Forum that they wish to escalate to the IJB.

NO	HEADING	ACTION
13	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED (Cont)	
	Christina Cooper – Clinical & Care Governance Committee (C&CG) – 8 September 2021 (Confirmed)	
	<p>Christina highlighted the excellent Immunisation Framework report and the progress made to date on this. The Committee also commended staff for their work and effort during the ongoing pressures.</p>	
	<p>The Mental Health Strategy paper had been well received.</p>	
	David Graham – Finance & Performance Committees (F&P) – 7 October 2021 (Unconfirmed)	
	<p>David wanted to highlight the pressures within Care at Home, appreciation of the work of the 35,000 unpaid Carers in Fife and concerns about vacancies on Committees, which will be resolved with the addition of 2 new Board members.</p>	
	Audrey Valente – Audit & Risk Committee (A&R) – 15 September 2021 (Unconfirmed)	
	<p>Audrey confirmed that there was nothing to escalate to the IJB from this meeting.</p>	
	Nicky Connor - Local Partnership Forum (LPF) – 22 September 2021 (Unconfirmed)	
	<p>Nicky advised that the Forum continues to meet regularly. Health and Safety, staff absence, whistleblowing and the iMatters survey have been recent topics. Management and Trade Unions continue to promote staff health and wellbeing, with the co-chairs issuing a joint briefing following the September meeting.</p>	
14	AOCB	
	<p>As the Chair had not been advised of any other business to be raised under this item there was nothing to report.</p>	
15	FIFE IJB – WHAT WE HAVE ACHIEVED AND BOARD CHANGES	
	<p>This item has been deferred to the meeting on 26 November 2021.</p>	
16	DATES OF NEXT MEETINGS	
	IJB Meeting – Friday 26 November 2021 at 10.00 am	
	IJB Development Session – Friday 10 December 2021 at 9.30 am	

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 22 OCTOBER 2021

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	Finance Update- a further discussion on Alcohol and Drug Partnership funding would be brought back to a future IJB meeting	Audrey Valente / Fiona McKay / Kathy Henwood	26 November 2021	Report to F&P 14/01/22 then to IJB 28/01/22
2	Minutes of Previous Meeting – 23/04/21 - Item 9 – Performance Report – Executive Summary - Tim Brett asked if an update report on recruitment challenges be brought to the IJB.	Fiona McKay / Paul Dundas	26 November 2021	Report to F&P 14/01/22 then to IJB 28/01/22
3	Finance Update - more work required around the table in the Report which shows committed and allocated funding to provide clarity.	Audrey Valente	Presented to F&P Committee on 10/11/21	Complete
4	Discussion at Future Development Sessions – <ul style="list-style-type: none"> • Additional Funding Allocation (£300m) • Public Sector Climate Change Duties • Direct Payments 	Nicky Connor / Rosemary Liewald / Christina Cooper	TBA	Complete - added to the plan for future Development Session
5	Statement of Intent for Unpaid Carers - agreed to find out if there was a deadline for submitting the Statement to Scottish Government, then agree if statement would come back to IJB on 26 November 2021 for final approval. If the deadline was prior to that date a decision would be taken on the way forward in consultation with Board members.	Nicky Connor/ Alan Adamson	26 November 2021	Complete - on agenda for IJB on 26 November 2021

COMPLETED ACTIONS

Chief Officers Report – as meeting was not quorate any decisions taken would need to be homologated at the IJB meeting on 22 October 2021.	Norma Aitken	22 October 2021	On Agenda for 22 October 2021
---	---------------------	------------------------	--------------------------------------

DRAFT



Meeting Title:	Integration Joint Board
Meeting Date:	26 November 2021
Agenda Item No:	8
Report Title:	Fife Integration Joint Board 2020/21 Annual Audit Report
Responsible Officer:	Nicky Connor, Director of Health and Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Decision

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

- 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 Priority:

- 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.
- Audit & Risk Committee – 19 November 2021 – at this Committee the following was discussed:-
 - Tim Bridle from Audit Scotland reported how impressed he had been with the progress that had been made and noted that the report could not capture all the hard work of the services.
 - Tim advised there would be some minor amendments to the appendices prior to submission to the Integrated Joint Board but confirmed that there were no amendments required for the IJB Accounts.
 - Concern was noted regarding finances for the Partnership going forward

as the surplus that was achieved last financial year was due to circumstances that are unlikely to re-occur and there is the anticipation that the Scottish Government will not be able to provide the same financial support going forward therefore review of budgets is required to which Audrey Valente wished to assure the Committee that significant work was ongoing to address financial sustainability.

3 Report Summary

3.1 Situation

The purpose of this report is to provide the Audit and Risk Committee with an overview of the Health and Social Care Partnership 2020/21 Audited Annual Accounts and to present the Annual Audit Report.

3.2 Background

The unaudited accounts were presented to the Audit and Risk Committee on 9 July 2021.

The accounts have now been audited and the external auditor has confirmed that the financial statements give a true and fair view and have been prepared in accordance with International Financial Reporting Standards as interpreted and adapted by the 2020-21 Code of Practice, the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

3.3 Assessment

The key messages of the audit are provided on page 3 of the auditor's report. The key messages cover the 2020/21 annual accounts; financial management and sustainability; governance, transparency and best value. The audit opinions are all unqualified.

The audit report presents an action plan and recommendations and a management response is provided for each recommendation.

The Annual Accounts are presented to the Integration Joint Board for approval and signature of the annual accounts.

3.3.1 Quality/ Customer Care

The annual audit acknowledges alignment with the strategic plan.

3.3.2 Workforce

This report acknowledged the contribution of staff during this very challenging period.

3.3.3 Financial

This financial report demonstrates good financial governance.

3.3.4 Risk/Legal/Management

There is statutory requirements for the Health and Social Care Partnership to produce a set of accounts by end of June each financial

year.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed because as there are no EqIA implications arising from this report.

3.3.6 Other Impact

Not applicable.

3.3.7 Communication, Involvement, Engagement and Consultation

- NHS Fife Finance Team.
- Fife Council Finance Team.

3.4 Recommendation

- **Decision** –The Integration Joint Board are asked to approve the annual accounts for signature.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Audited Annual Accounts as at 31 March 2021

Appendix 2 - Fife IJB ISA 580 2020-21 Letter dated 17 Nov. 21

Appendix 3 – Fife Integration Joint Board 2020/21 Annual Audit Report

5 Implications for Fife Council

Not Applicable

6 Implications for NHS Fife

Not Applicable

7 Implications for Third Sector

Not Applicable

8 Implications for Independent Sector

Not Applicable

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	

Report Contact

Audrey Valente

Chief Finance Officer

Audrey.Valente@fife.gov.uk



**Fife Health
& Social Care
Partnership**

Fife Integration Joint Board Audited Annual Accounts

For the Financial Year to 31 March 2021

CONTENTS

Management Commentary	3
Statement of Responsibilities	15
Remuneration Report	17
Annual Governance Statement	20
Comprehensive Income and Expenditure Statement	27
Movement in Reserves Statement	28
Balance Sheet	29
Notes to the Financial Statements	30
1. Significant Accounting Policies	30
2. Critical Judgements in Applying Accounting Policies	31
3. Events After the Reporting Period	32
4. Expenditure and Income Analysis by Nature	33
5. Taxation and Non-Specific Grant Income	33
6. Debtors	34
7. Creditors	34
8. Usable Reserve: General Fund	34
9. Related Party Transactions	35
10. External Audit Fee	37
11. Contingent Assets and Liabilities	37
12. VAT	37
Report on the audit of the financial statements	Error! Bookmark not defined.

MANAGEMENT COMMENTARY

Introduction

This commentary outlines the key messages in relation to the financial planning and provides an overview of progress against the objectives and strategy of the Fife Integration Joint Board (IJB). It considers our Financial Performance for the year ended 31st March 2021 and looks forward to the challenges and risks faced as we continue to respond to the effects of Covid-19, and the impact upon our future finances.

Role and Remit

Fife IJB was established as a body corporate by order of Scottish Ministers in October 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. Fife IJB is responsible for the planning and operational oversight of a range of integrated services of Fife Council and Fife NHS, for adults and older adults, striving to fulfil the vision to enable the people of Fife to live independent and healthier lives.

The IJB is the decision-making body that meets regularly to discuss, plan, and agree how health and social care services are delivered in Fife. It is responsible for overseeing the development and preparation of the Strategic Plan for services delegated to it, allocating resources in accordance with the plan and ensuring that the national and local Health and Wellbeing Outcomes are met. Fife Health and Social Care Partnership are directed to deliver based on decisions made by the IJB. The directions govern the delivery as they outline what the partners are required to do, the budget allocated, and how the delivery will be monitored. The scope of services delegated to the IJB is outlined in the Integration Scheme.

Purpose and Objectives

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes established by the Scottish Ministers namely:

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 wellbeing.
7.	People using 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.

Fife Council and NHS Fife are committed to working jointly and have entered into the agreement to achieve these aims and outcomes.

Services delegated which the IJB are responsible for include:



Services are provided in a way which, so far as possible:

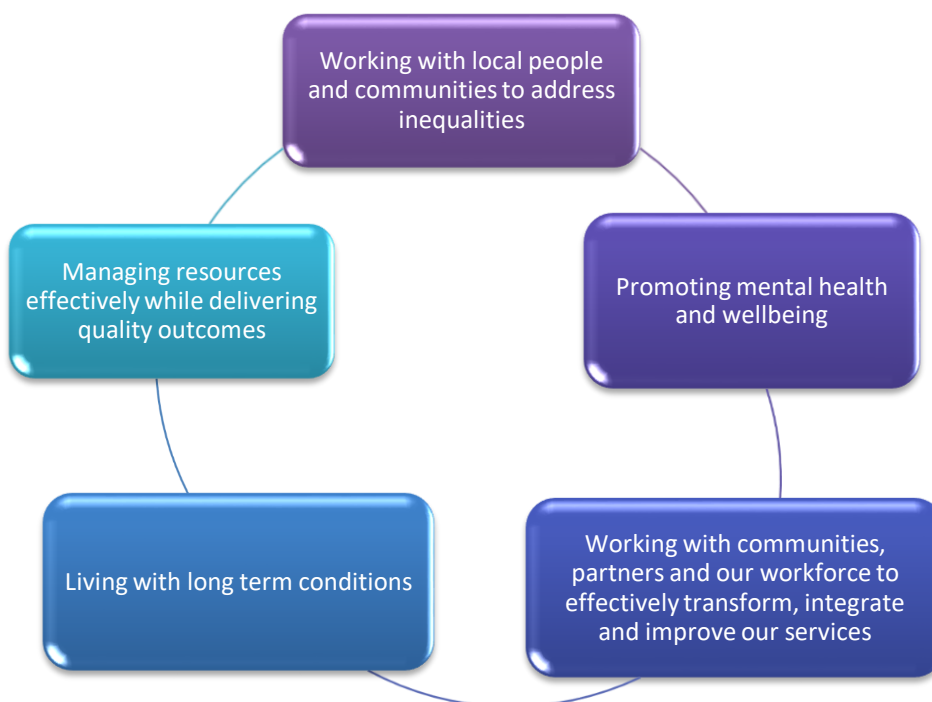
- Is integrated from the point of view of service-users.
- Takes account of the particular needs of service-users in different parts of Fife and takes account of the particular characteristics and circumstances of different service-users.
- Respects the rights of service-users.

- Takes account of the dignity of service-users.
- Takes account of the participation by service-users in the community in which service-users live.
- Protects and improves the safety of service-users.
- Improves the quality of the service.
- Is planned and led locally in a way which is engaged with the community (including, in particular, service-users; those who look after service-users, and those who are involved in the provision of health or social care).
- Best anticipates needs and prevents them arising.
- Makes the best use of the available facilities, people and other resources.

Strategy

The Strategic Plan sets out the vision and future direction of health and social care services in Fife. Locality plans are also developed and refreshed annually for each of the seven local areas within the Partnership to ensure that services respond to local priorities, needs and issues of communities. The Partnership works with around 300 organisations across the voluntary and independent sectors and they are a vital part of the Partnership in delivering high quality services which are person-focused and inclusive.

The Strategic Plan is the blueprint for change and sets out the IJB’s priorities for 2019/22. (https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0028/188263/HSCP_Strategic_Plan_2019-2022.pdf) The Plan is driven by law, national and local policy, and aims to meet the needs of people now and in the future. It aims to make better use of new technology and working within available financial and workforce resources to tackle inequalities and offer early interventions. It has five key priorities as follows:



The plan was developed, consulted upon, and agreed with health, social care, voluntary and independent sectors along with the public prior to being approved by the IJB. The Strategic Plan is a live document and we will continue to engage with all those interested in health and social care to deliver the outcomes as described.

Covid-19 restrictions have meant significant change in the way in which health and social care services operate, which services are offered, and how they are delivered. The long-term impact of Covid-19 is an unknown. Inadvertent consequences on the local community are possible and services will be required to continue to adapt and change to meet emerging needs, for example, in mental health as a result of isolation or care for those with long-Covid symptoms. The new Mental Health Strategy for Fife (2020/24) takes full account of the recommendations of the National Mental Health Strategy, which emphasises the need to build capacity within our local communities and reduce the reliance on hospital beds. Work will continue on this Strategy in 2021/22, taking cognisance of the expected increase in demand.

The continued increasing demand on our services due to demographics and people living longer with complex needs is also a factor for consideration in developing our strategic plan. Along with the desire to bring people back to Fife and out of hospitals into a homely setting, this will require an investment in social care staff, recruitment, and a focus on continued integrated working and closer working with our Partners in the Third Sector. We are committed to continuing the pace of change and positive momentum across TeamFife.

A major restructure is underway. Three new Heads of Service are now in post and the new integrated services will be delivered within one of the following:

- Integrated Primary and Preventative Care Services
- Integrated Community Care Services
- Integrated Complex and Critical Services, or
- Professional and Business Enabling Services

The restructure will require transformation of services and development of new ways of working. The senior leadership team are working closely with the extended leadership team throughout the entire change process, listening, and acting upon the feedback from staff on the ground.

Mission 2024 is something that we are actively working towards and our aim is to be the best performing or most improved Health and Social Care partnership by 2024, focusing on empowering staff to achieve quality outcomes for users of our services whilst making the most effective use out of our collective resources.

Systems leadership is a priority for us and we want to create the conditions where all of our leaders work together towards a common vision by focussing on relationships; building trust, and putting people at the centre of everything we do.

Operational Performance 2020/21

Coronavirus (Covid-19)

The financial year 2020/21 has been predominantly spent dealing with the financial and operational impacts of the coronavirus pandemic (Covid-19). On 23 March 2020, the Scottish Government imposed restrictions on the movement of people. This saw the shut-down of economic activity; closed schools and colleges; suspended health and social care non-essential services, and NHS non-emergency procedures in a bid to safeguard the population as much as possible, whilst still providing critical care to the most vulnerable.

A mobilisation plan was implemented, based on Public Health modelling data, and the potential capacity which existed to scale up operations, both internally and via third and independent sector partners. The plan had a whole system focus from the beginning and this has been sustained throughout, in line with Government guidance and the key priorities for Fife. The Partnership actively participated in NHS Fife and Fife Council Executive Teams and Command/Incident Management structures. There have been regular meetings in place between the Chief Officer and Chief Executives of both NHS Fife and Fife Council. This has supported whole system working and partner engagement in all of the key decisions taken within the Health and Social Care Partnership. The actions taken throughout this pandemic have supported integrated working. Integrated and whole system working is integral to this mobilisation plan and has been key to supporting the readiness of services through this pandemic.

There have been robust governance arrangements in place to support the delivery of the mobilisation plan. This includes daily “command structure” meetings with the Chief Officer bringing together operational, clinical and professional advice. Support has been provided by experts within NHS Fife and Fife Council including Public Health, Procurement, HR, Finance, e-health/IT, staff side/Trade unions, health and safety. Staff wellbeing has been and continues to be valued.

Through professional structures, there has been close working with the Medical Director, Nurse Director and Chief Social Worker to support the clinical and care governance aspects of the key decisions taken. There were also weekly briefings to the chair and vice chair of the Integration Joint Board and fortnightly meetings with the chairs of the Integration Joint Board Committees.

The restrictions closed many services and the Partnership had to react proactively to provide services in a different way whilst adhering to the social distancing requirements. Enhanced infection prevention and control procedures and new ways of working were effective immediately, supported at pace by the increased reliance on digital technology.

Technology was embraced and the use of Near Me (a web-based video consultation service to allow people to attend a consultation from home) and telephone appointments for GPs were vital. iPads were made available in care homes to allow contact with

families. There was also the immediate mobilisation of employees and extensive use of Microsoft Teams to virtualise meetings as office space was closed.

The partnership supported early preparations to enable the rapid increase to discharge from hospitals beds and support Covid-19 related admissions, whilst responding to cases in care homes and in the community. This work has continued throughout 2021/22 and Home First has been a priority.

Business as usual ceased; clinics stopped; staff were redirected to priority areas, many being redeployed to provide help in care homes, supporting those shielding, with PPE, volunteers joining TeamFife and retired employees offering to return to assist.

Day-care support was closed under the restriction, resulting in a loss of income from waiving charges, however support was provided to people to allow them to remain at home and within their own community. Services changed as restrictions eased, to allow outdoor activities such as gardening and we worked with the Third Sector to provide different services, adapting to social distancing measures.

The second phase of the residential care homes replacement programme was delayed due to Covid-19, but construction of Methilhaven Care Home is now well underway, and building has made significant progress during 2020/21. Building costs have increased because of social distancing on construction sites, along with an increase in costs of scarce materials. The delays have impacted on both the Cupar and Anstruther care home build programme.

Going forward it is extremely clear that we must respond to changing needs and wants and accept that day care in buildings and respite in care homes, does not always meet these needs. Services must be modernised as we recover, and we must continue to provide new and innovative methods of service delivery.

Resilience will be required within our Health and Care system for the foreseeable future in response to Covid-19. We continue to be reactive to easing of lockdown and easing of rules, reacting to further lockdowns which have taken place, and extensive discussions on remobilisation and recovery continue. These are taking place within the Health and Social Care Partnership in conjunction with our partners. Due cognisance requires to be given to the impact that many services are still experiencing when considering recovery and remobilisation plans. Reflective discussions have started to consider lessons learned throughout the management of Covid-19 and this will help inform the 'new norm'.

The remobilisation of clinical services will have oversight from the NHS Board Medical and Nurse Directors and will consider priorities set by Scottish Government.

The remobilisation of social care services will be considered via the Senior Leadership Team and with engagement with the Chief Social Work Officer. Remobilisation will remain

a priority for the Senior Leadership Team during 2021/22 with the aim to build back better and provide services which are relevant, desired, and refreshed.

Financial Performance 2020/21

The outturn position as at 31 March 2021 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	623,172	593,529	(29,643)	4.8
Set Aside Acute Services	41,460	41,460	0	0.0

The IJB reported total income of £664.632m for the financial year 2020/21, which was made up of £623.172m integrated budget and £41.460m relating to set aside.

The IJB reported total expenditure for the financial year 2020/21 of £634.989m, which comprised of £593.529m spend on integrated services and £41.460m on set aside.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £2.365m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £41.460m and there is a break-even position. Partner discussions continue to ensure services are delegated in line with the Ministerial Steering Group (MSG) recommendations.

As income to the IJB exceeded expenditure in year, a surplus of £29.643m was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2021. This is mainly the result of specific funding received late in February to be utilised to fund the continued costs of Covid-19, and other earmarked carry forwards such as Primary Care Improvement Fund and Action 15, and new funding for Community Living Change Plan to bring service users back into Fife and into a homely setting. Due to the fact that it was received late in the financial year, funding will be carried forward to 2021/22 as per Scottish Government guidance.

This has meant that there was not a requirement to implement the risk share agreement during 2020/21.

Within the favourable position of £29.643m, the core underspend is £7.083m. The main areas of underspend within the Delegated and Managed Services are Hospitals and Community Services £2.603m, Children Services £1.289m, Nursing & Residential £2.500m, Adults Supported Living £1.033m and Social Care Other £2.464m. These are

partially negated by overspends on Homecare Services £1.243m and Adult Placements £1.189m.

Underspends in core areas are mostly attributable to staffing vacancies, many of which were difficult to recruit to due to Covid-19. Some services were paused, and staff redeployed to other areas.

The overspends in homecare and adult placements were a result of an increase in the number of packages to meet demands.

The IJB commenced 2020/21 with an uncertain and challenging financial position due to the pandemic, with many services on hold, the workforce adapting to meet service needs and reacting to the pandemic. The IJB approved budget was set predicated on implementing an approved saving plan to deliver £13.759m of savings.

The savings package proved to be unachievable as many of the initiatives were put on hold due to continued restrictions and further lockdown arrangements. Mirroring the route map of the Scottish Government meant not entering other households, therefore Just Checking technology equipment could not be placed and monitored for most of the year, packages could not be reviewed due to distancing measures and other efficiency reviews were paused due to staff redirection to other priority areas.

The non-delivery of £6.467m of savings was reported via the LMP and full funding was made available by Scottish Government.

Key pressures within the 2020/21 accounts have been:

- The significant increased demand for our services associated with an increasing population, in particular an increasing ageing population and increased complexity of care needs. Adult packages increased in year, due to Community Services, Day Care and Respite being placed on hold due to the pandemic.
- The significant increased demand to ensure the flow from hospital discharges was effective and timeous in moving service users to a home or homely setting, to free hospital beds for admissions.
- The inability to recruit staff to the Partnership which in some cases required higher cost recruitment for locum and agency staff to cover services.

Funding received from Scottish Government for additional Covid-19 expenditure, as requested through the Local Mobilisation Plan totalled, £29.233m. Actual spend on Covid-19 was £26.038m. In addition, further allocations were received late in year for Winter and to fund on-going Covid-19 related pressures. The balance of funding was transferred to reserves to meet the expenditure expected to be incurred in early 2021/22.

Reserves

The Fife Integration Scheme 2015, states that a planned underspend position for delegated and managed services will be held by the Integration Joint Board to be carried forward as a reserve. For the first time since inception, due to legacy pressures and increased demands, Fife IJB, is in the position to be able to carry forward funding to reserves.

The closing reserves balance has increased significantly from £0.000m to £29.643m as at 31 March 2021. This balance is mainly attributable to late funding received by Scottish Government for Covid-19 expenditure and for new commitments such as Community Living Fund. Earmarked reserves total £22.755m and it is expected that this balance will be utilised in full during 2021/22 The remainder of the reserve, £6.888m is currently uncommitted.

Key Performance Indicators

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

The performance relating to Partnership service includes both national and local performance as well as management performance targets. Many of these measures are already regularly included and referenced in reports to NHS Fife and Health & Social Care Partnership Committees.

Throughout the Covid-19 Pandemic there has been significant pressure on the services – we have seen a drop in A&E attendances but these are now starting to rise. We also have continued to maintain a lower level of people delayed in hospital. Although social work staff were unable to attend hospital, remote working and support from NHS staff allowed people to move from hospital in a timeous way.

People placed in care homes on an interim basis or into a STAR unit over the period of Covid-19 remained longer which was the result of guidance from public health that we should only move people from hospital after testing. For anyone moving between care homes, this should be avoided if possible, but should follow 14 days isolation and full PPE by care staff. This was a risk that the Partnership felt was too great so people stayed in the care facilities longer than anticipated.

Overall, the Long Term Care population continues to fall, the period April 2020 – February 2021 has seen a 14% drop in new placements compared to the same period in 2019.

Value for Money

Value for money is a key priority for the Partnership and all service redesign, purchasing, procurement and commissioning must comply with the best value and procurement guidance of the relevant bodies. It is extremely important that expenditure is managed within the financial resources available to ensure that they align to the 3-year financial strategy and our long-term objective to achieve financial sustainability.

Financial Outlook

2020/21 has been an unprecedented year. The effects of Covid-19 are expected to continue well into 2021/22, remobilisation and recovery will be key to moving forward, re-imagining services and continuing to embrace integrated working.

It is anticipated that all additional Covid-19 related costs will be fully funded from earmarked reserves and further funding from Scottish Government will be available when required and will continue to be requested via Local Mobilisation Plans (LMP). Fife IJB are committed to progressing agreed savings. Some services may have an increase in demand and our uncommitted reserves may be required to meet demands in these areas.

It is expected that Mental Health Services will see a surge in requirements and further funding is expected in 2021/22 to meet these demands and reduce waiting lists. Risks from deferred presentation and physical wellbeing will also increase demands on our services in the coming months.

Key areas of Covid-19 expenditure within 2020/21 were PPE, Financial Sustainability for Care Homes and Care at Home providers, additional staffing to cover isolation/shielding including use of agency and bank staff. Financial support to allow GPs and Pharmacies to open on public holidays. These supports are likely to be stepped down as restrictions ease, however this expenditure will continue to be closely monitored via the LMP.

The focus is now on recovery and reform and how to change services effectively. Services have shown they can adapt, and the pandemic has allowed the Partnership to quickly shift on areas of service redesign and improve integration. Business as usual was on hold as a result of the pandemic. However, as we begin to ease out of restrictions, workstreams will proceed.

An Integrated Transformation Board was created during the 2019/20 financial year. The terms of reference of that Board include responsibility for transformation across the whole system. Due to the pandemic response and recovery taking priority, the delivery of transformation and change this year has been postponed or slowed in many projects and transformation work, although redesign of some processes has occurred as a result of the pandemic response. However, positive steps have been made in appointing a Senior

Leadership Team Lead for Transformation and discussion on refreshing both transformation projects, and the framework in which they operate, is underway.

The budget for 2021/22 has been set and balanced, with a savings plan of £8.732m in place to meet the budget gap. Project teams will be created to ensure transformational change is progressed at pace across the partnership.

It is likely to be the case that some of the costs now being incurred could continue beyond this financial year and possibly even into the longer term. There will undoubtedly be an adverse impact on the level of funding made available to HSCPs due to the economic impact of Covid-19. As the recovery phases evolve, it will become clearer what some of these impacts are likely to be.

The HSCP will continue to contain or reduce costs wherever possible and to use all funding streams available to them in order to mitigate the new financial pressures that they face. The HSCP are committed to reviewing all areas of expenditure and identify all possible corrective action that can be taken as an immediate measure to reduce costs wherever possible in order to deal with the new pressures and the challenges arising from Covid-19. It is imperative that every effort is made to control costs within the overall budget.

As a result of the continued closure of facilities and Services, costs in some areas will naturally be avoided and will result in underspends in some areas. These underspends must be used to mitigate against the increased costs identified. The scale of the financial challenge across the HSCP is one that must be managed collectively across all divisions.

A financial strategy will be developed that addresses the various new and additional pressures that will face the Health and Social Care Partnership over next financial year 2021/22 and also into future years.

The partnership must redesign services, focus on joined up working, and focus finite resources on delivering services which are sustainable over the longer term and focussed on those with greatest need, whilst meeting the aim of shifting the provision of care to a home or homely setting.

The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:

- the wider financial environment, which continues to be challenging;
- Covid-19 impact on the economy;
- the impact of demographic changes leading to increased demand and increased complexity of demand for services alongside reducing resources;

- difficulties in recruitment leading to the use of higher cost locums and agency;
- the cost pressures relating to primary care prescribing;
- the Transformation Programme does not meet the desired timescales or achieve the associated benefits;
- workforce sustainability both internally in health and social care and with our external care partners.

It is therefore crucial that the IJB focus on early intervention and prevention and changing the balance of care if we are to work within the available financial resources.

During 2021/22 an action plan to improve the 6 key features within the Ministerial Strategic Group self-assessment tool will be developed further and progressed. As part of this, the review of the acute set-aside will be progressed and steps made towards transferring this to the Health and Social Care Partnership. We will see the continuation of a whole system approach to delivering services and the Fife pound being utilised to deliver services that best meets the needs of the people of Fife.

Conclusion

2020/21 has been an exceptional year and the partnership has continued to deliver care, adapt to new ways of working, and support integration whilst dealing with challenges and complex issues. Achieving what we have has been dependent on the significant contribution of our staff and we would like to recognise this and acknowledge our employees have worked tirelessly to ensure critical services are sustained in these unprecedented times.

.....
Nicky Connor Chief Officer	Rosemary Liewald Chair of the IJB	Audrey Valente Chief Finance Officer
Date.....	Date.....	Date.....

STATEMENT OF RESPONSIBILITIES

This statement sets out the respective responsibilities of the IJB and the Chief Finance Officer, as the IJB's Section 95 Officer, for the Annual Accounts.

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Integration Joint Board that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure that the Annual Accounts are prepared in accordance with legislation (The Local Authority (Scotland) Regulations 2014) and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003, as amended by the Coronavirus (Scotland) Act 2020.)
- Approve the Annual Accounts for signature.

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board on .

Signed on behalf of the Fife Integration Joint Board

.....

Rosemary Liewald
Chair of the IJB

Date

RESPONSIBILITIES OF THE CHIEF FINANCE OFFICER

The Chief Finance Officer, as the S95 Officer, is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (The Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and applied them consistently.
- Made judgements and estimates that are reasonable and prudent.
- Complied with legislation.
- Complied with the Local Authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept proper accounting records which are up to date.
- Taken reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board including prevention and detection of fraud and other irregularities.

Statement of Accounts

I certify that the financial statements give a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2021, and the transactions for the year then ended.

.....

Audrey Valente CPFA
Chief Finance Officer

Date

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the Integration Joint Board are appointed through nomination by NHS Fife and Fife Council. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses or remuneration paid to the Chair or Vice Chair in 2020/21 or prior years.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff. All Partnership officers are employed by either NHS Fife or Fife Council, and remuneration for senior staff is reported through the employing organisation. Specific post-holding officers are non-voting members of the Board.

The IJB approved the appointment of the current Chief Officer in 2019. The Chief Officer was appointed by the IJB in consultation with NHS Fife and Fife Council. The remuneration of the Chief Officer was set by NHS Fife and Fife Council. The Chief Officer is employed by NHS Fife and is seconded to the Integration Joint Board in accordance with section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014. The Chief Finance Officer is employed by Fife Council.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total (£) 2019/20	Senior Employees Salary, Fees & Allowances	Total (£) 2020/21
55,056 FYE 83,762	N Connor Chief Officer From 2 August 2019	84,831 FYE 84,831
36,333 FYE 109,000	M Kellet Chief Officer To 31 July 2019	
62,795 FYE 77,224	A Valente Chief Finance Officer From 7th June 2019	79,172 FYE 79,172
154,184	Total	164,003

FYE = Full Year Equivalent

There were no payments to officers in 2020/21 or prior years in relation to bonus payments, taxable expenses or compensation for loss of office.

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

However, the IJB has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits.

The Local Government Pension Scheme and the NHS Pension Scheme (Scotland) 2015 are funded schemes with contributions from both the employer and the employee and as such the accrued benefits includes both of these contributions.

The pension benefits shown relate to the benefits that the individual has accrued as a consequence of their total service. In respect of the Local Government Pension Scheme this includes any service with a council subsidiary body, and not just their current appointment. In respect of the NHS Pension Scheme this relates to the benefits that the individual has accrued as a consequence of their NHS employment.

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/20	For Year to 31/03/21		Difference from 31/03/20	As at 31/03/21
	£	£		£	£
N Connor Chief Officer From 2 August 2019	10,212	17,625	Pension Lump Sum	1,611 0	2,545 0
M Kellet Chief Officer From 22 August 2016 To 31 July 2019	7,594		Pension Lump Sum	0 0	0 0
A Valente Chief Finance Officer From June 2019	13,165	19,397	Pension Lump Sum	4,000 5,000	35,000 60,000
Total	30,971	37,022	Pension	5,611	37,545
			Lump Sum	5,000	60,000

Note: The increase for A Valente takes into account the effect of her promoted salary and is based on all her LGPS membership not just her current employment.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2019/20	Remuneration Band	Number of Employees in Band 2020/21
1	£50,000 - £54,999	0
0	£55,000 - £59,999	0
1	£60,000 - £64,999	0
0	£65,000 - £99,999	2
0	£100,000 - £104,449	0
0	£105,000 - £109,999	0

Exit Packages

There were no exit packages paid in 2020/21 (2019/20, none).

.....
Nicky Connor
Chief Officer

.....
Rosemary Liewald
Chair of the IJB

Date

Date

ANNUAL GOVERNANCE STATEMENT

The Annual Governance Statement explains the Integration Joint Board (IJB) governance and internal control arrangements and how the IJB complies with the Code of Practice on Local Authority Accounting in the UK, and the CIPFA and SOLACE framework “*Delivering Good Governance in Local Government*”, which details the requirement for an Annual Governance Statement. The IJB’s governance framework places reliance on the Codes of Corporate Governance of Fife Council and NHS Fife.

Scope of Responsibility

The Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards; that public money is safeguarded; properly accounted for, and used economically, efficiently and effectively.

The IJB Vision is to enable the people of Fife to live independent and healthier lives. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB’s functions and to make arrangements to secure best value. The Integration Scheme delegated Health and Social Care functions to the IJB and the IJB is responsible for operational oversight of the Integrated Services. The use of Directions is currently being reviewed to strengthen the commissioning of services from Fife Council, NHS Fife and other partner organisations.

The IJB is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

In discharging these responsibilities, the Chief Officer places reliance on the NHS Fife and Fife Council’s systems of internal control that support compliance with both organisations’ policies and promotes achievement of each organisation’s aims and objectives, as well as those of the IJB.

These arrangements can only provide reasonable and not absolute assurance of effectiveness.

Changes to the Governance Arrangements due to Covid-19

In response to the pandemic and the requirement to move quickly and decisively to manage the subsequent pressures on health and social care services, on 27 March 2020 voting members of the IJB approved delegated authority to be granted to the Chief Officer, to take decisions in respect of matters that would normally require Board approval, subject to consultation taking place with the Chair and Vice Chair of the Board.

Board meetings continue to meet virtually.

2020/21 Governance Framework

The Board of the IJB comprises voting members, nominated by either Fife Council or NHS Fife, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the governance framework in existence during 2020/21 were:

- Integration Scheme approved by the Scottish Government in October 2015 is currently undergoing a 5-year review and it is expected that the updated Scheme will be agreed by partners and finalised by end of September 2021.
- Regular meetings of the IJB and Development Sessions for IJB members.
- Regular meetings of the Clinical and Care Governance, Finance and Performance, and Audit and Risk sub-committees.
- Production of a new Strategic Plan for Fife 2019/2022 has been published and widely consulted on. This work was overseen by the Strategic Planning Group throughout the year. The Strategic Plan is the main document determining the direction of the IJB for period 2019/2022.
- Production of a Governance Manual to house all governance document such as the code of corporate governance, standing orders, scheme of delegation, model code of conduct etc.
- Governance is based on Delivering Good Governance in Local Government, 2016
 - Adherence to the stated principles of good governance
 - Acting in the public interest
- The 7 localities now have Locality Plans which are published on the website.
- Compliance with legislation and regulations.
- Liaison of IJB internal audit and partner internal audit functions.
- Reliance on the due diligence and financial assurance process regarding the devolved budgetary resources which was completed in March 2016.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2020/21 this included the following which aid governance:

- Finance and Performance Information regularly reported to the IJB

- Formalised budget setting process
- Financial regulations
- Governance Manual
- Standing Orders
- Code of Conduct
- Financial Directions to Partners
- Clinical and Care Governance Risk Register
- IJB Strategic Risk Register reported to Audit & Risk Committee and the IJB
- Formal Appointment of Internal Audit arrangements.
- Workforce and Organisational Development Strategy and Implementation Plan
- Public Participation and Engagement and Communication Strategies
- 2020/21 Internal Audit Plan

Integration Joint Board

The Integration Scheme sets out how NHS Fife and Fife Council establish integrated partnership arrangements in line with the Public Bodies (Joint Working) Scotland Act 2014. The Integration Schemes submitted to the Scottish Government by NHS Boards and Local Authorities across Scotland (1 April 2015) have been approved and have legal status.

In Fife, the Board has legal status and is known as the Integration Joint Board (IJB).

The arrangements for appointing the voting membership of the Integration Joint Board are that Fife Council appoints 8 Councillors and NHS Fife appoints 8 Board members to be members of the Integration Joint Board in accordance with article 3 of the Integration Joint Board Order. In addition, the Nursing Director and Medical Director of NHS Fife are also members of the Board. The Board members appointed by the parties will hold office for a maximum period of 3 years. Board members appointed by the parties will cease to be members of the Board in the event that they cease to be a Board member of NHS Fife or a Fife Councillor.

The professional advisors to the IJB are non-voting members. These are identified as follows:

- Chief Officer of the IJB
- Chief Finance Officer (Section 95 officer) of the IJB
- Chief Social Work Officer
- General Medical Practitioner
- Medical Practitioner
- Registered Nurse
- Allied Health Professional Lead

The IJB is required to appoint stakeholder members who are non-voting members. These comprise at least one representative of the following groups, all of whom must be

operating within the area of the IJB:

- Independent Sector
- Service Users
- Staff side – NHS Fife and Fife Council
- Carers
- Third Sector

Nominations were sought from Partnership representatives and constituency bodies and were approved by the IJB.

NHS Fife and Fife Council maintain two separate complaints systems (Datix and Lagan) to manage complaints relating to service delivery. Since March 2018 complaints received by the Integration Joint Board have been logged and managed in Lagan. During the financial year 2020/2021 the IJB received no complaints. In addition, during the financial year 2020/21 no IJB complaints were escalated to the Scottish Public Sector Ombudsman

The Partnership continues to work together to integrate the partner's complaints processes and reporting mechanisms, particularly the bi-annual reports provided to the IJB Committees.

The Clinical and Care Governance Committee, the Finance and Performance Committee, and the Audit and Risk Committee were established in 2016/17 and have approved terms of reference. There is a clear reporting structure for these committees to the IJB. However, as part of the ongoing governance review the roles, remits and functions of these committees are being reviewed.

The IJB Internal Auditors, the Fife Council Internal Audit Team as appointed by the Audit and Risk Committee, comply with the "The Role of the Head of Internal Audit in Public Organisations" (CIPFA) and operates in accordance with "Public Sector Internal Audit Standards" (PSIAS). The Fife Council Audit and Risk Management Service Manager reports directly to the Audit and Risk Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the IJB Audit and Risk Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment and is approved by the Audit and Risk Committee.

The Audit and Risk Committee performs a scrutiny role and will regularly monitor the performance of the Internal Audit services to the IJB. The IJB's Chief Internal Auditor (currently the Fife Council Audit and Risk Management Service Manager) has responsibility to review independently and report to the Audit and Risk Committee annually, to provide assurance on the governance arrangements including internal controls within the IJB. In addition, the Internal Audit sections of Fife Council and NHS Fife are subject to an independent external assessment of compliance with the PSIAS at least once every 5 years.

Review of Adequacy and Effectiveness

The IJB is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review was informed by the IJB's risk management framework, the IJB Assurance Statement, internal and external audit reports, and provision of assurance from partner bodies through the Audit Output Sharing Protocol.

The annual internal audit assurance report offers substantial assurance in respect of Fife IJB's overall arrangements for risk management, governance, and control for the year to 31 March 2021.

A Governance Manual has been approved in August 2019 although further work will be required on the component parts once the Integration Scheme Review is completed. A review of the Risk Management Strategy was progressed, however, a number of issues arising from the review of the Integration Scheme will impact on this strategy and it will need to be revisited once the revised Integration Scheme is agreed.

Developments in 2020/21

There are a number of areas of development recognised internally which have commenced during 2020/21 however progress has been slow due to the pandemic and as a result below are the main actions that have been rolled into 2021/22. Many of these actions are a direct consequence of the conclusion of the Integration Scheme and the need to refresh all documentation contained within the Governance Manual. The plan is to create a multi-disciplinary working group to progress this during next financial year 2021/22.

The IJB adopts a continuous improvement approach as part of our ongoing effort to enhance our governance arrangements and system of internal control. A number of areas for improvement were identified during 2020/21, including:

- Implementation of statutory guidance regarding set aside services in collaboration with NHS Fife.
- Implementation of statutory guidance regarding Directions which was approved at IJB in April 2021.
- Implementation of various internal and external audit actions and recommendations.
- Organisational structural changes and associated governance

Work on these will continue into next financial year. See below:

Key Actions 2021/22
Actions once Review of Integration Scheme concluded: <ul style="list-style-type: none">• Implementation of approved Risk Strategy, risk appetite and robust Risk Management reporting. This will need to be revisited following agreement on the

review of the Integration Scheme. Regular risk reporting does occur. A session on risk appetite is planned for the coming year 2021/22.

- The preparation of an IJB Scheme of Delegation - to ensure robust consistency across services to support integration and ensure within boundaries of both funding partners' schemes of delegation. This will require further review once the Integration Scheme is signed off in September 2021.
- Review of Financial Regulations following conclusion of Integration Scheme – to expand on existing documentation and provide clarity and responsibility.
- Roll out of Board skills matrix and Board self-assessment framework. The Skills Matrix and Board self-assessment were undertaken but will need reviewed and refined as the Governance Review has potential to change the committee structures and memberships of any committees going forward.
- An initial skills matrix and board self-assessment was completed but will require to be refined and rerun when the Integration Scheme is approved.
- Formal adoption and implementation of self-assessment governance review to provide focus on key areas of development. Further work will be required to refine this once the review of the Integration Scheme is complete. This will include improved access via the website for performance reports through the development of a Performance Management page on the website.
- The governance review group continues to monitor and review governance documentation to provide clarity and consistency where appropriate, however work has been paused due to the Pandemic. Given the Integration Scheme will be signed off soon there is a need to re-establish the group.
- Further work is ongoing in relation to the Ministerial Steering Group report. Our Self-evaluation form on the review of progress with integration of health and social care was submitted to Scottish Government on 15 May 2019. A further self-assessment will need to be completed.

Maintain compliance with data protection legislation and best practice guidance provided by the UK Information Commissioner, including relevant Codes of Practice.

Implementation of Budgetary Management Control Guidance

Implementation of a single, centralised file structure for all IJB records.

Development of statutory guidance regarding set aside services in collaboration with NHS Fife.

Implement a new series of Senior Leadership Team meetings to reflect the new structure within the partnership including a focus on strategic and operational elements.

Embed Systems Leadership approach to management across the Partnership.

Develop an Extended Leadership Team with senior managers across the Partnership and use this to cascade information across all services.

Further develop the Directors Briefings to enhance communications and make better use of social media to enhance reputation both internally and externally.

Develop a Board Induction Programme in conjunction with NHS Education for Scotland (NES).

Conclusion and Opinion on Assurance

Progress has been made during 2020/21. However, not all areas have been fully implemented and several actions have been carried forward into 2021/22 as detailed in the table above.

However, currently we consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact. Continuing work in 2021/22 will further ensure robust governance.

.....

Nicky Connor
Chief Officer

Date

.....

Rosemary Liewald
Chair of the IJB

Date

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year in accordance with the integration scheme.

2019/20				2020/21		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
57,197	-	57,197	Hospital	55,222	-	55,222
102,182	-	102,182	Community Healthcare	115,534	-	115,534
173,548	-	173,548	Family Health Services & Prescribing	175,322	-	175,322
17,077	-	17,077	Children's Services	16,591	-	16,591
214,700	-	214,700	Social Care	229,287	-	229,287
1,656	-	1,656	Housing Services	1,324	-	1,324
226	-	226	IJB Operational Costs	249	-	249
37,821	-	37,821	Acute Set Aside	41,460	-	41,460
604,407	-	604,407	Cost of Services	634,989	-	634,989
	(604,407)	(604,407)	Taxation and Non-Specific Grant Income		(664,632)	(664,632)
0	0	0	Surplus or Deficit on Provision of Services	0	0	(29,643)
		0	Total Comprehensive Income and Expenditure			(29,643)

There are no statutory or presentation adjustments which affect the IJB's application of the funding received by NHS Fife and Fife Council. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement presents the movement during the year on the reserves held by the IJB. The movements which arise due to statutory adjustments which affect the General Fund Balance will be separately identified from the movements due to accounting practices, if required.

Movements in Reserves During 2020/21	General Fund Balance	Unusable Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31st March 2020	-	-	-
Total Comprehensive Income and Expenditure	(29,643)	-	(29,643)
Adjustment between accounting basis and funding basis under regulations	-	-	-
Transfer to and from statutory reserves			
(Increase) or Decrease in 2020/21	(29,643)	-	(29,643)
Closing Balance as at 31 March 2021	(29,643)	-	(29,643)
Movements in Reserves During 2019/20	General Fund Balance	Unusable Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31st March 2019	-	-	-
Total Comprehensive Income and Expenditure	-	-	-
Adjustment between accounting basis and funding basis under regulations	-	-	-
(Increase) or Decrease in 2019/20	-	-	-
Closing Balance as at 31 March 2020	-	-	-

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2021. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2020		Notes	31 March 2021
£000			£000
27	Short term Debtors	6	29,662
27	Current Assets		29,662
27	Short-term Creditors	7	19
27	Current Liabilities		19
-	Long-term Liabilities		
0	Net Assets		29,643
-	Usable Reserve: General Fund	8	29,643
-	Total Reserves		29,643

The Statement of Accounts present a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2021 and its income and expenditure for the year then ended.

The unaudited financial statements were issued on 30 June 2021 and the audited financial statements were authorised for issue by the Chief Finance Officer on 26 November 2021.

.....
Audrey Valente - CPFA
Chief Finance Officer

Date

Notes to the Financial Statements

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the Integration Joint Board's transactions for the 2020/21 financial year and its position at the year-end of 31 March 2021.

The Fife Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Joint Venture between Fife Council and NHS Fife. The IJB is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS).

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income and receipt of the income is probable.
- Where income and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

1.3 Funding

The Fife IJB is primarily funded through funding contributions from the statutory funding partners, Fife Council and NHS Fife. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Fife IJB area.

This funding was reported on a gross expenditure basis from NHS Fife and a net basis from Fife Council, this was reviewed during 2020/21 and NHS Fife reported on a net expenditure basis, including miscellaneous income.

1.4 Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet. All monies held on behalf of IJB are held by Fife Council, and there is a corresponding creditor in Fife Council Annual Accounts 2020/21.

1.5 Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. The Chief Finance Officer is a non-voting board member. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. The Chief Officer's and Chief Finance Officer's absence entitlement as at 31 March have not been accrued as it is not deemed to be material.

There are no further charges from funding partners for other staff and these costs have remained with the funding partners.

1.6 Material Items of Income and Expenditure

The cost to the IJB in 2020/21 relating to the Covid-19 pandemic was £26.039m. This comprised of additional expenditure, natural offsets and unachieved savings.

2. Critical Judgements in Applying Accounting Policies & Uncertainty about future events

In applying the accounting policies, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. Critical judgements are as follows:

2.1 PPE

The NSS (National Supplies Service) supplied PPE to the NHS and Social Care throughout the pandemic. The PPE was consumed by the partners and therefore should be reflected in the accounts of the partner organisations where they are acting as principal. Whilst the partner bodies may include the amounts in their accounts, the LAASAC guidance does not require the IJB to include the amounts in the IJB Accounts.

2.2 Thank You Payments to NHS and Social Care Staff

The First Minister announced a thank you of £500 (pro rata) to be given to all employees of NHS and Social Care.

NHS acted as principal for these payments to NHS employees and amounts are included gross in the IJB accounts. Funding of £1.736m was provided for NHS employees and was paid in February Salaries. £1.178m funding for Family Health Service contractors was also received and paid out in 2020/21.

Funding for Social Care staff was received and paid out in 2021/22. Funding of £2.127m was requested in respect of Fife Council Employees and funding of £3.041m in respect of Third Sector. These amounts will not be included in the accounts of the IJB as the council is acting as agent.

2.3 Set Aside

The funding contribution from NHS Fife includes £41.460m in respect of 'set aside' resources relating to acute hospital and other resources. The IJB has responsibility for the consumption of, and level of demand placed on, these resources, however the responsibility for managing the costs of providing the services remain with NHS Fife. Therefore, the overspend incurred by the service has not been included in these accounts and is borne by NHS Fife.

2.4 Public Sector Funding

There is a high degree of uncertainty about future levels of funding for Local Government and the NHS and this will directly impact on the IJB.

There is uncertainty in terms of costs to remobilise services, and what the longer-term outlook is likely to be in terms of Covid-19 and the impact this will have on the financial strategy of the IJB.

3 Events After the Reporting Period

The Chief Finance Officer issued the unaudited accounts on 30 June 2021. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions

existing at 31 March 2021, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4 Expenditure and Income Analysis by Nature

2019/20 £000		2020/21 £000
216,356	Services commissioned from Fife Council	230,611
387,825	Services commissioned from Fife NHS Board	404,129
199	Other IJB Operating Expenditure	221
27	Auditor Fee: External Audit Work	28
(604,407)	Partners Funding Contributions and Non-Specific Grant Income	(664,632)
0	(Surplus) or Deficit on the Provision of Services	(29,643)

5 Taxation and Non-Specific Grant Income

2019/20 £000		2020/21 £000
(448,191)	Funding Contribution from NHS Fife	(503,130)
(156,216)	Funding Contribution from Fife Council	(161,502)
(604,407)	Taxation and Non-specific Grant Income	(664,632)

The funding contribution from NHS Fife shown above includes £41.460m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS Fife which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources. There are no other non-ringfenced grants and contributions.

6 Debtors

31 March 2020 £000		31 March 2021 £000
13	NHS Fife	9
14	Fife Council	29,653
-	Non-public sector	-
27	Debtors	29,662

7 Creditors

31 March 2020 £000		31 March 2021 £000
-	NHS Fife	-
-	Fife Council	-
27	External Audit Fee	19
27	Creditors	19

8 Usable Reserve: General Fund

The IJB could hold a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

2019/20					2020/21		
Balance at 1 April 2019 £000	Transfers Out 2019/20 £000	Transfers in 2019/20 £000	Balance at 31 March 2020 £000		Transfers Out 2020/21 £000	Transfers in 2020/21 £000	Balance at 31 March 2021 £000
				Primary Care Improvement Fund		(2,524)	(2,524)
				Action 15		(1,349)	(1,349)
				District Nurses		(30)	(30)
				Fluenz		(18)	(18)
				Alcohol and Drugs Partnerships		(120)	(120)
				Community Living Change Plan		(1,339)	(1,339)
				Covid-19		(15,180)	(15,180)
				Free Style Libre / Other		(2,000)	(2,000)
							-
-	-	-	-	Total Earmarked	-	(22,560)	(22,560)
			-	Contingency		(6,888)	(6,888)
				- Alcohol & Drugs Partnership		(195)	(195)
-	-	-	-	General Fund	-	(29,643)	(29,643)

9 Related Party Transactions

The IJB has related party relationships with NHS Fife and Fife Council. In particular, the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

Transactions with NHS Fife

2019/20 £000		2020/21 £000
(448,191)	Funding Contributions received from NHS Fife	(503,130)
-	Service Income received from NHS Fife	
387,824	Expenditure on Services Provided by NHS Fife	404,129
100	Key Management Personnel: Non-Voting Board Members	110
14	External Audit Fee	14
(60,253)	Net Transactions with NHS Fife	(98,877)

Key Management Personnel: The non-voting Board members directly employed by NHS Fife and recharged to the IJB are the Chief Officer and the Chief Finance

Officer. Details of the remuneration for the specific post-holders is provided in the Remuneration Report.

Balances with NHS Fife

31 March 2020 £000		31 March 2021 £000
13	Debtor balances: Amounts due from NHS Fife	9
-	Creditor balances: Amounts due to NHS Fife	-
13	Net Balance with NHS Fife	9

Transactions with Fife Council

2019/20 £000		2020/21 £000
(156,216)	Funding Contributions received from Fife Council	(161,502)
-	Service Income received from the Fife Council	
216,355	Expenditure on Services Provided by the Fife Council	230,611
100	Key Management Personnel: Non-Voting Board Members	111
14	External Audit Fee	14
60,253	Net Transactions with Fife Council	69,234

Key Management Personnel: The Non-Voting Board members employed by Fife Council and recharged to the IJB is the Chief Finance Officer. Details of the remuneration for the specific post-holders is provided in the Remuneration Report.

Balances with Fife Council

31 March 2020 £000		31 March 2021 £000
14	Debtor balances: Amounts due from Fife Council	29,653
-	Creditor balances: Amounts due to Fife Council	-
14	Net Balance with Fife Council	29,653

Support services were not delegated to the IJB and are provided by NHS Fife and Fife Council free of charge. Support services provided mainly comprised: provision of financial management; human resources; legal; committee services; ICT; payroll; internal audit, and the provision of the Chief Internal Auditor.

10 External Audit Fee

The IJB has incurred costs of £28,000 in respect of fees payable to Audit Scotland with regard to external audit services carried out in 2020/21 (2019/20, £27,000).

11 Contingent Assets and Liabilities

The IJB is not aware of any material contingent asset or liability as at 31 March 2021.

The IJB is a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) established by the Scottish Government which reimburses costs to members where negligence is established.

All amounts in respect of claims or reimbursement by CNORIS, which may arise under the CNORIS scheme are reported in NHS Fife Accounts.

12 VAT

The Integration Joint Board is a non-taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where Fife Council is the provider, income and expenditure exclude any amounts related to VAT, as all VAT collected is payable to H.M. Revenue and Customs and all VAT paid is recoverable from it. Fife Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where NHS Fife is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the IJB.

Independent auditor's report to the members of Fife Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Fife Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the Fife Integration Joint Board as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is five years. I am independent of Fife Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Fife Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Fife Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Fife Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing Fife Integration Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Fife Integration Authority is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how Fife Integration Joint Board is complying with that framework;
- identifying which laws and regulations are significant in the context of Fife Integration Joint Board;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Fife Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skillfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

The Chief Finance Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this statutory other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth ACMA CGMA
Audit Director
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT
26 November 2021

Fife Integration Joint Board

26 November 2021

Audit of 2020/21 annual accounts

Independent auditor's report

1. Our audit work on the 2020/21 annual accounts is now substantially complete. Subject to the satisfactory conclusion of the outstanding matters referred to later in this letter and receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 26 November 2021 (the proposed report is attached at [Appendix A](#)).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Fife Integration Joint Board's consideration our draft annual report on the 2020/21 audit. The section headed "Significant findings from the audit in accordance with ISA 260" sets out the issues identified in respect of the annual accounts.
3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.
4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected.
6. There are no unadjusted errors.

Representations from Section 95 Officer

7. As part of the completion of our audit, we are seeking written representations from the Chief Finance Officer on aspects of the annual accounts, including the judgements and estimates made.
8. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Chief Finance Officer with the signed annual accounts prior to the independent auditor's report being certified.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Fife Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Fife Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the Fife Integration Joint Board as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is five years. I am independent of Fife Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Fife Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Fife Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Fife Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting

framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing Fife Integration Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Fife Integration Authority is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how Fife Integration Joint Board is complying with that framework;
- identifying which laws and regulations are significant in the context of Fife Integration Joint Board;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Fife Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skillfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory other information

The Chief Finance Officer is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this statutory other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth ACMA CGMA

Audit Director
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

26 November 2021

APPENDIX B: Letter of Representation (ISA 580)

Brian Howarth, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Brian

Fife Integration Joint Board Annual Accounts 2020/21

1. This representation letter is provided in connection with your audit of the annual accounts of Fife Integration Joint Board for the year ended 31 March 2021 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Audit & Risk Committee, Fife Council and NHS Fife the following representations given to you in connection with your audit of Fife Integration Joint Board's annual accounts for the year ended 31 March 2021.

General

3. Fife Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2020/21 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Fife Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (2020/21 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.
6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Fife Integration Joint Board at 31 March 2021 and the transactions for 2020/21.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2020/21 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Fife Integration Joint Board's circumstances and have been consistently applied.
8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Fife Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Fife Integration Joint Board's ability to continue as a going concern.

Integration Scheme

10. Partner body contributions and costs associated with IJB activities have been recognised in the annual accounts in accordance with the integration scheme.

Liabilities

11. All liabilities at 31 March 2021 of which I am aware have been recognised in the annual accounts.
12. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.
13. There are no provisions that require to be made in the financial statements for any material liabilities which have resulted or may be expected to result, by legal action or otherwise, from events which had occurred by 31 March 2021 and of which the Board could reasonably be expected to be aware. There are no contingent liabilities arising either under formal agreements or through informal undertakings requiring disclosure in the accounts.

Fraud

14. I have provided you with all information in relation to
 - my assessment of the risk that the financial statements may be materially misstated as a result of fraud
 - any allegations of fraud or suspected fraud affecting the financial statements
 - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

15. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

16. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2020/21 accounting code. I have made available to you the identity of all Fife Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

17. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

18. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

19. I confirm that Fife Integration Joint Board has undertaken a review of the system of internal control during 2020/21 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
20. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2021, which require to be reflected.

Balance Sheet

21. All events subsequent to 31 March 2021 for which the 2020/21 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Audrey Valente
Chief Finance Officer

Fife Integration Joint Board

2020/21 Annual Audit Report



 AUDIT SCOTLAND

Prepared for Fife Integration Joint Board and the Controller of Audit
November 2021

Contents

Key messages	3
Introduction	4
1. Audit of annual accounts	6
2. Financial management and sustainability	10
3. Governance, transparency, and best value	16
Appendix 1	21
Appendix 2	26
Appendix 3	29

Key messages

2020/21 annual report and accounts

- 1 Our audit opinions on the annual accounts of the IJB are unmodified.
- 2 The Covid-19 pandemic affected the quality of accounting records, with audited accounts being adjusted to reflect £11 million of Covid-19 costs and funding.

Financial management and sustainability

- 3 Covid-19 meant that almost half of the £13.8 million planned savings remained unachieved in 2020/21, but additional Scottish Government funding, contributions from NHS Fife, and an underspend on core activities resulted in a surplus of £29.6 million.
- 4 The budget for 2021/22 was approved on the basis that previously unachieved savings would be delivered, along with further new savings of £3.9 million. A £6 million overspend is currently forecast for 2021/22.
- 5 There remains scope to further improve financial management.

Governance, Transparency and Best Value

- 6 Vision and leadership of the IJB have been good. There was a rapid response to the pandemic with a local mobilisation plan drawn up and command structures introduced.
- 7 The integration scheme has been revised and a review of governance arrangements will now follow.
- 8 Transformation responsibilities have been clarified and a project management office is being set up.
- 9 More could be done to demonstrate best value duties are being met.

Introduction

1. This report summarises the findings from our 2020/21 audit of Fife Integration Joint Board (the IJB).

2. The scope of our audit was set out in our Annual Audit Plan presented to the Audit and Risk Committee meeting on 22 January 2021. This report comprises the findings from:

- an audit of the IJB's 2020/21 annual accounts
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#).

3. The global coronavirus pandemic has had a considerable impact on the IJB and its partner bodies during 2020/21. This has had significant implications for the way services have been provided with increased costs and unachieved savings due to delayed efficiency and redesign initiatives. There has been significant additional funding provided by the Scottish Government and additional contributions to the IJB budget by NHS Fife towards the end of the year.

Adding value through the audit

4. We aim to add value to the IJB, through our audit, by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations
- sharing intelligence and good practice through our national reports (Appendix 3) and good practice guides
- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability.

Responsibilities and reporting

5. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

6. As public sector auditors, we give independent opinions on the annual accounts. Additionally, we conclude on the appropriateness and effectiveness of the performance management arrangements, the suitability and effectiveness of

corporate governance arrangements, and the financial position and arrangements for securing financial sustainability.

7. Our responsibilities, as independent auditors appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice including supplementary guidance, and International Standards on Auditing in the UK.

8. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice](#) and supplementary guidance.

9. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

10. Our Annual Audit Report contains an agreed action plan at [Appendix 1](#). It sets out specific recommendations, responsible officers, and dates for implementation. It also includes outstanding actions from last year and progress against these.

Auditor Independence

11. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

12. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2020/21 audit fee of £28,000, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

13. This report is addressed to both the IJB and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

1. Audit of annual accounts

The principal means of accounting for the stewardship of the resources and performance

Key messages

Our audit opinions on the annual accounts of the IJB are unmodified.

The Covid-19 pandemic affected the quality of accounting records, with audited accounts being adjusted to reflect £11 million of Covid-19 costs and funding.

Our audit opinions on the annual accounts are unmodified

14. The annual accounts for the year ended 31 March 2021 were approved by the IJB on 26 November 2021. As reported in the independent auditor's report:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the Remuneration Report, Management Commentary, and Annual Governance Statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

The Covid-19 pandemic had an impact on the complexity and quality of accounting records

15. The completeness and accuracy of accounting records and the extent of information and explanations that we required for our audit were affected by the Covid-19 pandemic. Examples included:

- £11m of expenditure on IJB activities arising from Covid -19, and met by additional funding, had not been brought to account in the unaudited financial statements
- Late and significant changes to constituent body contributions were initially not fully supported by working papers, analysis, and correspondence
- partner bodies' auditors provided assurances later than usual, due to delays in those audits.

16. We received a good level of support from the finance staff of the IJB and its constituent bodies during our audit.

Recommendation 1

Ensure that working papers provided in respect of changes in funding and budgets are complete and properly supported.

Overall materiality is £6.3 million

17. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement in the annual report and accounts.

18. Our initial assessment of materiality was carried out during the planning phase of the audit and. This was reviewed on receipt of the unaudited annual accounts and is summarised in [Exhibit 1](#).

Exhibit 1

Materiality values

Materiality level	Amount
Overall materiality	£6.3 million
Performance materiality	£3.75 million
Reporting threshold	£190,000

Source: Audit Scotland

Appendix 2 identifies the main risks of material misstatement and our audit work to address these

19. [Appendix 2](#) provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks. It also identifies the work we undertook to address these risks and our conclusions from this work.

We have significant findings to report on the annual accounts

20. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of Fife IJB's accounting practices covering accounting policies, accounting estimates and financial statements disclosures. The significant findings on the annual accounts are summarised in Exhibit 2.

Exhibit 2

Significant findings from the audit of Fife IJB financial statements 2020/21

Issue	Resolution
<p>1. Inclusion of covid costs and funding</p> <p>NHS Fife incurred £11 million of costs on IJB activities arising due to Covid-19 for which additional funding was received. These amounts were not shown in the IJB unaudited accounts.</p>	<p>The audited accounts were amended with £11 million of additional contribution income and expenditure now included.</p> <p>Recommendation 1 (refer Appendix 1, action plan)</p>
<p>2. Budget realignment payments</p> <p>£4.1 million of budget realignment payments were included in NHS Fife activity costs and netted off Fife Council activity costs in error.</p>	<p>The audited accounts were amended to reflect the £4.1 million budget realignment.</p> <p>Recommendation 1 (refer Appendix 1, action plan)</p>
<p>3. Council accruals estimate – external service providers</p> <p>The accruals approach for amounts payable for social care has been brought into line with that for the remainder of the Council. Only amounts over £50,000 are accrued. The outturn report identified that £1 million of the underspend in relation to council nursing and residential services was attributable to this approach in 2020/21.</p>	<p>No amendment was made to the Council’s accounts. The accruals estimate was deemed to be optimistic but reasonable for accounting purposes under ISA 580.</p>
<p>4. Council expenditure items</p> <p>The Council’s auditor identified two expenditure items impacting the cost of IJB activities not treated correctly:</p> <ul style="list-style-type: none"> • £294,000 relating to continuing placements should have been recharged to the Council’s Children’s and Families division in line with an agreed approach. No recharge was made. • £261,000 relating to training provided by Fife College was to be carried forward to 2021/22. No adjustment was made to the accounts. <p>The cost of IJB activities includes these costs in 2020/21.</p>	<p>No amendment was made to the Council’s accounts on the basis of materiality. We report these items as unadjusted.</p> <p>Paragraph 22.</p>
<p>5. Use of performance information in the management commentary</p>	<p>Our opinion on the management commentary was unmodified. Inclusion of additional performance information to be considered for 2021/22.</p> <p>Recommendation 2 (refer Appendix 1, action plan)</p>

Issue	Resolution
<p>The management commentary should include financial key performance indicators together with other indicators necessary to measure progress against objectives and priorities. There remains scope to improve the use of performance information in the management commentary.</p>	
<p>6. The Annual Governance Statement could better link actions to governance weaknesses.</p> <p>The Annual Governance Statement is required to include an agreed action plan to deal with significant governance issues. There is scope to better link actions, focus on significant weaknesses and include timescales.</p>	<p>Our opinion on the annual governance statement was unmodified. The Annual Governance Statement should be refined in 2021/22.</p> <p>Recommendation 3 (refer Appendix 1, action plan)</p>

Source: Audit Scotland

Identified misstatements of £15 million were adjusted in the annual accounts

21. In total £15 million of misstatements relating to Covid-19 and budget realignment were identified and amended with no impact on reserves ([Exhibit 2](#)). We adjusted our audit procedures to increase testing and gained assurance over Covid-19 funding through agreement to constituent body accounts.

22. Other misstatements totalling £555,000 and impacting the cost of IJB activities were identified in the accounts of Fife Council. These errors have not been adjusted by the Council in their audited annual accounts. If corrected the cost of IJB activities would have reduced by £555,000 ([Exhibit 2](#)).

23. We have reviewed the nature and causes of these misstatements and have concluded that they arose from issues that have been isolated and identified in their entirety and do not indicate further systematic error.

24. It is our responsibility to request that all misstatements, other than those below the reporting threshold, are corrected. However, the final decision on making the correction lies with those charged with governance considering advice from senior officers and materiality.

25. The gross sum of unadjusted errors is below our materiality and has not affected our opinion.

Limited progress was made on prior year recommendations

26. The IJB has made limited progress in implementing our prior year audit recommendations due to the impact of Covid-19. Only two out of 11 actions are complete. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in [Appendix 1](#).

2. Financial management and sustainability

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. Financial sustainability looks forward and considers whether the IJB is planning effectively to continue to deliver its services.

Key messages

Savings of £13.8 million were approved to set a balanced budget in 2020/21, but Covid-19 meant that almost half of these savings remained unachieved.

Additional Scottish Government funding and contributions from NHS Fife, together with an underspend on core activities, resulted in a surplus of £29.6 million.

The budget for 2021/22 was approved on the basis that £5.5 million of previously unachieved savings would be delivered along with further new savings of £3.9 million.

A £6 million overspend is currently forecast for 2021/22.

There remains scope to further improve financial management.

The IJB approved £13.8 million of savings to set a balanced budget for 2020/21

27. The IJB's budget for 2020/21 was approved by voting members of the board remotely after the scheduled meeting of the IJB was cancelled due to the first Covid-19 lockdown. The budget was balanced for the first time since 2016/17. Savings of £13.8 million were approved to close the identified funding gap.

The Covid-19 pandemic led to increased costs and undelivered savings which were funded

28. The onset of the Covid-19 pandemic impacted service delivery and meant that many savings initiatives had to be paused.

29. The first budget monitoring report produced for the IJB in August 2020 identified pressures of £27 million. In subsequent finance reports forecast costs remained at around this level with the position in the final Local Mobilisation Plan showing costs of £26 million (including unachieved savings of £6.5 million).

30. Additional funding was made available by the Scottish Government to meet all Covid-19 costs in 2020/21.

Additional funding, contributions, and an underspend on core activities, resulted in a surplus of £29.6 million in 2020/21

31. The additional funding from the Scottish Government, additional contributions from NHS Fife, and an underspend on core activities resulted in a total surplus of £29.6 million for the year.

32. The IJB is carrying forward reserves for the first time since becoming operational in 2016/17 (Exhibit 3).

Exhibit 3

Performance against budget (excluding acute services set aside)

2020/21 is the first year the IJB has returned a surplus

IJB budget summary	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m
Final Budget	495	512	530	560	665
Budgeted overspend	0	2	5	7	0
Actual spend	504	520	539	567	635
Over/ (under) spend before deficit funding	9	8	9	7	(30)
Overall reserves c/f	0	0	0	0	30

Source: Fife IJB Finance Reports and Accounts

33. Reserves include £15 million earmarked for ongoing Covid-19 pressures, £7 million for other specific activities / pressures, with the remaining £7 million uncommitted.

Staff vacancies contributed to underspends on core activities

34. Underspends on core activities were often attributed to staff vacancies. Service delivery has been impacted in some areas with increased waiting times for services reported. Active recruitment is underway, but this in turn may contribute to budget pressures.

The target for new savings in 2021/22 is £9.4 million

35. The 2021/22 budget was set on the basis that £5.5 million of the unachieved savings from 2020/21 could still be delivered, together with an additional £3.9 million of savings approved for the first time for 2021/22 (£4.8 million of the total £8.7 million savings approved were delivered on a recurrent basis in 2020/21 and were being reapproved as a formality).

Budgets are still not identified at activity level

36. We recommended last year that budgets should be set at activity level in line with strategic priorities. Some progress has been made in 2021/22 with budgets attributed to each partner body. However, budgets at activity level are still not identified.

There is scope for greater transparency in how constituent body contributions are uplifted

37. Baseline recurrent budgets are not identified as part of budget setting, and it is not always clear that all elements that should be uplifted have been. When the 2020/21 budget was set, the resource transfer figure had not been uplifted in line with agreed practice. This error was identified by the Chief Finance Officer later in the year and additional contributions of £1.5 million were agreed with NHS Fife.

Recommendation 4

Make it clearer in budget setting reports how contributions have been uplifted.

A £6 million overspend is forecast for 2021/22

38. The finance report at the end of August 2021 is forecasting a £6 million overspend on core activities. This overspend is after the inclusion of £3 million unachieved savings. A recovery plan is being put in place but failure to deliver further savings or secure additional funding contributions will impact uncommitted reserves.

39. The local mobilisation plan for the first quarter of 2021/22 identifies Covid-19 costs and unachieved savings of £30 million. This is almost double the earmarked reserves the IJB has identified for Covid-19 of £15.2 million.

40. The IJB expects that additional funding will be made available by the Scottish Government to meet Covid-19 costs in 2021/22. This funding may cover unachieved savings of £3 million included in the August forecast.

Reasons for the Adult Placements overspend are complex, but scope remains to further improve financial management

41. The biggest single area of forecast overspend in 2021/22 is in adult placements at £6 million. The reasons for the overspend are complex and there are ongoing pressures.

42. The budget for Adult Placements for 2021/22 was lower than the outturn for 2020/21 due to undelivered savings carried forward. Delivery of savings has again been impacted by the ongoing pandemic with £1.2 million now in doubt. It is important that savings plans are robust and take account of known pressures.

43. Statutory requirements and the impact of Covid-19 have resulted in packages being approved in excess of budget available. Work has now begun to review existing packages with a view to reducing cost. Revising packages of care can be complex where legal guardians are involved.

44. The service is constrained by the availability of service providers in some areas and changing this will take time.

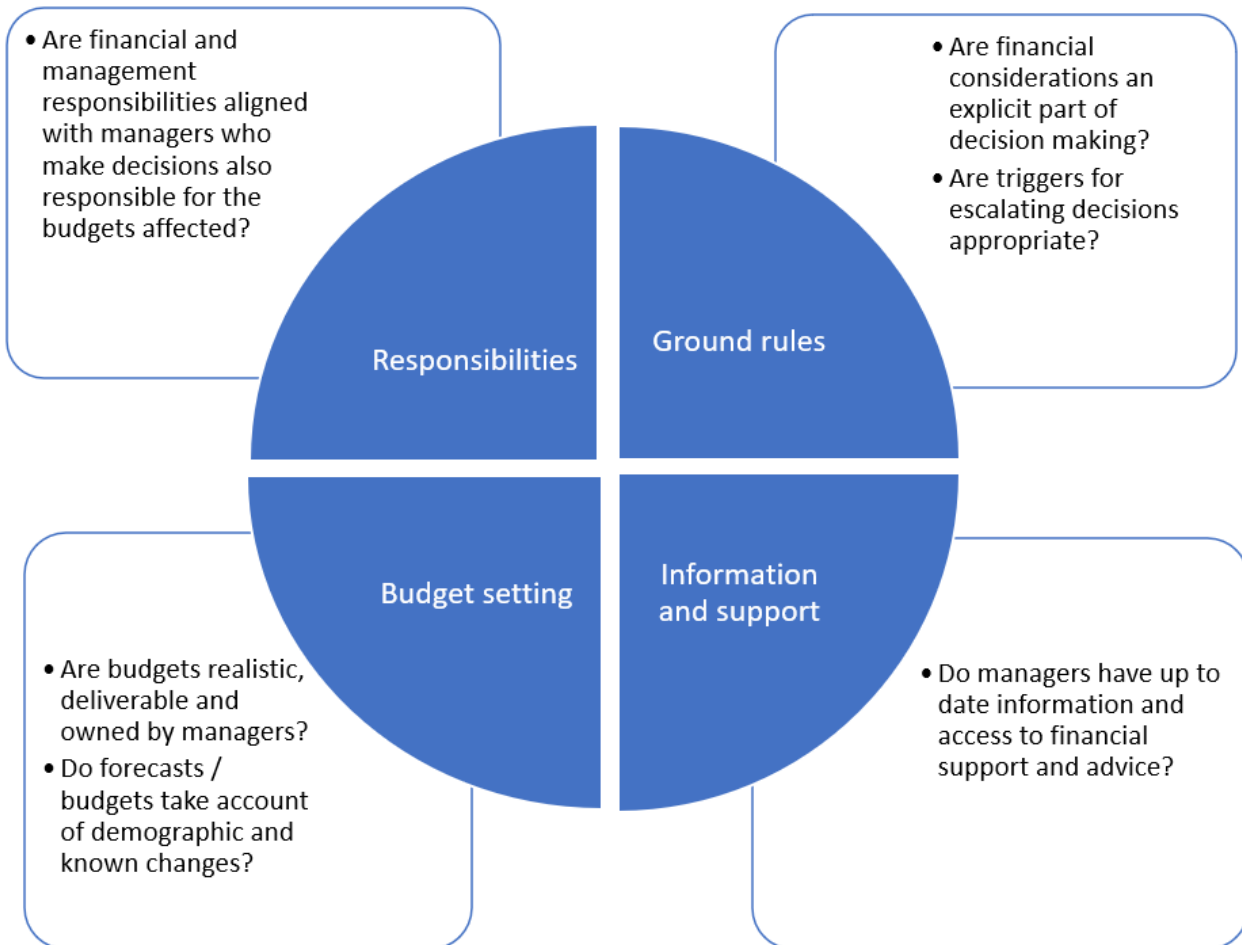
45. There has been a lack of readily available information on current provision and needs which could hamper a strategic approach to commissioning. The service is working with finance to better understand the distribution of cost across different elements of the service.

46. There is a clear commitment to improve financial management. A number of the key variables for further consideration are identified at Exhibit 4.

Exhibit 4

Improving financial management

For many organisations the following variables are key to improving financial management



The medium term financial strategy (MTFS) has been updated but does not demonstrate that demographic pressures can be met

47. The MTFS was updated and rolled forward as part of the budget setting process for 2021/22. Assumptions around funding and financial pressures were updated and are more optimistic than in the previous year resulting in reduced funding gaps forecast for 2022/23 and 2023/24.

48. However, the MTFS does not reflect demographic pressures and has not anticipated the ongoing impact of Covid-19 as services are remobilised. Long term financial planning has not yet been developed.

There were weaknesses in constituent body internal controls but additional work was undertaken by their auditors

49. The IJB relies on the financial systems of its constituent bodies and does not maintain its own financial ledger or systems.

50. In 2020/21 Fife council moved to new main accounting; payroll; and accounts payment systems. The introduction of these new systems, together with remote working practices due to Covid-19 restrictions, resulted in some weakening of financial control and budget monitoring. We received assurances from the auditor that further substantive testing has been undertaken and there has been no material impact on the accounts of the IJB.

51. We received assurances from NHS Fife's auditor that overall, the controls tested were operating effectively, but with some control weaknesses over the staff verification exercise and the authorisation of journals. Covid-19 had also resulted in a significant reduction in counter-fraud activity covering payments to primary care practitioners. We received assurances from the auditor that further substantive testing has been undertaken and there has been no material impact on the accounts of the IJB.

Additional funding from the UK-wide health and social care tax will be available from 2022/23

52. The UK government has recently announced the introduction of health and social care tax from 2022/23 which will be raised initially from an increase in national insurance contributions.

53. According to the announcement the new tax should result in an additional £1.1 billion of funding for Scotland. Whilst the distribution of this funding has yet to be decided, the Cabinet Secretary for Health and Social Care has indicated that it will be passported to health and social care.

3. Governance, transparency, and best value

The effectiveness of scrutiny and oversight and transparent reporting of information. Using resources effectively and continually improving services.

Key messages

Vision and leadership have been good.

There was a rapid response to the pandemic with a local mobilisation plan drawn up and command structures introduced.

The integration scheme has been revised and a review of governance arrangements will now follow.

Transformation responsibilities have been clarified and a project management office is being set up.

More could be done to demonstrate best value duties are being met.

Vision and leadership have been good

54. Leadership has been good with effective communication and engagement by the IJB Chief Officer with the board, partners, and workforce throughout the pandemic. There is a clear commitment to integration and improvement with the adoption of Mission 2024 with the aim to best performing or most improved Health and Social Care Partnership by 2024.

55. There is a clear focus on engaging with and empowering staff to achieve improvement. With regular meetings of the extended leadership team.

56. Staff health and wellbeing have been supported through staff hubs, telephone support lines and regular staff briefings.

57. Additional briefings have been produced for board members, development sessions have continued and further drop in sessions introduced as part of the budget setting process.

Throughout the pandemic the IJB has continued to work on strengthening governance arrangements

58. Fife IJB made changes to its governance arrangements in response to the pandemic. The IJB's budget for 2020/21 was approved by voting members of the board remotely after the scheduled meeting of the IJB was cancelled due to the first Covid-19 lockdown.

59. Later meetings were held virtually using teams and additional meetings were held with the chairs for governance committees and the chair and vice chair of the IJB. The IJB and its committees met regularly and were kept informed of developments throughout the period.

60. Throughout the pandemic, work has been ongoing to strengthen governance arrangements through development sessions and work with the board.

There was a rapid response to the pandemic with a local mobilisation plan and introduction of command structures

61. The health and social care partnership engaged with the Scottish Government and produced a local mobilisation plan in March 2020. A Health and Social Care command structure was introduced which interfaced with those of Fife Council and NHS Fife. Emergency, complex, and critical support continued to be delivered across all key areas.

62. Some areas of service were impacted. Community support services, for example, were suspended and the affected staff were redeployed.

The Health and Social Care Partnership operated with an interim management structure during 2020-21

63. All three of the health and social care partnership's divisional general managers left in 2020/21 and interim arrangements were put in place to deal with the impact of Covid-19. New appointments have now been made and a permanent management structure introduced in July 2021. Some further realignment of cost centres with the new management structure will be necessary.

The integration scheme has been revised and a review of governance arrangements will now follow

64. We reported last year that the revised integration scheme was still to be finalised and Covid-19 led to further delay. However, the revised scheme has now been approved by constituent bodies for application in 2021/22, following final approval by the Scottish Government.

65. The revised integration scheme clarifies the IJB's responsibilities for strategic direction and operational oversight, with operational delivery being the responsibility of the IJB chief officer who is accountable to the constituent bodies in that role.

66. A review of governance arrangements and committee structure, which was pending approval of the revised integration scheme by constituent bodies, can now be finalised. The review will see the IJB's governance manual updated and the IJB committee structure and terms of reference refreshed.

A directions policy has been developed and directions to partner bodies issued

67. Following guidance from the Scottish Government on the issuing of directions the IJB developed a directions policy which has helped further clarify roles and responsibilities. More use will be made by the IJB of directions to partner bodies going forward.

A Local Partnership Forum annual report has been produced for the first time and a strategic commissioning plan developed

68. The IJB has continued to develop thinking and capture learning with new reports on the Local Partnership Forum and the development of a Strategic Commissioning Plan to complement the Strategic Plan which is due to be updated in 2022.

Transformation responsibilities have been clarified and a project management office is being set up

69. The delivery of transformation and change has been postponed or slowed due to Covid-19. However, the Chief Finance Officer took on responsibility for transformation projects in July 2021 and a project management office is being set up.

70. Work on refreshing transformation projects, and the framework in which they operate, is now underway. These are looking at the balance of care and support provided 'at home' and 'in homes' through the home-first and bed-based initiatives. These aim to reduce the dependency on more expensive residential and nursing homes and better support folk at home in order to cope with the needs of an ageing population.

71. Internal audit made recommendations to better link the IJB Strategic Plan and its resultant transformation programmes to the Plan for Fife. A transformation portfolio board is to be introduced.

More could be done to demonstrate best value duties are being met

72. Integration Joint Boards have a statutory duty to put in place arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

73. The IJB introduced a best value framework in January 2019 and a position statement was reported to the IJB in February 2020. There has been no progress report for 2020/21.

74. The requirements for the annual performance report include an assessment of whether best value in the planning and delivery of services has been achieved. However, coverage of best value in the annual report has been limited.

Recommendation 5

Consider fuller coverage of Best Value responsibilities in the annual performance report.

The IJB has an agreed performance management framework and regular performance reports are considered by the IJB

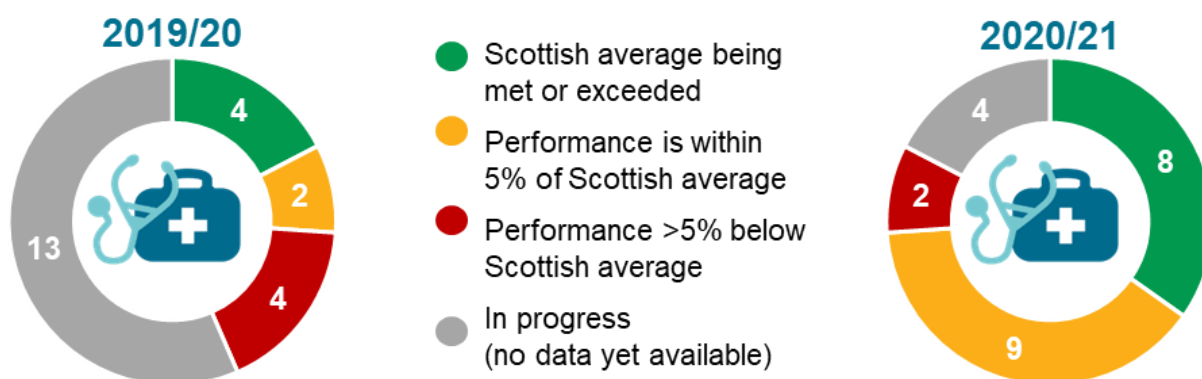
75. Regular performance information is produced for the board and its committees. Ad hoc reports are also brought on areas of service delivery where improvements are needed. An annual performance report is published but the report for 2020/21 is not yet finalised.

76. The core suite of integration indicators was published by the Scottish Government in July 2021. Although these are the latest indicators, they do not all relate to 2020/21 with survey results for example relating to 2019/20. Fife's performance compared to the Scottish average has improved with only two of the data indicators more than 5% below the Scottish average (Exhibit 5).

Exhibit 5

Performance against core suite of integration indicators

Comparative performance on data indicators in 2020/21: 8 green, 9 amber, 2 red.



Source: Fife IJB performance reports and Public Health Scotland release September 2020 & July 2021

77. The two indicators where Fife are more than 5% below the Scottish average are: 'Falls rate per 1,000 population aged 65+'; and 'Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)'.

78. The most recent performance report to the IJB highlighted the rise in demand for care at home services and the number of people waiting for care packages. Indicators for these service areas do not include the length of wait for care.

79. The use of performance information during the pandemic has been problematic due to the disruption to services. There have also been issues with the provision of sickness absence information from the Council's new HR system during 2020/21. Timely sickness absence information for council staff continues to be an issue.

Consultation on a national care service for Scotland has begun

80. Following an independent review of adult social care services, published in February 2021, the Scottish Government has started a period of consultation on the introduction of a national care service. Consultation includes proposals for reformed IJBs and the introduction of Community Health and Social Care Boards with wider responsibilities which would report to Scottish Minister and be funded directly from the Scottish Government.

81. The proposals have been discussed at an IJB development session and the IJB is preparing a response to the consultation.

National performance audit reports

82. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2020/21 we published some reports which may be of direct interest to the IJB as outlined in [Appendix 3](#).

83. During the year Audit Scotland also published a [guide for Audit and Risk Committees on COVID-19](#). Internal audit used this guide to facilitate a review of governance arrangements during the pandemic.

Appendix 1

Action plan 2020/21

2020/21 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>1. Supporting working papers</p> <p>2020/21 was a complex year with the need to identify Covid-19 costs separately and track many changes to funding and budgets.</p> <p>Working papers provided to the IJB finance staff were not always transparent, complete, or properly supported.</p> <p>Risk – There is an increased risk of error and an impact on the time taken to produce and audit the accounts.</p>	<p>Ensure that working papers provided in respect of changes in funding and budgets are complete and properly supported.</p> <p>Paragraph 15</p>	<p>Further work with partners to ensure that working papers are more transparent and complete.</p> <p>Audrey Valente</p> <p>31 March 2022</p>
<p>2. Performance information in management commentary</p> <p>The management commentary should include financial key performance indicators together with other key performance indicators necessary to measure progress against objectives and priorities. There was a lack of performance information included in the management commentary.</p> <p>Risk – That the audit opinion on the management commentary could be qualified.</p>	<p>Make better use of performance information to support the strategic story in the management commentary.</p> <p>Paragraph 15</p>	<p>Further work with Head of Strategic Planning, Performance and Commissioning to ensure that the management commentary makes fuller use of performance information.</p> <p>Audrey Valente</p> <p>31 March 2022</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>3. Annual Governance Statement</p> <p>The Annual Governance Statement is required to include an agreed action plan to deal with significant governance issues. There is scope to better link actions, focus on significant weaknesses and include timescales.</p> <p>Risk – That the audit opinion on the Annual Governance Statement is qualified.</p>	<p>Continue to refine the Annual Government Statement through a focus on significant weaknesses with clear linkage to actions and time scales.</p> <p>Paragraph 15</p>	<p>The Annual Governance Statement action plan to be refined for 2021/22 accounts.</p> <p>Audrey Valente</p> <p>31 March 2022</p>
<p>4. Constituent body contributions</p> <p>Budget setting reports do not make it clear how constituent body contributions have been uplifted. In 2020/21 a late additional contribution from NHS Fife was received in the relation to uplift on the resource transfer amount.</p> <p>Risk – that budget contributions are not in accordance with the agreed approach.</p>	<p>Make it clearer in budget setting reports how contributions have been uplifted.</p> <p>Paragraph 37</p>	<p>Budget setting report to be made clearer for 2022/23 budget.</p> <p>Audrey Valente</p> <p>31 March 2022</p>
<p>5. Best Value reporting</p> <p>The requirements for the annual performance report include an assessment of whether best value in the planning and delivery of services has been achieved. However, coverage has been limited.</p> <p>Risk – that Best Value is not properly demonstrated.</p>	<p>Consider fuller coverage of Best Value responsibilities in the annual performance report.</p> <p>Paragraph 68</p>	<p>The performance report for 2021/22 will include fuller coverage of best value.</p> <p>Fiona McKay</p> <p>30 September 2022</p>

Follow-up of prior year recommendations

Issue/risk	Recommendation	Agreed management action/timing
b/f 1. Accounting for income	Ensure that the revised integration scheme covers the treatment of income for accounting purposes and the accounts are consistent with the integration scheme.	Complete - pending approval of revised Integration Scheme by Scottish Government. Audrey Valente 30 Sept 2021.
b/f 2. Budget setting	Budgets should be set by the IJB at activity level in line with strategic priorities.	Outstanding Audrey Valente March 2022
b/f 3. Finance reports	Improve finance reports by analysing expenditure fully across services, explaining changes in budgets, and including activity information and unit costs.	Ongoing Expenditure now more fully analysed to services. Work ongoing to explain budget changes and include activity information. Audrey Valente March 2022
b/f 4. Operational financial management	Consider the need for more detailed review of financial management arrangements in areas of service overspend.	Ongoing Work ongoing with Adult Placements and will continue where overspends are identified. Audrey Valente. March 2022.
b/f 5. Savings plans	Detailed plans should be developed for the delivery of the redesign and transformation initiatives in the Medium Term Financial Strategy.	Ongoing New structure in place since July 2021. Project Management Office in development. Audrey Valente March 2022
b/f 6. Medium Term Financial Strategy	Update the MTFS to take account of the impact of Covid 19.	Ongoing The MTFS was updated as part of budget setting for 2021/22. It was not possible

Issue/risk	Recommendation	Agreed management action/timing
		<p>to anticipate current levels of demand as part of that update. Further updates needed in the run up to budget setting for 2022/23.</p> <p>Audrey Valente March 2022.</p>
<p>b/f 7. Governance arrangements</p>	<p>Ensure that the revised governance arrangements are clear on operational management responsibilities.</p>	<p>Ongoing</p> <p>The revised integration is clear that operational management is not delegated to the IJB.</p> <p>The governance review is ongoing and will ensure that language used is consistent with the revised integration scheme.</p> <p>Nicky Connor / Avril Sweeny. March 2022</p>
<p>b/f 8. Revised Integration Scheme</p>	<p>The updated Integration Scheme should be approved and submitted to the Scottish Government by 31 March 2021.</p>	<p>Complete</p> <p>The revised integration scheme has been submitted to the SG for approval.</p> <p>Nicky Connor October 2021.</p>
<p>b/f 9. Transformation plans</p>	<p>Ensure that transformation initiatives are reviewed and revised to reflect the impact of Covid-19</p>	<p>Ongoing</p> <p>New structure in place since July 2021. Project Management Office in development.</p> <p>Audrey Valente March 2022</p>
<p>b/f 10. Performance reporting</p>	<p>Improve performance reporting through the inclusion of concise summaries and clearer conclusions.</p>	<p>Ongoing</p> <p>Further improvements planned during 2021/22.</p> <p>Fiona McKay March 2022.</p>

Issue/risk	Recommendation	Agreed management action/timing
b/f 11. Emergent good practice	Undertake a review of the emergent good practice identified by Health and Social Care Scotland and assess the suitability of initiatives for Fife.	Outstanding Review to be carried out in 2021/22

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the Code of Audit Practice.

Risks of material misstatement in the financial statements

Audit risk	Assurance procedure	Results and conclusions
<p>1. Risk of material misstatement due to fraud caused by the management override of controls</p> <p>International Auditing Standards require that audits are planned to consider the risk of material misstatement in the financial statements caused by fraud, which is presumed to be a significant risk in any audit. This includes the risk of fraud due to the management override of controls.</p>	<p>Agreement of balances and transactions to Fife Council and NHS Fife financial reports / ledger / correspondence.</p> <p>Service auditor assurances will be obtained from the auditors of Fife Council and NHS Fife over the completeness, accuracy and allocation of income and expenditure. These may be affected by audit timetables, which are yet to be agreed with the partners.</p> <p>Review of year-end adjustments and journals.</p> <p>On-going review of financial position.</p>	<p>We undertook additional audit work to agree additional funding to partners and this resulted in changes to the funding and expenditure recorded in the audited accounts.</p> <p>We have also made recommendations to improve records of funding and budget changes.</p> <p>We have commented on the financial position in 2020/21 and the outlook for 2021/22.</p> <p>We received assurances from the auditors of NHS Fife and Fife Council on their financial systems and additional audit procedures to address any systems weaknesses.</p> <p>We did not identify any management override of controls and concluded that the financial position of the IJB was supported.</p>

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

Audit risk	Assurance procedure	Results and conclusions
<p>2. Financial Management</p> <p>The IJB has not realigned budgets in line with strategic priorities to address areas of recurrent under and overspend.</p> <p>Covid-19 has impacted savings delivery in 2020-21 resulting in a forecast overspend for the year of £6.8m.</p> <p>It is unclear whether additional funding will be made available to compensate for all Covid-19 costs including undelivered savings. The IJB is currently forecasting a budget overspend of £6.8m.</p> <p>It is unclear whether there are underlying issues with operational financial management that need to be addressed.</p>	<p>Review the budget setting process for 2021/22.</p> <p>Consider an area of overspend in 2020/21 to identify the underlying reasons for the overspend and management actions to address this.</p> <p>Review of finance reports.</p> <p>Establish the funding and cost impacts of Covid-19 on 2020/21 outturn.</p>	<p>We identified a material error in the accounts relating to £11 million of Covid-19 costs and funding not previously included.</p> <p>There was some budget realignment during the year although this had not been reflected in the accounts correctly. A £4.1million adjustment was made.</p> <p>We found that there remains scope to improve the transparency and quality of budget setting and finance reports.</p> <p>We found a clear commitment to further improve financial management.</p>
<p>3. Financial sustainability</p> <p>The IJB set a balanced budget for 2020-21 but the delivery of planned savings has been impacted by the disruption to operations caused by Covid-19.</p> <p>Savings planned for future years in the medium-term financial strategy have been impacted by Covid-19.</p> <p>Delivery of redesign and transformation is becoming increasingly critical.</p>	<p>Review the updated medium-term financial strategy.</p> <p>Consider the robustness of future savings plans.</p> <p>Consider progress with delivery of the transformation programme.</p>	<p>The medium term financial strategy has been updated but does not demonstrate that demographic pressures can be met.</p> <p>Delivery of savings plans for 2021/22 have again been impacted by Covid-19.</p> <p>Transformation responsibilities have been clarified and a project management office is being set up to help deliver change.</p> <p>Long term planning has not yet been developed.</p>

Audit risk	Assurance procedure	Results and conclusions
<p>4. Value for money</p> <p>The IJB is not currently demonstrating value for money and continuous improvement through the effective use of performance information.</p>	<p>Review routine performance reports and the use of performance information in the annual report and the annual accounts.</p>	<p>There is limited coverage of best value in the annual performance report and there remains scope for increased use of performance information in the management commentary to the annual accounts.</p>

Appendix 3

Summary of national performance reports 2020/21

April

[Affordable housing](#)

June

[Highlands and Islands Enterprise: Management of Cairngorm mountain and funicular railway](#)

[Local government in Scotland Overview 2020](#)

July

[The National Fraud Initiative in Scotland 2018/19](#)

January

[Digital progress in local government](#)

[Local government in Scotland: Financial overview 2019/20](#)

February

[NHS in Scotland 2020](#)

March

[Improving outcomes for young people through school education](#)

Fife Integration Joint Board

2020/21 Annual Audit Report

Audit Scotland's published material is available for download on the website in a number of formats. For information on our accessibility principles, please visit:

www.audit-scotland.gov.uk/accessibility

For the latest news follow us on social media or

[subscribe to our email alerts.](#)



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN

Phone: 0131 625 1500 Email: info@audit-scotland.gov.uk

www.audit-scotland.gov.uk



Meeting Title:	Integration Joint Board
Meeting Date:	26 November 2021
Agenda Item No:	9
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:

- Awareness
- Decision

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

- 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 Priority:

- 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.
- HSCP Finance & Performance Committee – 10 November 2021 – at this Committee the following was discussed:-
 - The acronym FHS was explained to mean Family Health Services that incorporates GP Contracts for prescribing, premises and community pharmacy.

- There was discussion around the earmarked reserves for Action 15 and it was confirmed that this was funding that had been carried forward and that this had been the first time that the Partnership had been able to carry forward money.
- It was queried and confirmed that Pharmacy First costs are included within Family Health Services as it is hoped there will be an increase in this route being used to access health care.

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed services based on 30 September 2021 financial information. The forecast deficit is £4.179m. It is expected that the costs of Covid-19 will be met in full through use of Reserves and further funding from Scottish Government.

3.2 Background

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

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

3.3 Assessment

At 30 September 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £4.179m.

The key areas of overspend that are contributing to the projected outturn overspend –

- Hospital & Long-Term Care
- Family Health Services
- Older People Residential and Day Care
- Homecare Services
- Adult Placements

The report provides information on in year additional funding allocations to provide clarity and transparency in terms of additional funding made available by the Scottish Government to IJBs.

There is also an update in relation to savings which were approved by the IJB in March 2021 and use of Reserves brought forward from 2020-21.

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 has been reviewed and updated.

3.3.4 Risk/Legal/Management

Full funding may not be made available by the Scottish Government to fund the costs of Covid-19 and unachieved savings as a result of Covid-19 within 2021-22. However, any expenditure associated with Covid-19 will continue to be recorded in the Local Mobilisation Plan.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

None

3.3.7 Communication, Involvement, Engagement and Consultation.

- Not applicable.

3.4 Recommendation

- **Awareness** – examine and consider the key actions/next steps.
- **Decision** – approve the financial monitoring position as at September 2021.
- **Decision** – approve the use of the reserves as at September 2021.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report September 2021

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Tracking Approved 2020-21 Savings Tracker

5 Implications for Fife Council

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

6 Implications for NHS Fife

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

7 Implications for Third Sector

This report reflects payments made to Third Sector providers.

8 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

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	

Report Contact

Audrey Valente

Chief Finance Officer

Audrey.Valente@fife.gov.uk



**Fife Health
& Social Care
Partnership**



Finance Report as at 30 September 2021

November 2021



Supporting the people of Fife together



FINANCIAL MONITORING

FINANCIAL POSITION AS AT SEPTEMBER 2021

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 £27.896m since April 2021, through additional allocations for specific projects. As the year progresses there is scope for a further £6.444m to be allocated. The breakdown of the allocations are as follows:

Additional Contributions	Allocated	To be Allocated**
	£m	£m
Alcohol and Drug Partnership	0.920	1.269
Integration Fund		0.160
District Nurses	0.181	0.333
Mental Health Recovery	2.223	2.223
Action 15 Mental Health Strategy	0.206	0.133
Ventilation Improvement Allowance	0.341	0.341
Mental Health Support for those hospitalised with Covid-19	0.095	0.095
Support for development of hospital at home	0.207	0.207
Emergency Covid-19 Funding for Eating Disorders	0.303	0.303
Workforce Wellbeing	0.136	0.136

Primary Care Development Fund	0.030	0.030
Electric Speed Adjusting Hand Pieces	0.511	0.511
CAMHS Improvement	0.703	0.703
FHS Noncash limited	15.011	
Other Health Boards/Council etc	2.284	
Redesign of Urgent Care	0.681	
Maternity & Neonatal Psychological Interventions/ Perinatal & Infant Mental Health	0.800	
Uplift outcomes Framework & Shingles	0.245	
Primary Care Out of Hours Transformation	0.341	
Pay Award AfC	3.268	
Primary Medical Services	2.354	
Other *	-3.341	
Total of Additional Allocations to contributions from NHS	27.499	6.444
Transfer to Cleaning	-0.003	
Additional funding from Housing for Adaptations backlog	0.400	
Total Additional Allocations to contributions from FC	0.397	
Total Budget Movement for HSCP from April - Sept	27.896	

* Other includes Covid-19 Offsets, Budget Movements, Income, Earmarked Reserve, School Nurses, Increments for Consultants, Wait List, Vitamins for Pregnant Women, Breast Feeding Projects, Auchtermuchty Medical Practice

** Amounts yet to be allocated may be committed

4. Directions

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

Planning for Winter will have a potential significant impact on the projected financial outturn. As in previous years, early estimates in relation to the levels of potential expenditure are included and will be refined once more clarity is available through the Winter Planning Group.

5. Financial Performance Analysis as at September 2021

The combined Health & Social Care Partnership delegated and managed services are currently reporting a projected outturn overspend of £4.179m as below.

Objective Summary	As at 30 September								
	2021/22								
	Budget April	Budget Aug	Budget Sept		Forecast Outturn Aug	Forecast Outturn Sept	Variance as at Aug	Variance as at Sept	Movement
£m	£m	£m		£m	£m	£m	£m	£m	£m
Community Services		107.49	107.047		103.098	102.232	-4.392	-4.815	-0.423
Hospitals and Long-Term Care		56.077	55.835		56.548	56.345	0.471	0.510	0.039
GP Prescribing		74.587	74.587		74.587	74.587	0.000	0.000	0.000
Family Health Services		103.089	107.418		103.589	107.918	0.500	0.500	0.000
Children's Services		18.764	18.731		18.264	18.131	-0.500	-0.600	-0.100
Resource transfer & other payment	385.844	49.725	49.725		51.892	51.892	2.167	2.167	0.000

Older People Residential and Day Care	14.640	14.640	14.590		15.038	14.921	0.398	0.331	-0.067
Older People Nursing and Residential	35.663	35.663	35.664		35.620	35.612	-0.043	-0.052	-0.009
Homecare Services	30.447	30.447	30.447		32.921	31.681	2.474	1.234	-1.240
Adults Fife Wide	4.743	4.743	4.779		4.533	4.585	-0.210	-0.194	0.016
Social Care Other	1.404	1.404	1.404		1.591	1.544	0.187	0.140	-0.047
Adult Placements	43.947	43.947	43.947		49.831	49.716	5.884	5.769	-0.115
Adult Supported Living	20.798	20.798	20.796		20.772	20.672	-0.026	-0.124	-0.098
Social Care Fieldwork Teams	16.745	16.745	16.757		15.944	16.070	-0.801	-0.687	0.114
Housing	1.529	1.529	1.929		1.529	1.929	0.000	0.000	0.000
Total Health & Social Care	555.760	579.648	583.656		585.757	587.835	6.109	4.179	-1.930
Revised Outturn figure					585.757	587.835	6.109	4.179	-1.930

The main areas of variances are as follows:

5.1 Community Services underspend £4.815m, movement of £0.423m

Community Services is forecasting an underspend outturn of £4.815m which is an increase in underspend from last month's forecast outturn of £0.423m. £0.050m is attributable to an improved position within sexual health and rheumatology which relates to HEP C drugs where the estimate for treatment has decreased. £0.185m is attributable to vacancies across Community Nursing, ICASS and Admin Services. Attempts to recruit to these vacancies is ongoing. Overspends with drugs and equipment and a £0.130m movement in Urgent Care and GP Services based on continued recruitment and retention issues.

5.2 Hospital and Long-Term Care overspend £0.510m, movement of £0.039m

Hospital & Long-Term Care is forecasting an overspend of £0.510m. The overspend has increased by £0.039m from last month as Community hospital inpatient services continue to spend on bank & agency nursing to cover vacancies, sickness and increased patient supervision. There has also been an increase in bank nursing spend within LD and Mental Health covering staff absence during the summer period.

5.3 Family Health Services £0.500m overspend

The forecast remains the same as last month at £0.500m overspend. This is attributed to practices being handed back to the board and staffing absences in excess of funded budget. The additional workload involved in the back scanning exercise in order to create more premises space is also a factor.

5.4 Children's Services £0.600m underspend, movement of £0.100m

The underspend position is forecast to be £0.600m, a movement of £0.100m from last month due to further detailed work on income. The underspend is due to vacancies throughout Children's services - Vacancies currently sit at around 8% on average. Retention and recruitment is difficult as children's services roles are highly specialist and therefore hard to fill. Vacancies are being experienced in Health Visiting, School Nursing and Children and Young People's District Nursing service.

5.5 Resource Transfer £2.167m overspend

This overspend reflects the payment between the NHS and Fife Council required to realign the budget as agreed by IJB.

5.6 Older People Residential and Day Care £0.331m overspend, movement of £0.068m

There are overspends on agency and staffing of £0.240m mainly due to non Covid-19 related absences. Cleaning and catering charges in the Residential Homes are expected to overspend by £0.162m due to increased staff costs. These overspends are partly offset by minor miscellaneous underspends of £0.072m. The movement is due to a reduction in Catering & Cleaning costs of £0.065m as the requirement for cover is reduced. Work is on-going with the service to determine if these costs can be attributed to Covid-19 and charged to the Local Mobilisation Plan.

5.7 Homecare Services £1.234m overspend, movement of £1.241m

Older People care packages are expected to overspend by £1.234m. This includes an estimated unachieved saving of £0.582m with the balance being due to the increased demand for packages and an increase in Direct Payments. Direct payments to service users to arrange their own packages is forecast to overspend by £0.750m. The movement of £1.241m is due to care packages of £1.541m being re-coded to Covid-19, partly offset by an increased demand for direct payments of £0.250m. Work is ongoing with the service to determine whether the increase in requirement for direct payments is due to other services being unavailable and therefore Covid-19 related.

5.8 Adult Placements £5.769m overspend, movement of £0.114m

Following a review of transitions from Children & Families, the allowance has been reduced from £0.900m to £0.125m, as the packages are now in place and reflected in the current monitoring position. The balance of the overspend is mainly for packages that have been commissioned in excess of the budget and for savings of £1.098m which are no longer expected to be achieved, an increase from last month. Work is ongoing to identify any packages which are additional due to Covid-19, for inclusion in the Local Mobilisation Plan.

5.9 Social Care Fieldwork Teams £0.687m underspend, movement of £0.114m

The £0.687m underspend is due to projects not running from the start of the financial year. There are also projected underspends on staff vacancies and agency staff are to be used to increase capacity. The movement is due to an increased spend on respite, this will be investigated to determine whether the increased use of respite budgets is related to Covid-19.

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 anticipated savings of £7.479m (85.7%) will be delivered against the target.

Previously approved savings which were unmet at 31 March 2021 require to be made in 2021-22 to balance the budget, these total £5.484m and £3.504m (63.9%) is currently projected to be achievable, a reduction on last month of £0.260m due to the continued effects of the pandemic.

7. Covid-19 and the Local Mobilisation Plan

In addition to the core financial position, there is a requirement to report spend in relation to Covid-19 and remobilisation costs. The actual spend to September is £12.596m with full year projection of £32.476m. It is assumed these costs will be fully funded through the local mobilisation plans. The local mobilisation plans also includes the costs of unachieved savings which are Covid-19 related. The Senior Leadership Team will endeavour to deliver these savings in-year, but it is likely that there will be delays in implementing some of these savings due to on-going restrictions.

Reserves for Covid-19 brought forward from 2020-21 are to be used in the first instance to fund the 2021-22 Covid-19 related expenditure requested in the Local Mobilisation Plan (LMP). Covid-19 Reserves total £15.108m, therefore it is likely that further funding will be required.

The LMP is updated and resubmitted quarterly, with the next plan due for quarter ended December, to be submitted in January.

The main areas of expenditure included in the Local Mobilisation Plan as at Quarter 2 are:

Covid-19 Costs	Actual to Sept	Forecast to YE	Total Per LMP
	£m	£m	£m
Additional PPE	0.081	0.186	0.267
Covid-19 Vaccination	6.081	0.000	6.081
Flu Vaccination	0.000	7.606	7.606
Additional Community Hospital Bed Capacity	0.000	1.494	1.494
Community Hubs	0.034	0.066	0.100
Additional Care Home Placements	0.499	1.328	1.827
Additional Capacity in Community	0.513	5.136	5.649
Additional Infection Prevention and Control Costs	0.041	0.042	0.083
Additional Equipment and Maintenance	0.071	0.414	0.485
Additional Staff Costs	0.771	0.192	0.963
Staff Wellbeing	0.000	0.006	0.006
Additional FHS Prescribing	0.400	0.200	0.600
Additional FHS Contractor Costs	0.050	0.000	0.050
Social Care Provider Sustainability Payments	3.161	2.228	5.389
Loss of Income	0.000	0.088	0.088
Other	0.012	0.012	0.024
Unachievable Savings related to Covid-19	0.882	0.882	1.764
Total Covid-19 Costs	12.596	19.880	32.476

9. Reserves

Reserves totalling £29.643m are held by Fife Council on behalf of the IJB. £15.108m is related to Covid-19 and a further £7.575m is ear-marked for specific use. Expenditure recorded in the LMP is expected to be funded in the first instance from the Covid-19 reserve.

An update is provided at Appendix 2 which shows commitments of £1.600m with the balance of £5.288m remaining uncommitted as at September 2021. Work continues to refine the commitments and will be updated in future reports as required.

10. Risks and Mitigation

10.1 Covid-19

There is a risk that the costs of Covid-19 will not be fully funded by the Scottish Government and it is essential that these costs are continually reviewed to ensure development of a robust case for investment.

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

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

The Scottish Government have confirmed that whilst no funding is being allocated at this time to meet under-achievement of savings, support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place. It is important that Integration Authorities take appropriate action to reduce this request for support as far as possible. This is vitally important given the uncertainty on the overall funding envelope for 2022-23, however actions should not impact on planned activity or patient safety.

10.2 Savings

Non-Delivery of savings is also an area of risk. The plans that were approved in March have been impacted by Covid-19, as all resources have been focussed on managing the pandemic.

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

10.3 Forward Planning

The impact on future year budgets and the requirement to review the recurring pressures which will result from the remobilisation of services is required and will be reported at a future committee meeting.

11. Key Actions / Next Steps

The Integration Scheme advises that where there is a forecast overspend, the Director of Health and Social Care, the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife Director of Finance must agree a recovery plan to balance the total budget. This is a separate agenda item at today's Finance and Performance Committee.

The Senior Leadership Team (SLT) is reviewing the medium-term financial strategy that will span the period 2021-22 to 2023-24. The SLT believe that it is important to fully engage with

all stakeholders and as a result we will be holding development sessions with both Board members and the Local Partnership Forum.

We will continue to refine our projected outturn position to ensure that all costs are appropriately coded against Covid-19 and reflected in the LMP for submission in Quarter 3. The recurring costs included within the LMP will require to be factored into the budget model as areas of pressure for 2022-23 when it is projected that Scottish Government funding is likely to cease.

The fragility of the Care at Home market is an area of concern as is our delayed discharge position. Funding of £300m was recently announced by the Scottish Government to help alleviate these pressures. The Senior Leadership Team is working proactively to plan how to best utilise the funding available for the people of Fife. This is a separate agenda item at today's Finance and Performance Committee.

Audrey Valente
Chief Finance Officer
10 November 2021

Fife H&SCP – Reserves

	2021-22
	£m
Balance at 1 April	(29.643)
Budgets transferred (to)/from Reserves	
* Estimated Balance at 31 March 2021	(29.643)
Of which: Earmarked Reserves	
PCIF	2.524
Action 15	1.349
District Nurses	0.030
Fluenz	0.018
Alcohol and Drugs Partnerships	0.315
Community Living Change Plan	1.339
Free Style Libre/ Other	2.000
Covid-19	15.180
Total Earmarked at 31 March 2021	22.755
Uncommitted at 31 March 2021	6.888
Total Balance at 31 March 2021	29.643

Earmarked Reserves	Total Held at March 21	Allocated at September 21	Balance to be utilised
	£m	£m	£m
PCIF	2.524	1.011	1.513
Action 15	1.349		1.349
District Nurses	0.030		0.030
Fluenz	0.018		0.018
Alcohol and Drugs Partnerships	0.315		0.315
Community Living Change Plan	1.339		1.339
Free Style Libre/ Other	2.000	2.000	0.000
Covid-19	15.180	12.596	2.584
Total Earmarked	22.755	15.607	7.148

Uncommitted Reserve	£m
Total Uncommitted Balance at 31 March	(6.888)
Proposed Commitments	
Review of Care at Home Packages	0.415
Project Support Officers (2 x FTE)	0.117
Bed Manager	0.068
MORSE	0.800
Medicines Efficiencies	0.200
Balance after Commitments	(5.288)

Grants held in Fife Council balances on behalf of Fife H&SCP

Grant	£m
Self Directed Support	0.683

***Outturn report stated £30.019 – Final position for Annual Accounts is £29.643m – total was reduced by £0.368m for Self Directed Support which is held as a Grant Carried forward by Fife Council on behalf of HSCP so is not included in reserve. Also reduced by £0.008m as Housing underspend remained with Fife Council due to suspension of carry-forward scheme.**

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	Rag Status
All	2021-24	Travel Review	0.450	0.450	0.000	Green
All	2021-24	Supplementary Staffing 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 achieved	Rag Status
Complex & Critical	2020-23	Supplementary Staffing 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)	Amber
Community Care	2020-23	Resource Scheduling (Total Mobile)	0.627	0.320	(0.307)	Amber
Complex & Critical	2020-23	High Reserves	0.611	0.533	(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)	Amber
Community Care	2020-23	Review Care Packages	0.450	0.450	0.000	Green

Complex & Critical	2020-23	Re-provision of Care	0.875	0.000	(0.875)	Red
Community Care	2020-23	Re-provision of Care	0.525	0.250	(0.275)	Amber
Community Care	2019-22	Previously Approved - Day Care services	0.184	0.184	0.000	Green
Grand Total			5.484	3.504	(1.980)	63.9%

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	3.474	1.125	(2.349)
Red	0.875	0.000	(0.875)
Total	14.207	10.983	(3.224)



Meeting Title:	Integration Joint Board
Meeting Date:	26 November 2021
Agenda Item No:	10
Report Title:	Financial Recovery Plan
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:

- 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 Fife and Fife Council Finance Teams.
- HSCP Finance & Performance Committee – 10 November 2021 – at this Committee the following was discussed:-
 - Concern was raised regarding the lack of detail regarding the savings being noted as non-essential spend. Audrey Valente advised the Committee that the costs included reduction in travel and non-essential equipment this financial year. She also confirmed that none of the savings affected the frontline services.
 - Concern was raised relating to savings associated with Respite and the Committee was assured that the service was seeking to remobilise but the financial efficiency is due to there not being enough calendar months left in the financial year to spend the full budget.
 - The Committee wished to commend the Finance Team on the current projected financial outturn as in previous years prior to the pandemic it was much higher at this point.

3 Report Summary

3.1 Situation

The projected overspend, based on the position at September for the Health and Social Care Partnership's delegated and managed services is £4.179m.

Where there is a forecast overspend against an element of the operational budget, the Director of Health & Social Care, the Chief Finance Officer of the

Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the Integration Joint Board.

The Health and Social Care Partnership will be unable to implement recovery actions to eliminate fully the forecast overspend by 31st March, however work continues to develop the medium-term financial strategy, with a clear strategy to eliminate the funding gap over the period 2022-23 to 2024-25.

The Scottish Government have confirmed that whilst no funding is being allocated at this time to meet under-achievement of savings, support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place. It is important that Integration Authorities take appropriate action to reduce this request for support as far as possible. This is vitally important given the uncertainty on the overall funding envelope for 2022-23, however actions should not impact on planned activity or patient safety.

3.2 Background

The Health and Social Care Partnership continues to face significant financial challenge. The outturn position in each of the financial years since inception, and prior to the covid pandemic has been circa £9m. However, the areas of overspend have varied. Initially GP prescribing had significant overspends but a proactive approach to delivering efficiency savings, in the shape of the 'medicines efficiency programme' has delivered significant savings. Social care costs have continued to increase as expected, in a move to shift the balance of care from a hospital setting to a home/more homely setting.

Prior Years Overview

Since inception the Partnership has faced significant challenges in obtaining approval and delivering change projects to eliminate the financial deficit. In addition, legacy pressures (overspend areas), as well as annual inflationary and demographic pressures have contributed to the projected overspend year on year.

Financial Year 2021-22

Savings proposals and funding options totalling £8.723m were approved.

In year, it is expected that 85.7% of the approved savings will be delivered but despite this a projected overspend position of £4.179m is still expected for the Partnership. The non-delivery of savings is contributing to the projected outturn position but there are also other factors, over and above the non-delivery of savings, which need to be considered.

In terms of the integration scheme, paragraph section 8.2.1, where there is a forecast overspend against an element of the operational budget, the Director of Health & Social Care, the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the Integration Joint Board.

3.3 Assessment

A Financial Recovery Plan has been prepared to identify actions to be taken in-year to reduce the current projected overspend of £4.179m.

The main aspects to the financial recovery plan in 2021-22 include actions to address and reduce the projected spend but also improved governance in relation to financial processes and approvals. Those actions are detailed below:

Improved Governance

1. To create a financial governance board that ensures effective financial management is a priority.
2. To continually improve the financial monitoring information provided to the Heads of Service, by presenting an integrated monitoring report which provides them financial data at a glance, for the services for which they have delegated authority.
3. To target and prioritise the areas of significant pressure, and work in a collaborative way with the Heads of Service to develop an action plan to bring spend back in line.

In-Year Recovery

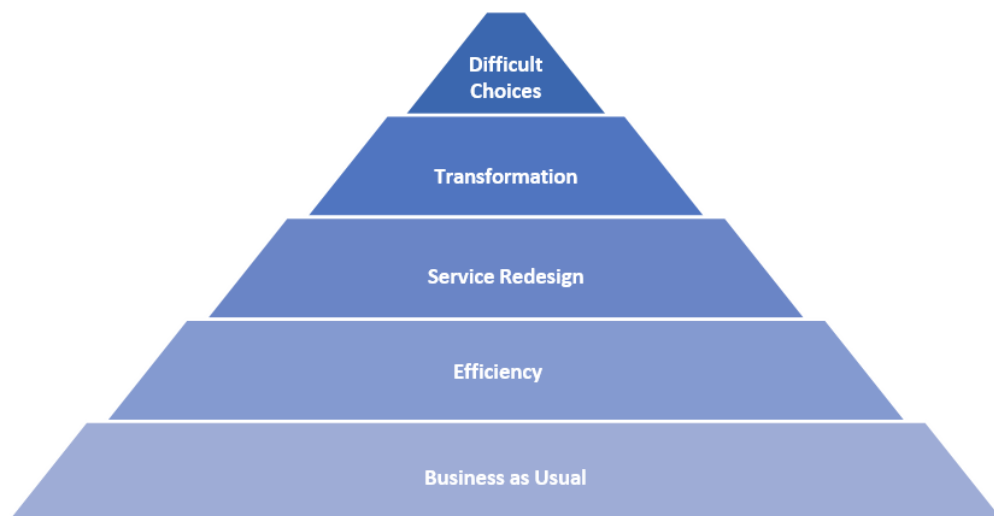
The table below Table 1 summarises the options being proposed within the in-year recovery plan.

Table 1

		2021/22
No.	Areas under review	£'000
1	Review and refine costs to ensure expenditure is coded correctly to covid	268
2	Reduce in-year non-essential spend	334
3	Impact on core services of Scottish Government additional funding	210
4	Improved projected outturn position	617
	Total In year Recovery Plan	1429

2022-23 Onwards

The Medium-Term Financial Strategy requires to cover all the areas as identified below from the Business as Usual to Difficult Choices.



Decision Making

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

- **Business as Usual:** Financial Governance underpins this strategy. In respect of most of our services we need to ensure that patients/service users receive the appropriate care based on their assessed need within available budget. Therefore, budgets and expenditure are managed through robust financial management supporting budget control across all services and all levels of the organisation to achieve an overall year end balanced position.
- **Efficiency:** We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and supporting us to be a lean organisation. This includes managing demand across a range of settings and services.
- **Service Redesign:** Maximising opportunities to redesign services to enable modern sustainable services. Digital and technology enabled solutions will be key to increasing efficiency and improve outcomes for people in a sustainable manner. Reviewing structures and processes will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.
- **Transformational Change:** Involves alternative models of care in line with the ambitions of the Health and Social Care Strategic Plan 2019-2022. Transformation requires us to think and plan services differently to deliver safe and sustainable services in the future, taking into account demographic growth and increasing long term conditions. Prevention and early intervention are critical to promote healthy and independent living

working with communities through locality plans to build resilience and support self-care and carers. Technology will be an enabler to supporting independence.

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

This Medium-Term Financial Strategy will consider the resources required by the Fife Health and Social Care Partnership to operate its services over the next three financial years and also estimate the level of demand and growth pressures likely to be experienced by these services. This will define the projected financial challenge and inform actions required to support financial sustainability in the medium term.

Aligned to the Integration Joint Board's Strategic Plan 2019-2022; Fife Integration Scheme (currently under review); The NHS Clinical Strategy and the overarching Plan 4 Fife, the Medium-Term Financial Strategy will also demonstrate cognisance of the key strategies, plans and policies of partners where relevant to the operation of the delegated services.

Having a Medium-Term Financial Strategy and PIDs is an important part of the Integration Joint Board strategic planning process and is integral to the delivery of our agreed strategic ambitions whilst ensuring as an organisation we are financially sustainable.

3.3.1 Quality/ Customer Care

The responsiveness of the service to individual risks and needs of people in hospital and in the community may be affected.

The financial position necessitates the need to target finite resources. Customer expectations may be higher.

3.3.2 Workforce

The workforce will require to manage customer expectations.

3.3.3 Financial

The financial recovery plan is intended to reduce the forecast overspend.

3.3.4 Risk/Legal/Management

There is a significant risk that savings will not be fully achieved, and financial viability of the partnership deteriorates if key proposals are rejected.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed for this report as full EQIA's will be brought on submission of the full business cases as part of the budget paper.

3.3.6 Other Impact

n/a

3.3.7 Communication, Involvement, Engagement and Consultation

n/a.

3.4 Recommendation

It is recommended that the Integrated Joint Board

- **Direction** - Charge the Director of Health & Social Care and Senior Officers to bring budgets back in line in year as reasonably possible.
- **Decision** - Discuss and Agree the actions to control costs as outlined in the recovery plan for 2021-22.
- **Decision** - Agree to continue to focus on implementing effective financial management and good governance in to deliver a balanced budget moving forward.

4 List of Appendices

Appendix 1 – Direction from Fife Integration Joint Board (IJB)

Appendix 2 – Tracking Finance Recovery Plan 2021-22

5 Implications for Fife Council

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

6 Implications for NHS Fife

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

7 Implications for Third Sector

This report reflects payments made to Third Sector providers.

8 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

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	✓

Report Contact

Audrey Valente

HSCP Chief Finance Officer

Audrey.Valente@fife.gov.uk



DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2021/002
2	Report Title	Financial Recovery Plan
3	Date Direction issued by IJB	26th November 2021
4	Date Direction Takes Effect	26th November 2021
5	Direction To	NHS Fife and Fife Council Jointly
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	See appendix 2
8	Full Text of Direction	As part of the recovery plan approved by IJB members on 26 th November partners, through the Director of Health and Social Care, are asked to reduce spend as per appendix 2.
9	Budget Allocated by IJB to carry out Direction	In total savings of £1.429m are expected to be delivered as per appendix 2.
10	Performance Monitoring Arrangements	In line with the agreed Performance Management Framework of the Fife Integration Joint Board and the Fife Health and Social Care Partnership. The projected outturn is required to reduce by £1.429m
11	Date Direction will be reviewed	31 st March 2022

**TRACKING FINANCE RECOVERY PLAN 2021-22
HEALTH & SOCIAL CARE**

Recovery Plan Theme	Savings Target £m	Overall Forecast £m	(Under)/ over achieved
Review and refine costs to ensure expenditure is coded correctly to Covid-19, for example within wards and stores	0.268	0.268	0.000
Improved Projected Outturn position, for example, Community Services, Hospital, Long Term care & respite	0.617	0.617	0.000
To reduce in year Non-Essential spend, for example, across equipment, travel and other property costs	0.334	0.334	0.000
Impact from core services of Scottish Government Additional Funding, for example, reduction on travel and overtime	0.210	0.210	0.000
Grand Total	1.429	1.429	0.000



Meeting Title:	Integration Joint Board
Meeting Date:	26 November 2021
Agenda Item No:	11
Report Title:	Health and Social Care Partnership Annual Performance Report
Responsible Officer:	Nicky Connor Director of Health & Social Care Partnership
Report Author:	Fiona McKay Head of Strategic Planning, Performance & Commissioning

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:

- 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 and Performance Committee - 7 October 2021 –The committee confirmed that they were happy to accept the recommendations outlined in the report and progress to the IJB, noting that the work of the Partnership was significant.
- Clinical and Care Governance Committee – 12 November 2021- acknowledged the significant work undertaken especially in a pandemic and agreed onward progress to the IJB.

3 Report Summary

3.1 Situation

Fife Health & Social Care Partnership is required to publish an annual report, which sets out an overview and updates on performance within the reporting period.

3.2 Background

The 2020-21 Annual Report is the fifth annual performance report produced by Fife Health & Social Care Partnership.

The report outlines the Health and Social Care Partnership's performance, progress and achievements against the five aims within the Strategic Plan.

3.3 Assessment

The attached report provides an overview of progress and performance within the Partnership for the period from 1 April 2020 to 31 March 2021.

3.3.1 Quality/ Customer Care

The annual report provides overview of activity and performance on key areas within the Health & Social Care Partnership. Where a service is not performing or meeting required standards or target, there is a possibility that this could impact on the quality and/or experience of individual's accessing these services.

3.3.2 Workforce

Not applicable

3.3.3 Financial

Not applicable

3.3.4 Risk/Legal/Management

Not applicable

3.3.5 Equality and Diversity, including Health Inequalities

An EqIA has not been completed and is not necessary. The report is part of the statutory arrangements for the Partnership in relation to reporting on performance.

3.3.6 Other Impact

Not applicable.

3.3.7 Communication, Involvement, Engagement and Consultation

- Submission to this meeting is **part of the** consultation before the report is finalised and submitted to the Integration Joint Board.

3.4 Recommendation

- **Discussion** – examine and consider the implications of a matter
- **Decision** – agree / disagree to forward to the Integration Joint Board for approval.

4 List of Appendices

The following appendices are included with this report:

- Appendix 1 – Fife Health and Social Care Partnership Annual Report 2020-21

5 Implications for Fife Council

None

6 Implications for NHS Fife

None

7 Implications for Third Sector

None

8 Implications for Independent Sector

None

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

Fiona McKay

Head of Strategic Planning, Performance & Commissioning

Tel: 03451 555555 Ext 445978

Email: fiona.mckay@fife.gov.uk



DRAFT

**Fife Health
& Social Care
Partnership**



Annual Report 2020-21

Contents

A message from our Chair	2
Foreword	4
Introduction and Background	5
• Fife's Population	6
Our Performance	7
• Priority 1 Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife	8
• Priority 2 Promoting mental health and wellbeing	26
• Priority 3 Working with communities, partners and our workforce to effectively transform, integrate and improve our services	36
• Priority 4 Living well with long term conditions	71
• Priority 5 Managing resources effectively while delivering quality outcomes	79
Inspection of Services	81
Financial Performance and Best Value	82
Future Priorities	85
Glossary of Terms (A-Z)	89
Appendices	
• Appendix 1 - National Indicators	91
• Appendix 2 - Financial Information 2017 – 2020	94

A message from our Chair



Cllr Rosemary Liewald
Chair, Fife Health & Social
Care Partnership Board

I want to thank our staff, partners, communities, and colleagues from the independent and third sectors and the 'Team Fife' approach adopted in response to the Covid-19 pandemic, demonstrating integrated working at its heart. Their dedication, commitment, and professionalism to care for and support the people of Fife has been extraordinary.

During 2020/21 we have had to respond to unprecedented challenges across the whole health and social care system, and wider society from the Covid-19 pandemic. We all hoped that by now we would be seeing a light at the end of the tunnel, however demand on services continues and we have had to respond to these challenges by looking at new ways of working to ensure the health and social care needs of the most vulnerable people in our communities are met.

This is the fifth annual report for the Fife Integration Joint Board (IJB) and within it we look back over the last year (2020/21). We consider progress in delivering the priorities set out in our Strategic Plan (2019-22), with key service developments, achievements, and areas for improvement. Within this report we also review our performance against agreed strategic plan priorities, as well as the National Integration Indicators and those indicators specified by the Ministerial Strategic Group (MSG) for Health and Community Care.

There's no doubt that the pandemic has had an impact on what we do every day. To respond to the pandemic we have had to work differently to ensure the needs of those we care for and support are met, including using technology much more. It has also meant that we had to pause certain services and activities to allow us to deal with any emerging priorities.

There is much we can be proud of over the last year and we have made improvements in a number of areas. We have also learnt a lot over this period, working together as 'Team Fife' to ensure that we continue to meet the needs of service users, whilst utilising learning from staff and those who use our services to continue to develop and innovate in our delivery of services.

I'm incredibly proud of Fife Health & Social Care staff in driving forward programmes of improvement and transformation aligned to bringing services closer together to improve health and social care outcomes for the people of Fife. Ensuring we use our resources effectively and that services can be mobilised and re-mobilised to meet the demands of the pandemic and beyond. The flexibility shown by staff to be re-deployed into different roles to support priority areas is really humbling and highlights how lucky we are to have such a committed workforce.

We continue to develop our 'Home First' strategy, which is a key priority, to ensure that people who have been in hospital return home or to a homely setting as soon as it is safe to do so. This is monitored daily and teams across health and social care are working extremely hard to make sure there's a person-centred approach to this.

There has also been a huge amount of work done by teams to support the care at home service internally, and with our external providers to look at options and solutions that can maximise capacity and availability throughout Fife.

Looking at the report you will see how much has been achieved over the past year across the Partnership and I'm very proud of this and although there's more we can do, we are starting from a great base to build on.

On another note, my time as Chair of the Fife Integration Board is coming to an end. The three years in this post has gone by really quickly and I have enjoyed the role and being part of improving health and social care in Fife. Christina Cooper will be taking up the Chair role in October and I will be supporting as Vice Chair. I will still be involved with the board and partnership and working together towards achieving the best health and social care outcomes for the people of Fife.

Foreword

The demand on services across the whole health and social care system is unprecedented and ensuring we deliver good and safe services is a team effort. We couldn't do what we do without the support of our dedicated staff, our partners NHS Fife and Fife Council, colleagues from the third and independent sectors, carers and our communities, and I want to thank each and every one of you. It's by working together that we will continue to progress with integrating services and ensuring we care and support people in Fife to live the best lives they can.

I don't think any of us imagined that we would still be living through a pandemic, however, we are. Covid hasn't gone away, and we are reminded regularly how quickly the virus can spread and how we need to be able to respond to emerging priorities with flexibility to ensure those people who are most vulnerable are cared for and supported. The work achieved nationally and locally with the Covid-19 vaccination programme and the testing programmes have made a huge difference and I want to thank everyone involved, including our communities, for making this happen. This Covid-19 vaccination programme was the biggest vaccination programme we have ever been involved in and we have done an amazing job.



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

Living and working through a pandemic has meant some services have been delivered differently and we have learnt a great deal including the importance technology can play. We've also shown how important integration is and what can be achieved by working together with a common goal of providing the best person-centred care and support we can for our communities to thrive and live the best lives they can.

In our fifth annual performance report, we continue to progress with integration. Services delegated to the Partnership have been restructured into new portfolios supported by a new Senior Leadership Team. Linking services that work together in the same portfolio will help to support our vision for the future and improve on our performance against our strategic plan priorities and the national outcome indicators.

We have achieved a great deal over the past year, however there is more we can do. In the Partnership we have an aspiration to be one of the best performing partnerships in Scotland, and we can only do this by continuing with our integrated approach to service delivery. It's by listening to everyone we work with and support, using our resources well and progressing with transformation that we will be sustainable now and in the future.

Thank you again for your support.

Introduction and Background

Welcome to the fifth annual report from the Fife Health and Social Care Partnership.

This report provides an update on progress against our Strategic Plan 2019 – 2022 which was published in August 2019.

Our Vision

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

Our Mission

We will deliver this by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes.

Our Values

- Person-focused
- Integrity
- Caring
- Respectful
- Inclusive
- Empowering

Fife's Population

In 2018, Fife was home to an estimated 371,910 people. By 2043 this is expected to decrease by 2.1% to 364,164.

2018



370,910 people

2018 2043

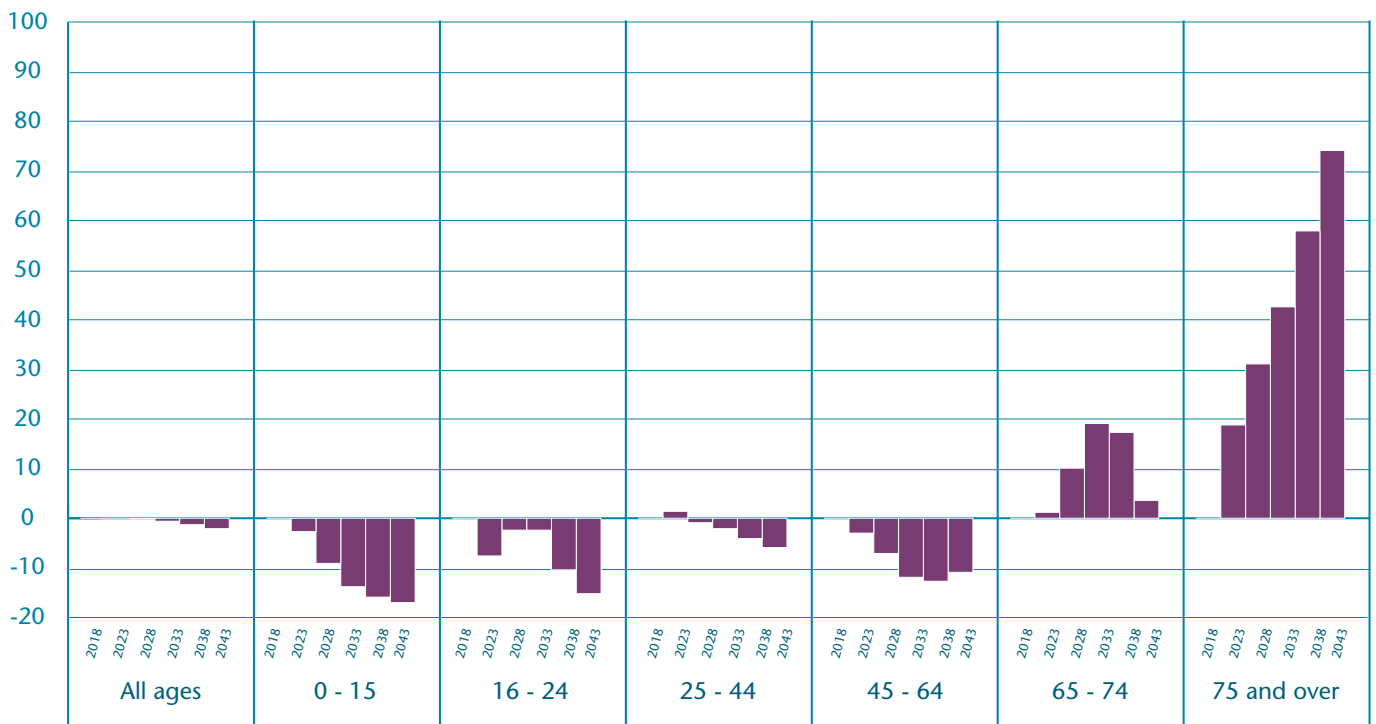
0-15	64,473	53,522	-17%
16-64	231,847	209,218	-10%
65-74	75,590	104,956	+34%
75+	32,754	57,026	+74%

2043



364,164 people

Projected percentage change in population by age group until 2043



Our Performance

Our latest Strategic Plan (2019 – 22) defines five Strategic Plan Priorities:

- 1 Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife
- 2 Promoting mental health and wellbeing
- 3 Working with communities, partners and our workforce to effectively transform, integrate and improve our services
- 4 Living well with long term conditions
- 5 Managing resources effectively while delivering quality outcomes

These link directly to the nine National Health and Social Care Health and Well-being Outcomes

- 1 People are able to look after and improve their own health and well-being 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 well-being, including to reduce any negative impact of their caring role on their own health and well-being
- 7 People using 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

The following sections outline the Health & Social Care Partnership's performance and progress against these outcomes and our strategic commissioning intentions.

The national indicators we can report on are presented in Appendix 1.

Please note there are a few of the 23 national indicators not available for 2020-21 period owing to the way in which these are collected, verified and released. The data reported are against core indicators and are for the period the most recent data is available. Some indicators may be provisional and subject to change.

Priority 1

Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

We are committed to ensuring that people are empowered to make their own informed choices about how they will live their lives and what outcomes they want to achieve. Planning for preventative action can have a positive impact on improving health and reducing inequalities and can reduce the demands for health and social care services.

Locality Planning

Although we had to pause all of locality Core Group work and meetings due to Covid-19, work has still been happening in the background through virtual meetings with our Chairs and Senior Leadership Team. September through to November saw us finalising our refreshed locality plans, focusing on work that we can realistically remobilise through 2020/2021, taking into account the Covid-19 restrictions.

Our remobilising priorities see us focussing on wellbeing and social isolation, living well with long term

conditions, supporting mental health, carer support, H&SC public representation. We have been busy updating our locality website pages, ensuring that all documents and plans are updated to reflect our remobilisation route map.

For further information regarding the priorities that H&SC Locality Planning will be delivering in our seven locality areas, have a look at the following weblinks and click on the 'Getting to Know ...' document within each page.

- www.fifehealthandsocialcare.org/cowdenbeath/
- www.fifehealthandsocialcare.org/dunfermline/
- www.fifehealthandsocialcare.org/glenrothes/
- www.fifehealthandsocialcare.org/kirkcaldy/
- www.fifehealthandsocialcare.org/levenmouth/
- www.fifehealthandsocialcare.org/north-east-fife/
- www.fifehealthandsocialcare.org/south-west-fife/

Fife Wide Progress Updates

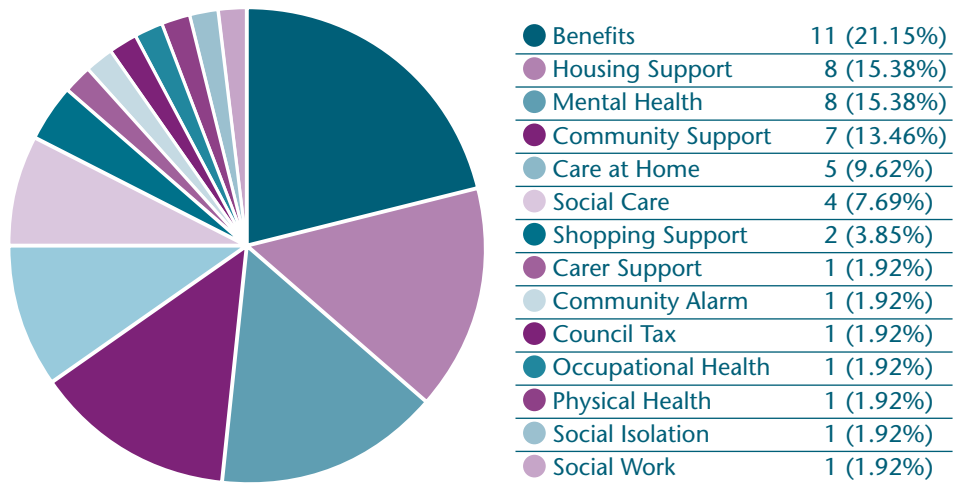
The Well Points

In March 2020 all Wells ceased face-to-face contact due to the COVID-19 pandemic. A Well Remobilisation Group was established in August 2020 to progress the Wells and restart in a safe and secure environment for both staff and public. The Well was remobilised in November 2020 using Near Me software as a tool to provide virtual access for the population of Fife. A phone line was set up to support the population of Fife who may not have access to technology or internet or feel confident enough to use the virtual Wells. A core team for each locality was established with staff from Adult and Older Adult Locality Teams and Fife Forum Local Area Coordinators.

Most enquiries coming through The Well have been in relation to Mental Health, Financial Support/Benefits and Community Support. Social care, Care at Home and Housing are also high on the list of enquiries.

During the period 25 Nov 20 – 31 Mar 21 we received 52 enquiries through "The Well Near Me".

Reason for visiting The Well



Social Work Contact Centre

The Social Work Contact Centre is Fife’s front door to the Health and Social Care Partnership. Throughout 2020/2021 the Social Work Contact Centre have afforded flexible approaches to the challenges faced resultant to COVID-19 and have driven forward:

- a single point of access for new Social Work and Social Care enquiries (people and professional).
- improved outcomes for our people by enabling the delivery of integrated services.
- improved consistency and quality of service by providing a focused approach to communication across the service.
- supported an early and proactive approach to delivering the right service at the right time.
- raise the standards of service response by ensuring effective end to end processes.

The Social Work Contact Centre have developed strong links with The Well and will continue to strengthen this relationship to support and enable an early and proactive opportunity for

people to plan and make informed choices about how they live their lives.

To drive the Health and Social Care Partnership vision forward, promote an integrated service at the front door and reduce pressure on health and social care services, the Social Work Contact Centre next steps will be:

- Continuing to provide accessible information, advice and guidance
- Reviewing the current website and taking forward an enhanced opportunity for online referral and engagement
- Continuing to strengthen a coordinated approach to people receiving the right support, at the right time, from the right place.
- Ensuring we are proactive in responding to the needs of the people in our community and respond at the earliest time to promote individual and community resilience, best outcomes and avoid crisis situations.
- Working together to creatively design new ways to deliver the best possible care and support at the front door.

Planning with People

We have been working to recruit three Public Engagement Officer posts to engage with the public, communities, community organisations, public and private bodies to develop effective processes and mechanisms to enable people to be involved in planning and decision making of H&SC Services.

Levenmouth Locality Progress Update

Levenmouth HSCP Drug Deaths Update

Fife Alcohol & Drug Partnership (ADP) Support Team has identified a significant number of Fife's total drug deaths have been occurring in the KY8 Levenmouth area over the past three years. In 2019, as many as 22 of Fife's 81 deaths happened in the area.

In partnership with the Levenmouth Health & Social Care Partnership Group, the ADP through its Overdose Prevention & Drug Death Monitoring (OPDDMG) subgroup, is developing strategies to reduce the acceleration of such deaths, stabilise their frequency and ultimately reduce their overall occurrence. These outcomes now form part of the Levenmouth Locality Plan and are a feature of the OPDDMG work plan.

In addition to the Levenmouth HSCP, the ADP has engaged with the Levenmouth Multi-Disciplinary Team in an attempt to identify key stakeholders who will contribute to the strategic aims outlined above. Managers and representatives of ADP-commissioned services who have a prominent presence in the area have also been consulted as part of a wider consultation exercise which will include local Councillors, Police Scotland, NHS Fife Health Promotion Team and representation from local front-facing services such as pharmacies and foodbanks.

The ADP Support Team are developing a comprehensive response which will also include contribution from the ADP funded Near-fatal Overdose Team who provide assertive outreach to those who experience an NFO across Fife. Key to the success of this work is developing links with the local community to more effectively deliver targeted harm reduction messages such as overdose awareness, naloxone provision and distribution, as well as reaching families and

friends in addition to those most at risk of overdose and death.

A number of opportunities have been highlighted and the ADP has identified a number of objectives including, but not limited to:

- Increasing the presence of drug services embedded within the community.
- Growing educational opportunities on harm reduction and overdose to individuals, families and friends, and key local professionals.
- Enabling easier access to the wider gamut of ADP-related service options.
- Highlighting the existence of key local services to the community.
- More support for family members.
- Wide availability of injectable and nasal naloxone and injecting equipment.
- Reduction of stigma associated with problem drug use which prevents users and their family from accessing services and harm reduction messages and equipment.
- Faster access to Medication Assisted Treatment (MAT) such as methadone and buprenorphine.

People with lived experience will also play a key role in developing and monitoring a response for Levenmouth. The ADP Lived Experience Panel (LEP) has representation on all consultation groups and the nature of the problem has been discussed widely at LEP meetings. The lived experience of those on the LEP who grew up in the area is invaluable in designing a response which will be meaningful and deliverable.

Kirkcaldy Locality Progress Update

Type 2 Diabetes Prevention & Reversal within the Kirkcaldy locality

We are delivering targeted weight management interventions for adults living with or at risk of Type 2 Diabetes (T2D) across Kirkcaldy Locality through a group education programme which aims to support people at high-risk of T2D to prevent or delay onset of the condition.

Through structured education, Let's Prevent Diabetes supports people to make personalised lifestyle and behaviour changes, shaped around the group's local and individual needs. The programme is six hours in length, attended by up to ten people and led by two trained educators. Participants learn about the risks and implications of developing T2D, along with how to make lifestyle changes to prevent its development. This pragmatic intervention helps people to reduce their HbA1c and LDL cholesterol levels, through reducing sedentary behaviour. We do this through encouragement, peer support and coaching to reach self-determined goals.

Let's Prevent is at quite an early stage in Kirkcaldy, but we are already seeing some useful patient engagement. Currently, we are controlling the intake of patients while the service builds capacity - the GP surgeries are identifying the patients based on historical blood test results and the Let's Prevent team are then inviting them along and requesting medical summaries from the surgeries to support this.

Supporting those with Sensory Impairment

The Deaf Communication Service (DCS) is a small service with a team of 3 Development Workers and who provide support to people who live Fife wide who are Deaf, deaf, Deafened, Deafblind or who are Hard of Hearing.

The team deliver on two National Strategies. The BSL National Plan (Fife has a Local Plan) and the See Hear Strategy and work within these two strategies to meet the recommendations of both. The key to success is the person-centred local partnership between statutory and third sector agencies. The overall strategic intent of both Fife strategies is to deliver improved health and social care outcomes for the BSL communities, which includes accessibility to information and services that are sustainable through long term investment and supported by new models of service provision.

The Team as small as they are, have been delivering effectively and timeously on both the Fife Local BSL plan the See Hear Strategy. Prior to the pandemic we were actively working towards meeting our priorities. The following is not exhaustive of the activities undertaken by DCS:

- Working in partnership with NHS Audiology to determine referral route from audiology screening through our Pop up Surgeries in The Wells.
- Participating in a lottery funded project with Deafblind Scotland to increase community engagement and develop a data set of people living in Fife with deafblindness to support future service development and training. This is progressing slowly due to the pandemic. A bi-annual Deafblind community involvement day is to be introduced in order to identify and bring together Deafblind people who live in Fife and introduce them to a wider range of resources.
- Working with CAHMS to increase awareness of Scottish Mental Health Services for Deaf People. This is a huge gap in service, with DCS leading on engagement through a mental health conference with the Scottish Mental Health Service for Deaf People, the first of its kind in Scotland for both professionals and users and funded through Fife SeeHear funds.
- Facilitating training for Sam's Café in supporting adults with a hearing impairment or who are Deaf/deaf.
- Working with NHS Equalities for Deaf people to access Psychology Therapies. Testing of the site has proved positive with feedback.
- Setting up a Cochlear Implant Support Group, funded from Fife SeeHear funds to continue post Covid-19.
- Working with Hearing Link on the Halo Project; early intervention for newly diagnosed hearing loss to augment current services, to continue post Covid-19.
- Working with Housing (Housing Pods) See Hear funded. Further follow up post Covid-19.
- Partnership work with NHS Equalities, engaging with the Deaf Community, supporting any issues with accessibility to health services or information.
- Working in The Wells, Pop up Surgeries in Local Libraries.
- Working with Ostlers care home staff by training them on Hearing Screening. This augments regular optician visits and Hearing Champions have been identified for the other 7 Older People homes/villages. This work will continue post Covid-19.

- Working with Fife Sheltered Housing complex in delivering Communication boxes, contact has already been established and boxes have been delivered. This will require follow up and plans to establish Pop up clinics in the sheltered housing complex will happen post Covid-19 when it is safe to do so.
- Training for staff during Covid-19 have included sessions with Police Scotland (Fife P Division) where 17 officers received Deaf Awareness and BSL Taster sessions (socially distanced) and 20 NHS staff were provided with BSL awareness sessions in April 2021.
- DCS have developed alongside workforce development a BSL SIGNATURE Level 1&2 Course to start in September 2021 as part of the BSL Local Plan. DCS will receive registration as a centre imminently.
- BSL Awareness/Interpreter Awareness training on Oracle by DCS Tutor
- In order to further support the diverse range of needs in the deaf community, the team have updated their own skills by attending Islamic Sign Language awareness, Deafblind manual level 2, 3rd Party reporting for adult protection/support for Deaf people experiencing Domestic Violence/abuse.
- Developed a Young person event for secondary school students with a sensory loss to feature speakers with lived experience of paid employment options and volunteering.
- Worked with Education on tutoring youngsters in BSL
- Partnership working on progressing the BSL Local Plan for young people and their parents.
- Developing an effective communication strategy that is accessible and promotes ongoing work between DCS and communities on the progress of the BSL Local Plan/See Hear Strategy. A newsletter, leaflets and promotional materials have been developed to support this aim. DCS also have a Social Media presence ie Facebook, Twitter, Youtube channel which has been highly effective during Covid-19 Lockdown(s) as there was evidence the deaf community were largely unaware of the ongoing changes to restrictions.
- Made available 148 accessible video clips for Deaf community and any Fife BSL Colleagues. Clips include, Adult Protection, NHS Updated Information, FHSCP Updates, Police Scotland Updates, Fife Fire Service Updates, but most importantly supporting people to understand the importance of the ongoing changes to restrictions during Covid-19.

The service adapted to Covid-19 by offering support in a different way. Drop In which is normally available 3 afternoons per week for people who present to the office for support for a range of difficulties was no longer an option however referrals and contacts continued.

From the onset of the pandemic, it became evident that people with a lived experience of being Deaf or who rely on British Sign Language (BSL) as their first language found the restriction(s) pathway difficult to navigate. Fife Police referrals also increased, regarding concerns about restrictions being misunderstood. To support this the team translated the essential Covid-19 guidance to short clips and videos on DCS YouTube and the DCS Facebook pages. Additionally, home visits were prioritised to those requiring critical support and advice or who required essential repairs to communication equipment.

For the period April 2020-31st March 2021 there were 1309 contacts to the team for a myriad of support, which includes requests for technology or communication equipment.

An increase in adult protection activity was also evident in the Fife Deaf/deaf community as people appeared to be more vulnerable to exploitation. Information was passed to relevant area Teams, however due to communication difficulties some cases have been retained by the DCS team for ongoing advice and support.

There has been an increased demand for support to access foodbanks, supporting CARF appointments or benefits enquiries. One example is support offered to a Syrian gentleman recently estranged from his family who communicated with a mixture of Arabic sign, stimulating the requirement to seek out relevant training for the team. The team also supported the gentleman to access support from an Asian deaf group in Glasgow and sourced donations for a laptop.

Next Steps

- Priority will be to continue to provide information accessible for Fife BSL community
- Young Person Event to support Children and Young Adults' transition from school/education to work/employment
- Work with Deafblind Scotland to increase community engagement and develop a data set of people living in Fife with deafblindness to support future service development and training.
- Work with CAHMS to increase awareness of Scottish Mental Health Services for Deaf People.
- To continue to improve on and develop further links with Fife Police and NHS Equalities re BSL and Deaf awareness training for Fife employees
- Work with Workforce development a BSL SIGNATURE Level 1&2 Course to start in September 2021 as part of the BSL Local Plan. DCS have this week received Centre registration so this can now be progressed
- Continue to work with NHS Equalities to ensure communication support at critical times

Helping families through The Family Nurse Partnership (FNP)

This is a Fife-wide licensed, voluntary, evidence based, early intervention home-visiting programme offered to all eligible first-time mothers aged under twenty.

Family Nurses visit FNP clients approximately fortnightly from very early pregnancy until their first child is two years old, delivering the Universal Health Visiting Pathway throughout the time that FNP clients are enrolled on the programme. Nurses are specially trained, including the use of motivational interviewing (MI). MI is designed to strengthen motivation and commitment to identified goals and behaviour change.

Multiple studies have identified better outcomes for children of mothers who enrol with FNP compared to comparative cohorts, although FNP clients consistently say that it is the therapeutic relationship they develop with their Family Nurse that they value the most.

Approximately 70% of FNP clients reside in the most deprived data zones in Fife, demonstrating that FNP is meeting the needs of the most deprived young first-time parents in Fife.

During the pandemic the majority of health and social care as well as voluntary services were not able to meet with families directly, reverting to the use of video calls via Microsoft Teams. This impacted on some clients' ability to meaningfully engage in meetings or activities due to their lack of resources.

The receipt of the laptops and/or WIFI helped to reduce families' isolation and poor mental health experienced during the pandemic, enabling them to participate in online support and mother and baby activities facilitated by local voluntary groups such as Fife Gingerbread and Homestart. It also facilitated their engagement in important child wellbeing or child protection meetings all of which have taken place via video link throughout the pandemic. Before receiving the equipment clients were using unreliable internet connections via mobile phones. The main challenge for this activity was ensuring that the clients were in receipt of their laptop and WIFI within the 30 day period expected by Connect Scotland.

In January 2021 FNP applied for and received 23 laptops and 25 WIFI connections from Connect Scotland which were shared with clients who had no access to IT equipment or the internet.

Throughout the pandemic Family Nurses have also continued to support FNP families to access the Money Talks Team, provided by the Citizen's Advice Network, Scotland. Family Nurses make referrals to the service and support clients who find engagement with other services difficult, for example being with them at home when the Money Talks Team phone to offer advice.

Next steps

Continue to apply for appropriate grants as they become available. It is anticipated that Connect Scotland will offer the opportunity to apply for laptops and WIFI again in the near future.

Children & Young People's Community Nursing Team

ADHD Nurse Service

- Over the past year, the ADHD service have managed to continue offering support and advice to young people and their families, despite the Covid-19 restrictions, by adapting and continuing regular reviews via the telephone and Near me.
- The ADHD Nurse team have expanded their service and now have 7 nurses across Fife who will provide support to medical staff and joint working with the wider ADHD team. By having nurse support throughout Fife there will be a better equity of care across the service.
- The nurses now have a phone line which is manned on a rotational basis providing advice and support to families and the multidisciplinary team.
- The ADHD Nurse service has 4 Sleep Councillors at present. Two of our ADHD Nurses have developed a SWAY package around sleep for our families to access (available on Hands On Scotland and Mood Cafe web pages). Due to the pandemic, we have not been able to run our group sessions around managing sleep so the sleep SWAY will allow families to access good quality information and advice during this time until we can return to having face-to-face groups.

- The ADHD Nurses are now paperless. At the end of March 2020, we moved over from paper records to MORSE, an electronic note system. This was extremely helpful in terms of us being able to access notes from home and still be able to run our clinics (albeit modified) This has also meant information can be shared more easily and improving safety.

Next steps

- A further ADHD Nurse will complete the Non-medical prescribing course this coming year.
- Remobilising the ADHD Nurse service will begin with a blended way of working. The ADHD nurses will work part of their hours from home with telephone/Near Me clinics and the rest of their week with face-to-face clinics in their areas.
- The ADHD Nurse service are currently running a telephone audit with families to obtain feedback around our current service and the experience they have had

Children and Young People’s Continence Team

Despite face-to-face contact stopping in March 2020 due to the Covid-19 pandemic, the team were able to continue to provide a service to all the children and young people in our care, through modifying interactions. Appointments were offered by telephone or virtual appointment and continued to allocate adequate time to complete comprehensive assessments and review consultations. We have continued to work within our agreed waiting times for initial assessment, and treatment reviews within the enuresis/wetting clinics for our service.

An audit of the service provision during lockdown showed 88.5% of patients felt service level was maintained; 4% had no past experience of the service to compare to; and 7% stated they felt less supported but acknowledged they had not contacted the service for additional help outwith their routine scheduled appointments. The excellence of quality-of-service provision was rated at 90.4% for this time period. We were aware that we were not always able to communicate directly with the child /young person during this contact, however in audit responses to the question “would you prefer that the majority of future appointments are offered by telephone consultation for the enuresis clinic service?” 53.8% of parents answered yes; 42.3% no and 3.8% ‘don’t mind’.

The Children and Young People’s Continence Service won the “Improving Life Experiences Award” from Children’s Health Scotland on Friday 4th September 2020

This acknowledged the work they have done in making a difference to the health and wellbeing of children and young people in Fife.

The judges felt that the team was making a significant difference to the confidence and resilience of children and young people, so they are better able to deal with their difficulties.

Next steps

- Funding/approval for another Band 5 staff nurse has been submitted to ensure the team continues to be able to support children and families with day, night and secondary wetting issues, and soiling and constipation problems.

Children and Young People's Special School Nursing Services

- Special schools remained open during Covid-19 lockdown
- Nurses continued to offer a safe place for children and young people with a learning disability and / or a complex health care need
- Case file audits carried out
- Children / young people's flu vaccines offered by school nursing staff to reduce school footfall

Next Steps

- Recruitment to the team to fill resignation gaps
- Commencement of a sleep clinic within special schools run by nursing staff
- Commencement of a constipation clinic within special schools run by nursing staff

Children's Community Nurses Team (CCNs)

- The CCN team are now based out of two Health Hubs which we have established in Leven and Kelty Child Development Centres, each with a clinical room to carry out nursing care interventions for children in the community. Home visits continue with risk assessments and appropriate PPE in place.
- We have established bigger more robust Teams by co-locating with the Child Development Centre (CDC) staff which has improved team working, communication and professional relationships as well as increased support for staff and shared learning opportunities.
- Throughout lockdowns and all of the challenges presented by the pandemic the CCN team have maintained a high level of support to families with complex health needs and delivered high quality nursing care.

Next Steps

- The Hubs continue to function effectively with social distancing and infection control measures.
- Home visits to children continue in the community to maintain care and support with appropriate PPE.
- Plan to explore expansion of the team due to increasing caseloads and challenges.

Health Visiting and Breastfeeding Service

The Health Visiting Service works in partnership with other agencies and services to complete ongoing health and development assessments to provide support and advice to parents/carers of children from pre-birth to pre-school. The skill mix of Health Visitors, Nursery Nurses and Health Care Support Workers work together to provide a unique contribution to Getting It Right for Every Child (GIRFEC) through home visiting. We have continued to deliver a service throughout COVID-19 with reduced staff where the most vulnerable children have continued to be seen and supported. We have adapted to new ways of working remotely with our partners in education and social work to support health and wellbeing. The use of Microsoft Teams has been instrumental in maintaining links with partners and attending wellbeing meetings, children's hearings etc.

Breast Feeding Support Service

The Breast-Feeding Support Service contacts all breastfeeding mothers shortly after discharge from hospital to offer support in establishing and maintaining breastfeeding. This support can be by telephone, home visit or email / text messages. The service has continued to be delivered during Covid-19 including face-to-face support with staff in full PPE.

Next Steps

Fife Implementation of the National Health Visitor Pathway in Scotland

Have robust self-evaluation in line with National Inspectorate Quality Indicators, Children's Service Plan outcome measures and the Child Protection Improvement Plan

- Develop services in line with the Health and Social Care Strategic Plan and NHS Fife Clinical Strategy
- Continue to fund annexe 21 posts balanced with ongoing external advert for experienced Health Visitors from neighbouring boards.
- Team Leaders to be trained in, and provide, robust management, restorative and case supervision to HV staff.
- Continue quality assurance audits to inform programme of staff training.
- Skills mix to be trained / upskilled in early intervention for key childhood issues.
- Suite of Standard Operating Procedures / Competency Frameworks to be agreed and implemented for all staff group grades.
- Consideration given to development of new post(s) to support governance / training of staff.

Lochore Meadows Project – accessible leisure and play for all

This is a Partnership project as part of the upgrade of Lochore Meadows play park and involves Children, Young People and Families, PAMIS (Promoting A More Inclusive Society), the Children & Young People's Occupational Therapy Service, Fife Council Community Planning, Lochore Meadows, Friends of Lochore Meadows, Fife Council Access Officer and Play as One Scotland.

The project aims to achieve PiPA (Plan Inclusive Play Areas) accreditation through a plan which 'designs out' barriers to play, enables self-esteem and builds confidence as well as encouraging independence. A 4th year Occupational Therapy student has engaged with children with additional support needs (ASN) and their families through a survey to discover what they thought should be included in the upgrade to Lochore Meadows play park, to make it more accessible and user-friendly for this group of children.

Next steps

- Plans and building schedules for the park are being finalised with work due to commence in 2021.
- Promote and increase use of the 'drive deck' available at Lochore Meadows. Collaboration amongst local stakeholders identified the need to expand access to Drivedecks outwith the school environment. The Drivedeck at Lochore Meadows with its SMART computer technology is a resource that enables a person to use whatever small motor skills they have to play safely and independently alongside their siblings and peers amongst nature.

Housing

Preventing Homelessness and supporting those who are homeless or vulnerable

Throughout this challenging year the Housing service has continued working towards the priorities identified in the Strategic Plan 2019 – 2022. Key achievements during 2020 – 2021 include:

- A new service design for Housing Access has been developed with the focus on Prevention of Homelessness and to ensure that the aims of the Rapid Rehousing Transition Plan are met.
- Preventing homelessness is particularly challenging as homelessness (crisis and backlog) is increasing and there is an increasing demand for temporary accommodation. In addition there seems to be a greater number of vulnerable people approaching the Council due to homelessness.
- A range of service improvements have been developed after undertaking a 4DX Sprint exercise – insights were gathered from service users and used to improve the service.
- Increasing focus on the digital offer: advice and support – a virtual Housing Access offering is being designed to help customers have wider access to Housing Advice.

We undertook 380 Housing Advice interviews with people experiencing domestic abuse to help offer alternatives to going through homelessness.

Housing Support Service continues to be delivered via hostels and outreach services.

- A Revised Housing Access Hub Approach has been developed to promote a “no wrong door” approach. This will start with Segal House in Dunfermline.
- The Public Social Partnership (delivering homelessness services and housing support) Formal Review has been undertaken by a Housing Consultancy Company – a range of improvements have been identified.
- The Public Service Partnership has developed a Trauma Academy to deliver Trauma Informed Training and practice development.
- Assertive Outreach/Housing First pilot has been established with the Rock Trust to work with individuals who require intensive support to maintain their tenancy.
- Where customers have been successfully living in their temporary accommodation there has been a scheme to convert these into the customer’s home.
- Starter/Tenancy Sustainment Packages have been offered to customers during the Covid-19 pandemic to provide furniture/white goods. Tenancy sustainment across sectors has remained high.
- Continued support through the Homelessness Liaison (Mental Health) Nurse Service. This service assists homeless people gain better access to mental health services throughout Fife. People who are homeless can refer themselves directly. The service offers interim support until accommodation issues are resolved.

Housing Adaptations

The first one stop shop has been completed at Rosewell Clinic in Lochore. This was delayed due to Covid-19 but progress is again being made.

Presently we are looking at how this will be staffed. “Mobile Room Pods” giving mockups of adapted and non-adapted rooms have been established here to allow for assessment of clients by OTs.

The Smart Life in Fife assessment system will be promoted within the one stop shop and discussions have started with ADL Smartcare to look at having more housing assessments placed on this platform.

Next Steps

- Develop further on-line assessment tools via Smart Life in Fife
- Start running surgeries at Rosewell Clinic, Lochore
- Develop virtual Housing Advice Hub
- Develop physical Housing Advice Hub at Segal House

We provided 393 permanent adaptations to properties to help people keep living independently.

The average time to undertake adaptations from approval is 23.12 days.

Supporting those with Hepatitis C

56 people were treated for HCV in 2020/21. This represents 48% of the Pre-Covid Scottish government target for Fife of 115 which is a remarkable achievement given the level of staffing support the service provided to the Covid-19 response. This included deployment of staff to acute clinical areas including ICU, and sustained and ongoing support to health protection, contract tracing and immunisation Teams. Health improvement staff also provided support to Third sector services involved in Injection equipment provision which is a key component of Hepatitis C and HIV prevention.

Our progress towards Elimination of Hep C has been maintained by:

- Continuing to initiate and treat patients assessed by the service prior to lockdown in Covid-safe ways.
- As first lockdown eased continuing the further shift in the method of delivery of service to outreach and mobile approaches.
- Building on the Winter 2019 Pop Up Testing PDSA work by increasing targeted testing in Homeless, Harm Reduction and Addition services.
- Introduction of a multi-agency inclusion forum and a separate rapid care and support group involving BBV, Homeless Mental Health and Harm Reduction and Recovery staff to address urgent and basic needs of service users for example food, finances, access to digital technology.

In March 2021 we also commissioned the Restoration charity to support people with Blood Borne Viruses. The new service operates a peer support and community connection model which has proved effective and popular among a range of excluded populations in Fife over the last 10 years.

Next Steps

- Embed the mobile and outreach model of service delivery to increase testing and treatment access.
- Continue to develop the work with homeless populations to offer increased access to basic healthcare and increased access to testing treatment and care.

Provision of Long Acting Reversible Contraception

Work towards increasing the uptake of long acting reversible contraception (LARC) among women affected by alcohol and drugs continued throughout 2020-2021.

834 Women received a coil insertion at Sexual Health Fife in 2021. A significant effort went into communications with women who were seeking a new or replacement forms of LARC during lockdown. This included phone triage and social media information and reassurance on the safe extended use of LARC for those who were due for a replacement.

The information provided on this change in the plan relate primarily to creating the conditions for women in underserved population (including people who use alcohol and other drugs) to access a range of support from a sexual health service that met their needs, built up trust and respect and involves a shift in the way statutory and third sector services work together. In some excluded groups LARC was not found to be a priority. From a health perspective a more concerning issue was the lack of update of cervical screening.

A Scottish Government funded pilot ran in Fife from 8th February to 31st March 2020 with the aim of increasing the health literacy of a group of 36 women living with disadvantage (homeless, offending behaviour, substance dependency, gender-based violence, mental health) in relation to cervical screening. The project used experience-led co-design and improvement science methodologies. The partners involved were Restoration, Scottish Drug Forum, Fife Council Criminal Justice Service, NHS Fife Services (Sexual Health Fife and Addictions) and the women themselves.

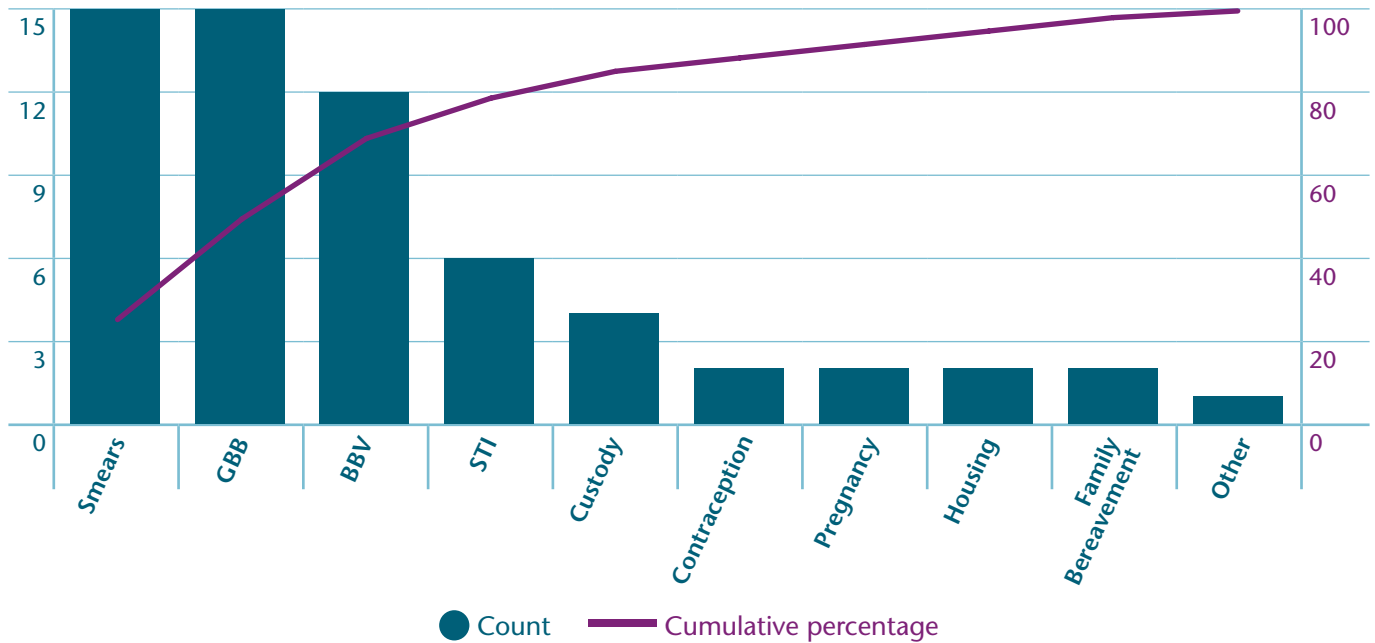
The outcomes of the work were:

- 100% of women engaged in the project had discussion about smears and other health and social care needs
- 100% of women were supported in health literacy (given information and had discussion about smears and were empowered to choose to attend clinics based on needs and preference)
- 68% reduction in the number of women who were overdue smears.

Elements critical to success were partnership working, peer support , relationship building with women and contingency management.

The co design, preparation, trust building and crisis intervention capacity of the workers involved led to a range of health and social care issues being identified and acted upon. (See following chart).

Number of hospital referrals to START



Next Steps

- Maintain and develop the innovation and redesign in delivery of sexual health services, particularly in relation to reducing health inequality.

Safeguarding Activity

Safeguarding and Protection of Children

NHS Fife/H&SCP has a duty to safeguard and protect children and young people and this remains a key priority. The Child Protection (CP) Team is a dedicated resource/service within health to promote and support optimal safeguarding practice with a key role in supporting those protecting others. Amongst its functions are representing Health at the daily Inter-agency Referral Discussions (IRD), providing support and advice, supervision, training and quality assurance.

Despite the challenges posed by Covid-19, we have managed to continue to deliver on all key functions virtually, albeit with modifications and restrictions, with the team working hard to transition CP training programmes on to MS Teams and there is now a full calendar of single agency training available to staff. Approval will be sought from the CP oversight group in summer 2021 to launch a refreshed Core CP training framework, which will include obtaining Training Needs Analysis data which will help identify any unmet learning needs from key services and enable planning.

The drive to strengthen quality assurance and self-evaluation activity remains key for Children’s Services and has continued to do so this year, in the endeavour to ensure Fife’s children and young people are safe and get the support and protection they need when they need it.

The provision of forensic medicals has remained unchanged throughout the pandemic. From a medical perspective the Child Protection Managed Clinical Network (MCN) oversees performance data with respect to forensic medicals, report writing etc and drives some of the improvement work and clinical protocols, which Fife team actively contributes to.

We supported children and families during lockdown through a number of initiatives including:

- the opening of Child Activity Centres for vulnerable families and children of key workers; and
- humanitarian aid to address food poverty and resourcing families to enable virtual connectivity with schools. NHS/H&SCP Children's services, in partnership with education, social work and SCRA (Scottish Children Reporter Administration) worked closely together from the outset, in order to coordinate interventions whilst minimising footfall.

Maybe unsurprisingly, the CP team experienced a significant reduction in child protection activity when Scotland went into lockdown, and as a result 2 of the nurses were deployed into health visiting for a period, where they undertook more front facing work, supporting an at that point stretched workforce.

The emotional impact on staff is inevitable, and we have benefitted from introduction of monthly restorative supervision by our psychology colleagues. This has been welcomed by the team and we intend to continue with post Covid-19 too.

From a strategic perspective the Lead Nurse worked closely with Social Work and Education in aligning interim guidance and measures that enabled a coordinated approach of targeting services towards the most vulnerable, both on an intensive but also universal (named person) level.

From a health perspective our guidance was informed by Scottish Government papers – including the Coronavirus Act, interim child protection guidance and practice guidance for community child health, the latter providing the crucial practice steer for the named persons and specialist midwives.

Due to the rapid changes to practice guidance we developed a real time chronology of national and local practice guidance and resources, available on our website for staff to access via Blink.

We ensured that national public awareness initiatives were well publicised via Blink, such as Child Protection Committee Scotland 'Eyes and Ears' (also known as 'See something, say something') as well as the various Domestic Abuse campaigns.

Next steps

- Preparation for the Joint Investigative Interview Pilot
- Implementation of the new Child Protection Guidance, published June 2021.
- Continue to embed the Child Protection Quality Assurance Framework within children's services, so that we can provide consistent, validated performance reporting, quality assurance and improvement work that all inform service delivery to further improve outcomes for children
- Gradually move from a hybrid model of working to face-to-face once it is safe to do so.
- Continue to hold monthly restorative supervision, facilitated by the psychology service.

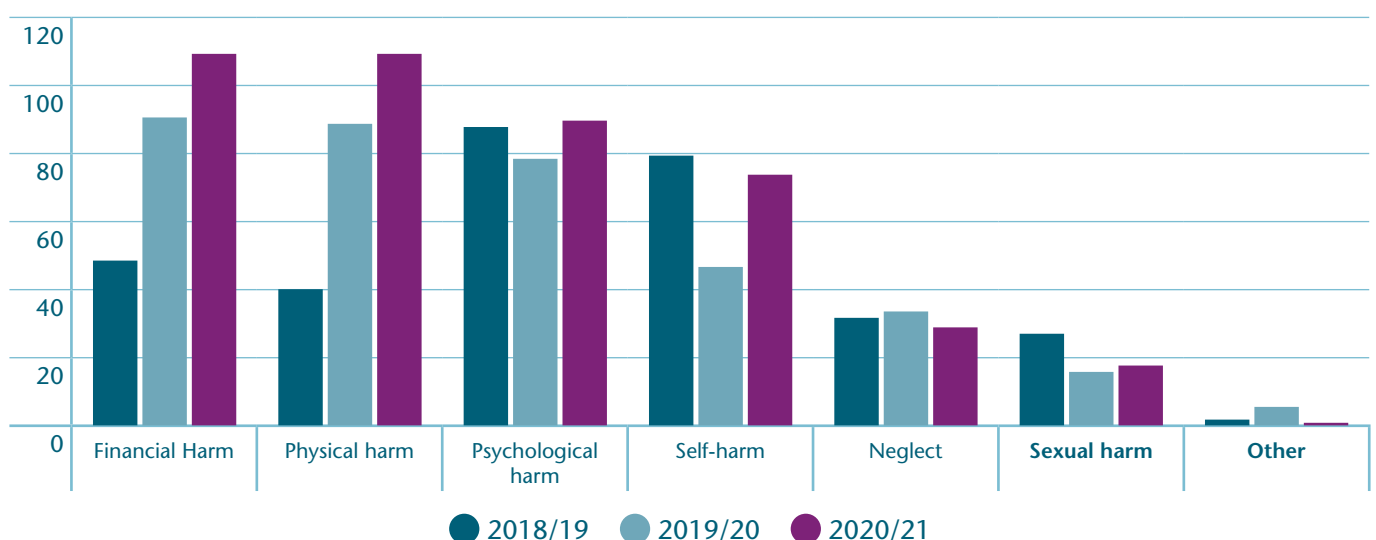
Adult Support and Protection

Adult Support and Protection is everyone’s business. All Health and Social Care employees have a duty under the Act to ensure that adults are safe and supported to be able to lead independent lives. The Act places a duty on those agencies named in the Act to report harm to Social Work, with Local authorities given a statutory duty to make inquiries about the well-being, property, or financial affairs of an individual if they know or believe the person is an adult at risk and that they might need to intervene to take protective actions. Appropriately trained Social Workers, Council Officers, are delegated the duty to carry out inquiries following receipt of a report of harm and investigations as appropriate, on behalf of the local authority. The agencies named within the Act must co-operate with inquiries made by Social Work in relation to adults at risk of harm.

Key activity during the year 1st April 2020 to 31st March 2021:

- We received 2798 Adult Support and Protection reports of harm relating to 1876 individuals. Of these 29% had multiple reports of harm.
- We commenced 460 investigations; Of these 59 were subject to further AP action and 172 were subject to further non-AP action with the rest requiring no further action.
- The main types of harm recorded for cases at Investigation stage were Financial harm (25%), Physical harm (25%) or Psychological/emotional harm (21%). There has been a notable increase in the number of Investigations relating to self-harm. The chart shows the change over time in the principal harm resulting in an investigation.
- 126 cases were subject to an ASP Case Conference (84 initial and 42 review)
- We commenced 2 Large Scale Investigations.
- We started to prepare for an Adult Support and Protection thematic inspection by the Care Inspectorate scheduled to take place during the summer 2021.

Types of Principal Harm Resulting in an Investigation



Priority 2

Promoting mental health and wellbeing

We are committed to ensuring that the people of Fife can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma. The commitments of Fife's Mental Health Strategy will require creative thinking and innovation to ensure services are fit for the future, supporting positive mental health and wellbeing for all. To succeed will require co-production across all parts of the service, with communities, with our partners in the voluntary sector, with people who use our services, their families and carers.

Locality Planning - Action 15 Local Area Coordinators

This project is Fife Health and Social Care's response to Action 15 within the current Mental Health Strategy for Scotland.

During Covid-19 We have been working to recruit nine new members of staff who will support our locality working through the Local Area Co-ordination approach and working alongside the person focusing on their strengths so that solutions can be arrived at that will help to keep people strong and connected with their personal and community resources. With continued appropriate support from the LACs and Connectors, the person will be able to address the non-medical issues that are having a detrimental impact on their health and well-being, thus hopefully preventing problems and crises, and reducing the number of times they need to see their GP.

The Project will have, by September 2021, 2 full-time equivalent LACs and 7 full-time equivalent LAC Community Connectors all of whom will receive training in Local Area Co-ordination and what this approach involves. Their purpose is:

- To support people and communities to develop their capacities and to discover, connect and create opportunities for this to happen.
- To improve health and wellbeing by linking people with sources of support within the community.
- To reduce frequent attendance to GPs.
- To reduce referrals to acute services.

Child & Adolescent Mental Health Services (CAMHS)

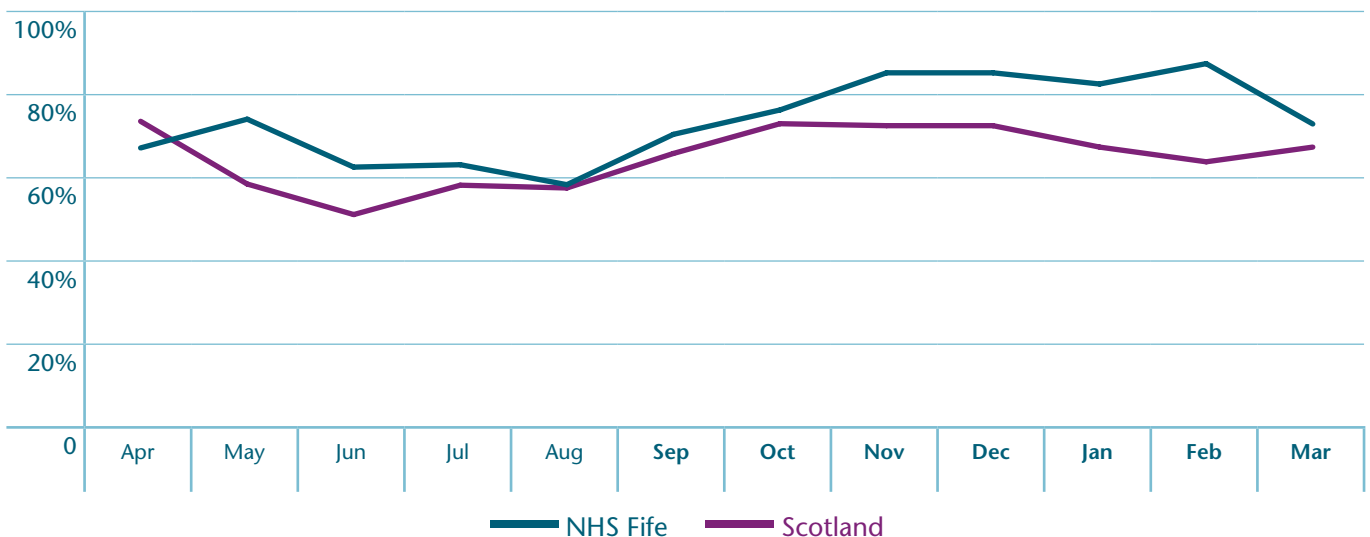
Covid-19 has had a significant impact on the mental health of children and young people across Fife. Over the past year the service has experienced a significantly higher than normal number of referrals for children and young people presenting with severe mental health difficulties and levels of risk that have required urgent intervention. This has meant that resources have needed to be moved to prioritise this group of young people which has contributed to those with significant, but less urgent needs, having to wait longer. The average waiting times for Fife CAMHS remains 11 weeks whilst those with the greatest need are routinely being seen within the same week of referral.

Waiting Times

Fife Child & Adolescent Mental Health Services (CAMHS) have successfully developed and embedded the Primary Mental Health Worker (PMHW) role into its core service provision over the past year as part of the CAMHS early Intervention Service. The allocation of permanent funding has meant that staff can be retained and the level of activity can be delivered consistently and in line with the target set for first contact appointments. PMHWs are now able to offer first contact appointments to all children referred to CAMHS via their GP within 3-4 weeks. In addition to these appointments over 50% of referrals that do not require specialist CAMHS support have been signposted to alternative service providers who are best placed to meet the child or young person’s needs.

The chart shows the Local Delivery Plan Standards indicator related to CAMHS waiting times.

CAMHS 18 Weeks Referral to Treatment
At least 90% of clients wait no longer than 18 weeks from referral to treatment



Transitions

Fife CAMHS have implemented the Scottish Government's Transition Care Plan in the care packages for all young people who are requiring ongoing support from Adult Mental Health Services once they have passed the age of 18. The Transition Care Plan seeks to place the young person's views and decisions around future care at the centre of the transition process and ensures that the right people are involved to enable a smooth hand over of care.

Next Steps

- A review of the service's capacity to meet the ongoing demand has been completed in collaboration with Scottish Government Mental Health Division, Performance & Improvement Unit. The resulting action plan identifies the staffing resource required to meet the national waiting times targets and has been supported and fully funded by Fife Health & Social Care Partnership. This will result in the recruitment of 11 additional clinical staff and 8 temporary posts made permanent to ensure the sustainability of the service.
- Work with the Scottish Government's Mental Health Performance & Improvement Team will continue, to support the implementation of the additional workforce and to develop the service in line with the Scottish Government's CAMHS National Service Specification.

School Nursing

The school nurse service continued to deliver a service that is accessible, adapting to new ways of working during Covid-19 by moving to a digital platform, to ensure we could still support our children and young people and their families. This has been challenging as many young people prefer to have a consultation face-to-face. Where necessary we have utilised health centres or their homes where digital meetings would not be appropriate.

The service engaged with education colleagues to deliver parent-focused sessions on Teams to inform parents and carers how they can best access support for their young people's mental health.

The service also introduced a 'Health Zone' telephone line which is available daily for all secondary pupils to contact us if they have any health issues. The service recently undertook a survey of all our secondary schools to ascertain how we could meet their perceived needs. This had one of the highest returns for any NHS survey the data is currently being analysed to inform the next steps.

The primary 1 screening programme could not be undertaken due to school closures, however P1 questionnaire forms were distributed to parents/carers and they were invited to make contact if they had any concerns.

The 4-week timescale for children and young people who require a Looked-after Health Assessment was maintained.

Next steps

- Analyse and identify actions from the survey of secondary schools.
- Supporting recovery from the Covid-19 pandemic for all children and young people.

On Your Doorstep

www.onyourdoorstepfife.org

The Social Care (Self Directed Support) (Scotland) Act 2013 places a duty on Local Authorities to “take reasonable steps to facilitate the person’s participation in the life of the community and to take active steps to promote a variety of types of support and a range of providers of support.” Fife Health and Social Care Partnership’s community website On Your Doorstep Fife was officially launched in February 2016 to comply with the legal duty and as a tool to improve access to local information, support and advice for supported individuals and their unpaid carers, citizens, practitioners, support workers, community groups and organisations.

Google analytics show that over the past 5 years there have been 28,000 users, 11,800 of whom logged directly into the website using the web address. There have been 138,000 page views, with mental health, dementia and befriending being the most frequently used search words. Users have logged in to the website from many cities across the UK and worldwide.

Following on from the de-commissioning of Fife Direct, On Your Doorstep has recently been moved to a new platform known as Matrix. The SDS Team, who oversee the governance, updating and publicity of the website, have been working in partnership with Fife Council’s Communications Team and the Web Team to develop the website on the new platform.

A new registration/update form has been created to encourage registered organisations to update their own information. Registration requests are checked by the SDS team before being approved.

A new mental health section has recently been added to the website in response to a surge in mental health referrals and an increase in requests for support and information during lockdown. Many food insecurity initiatives and Covid-19 community response groups emerged in response to the pandemic and were added to the website to help people to identify sources of support in their local area.

During 2020 the Google map ceased functioning on the original website when a license fee was introduced by Google. This has been a barrier to those working in localities, such as staff in the Wells, who would like to be able to plot search results on a map and identify gaps in local services and supports. Work is ongoing to identify suitable, more sophisticated story mapping software. The food resilience group will pilot this first before it goes live.

Next Steps

The next steps are to continue to work in partnership with Fife Council’s web team and the designer to identify a suitable map function, to explore simpler ways of editing and updating the website and to plan a fresh publicity campaign later this year to encourage more people to register community resources on the website.

Fife's Mental Health Officer Service

Fife's Mental Health Officer Team provide a service to individuals who are at risk of harm and who may need protection using statutory measures. Mental Health Officers strive to balance the need for compulsory treatment or intervention while promoting the rights and needs of people who have mental illness or who lack capacity.

Mental Health Officers work involves close working with professionals in primary and secondary care, service users, families, carers, colleagues other social work Teams, police, courts and solicitors. Mental Health Officers consider the rights-based principles which underpin these three Acts.

COVID-19 had a major impact on the MHO Team. As a result of court closures due to the current pandemic Fife Health & Social Care Partnership currently have a significant waiting list for the preparation of MHO reports for both Private and Local Authority Guardianship Orders and renewal orders. The closures resulted in an amendment to the legislation to 'stop the clock' regarding renewals with only a very small number of urgent guardianships applications being heard. As a consequence, Fife Legal Service could not progress applications for Local Authority Guardianship and renewals or complete and submit reports to accompany private applications from private solicitors 'slowed down'. This meant there was no ability to progress reports already waiting.

Since the situation started to ease earlier this year, the MHO team have received a significant number of new requests which have increased the volume of outstanding reports. The higher the number of outstanding reports, the higher the volume of correspondence, (enquiries on progress, updates in relation to risks to the person in the absence of the guardianship order which helps the manager prioritise allocation of reports), which places pressure on the MHO Duty system.

The processing of reports can only go at a pace that can be supported by the finite number of MHO's, (who also have to undertake statutory duties in respect of the Mental Health Care and Treatment Act and the Criminal Procedures Act), as well as NHS and Legal partners, and of course, the courts, (who are also dealing with a backlog of business including criminal procedures and child protection matters), so it is anticipated this issue will continue for some considerable time.

During 2020-21 we issued:

174 Emergency Detention Certificates

309 Short Term Detention Certificates

Next Steps

- To continue to work alongside partners to address the backlog of reports that have resulted from COVID-19
- To take forward improvement actions with the team aligned with the appointment of a Senior Practitioner in Performance and Improvement

Priority 3

Working with communities, partners and our workforce to effectively transform, integrate and improve our services

Delivery of effective and lasting transformation of health and social care services is central to the vision of Fife Integration Joint Board. Significant change on how services are planned and delivered with a range of stakeholders which includes carers, patients/service users who experience services is paramount to delivering changes.

Housing

A range of new Older Persons Housing has been developed across Fife, with 26 Retirement Housing Bungalows developed in Oakley, a new 30 flatted Extra Care Housing development at Napier Road, Glenrothes and work is on-going at the new care village site at Kirkland, Methil. These developments have offered a range of different living solutions for Older People in Fife.

The Affordable Housing Team are identifying potential sites for specific needs housing across Fife and joint work in the Housing Strategy Group is looking at the needs of service users known to Health & Social Care.

We have undertaken Mapping of Specific Needs Housing (Older Persons) across Fife and this has been placed on the Council's Web GIS system. This links in with our Housing Options system and allows applicants to see where Older Persons Housing is located across Fife.

Our Housing Plus project is looking to develop a range of different accommodation and support models across Fife. As part of this specifications are being developed for potential different types of service.

As part of our support to Young Care Leavers a test flat has been developed to allow Young People to test their independent living skills for a short period of time. In addition, working with Children's Services we have developed the National House Project which provides Young Care Leavers with pre-tenancy support and education. A guaranteed offer of a tenancy follows and there is on-going support after this. So far 9 Young People have been housed via this route with a new cohort of 11 Young People just starting.

Technological solutions

Through our Housing Plus Project we have been undertaking wearable technology projects across Fife. Applicants are given a smart watch, mobile phone and this is used to track their activity. We undertake "U-Check" sessions to track weight, muscle mass, grip strength etc. There is an algorithm that sits behind this and predicts the potential for a fall. Alerts are triggered which allow us to have a discussion with tenants about what they can do to prevent this.

During 2020-2021 we delivered 20 TECH solutions to service users through our pilot scheme for our wearable technology project.

Next steps

- Developing a TEC Demonstrator House – a potential location has been developed. Work is on-going to look at the type of technology that could go in the house.
- Wearable technology Project phase 2 is on-going.
- Mapping of specific needs projects is still on-going.
- Methil Care Village should be completed this financial year.

We also provided 70 tenants in Older Persons Housing with “connecting scotland” packages of I-Pads and free wifi to help with digital connectivity.

Dementia Friendly Fife

The Project was suspended between March and June 2020 due to the Covid-19 pandemic as the Manager was re-deployed to the Mobilisation Team.

Covid-19 made it very difficult to approach businesses and organisations to become dementia friendly. Many of them were closed for the best part of the year and their priority was survival not becoming dementia friendly.

A lot of activities went online and while this was a useful way to connect, for STAND (Striving Towards a New Day) members and older people living with dementia this was not accessible. This was despite the offer of technical support.

There was a dearth of space where people could meet face-to-face. This continues to be the case as organisations in the main have adopted a significantly risk-adverse approach.

Connecting with Primary Care Teams was impossible during the pandemic.

The Project Manager sourced Messages In A Bottle and distributed them to the people she is in contact with.

Once restrictions were eased in June the Project re-started. Our key achievements have been:

Working with STAND

We have undertaken work with STAND which is a group of people living with younger onset dementia and their families and friends. This has included:

- The creation of a DVD that takes the place of a face-to-face dementia friends training session and rolling this out across the Kingdom to all Dementia Friendly Fife award holders and using it to inspire other organisations to get involved in the Project.
- Supporting the organisation and delivery of the Life Changes Trust Changing Life event which was held in February 2021 – this also involved encouraging local projects to apply for regional grants – 15 organisations were successful in this and Fife secured in the region of £200,000 – the STAND group will oversee the way the grants are being used.
- Creating opportunities for activism within the STAND membership – this has involved consultation with a variety of organisations including the Scottish Government to develop the Covid Dementia Recovery Plan and the Adult Review of Social Care.

- Creating a Good Life With Dementia course. This is a 6-week course aimed at people who have been newly diagnosed with dementia. It will be delivered by STAND members and funds have been obtained from the Alliance to run this face-to-face twice in 2021 with 6 participants on each course.
- Engaging members of STAND in the Levenmouth Development Project to ensure that what is created is dementia friendly.
- Supporting SP Energy Networks to create a course about supporting their customers who are living with dementia.
- Supported STAND members to engage with an online creative writing project – this has led to the development of a proposal to create a workbook that other people can use.
- Creating and distributing the Knowledge Is Power Booklet which involved input from and liaison with the Partnership lead on our Gaelic Strategy.

Working with Older People living with Dementia

- Providing support through meeting people face-to-face, when restrictions allow, and providing support by telephone when this is not possible. Links have been made with Kinghorn Community Centre and the Toll Centre Community Hub in the High Street in Burntisland. These organisations are providing face-to-face space to meet with people when the restrictions allow.
- Exploring the Meeting Centre Model as an alternative to structured Day Care. The Project Manager has been working with a Scottish wide group of colleagues including the Life Changes Trust and Worcester University to consider this as a possible development for Fife.
- Supporting Businesses/Organisations to become Dementia Friendly. Target areas have been Burntisland and Kinghorn.
- Church of Scotland – The Project Manager gave a presentation at the Presbytery Conference in February; the focus was to inspire churches to become dementia friendly. They can do this by utilising the DVD and the One Step At A Time Guide created by Faith In Older People.
- Kincardine and Lochgelly Centres – The project Manager is on the planning group for these facilities with the aim of ensuring they are dementia friendly at the point of creation.
- Dundee and Angus College – The Project Manager is on a working group to ensure a training course they are creating for people who care for and support people living with dementia is appropriate and relevant and in particular involves people living with a diagnosis in the creation.
- The Project Manager participated in the 2-year evaluation of the Project and the distribution of it once complete.

We now have **308** organisations accredited with the Dementia Friendly Fife Award.

Next Steps

- Target the geographical areas of Kinghorn, Kirkcaldy and Levenmouth to inspire a dementia friendly community approach. Continue with the approaches in Burntisland.
- Support the delivery of 2 Good Life With Dementia courses.
- Encourage the attendees of these courses to create their own local peer support groups.
- Reconnect with schools and young people and inspire them to become dementia friendly.
- Work with the Partnership to consider the implementation of the Meeting Centre Model.
- Support the development of the Fife Dementia Strategy.
- Continue to work with external organisations to shape policy and the direction of dementia services.
- Support STAND to monitor the Life Changes Trust Regional Grants – utilise this opportunity to influence more dementia friendly areas across the Kingdom.
- Work with Police Scotland to roll out the Herbert Protocol (an information gathering tool, completed by a family member / care giver / friend / neighbour to assist the police to find a person, living with dementia who has been reported missing, as quickly as possible) and influence dementia friendly travel.

Adult Services Resources (Day Services/Respite)

Covid-19 had a major impact on the provision of Community Support Services (day services / respite) due to the lockdown and social distancing requirements. Staff adopted a flexible approach to deliver care through the pandemic, changing shifts and working with minimum staffing levels, being creative and using technology to offer alternative activities to Service Users (SUs) to ensure mental health and wellbeing was maintained e.g. Zoom exercising, walking, remote learning classes, music and movement, gardening, recycling projects. Some of our SUs have benefitted from a “slower” pace of life which has been evidenced in reduced anxieties and incidents.

Staff supported SUs to maintain contact with friends / family / carers using Zoom / Teams / Facetime / email. They also helped promote online shopping using SSCW purchasing card which also had the benefit of providing more opportunity to look for items of interest since not limited to a few local shops.

Despite the efforts of the team to continue to support SUs there was an increased number of Self Harm instances due to outreach SUs only receiving phone support as opposed to face-to-face 2 to 3 times a week. This has improved more recently, and face-to-face contact is now being increased in line with current advice.

Other challenges included:

- An Increase in hospital visits due to SU anxieties regarding Covid-19 and a knock-on effect to Mental Health and physical health.
- The impact of the forced closure of day services, resulting in SU routines being affected and increasing their anxieties.
- Not being able to support family contact has proved stressful for some SUs, their families/ Carers, and staff.
- SUs who lived in a flat, with no garden, resulting in limited contact with others and feeling isolated.

This has however provided an opportunity to appraise resources and re-evaluate how we deliver services in the future. Exploring new ways of looking at positive outcomes for the SUs we currently support.

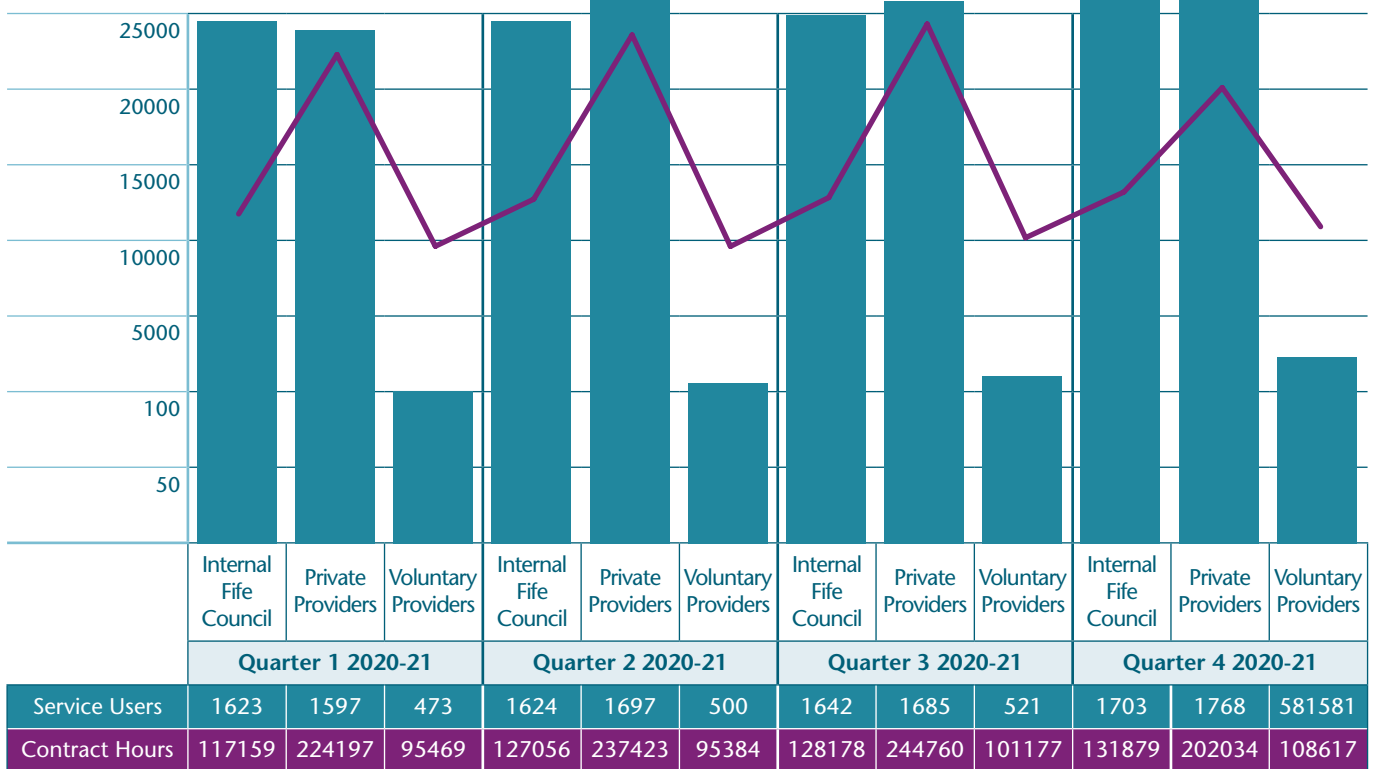
Next Steps

- Continue to use online technology for SUs wishing to purchase items that they could not necessarily buy in their local shop – creating opportunities to look elsewhere. This will involve looking at introducing cards for SUs, as opposed to staff withdrawing funds, which would be a safer option and have a trace back system which is more foolproof than cash. We will need to contact DWP to investigate getting cards as Corporate Appointees.
- Look at new ways of generating positive outcomes for SUs and re-evaluate service delivery.
- Open up visits/respite and ongoing development in line with current Government guidance. Activities will be based on guidance and Risk Assessment to ensure safe systems of work are in place and this is looked at on an individual basis, involving parents/carers in discussions.
- CSS staff having the opportunity to transfer into vacant posts in housing with care and support.

Care at Home

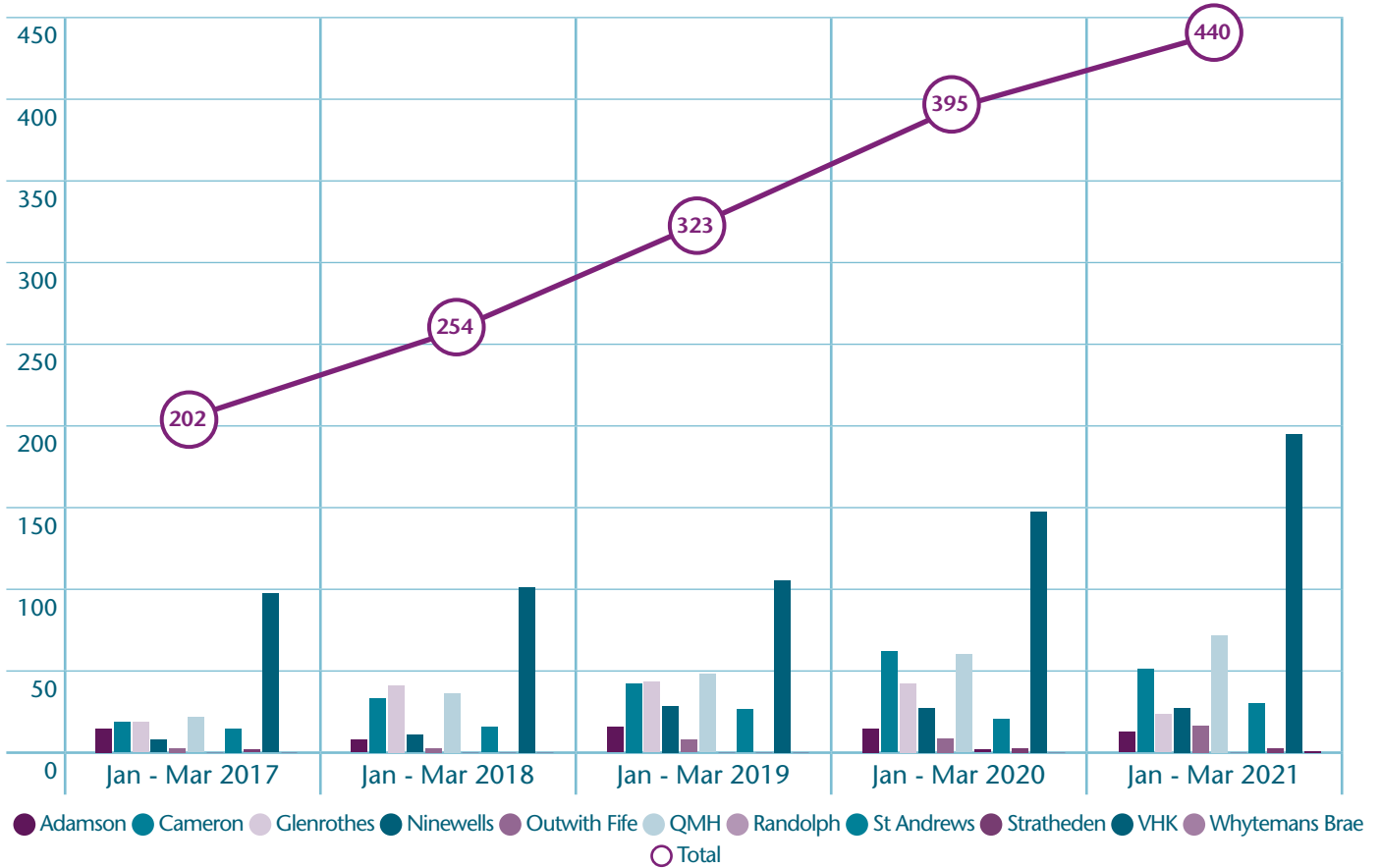
The Partnership delivers care at home services to enable people to live in their own homes for as long as possible. This is delivered through both internal care delivery Teams and purchased from independent providers. The graph below shows information on service delivery, number of SUs (grey bars including the number of SUs) and contact hours (the hours received by the SU, not including multiple workers, which is on a secondary axis and is shown as a blue line) during 2020/2021

Care at Home - Service Delivery 2020-21



START is provided by the Health & Social Care Partnership’s Care at Home Service. This reactive Care at Home service is designed to support a person’s discharge from hospital and significantly improves discharge planning for people with assessed needs. Residents of Fife with care needs, who wish to return home, are referred to the service from any hospital and these referrals continue to rise. The service also takes referrals for people in crisis at home and other models of care to deliver the right care, at the right time, in the right place. The chart below shows a snapshot of the Hospital referrals to START for the first quarter of each calendar year over the past 5 years.

Number of hospital referrals to START



Supporting Adults to live independently through Self-Directed Support

Fife continues to have a small dedicated Self-Directed Support (SDS) team to support colleagues in the wider service. Early on in the pandemic, Health and Social Care introduced an Additional Service Response team to support individuals and carers in our local communities. All members of the SDS team supported this work which ranged from health and wellbeing telephone calls; delivering food parcels to individuals who were unable to access supermarkets either as a result of shielding, anxiety, lack of personal resources or lack of support from family and friends; arranging the delivery of medication as well as the sourcing and delivery of PPE. Whilst this had a significant impact on the day-to-day work of the team, all staff went above and beyond to ensure that anyone who was looking for help received it or was signposted to other agencies.

As a result of the pandemic and the need to be more flexible in our approach to care and support planning, staff have been supporting operational colleagues where individuals have requested to change SDS option and/or support service, as a result of usual services being closed due to Covid-19.

During 2020, the SDS team worked closely with colleagues in Workforce Development to refresh the SDS training. The new training module focuses on the personal outcomes approach to assessment and support planning, using case studies and examples. The training also provides an opportunity for participants to reflect that their practice addresses the SDS statutory values and principles. Roll out of the training is expected in July 2021 and will be mandatory for all operational staff.

To support the refreshed training, our on-line staff portal has been revised to include useful links, accessible information, Frequently Asked Questions and our SDS animation. In addition, the SDS team has been revising and updating our Processes and Procedures all of which will provide information and support for operational colleagues.

Due to various changes in personnel, we have refreshed membership of our SDS Implementation Board. This provides an excellent opportunity to review our workstreams and to refocus on the areas where work remains outstanding. This takes into consideration the new Self-Directed Support Framework of Standards as well as continuing our developments with the recommendations of the Care Inspectorate's thematic review of self-directed support (2019) and the Self-Directed Support 2017 progress report by Audit Scotland (2017).

Covid-19 Food Initiative

In early 2021, the SDS team worked with colleagues in Communities and Neighbourhoods and Facilities on a short-term food initiative to provide dry goods and meals to individuals and families who were:

- In the shielding population or clinically at high-risk of severe illness if they were to contract Covid-19
- Experiencing food poverty
- Self-isolating and had no access to online shopping or support to obtain regular grocery supplies

Through contact with operational teams we were able to identify 49 households – a mixture of families and individuals living alone.

The SDS team contacted each family/ individual and arranged with Facilities to deliver the food parcels during the month of March. The deliveries were extremely well received:

“This helped a lot. The food I could not use or store has helped my family also, so thank you for everything you do Have an amazing day!” S&R

“The food project has made a huge difference to my family and I. Was such a help having food every week, it's a shame it had to end when it did. We were able to buy extra treats to amuse the boys.... Rather than them being stuck in the house on the computer. I would like to thank you for the deliveries the past few weeks, much appreciated – thank you and stay safe” H.S.

“The food has made a huge difference and helped me a lot during lockdown as I struggled a lot. Thank you very much” H.M.

“Thank you. This has helped me a great deal I didn't always have help to get out of the houseso many thanks and I hope everyone involved stayed safe” M.E.

Towards the end of 2020, work started with Allpay as part of our implementation of prepaid cards. This will replace our current system of offering individual direct payment budgets (Option 1, SDS). A significant amount of preparatory work had been done during 2019 – this is now being refreshed in preparation for the transition to the new system. A robust communications plan has been developed to ensure each individual in receipt of a direct payment has access to advice, information and support to transition. It is anticipated this will be implemented throughout 2021/22.

We continue to work closely with our independent support organisation – SDS Options (Fife) – to ensure any information being issued by either party is consistent. We have worked closely over the year to ensure PA employers have the necessary information regarding Covid-19 arrangements, including accessing vaccines for their PAs as well as access to testing and PPE.

A representative from our SDS team attends the local authority SDS Network and ILF Scotland meetings. This ensures continued shared learning – which has proved invaluable during the last year.

SDS Options Position at 31/3/21

490 Service users in
receipt of Option 1

166 Service users in
receipt of Option 2

Next Steps

- The implementation of prepaid cards will be a significant change for how we offer SDS Option 1 (direct payment) budgets however there are many benefits for both individuals whom the Partnership supports as well as Partnership staff. It will reduce the requirement for individuals to open up their own, separate bank accounts; it will remove the requirement for the submission of quarterly bank statements and evidence of expenditure; and for the service, provide a more streamlined, efficient way of monitoring how budgets are being used. It will also reduce the value of unspent funds in individual direct payment accounts, which is often difficult to recover.
- We will continue to work with partners in the voluntary sector to develop opportunities for those individuals whose services have ceased to operate as a result of the pandemic, whether as a result of reduced capacity or overall service redesign.

Connecting Scotland Project

Connecting Scotland, www.connecting.scot, is a national initiative funded by the Scottish Government which aims to reach out to 60,000 digitally excluded individuals by the end of 2021. The Self-Directed Support Team were successful in 2 separate applications for i-pads and mi-fi devices offering 24 months of free wi-fi to participants.

In the first stage of the project, 47 adults and older people were identified by social work Teams and were provided with an i-pad and free wi-fi. A further 30 adults with disabilities received their device in the second stage, 20 of whom attend Leonard Cheshire's Day Services. These adults were supported to use their i-pad to participate in online activities and to keep in touch with support staff and friends whilst their building-based service was closed during the pandemic.

Challenges of using devices

"It's too complicated. I can't use it. My brother has tried to help, but he can't do it either. My husband has been in hospital for a month, and I haven't been able to see him." (Carer aged 77)

"It hasn't been easy. My mental health officer was going to help me, but she can't visit just now due to the coronavirus."

"I'm finding it hard as I live alone. My son's friend pops in sometimes to help me, but I've forgotten it all when he goes away."

"It's not my scene at all. It has been very frustrating. I managed to send a few messages to family members but am waiting for cataract surgery so can't see very well. I don't have time to sit and learn as I'm caring for my husband who has dementia. My digital champion has been out to help me, but I don't like to bother her as she is very busy. I could really do with a step-by-step handbook to help me." (Carer aged 86)

Staff working in social work area Teams, housing and accommodation and support services, as well as support workers from care provider organisations attended online Digital Champion training facilitated by Connecting Scotland. These Digital Champions have supported 77 digitally excluded, shielding or clinically vulnerable, adults and older people to develop new skills, pursue their hobbies, explore new interests, access timely and relevant information, and connect virtually with family, friends, and support services.

The greatest challenge was ensuring speedy delivery of the i-pads to each participants, since most of the participants were in the shielding category or clinically vulnerable (as per the project criteria) which meant that staff were unable to visit them at home or to mentor them in the use of the device. This resulted in a prolonged delivery phase and participants receiving the device and instruction manual on their doorstep without the mentoring and support. We explored supporting participants electronically, but staff didn't have access to apps or devices to be able to do this. Connecting Scotland have since placed a 4-week delivery window on subsequent phases of the project.

13 people dropped out of the first phase of the project due to failing physical or mental health or admission to hospital or care home. New participants had to be identified which prolonged the delivery stage of the project. Several older adults and their unpaid carers found the experience of learning to use their device, without 1:1 mentoring or support, challenging and frustrating. Many of them decided to wait until the lifting of lockdown for support.

"My teenage son has been in hospital for some time. We used to speak on the phone, but it was hard going. For the first time, the hospital rang to say that my son wanted to speak to me on Skype. Telephone calls don't usually last long, but the skype call went on for 90 minutes. We had a great laugh together. I haven't heard him laugh like that in a long time. He can now have a chat with his brothers and sisters, his gran, and his dog online. I miss him so much. Being able to see him online has given me peace of mind and I can attend all his meetings without having to travel a distance to take part."

It is hoped that digital champions can visit participants who need support once lockdown is lifted, and people have been vaccinated.

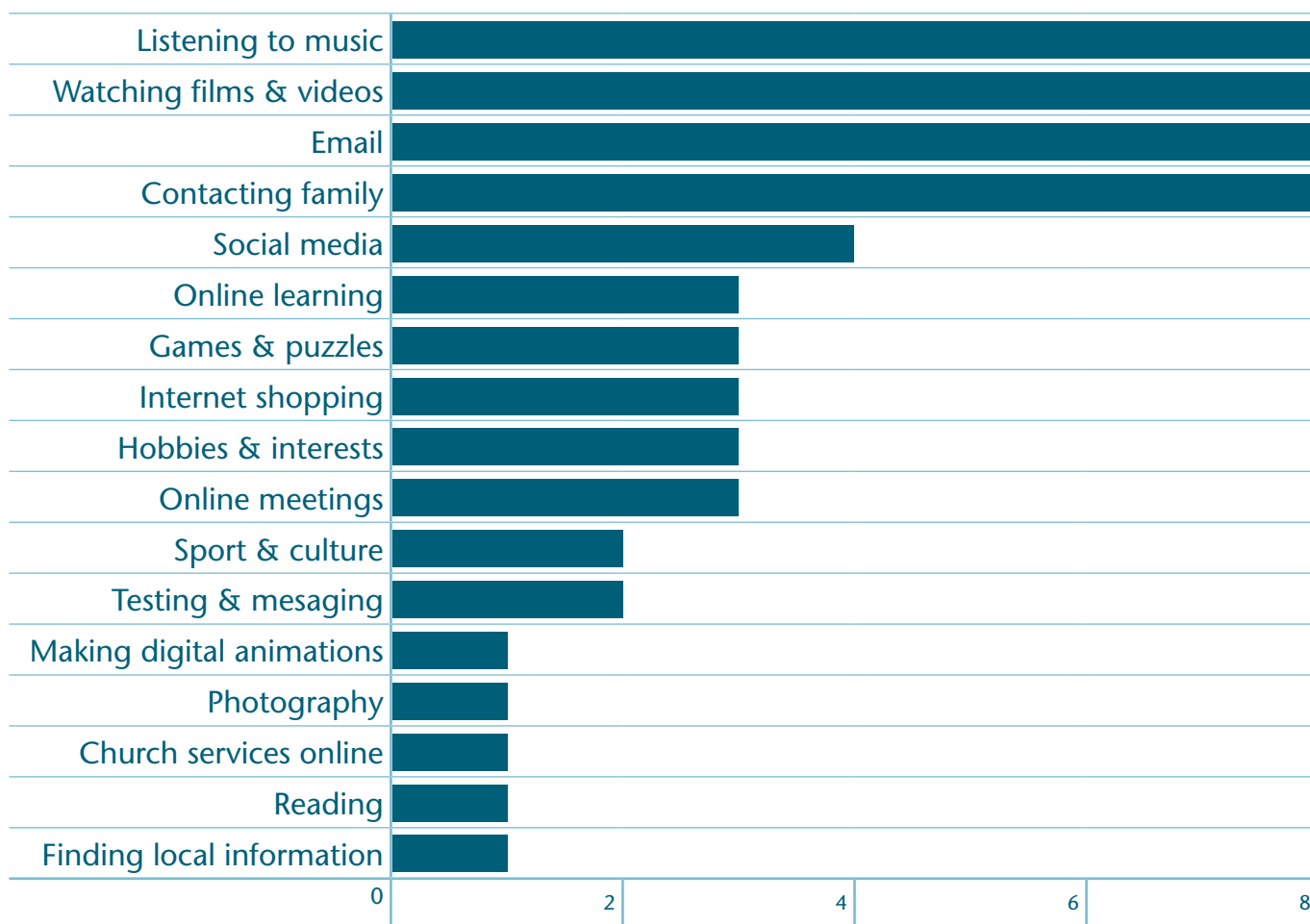
Having experienced the pressures that social workers were under to deliver the devices during lockdown, it was decided that in the next phase, the Project Officer and a colleague would deliver the devices wearing PPE, whilst keeping a 2m distance on doorsteps.

This was completed within a fortnight, allowing the project officer to upload all the required project information to the Connecting Scotland database within the set timescale.

Staff from care organisations who were already supporting people at home were identified as digital champions, allowing them to mentor the participants during their allocated support time. This approach worked well and provided a much better learning experience for the participants.

30 participants from stage 1 of the project responded to the telephone evaluation and were asked what they were using their device for. The following graph shows a wide range of digital activity and the speech bubbles provide feedback quotes from some of the participants.

Digital Activity



Next Steps

- People who have not participated in the evaluation will be contacted to find out how they are getting on with their device, the difference that being connected has made to them, and if they require support from their digital champion. Feedback will be used to prepare a final project report.
- Connecting Scotland have commissioned a research company to carry out an independent evaluation of the project. The project officer has been invited to participate on behalf of Fife Health and Social Care Partnership.
- Information has been circulated to staff who are working in employment and training or with young care leavers advising that the 3rd phase is aimed at young people and adults aged 16+ who are unemployed and seeking to further their employment opportunities.

Fife Alcohol and Drug Partnership

ADP Strategy 2020 -23

During 2020/21, the ADP devised their strategy for addressing alcohol and drug harm across Fife. This was developed using a mix of national and local policy and research analysis and a process of participation with the ADP services, stakeholders and those with lived and living experience.

The consultation process included:

- Whole system partnership focus groups
- Consultation with Current Service Providers
- Interviews with: ADP Committee Members; National Drug and Alcohol Organisations; Service users; People with lived experience; and Recovery Communities.

This provided an update of the current delivery landscape and the impact of COVID-19 on substance use, engagement, referrals, pathways into treatment and support and new modes of delivery.

From the process, five strategic key themes emerged with service-based improvement work agreed and developed under each theme. The themes are:

- Prevention and Early Intervention: Fewer people develop problem drug use
- Developing Recovery Orientated Systems of Care: People access and benefit from effective, integrated and person-centred support to achieve their recovery
- Getting it Right for Children, Young People and their Families: Children and families affected by alcohol and drug use will be safe, healthy, included and supported
- Public Health Approach in Justice: Vulnerable people are diverted from the justice system wherever possible and those in the system are fully supported
- Alcohol Framework 2018: A Scotland where less harm is caused by alcohol.

These will be monitored on a quarterly basis by the ADP Committee using their yearly delivery plan format and their risk register. Annual reports evaluating progress are produced every September and submitted to the Clinical Care Governance Group, Health & Social Care Partnership and the Scottish Government.

ADP Committee Redesign

The ADP Committee also made a commitment to improve its functionality over the next three years. This work includes the key priorities below and most of this work is underway, specifically the establishment of new subgroups to reflect strategic priorities and address the current crises in drug-and-alcohol-related deaths.

- Membership – increasing to reflect new partners including NHS Pharmacy Services
- Redevelopment of ADP Vision, Mission & Values
- New ADP subgroups to reflect priorities
- Multi-Disciplinary Drug Death Review Group - analysing suspected Drug Related Deaths in real time for service learning and improvement within ADP and in other services and directorates
- Lived Experience Panel – a strategic group to contribute to policy development and coproduce service improvements consisting entirely of people with lived and living experience of recovery from alcohol and drug use
- Outcome Performance Scrutiny Group – using a new performance outcome and delivery framework tool to measure commissioned services' strategic and operational contribution to the strategic aims and as a mechanism for directing improvement
- Addressing Alcohol Specific Death Group – applying techniques and emulating the analysis of drug related deaths to alcohol related deaths occurring in Fife. With a focus of establishing a profile of alcohol related death to improve service learning and delivery.
- Trauma Workforce Development – improving the workforce response to trauma by delivering training of evidence-based psychosocial support preparing people for psychological interventions if necessary and a means of addressing stigma within the existing ADP workforce.

Covid-19 Response

Fife ADP's response to the pandemic and subsequent lockdown was immediate and effective with the ADP and its operational Teams leading the way in maintaining support and provision to SUs whilst finding suitable ways to take referrals and keep the system of care working. Almost all services remained open in some capacity and creative ways were employed to maintain recovery communities including walking groups and supplying members with IT equipment or data. Counselling services operated a telephone or video calling service with some high-risk SUs being seen face-to-face when lockdown easements allowed. Family support and the young people's service employed social media, home visits (with PPE in place) and face-to-face meetings whenever possible. Prescription continuation and food parcels deliveries were managed within the existing workforce and mobile phones were provided to patients included early liberated ex-prisoners using additional ADP funds. Most third sector services volunteered to collect and deliver prescriptions from NHS Addiction hospital sites to pharmacies ensuring that existing patients were maintained on Opiate Replacement Therapy.

In addition, the Third Sector home-delivered (via a telephone ordering system) harm minimisation equipment including injecting equipment and take-home naloxone in partnership with the NHS BBV and Sexual Health Team. Furthermore, Take Home Naloxone kits were distributed to every NHS Addictions Service's patient, dispensed with their medication. Online recovery community cafes and support groups are examples of work to be maintained post lockdown. Especially as the latter overcame geographical barriers which predated the crisis. A summary of all the innovative and progressive work are detailed below:

- Redirection 3rd sector support to NHS Addictions/Pharmacy in distributing prescriptions to all patients as clinics were not operational
- Click/Phone and Home Delivery of Injecting Equipment provision/Take Home Naloxone
- Online Recovery Groups
- Online Cooking and/or other activities
- Changes in pharmacy supervision of OST
- Telephone Counselling
- Out of hours support
- Walking and garden Visits
- Home and doorstep visiting to most at risk families and services

The ADP held regular communication meetings with all services during the year, providing guidance offering support and improving the operational response as the pandemic and lockdown evolved. In future service planning and redesign the ADP will ensure that services retain innovative delivery and maintain their blended approach for access and engagement.

Protecting People

In 2019, there were increases in both drug related deaths up by 26% on the previous year and alcohol related deaths also rising by 18%. For drug related deaths, this is a phenomenon seen across the country and is not unique to Fife. In previous years, the ADP had used additional investment to develop new service provision for hospital liaison, employability and mentoring and expanded the existing recovery community model into new areas of Fife. However, this increase prompted a new approach and the ADP Support Team applied for additional funding twice from the Drug Death TaskForce and was successful on both occasions. This funding provided additionality in key projects below to increase capacity, reach and develop new models of service provision – particularly the Kirkcaldy next day prescribing project - to protect people at high-risk of drug and alcohol related death in Fife. This new project enables people to access ORT very quickly eliminating internal service barriers and reducing the risk of service users not accessing the service or failing to attend. This should contribute to preventing further harm to physical health, emotional wellbeing and social functioning including loss of family networks and stable accommodation. Prison peer mentoring, an expansion to community-based peer mentoring, was also developed during the year providing support to people leaving prison (a high-risk group for overdose) building relationships and wraparound service provision with those in prison and continuing care once liberated. A partnership with the violence reduction unit was also established.

Other quality improvement work funded by existing investment, further developed in the year, includes harm reduction approaches, improving access and retention to the system of care further enhancing the opportunities for people to recover. Some of the projects are listed below:

- Near-fatal Overdose Response Team responding within two days to a non-fatal overdose providing advice, harm reduction and equipment and easy active linkage into appropriate support and
- Naloxone provision expanded into: Third sector; Pharmacy Project increasing IEP, THN and Wound Care in six key community pharmacy sites where drug related harm and death is most prolific; Non-drug treatment services including Criminal Justice; and Peer Distribution
- Prison to Community Pathway
- Custody Navigation – developed over the year to respond to people
- Prison Peer Mentoring inreach and outreach
- Development of sustainable community work in areas of highest need, in particular Levenmouth
- REACH team - redevelopment of the hospital liaison element of the service provision to engage with those in A&E and key wards to improve their access to treatment and support whilst in hospital but more importantly once in their communities
- Peer-to-Peer research planned with women on access and retention in services

Joint recommissioning Support for Children, Young People and Their Families affected by substance use with Education & Children Services Directorate

In May 2020 a mapping exercise of commissioned services took place across Children's Services and all related partnerships and directorates as part of the Education and Children's Services review. During this process two Alcohol and Drug Partnership services, Barnardo's CAPSU (Children Affected by Parental Substance Use) service and Clued Up Young People's Outreach and Support service were identified due to a shared responsibility – between the ADP and Children's Services – for improving outcomes for children and young people and their families.

This process and the ADP intention to redevelop their service briefs presented a clear opportunity to strategically revise in partnership the service model, activities and outcomes required for a whole family support service working across Fife to improve wraparound support for families in need of additional and intensive support. The joint commissioning approach, intended to mitigate against siloed approaches, prevent service duplication and address gaps in service provision by ensuring the ADP's additional investment added complementary value to Education & Children's Services investment and resource. The new brief intends to provide a rapid response and early intervention approach to families working at earlier points when the family is facing difficulties. It also aims to improve the offer to young people affected by their families' substance use and/or their own use by linking whole family support into one-to-one work thus ensuring that there is sustainability and family dynamics affecting the YP are addressed as well as individual issues. Work on a one-to-one basis with YP will still be offered as part of the brief to respect the right of YP to engage with their own worker. The commissioning process was completed in the last quarter and ongoing work has involved implementation and integration of the new service provision.

Next Steps

- Specialist Social Work Service - In 2020/21, a shortlife working group was tasked by the ADP to develop a Social Work Specialist service to provide wrap-around support and case management care to service users affected by long-term alcohol and drug use and who are not currently benefitting from the existing system of care. A proposal has been written and over the next year, further work is required to realise this plan operationally within the current service delivery landscape.
- Locality Planning Project - Protecting People Levenmouth - Over a quarter of those who died during 2019 from a drug related death lived within the Levenmouth locality. The ADP Support Team has worked over the first quarter of 2021/22 to raise awareness of this issue and to ensure that this is highlighted as a priority within the HSCP Locality Board for the area. An asset based action plan is currently in development with key partners, including primary care, pharmacy, councillor services, foodbanks, Social Work, Community and Neighbourhood services, ADP third sector and locality based third sector to achieve outcomes in raising education of overdose and how to prevent it, empowering the community to assist in prevention by increasing opportunities for recovery for those at high-risk and to provide more to families, children and young people affected. This action plan will commence in year with outcomes and work reported to the HSCP Locality Board and the ADP Committee.

Working in Partnership to Support High-risk Addiction Services Patients

Addiction Services has worked collaboratively in the past year with third sector agencies and community pharmacies to support high-risk patients to prevent drug related deaths. The Covid-19 pandemic has impacted on the ability of Addiction Services to see patients face-to-face and provide care and treatment but we adopted a blended model of service delivery, utilising telephone, digital and face-to-face clinic appointments, in addition to doorstep and home visits.

Staff from third sector agencies have supported high-risk patients by visiting them at home and maintaining contact, thereby helping them remain in treatment and reducing risks.

Community Pharmacies have worked closely with Addiction Services, particularly during lockdown, facilitating naloxone provision for all opioid-dependent patients to help in reducing drug related deaths.

Fife Voluntary Action, along with third sector agencies have assisted Addiction Services to deliver prescriptions during the Covid-19 pandemic. This has ensured continuity of treatment during lockdown.

The introduction of Buvidal, a long acting Buprenorphine subcutaneous injection, administered monthly has provided patients with an additional treatment choice.

The development and commencement of a cluster review process to collectively review the care and treatment of patients who have died as a result of drug related death, has enabled the service to recognise good practice and identify service improvements.

The Covid pandemic has impacted on addiction Services by enabling the service to seek new ways of working, utilising a blend of service delivery models which is now being used to develop service, such as being able to expedite treatment for high-risk patients.

Next Steps

- The service has continued to see high-risk patients face-to-face which has proved challenging during the Covid-19 pandemic. Whilst doorstep and home visits have been undertaken and the service has received support from third sector agencies, this has been resource-intensive and the need for a mobile facility for rural areas has become apparent in order to engage, treat and retain high-risk individuals in treatment in order to reduce drug-related deaths.
- In the next year the service hopes to prioritise Opioid Substitution Treatment, ideally on the day of first presentation, in line with the Medication Assisted Treatment Standards from the Drug Death Task Force. Work has commenced to develop and implement a service that will enable people to commence treatment on the first day they present and are assessed, if clinically safe to do so.

Transferring Immunisation Programme

The centralised immunisation team went through an accelerated programme of change between 2020-21.

- All childhood vaccination programmes transferred to the central team by April 2020
- The planned move of the 0-5 years programme from general practice into community venues had to be rapidly deployed due to the pandemic and the resultant physical distancing restrictions. This involved moving from the automatic invitation / fixed appointment method to a more personalised service user engagement via telephone with choice of appointment date and time.
- In May 2020, on the anniversary of the first modern smallpox vaccine, the service realised a permanent base for the team when they moved into the Edward Jenner Suite, named after the man who pioneered the very concept of vaccination.
- In May 2020, the team began working with two retired GPs to support delivery of the 6-8-week new-born baby assessment alongside our immunisation clinics. When the pandemic hit, this service (part of general practice delivery) was halted and by April it was noted that the number of babies missing this essential assessment was growing and would continue to do so. The team quickly supported a new delivery process and this continued until August 2020, by which time practices were equipped and ready to resume this service.
- The team was then approached by the audiology department with a similar issue; hearing assessments for babies, usually delivered within the acute hospital setting had been halted. The team altered practice and delivery once more to support the inclusion of this service; a 'One Stop Shop' approach for new-borns was implemented. Health Visiting and Family Nurse Partnership colleagues supported dissemination of information to new parents. A truly collaborative approach provided the best care for our youngest population with the resultant activity contributing to performance indicators across several services, as 674 babies accessed this one stop shop over a three-month period.

- Part of service delivery change in 2020 was also the increase in home visits for vaccination; prior to this home visits were only delivered in exceptional circumstances. The pandemic saw a rise in the need for this activity, with new barriers to attendance highlighted across many cohorts. The team adapted by providing vaccination in the home, where assessment deemed it the most appropriate route. With restrictions lifting, the need for this service has reduced but a scaled down response will be embedded as routine practice to support the needs of the Fife population.
- Transfer of the 2-5-year pre-school flu vaccination programme was planned for 2020, however the expected delivery model had to be altered to provide vaccination in community-based clinics. This was a difficult program to execute and required increased focus on alternate engagement methods than those previously identified.
- Primary school flu also proved challenging. The traditional model of delivering from a main school hall, where children are brought for vaccination class by class, was untenable due to social distancing measures. The team adapted by either putting the vaccinator into the classroom or delivering from a mobile unit (hired from Fife Libraries). Although onerous and a further stretch of capacity, this model was well received by our education colleagues and parents and guardians of primary school pupils. Both the pre-school and primary school flu programmes resulted in the highest uptake Fife has achieved at 59% and 76% respectively.
- Further challenges of delivering seasonal flu vaccinations led to another accelerated program of delivery for the team; the expectation for the 2020 adult flu vaccination campaign was the piloting of vaccination delivery to residents within care homes by the centralised immunisation team. The pandemic increased the requirement to move this activity away from general practice at pace and the team delivered all flu vaccination to residents and staff across both Residential Care and Nursing Care Homes. Support to deliver flu vaccine to the general adult programme, saw the team deliver targeted 'pop-up/drop-in' flu clinics within areas of high socioeconomic deprivation, and provide vaccination to a large number of the housebound cohort across Fife.
- Provision of delivery of the Covid-19 vaccination programme across care and nursing homes soon followed flu delivery. By December the team had commenced vaccination of first dose Covid-19 vaccine to residents and staff and completed the two-dose programme by March 2021.
- The team continue to support the Covid-19 vaccination programme by delivering a long stay and inpatient service for hospitalised patients. A high-risk clinic was also established and continues to be delivered by the team for individuals who require vaccination in a setting with immediate access to life saving equipment.

Next Steps

- Identify funding to increase the staffing complement within the team in order that we can increase our deliverables and thus improve uptake levels, whilst also improving the leadership structure of the team to allow for a better spread and oversight of the service.
- Support senior staff to access training as non-medical prescribers, this will allow for the dependency on GPs to provide prescription for non-routine vaccines to cease.
- Review all community clinics and agree long-term lets in venues that are appropriately equipped, accessible, and within the best setting for our population.
- Identify funding for the permanent use of a mobile unit to support engagement with our most disadvantaged populations.
- Obtain a decision on where the final transformation of the routine adult vaccination programme and the travel health programme should be delivered. If this is to be managed within the centralised immunisation team an appropriate resource requires to be identified and funded. This also applies to any parts of the adult flu or Covid-19 programmes devolved to the team.
- Implement digital solutions to reduce administrative-heavy tasks and provide safer and more effective management of individuals through our service.
- Develop outreach and education programs to improve understanding of immunisations and dispel myths and rumours, together with the provision of information workshops for parents of children transferring from nursery to school and for parents of children transferring from primary to secondary school. The first pilot workshop is planned for early 2022.
- Long-term developments include improvement of our social media presence and to transform our web page to be more interactive for the service user. We'd like to move to a six-day, 8am-8pm service, providing increased opportunity for vaccination outwith standard working hours and provide a self-booking appointment system to support this. We'd also like to provide a dedicated phonenumber and call centre to support enquiries from our service users.
- The long-term vision is for a gold standard vaccination service delivering to the population of Fife, which is aligned to the professional nursing structures and is included within the nursing career pathways. A service with quality and safety at its centre, providing positive experiences in vaccination, ensuring that whether vaccinating a new-born infant or an elderly person, our staff have the knowledge and expertise required to support the individual needs of our patients.

Community Nursing Services

Transforming Community Nursing

An enhanced Community Nursing workforce is key to ensuring people can be cared for at home or in a homely setting, reducing avoidable admissions to acute hospitals, and enhancing 24/7 provision in primary care.

The Community Nursing Service has been central to the delivery of essential and urgent care during Covid-19 and will continue to be so during recovery. Targeted investment to grow this workforce will therefore support services across Scotland. In line with national and local strategy, we aim to build capacity and capability, optimising our community nursing workforce to ensure we have the right people with the right skills in the right place to deliver high quality, person-centred, values-based care.

The Covid-19 pandemic has been challenging for the community nursing Teams in that it has stretched them out with their comfort zone and much of their work had to be delivered in a very different way.

At the start of the Covid-19 pandemic, the community nursing Teams had to adapt to new ways of working to deliver an adapted model of care delivery in line with national guidance. In Fife, the Teams had already integrated in many ways with other community Teams such as Intermediate Care and Assessment Support Services (ICASS) and Intermediate Care Team (ICT) however in response to demand, the community nursing Teams worked with Hospital at Home (H@H), Fife Specialist Palliative Care, Marie Curie and Urgent Care Services Fife (UCSF) to deliver a collaborative approach to community care delivery.

In the last year NHS Fife have reviewed service delivery in the evening and overnight period and the team is now managed by one team leader and is covered by a waking night service and on call staff. In the first instance this was in response to COVID-19, however is now an integral part of the Community Nursing Service.

Teams worked cohesively, co-locating the Evening Nursing Service (ENS) with Urgent Care Services Fife (UCSF) at Victoria Hospital in Kirkcaldy and Queen Margaret Hospital in Dunfermline. They also enhanced and embedded multi agency safety huddles so that daily communication was improved between services creating a more joined up and integrated approach to community care delivery.

During the pandemic many community nurses were undergoing Masters Level education with 14 nurses in training as District Charge Nurses (DCN) on the PgDip District Nursing and 6 undergoing the PgDip Integrated Community Nursing. This ongoing programme of education and training is in line with the transformation of community nursing agenda and is a key priority to future proof the service, building capacity, capability and sustainability to enable a workforce which is fit for the future.

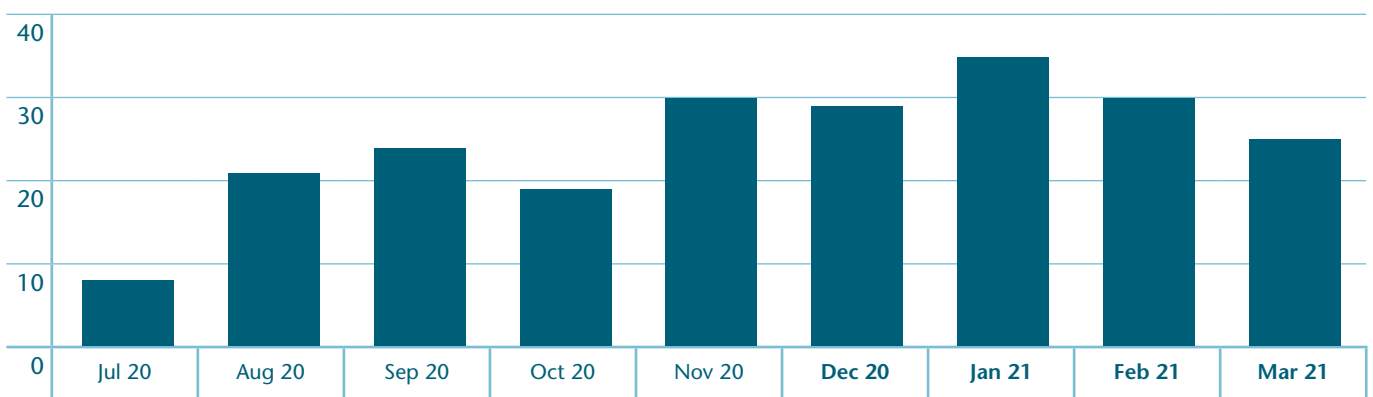
Next steps

- Progress the community nursing transformation agenda in Fife, including additional training posts and career progression pathways. Work is already underway to recruit to additional posts in Year 1 of this programme.
- Undertake workforce tools
- Adapt acuity and dependency scales as appropriate for Hospital at Home

Maximise the contribution for the nursing workforce.

During the COVID-19 pandemic, community nursing commenced confirming deaths of known patients and ensured seamless patient care at end of life. This commenced in July 2020, and up to the end of March 2021 a total of 221 call outs / confirmation of deaths was recorded across East and West Community Nursing Teams.

Call outs for Confirmation of Death



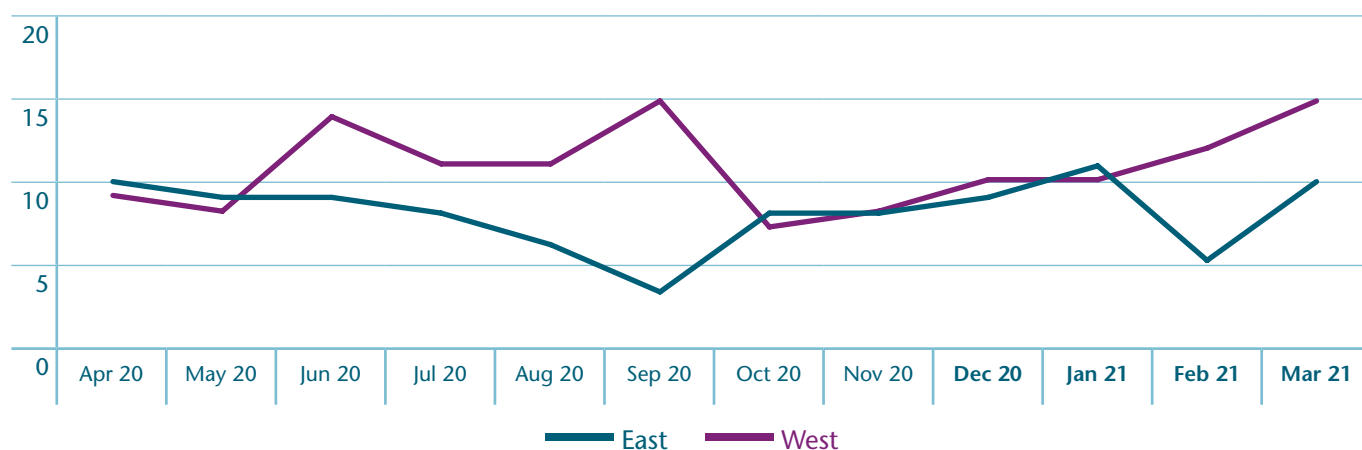
Continuous quality improvement in the reduction of caseload acquired pressure ulcers.

In terms of quality outcomes, the service has been challenged with increased tissue viability incidents within community nursing. Causes may be multi factorial mainly due to constraints placed upon service delivery during the COVID-19 pandemic and inability to maintain normal surveillance. Thankfully normal business has resumed now for the Teams and the service will aim to see marked reduction in tissue viability incidents in the coming year.

Joint working with care homes in relation to tissue viability: during the pandemic it became apparent very quickly that there was demand from care homes to reduce their footfall. To overcome this, new processes were developed whereby nursing homes would make a referral with photographic details of the pressure ulcer. A return response is made by Tissue Viability Nurse (TVN) with either a wound management plan or a home visit.

Training and education continued to be delivered during the pandemic via MS Teams and included Wound Management products in line with NHS Fife Formulary.

Total Number of Monthly Pressure Ulcers 2020/21
East & West Localities



Continue to inspire public confidence in care during times of significant service transformation.

The Community Nursing Service has previously used the approved PePPERS (Personalisation, Participation and Responsiveness in Healthcare questionnaire) model for capturing patient feedback. However, due to the Covid-19 pandemic this was not repeated during 2020-2021. It is hoped to return to this in 2021-2022.

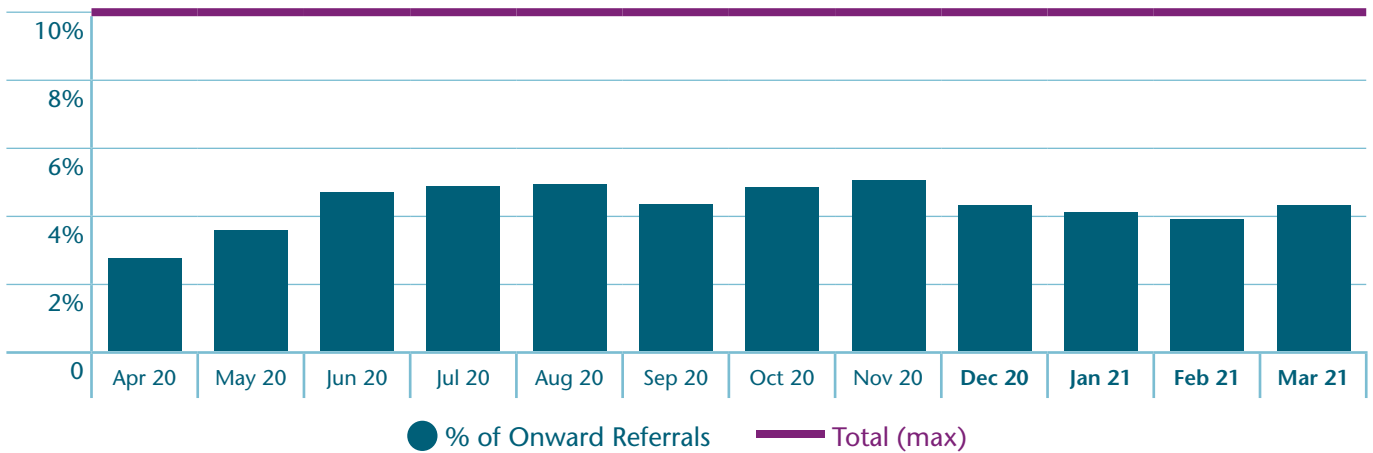
Community Dermatology Specialist Nurse service: due to reduced capacity within hospital based dermatology, referrals to the community Dermatology Specialist Nurse service increased. The specialist nurse is now seeing approximately 100 patients per week. During the Covid-19 pandemic approximately 50% of consultations were virtual (e.g. NearMe, telephone consultations), however due to the nature of dermatology face-to-face consultations are preferred in terms of skin assessment. The Dermatology Nurse Practitioner has reverted back to nearly all consultations being face-to-face.

Urgent Care Service Fife

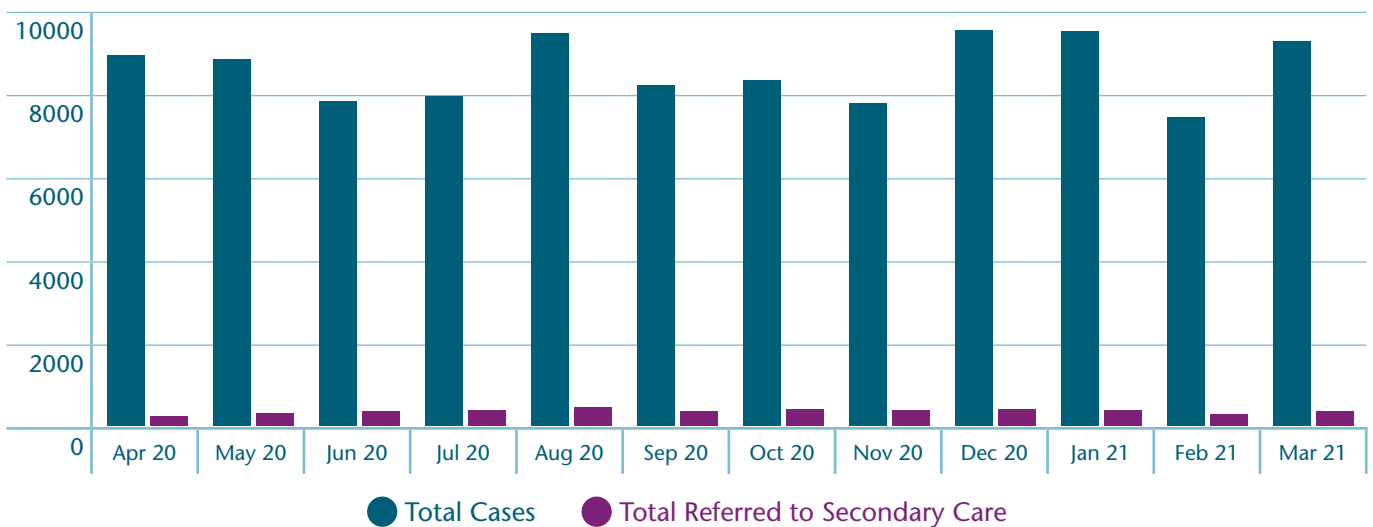
Improve help and support for people who need a clinician:

- Onward referrals to secondary care: The Urgent Care Service Fife aim to refer no more than 10% of their presentations for further assessment within secondary care. Between April 2020 and March 2021 Urgent Care Services Fife continued to achieve the target of less than 10% onward referrals to secondary care, resulting between 95.05% and 97.26% of all patient contacts managed within the service

Percentage of Onward Referrals



Urgent Care Services Fife: Onward Referral to Secondary Care Number of Patient Consultations



- Out-of-time visits: At least 90% of Urgent Care Service Fife (UCSF) patients will wait no longer than their specified time stratification based in relation to the clinical need. Between April 2020-March 2021 UCSF, like many services, had to cope with reduced levels of staff (Covid-19 isolations etc), peak activity times e.g. public holidays including Christmas and New Year, and winter weather / disruptive travel. All out-of-time visits are clinically reviewed. In early 2021, the service implemented a test of change whereby introducing additional dedicated local clinical review of all home visit end point contacts generated from NHS24. This local clinical review allowed for patients to be managed in a timely manner, allowing for telephone advice / signposting and allowing more efficient use of resources resulting in fewer out-of-time home visits compared to the same period the previous year.
- Urgent Care Services played a key role in supporting Fife’s response to the Covid-19 pandemic, with the mobilisation of the Covid-19 Assessment Centre, which has now seen approximately 20,000 contacts since March 2020.

- Improved transport support for patients. Patients who require access to the Urgent Care services in the out of hours period are offered the opportunity for transport support. This ensures fair and equitable service delivery for patients, families, and carers. Patient transport was also extended to patients requiring to be seen at the Covid-19 Assessment Centre during the in-hours period.
- Expanded use of virtual modes of clinical assessment in the out of hours period with increased use of Near Me and telephone triage / advice.
- Flexible multidisciplinary service delivery model for out of hours urgent care across Fife, including face-to-face clinic / virtual appointments; telephone advice, home visits, minor injury.

Support general practitioners and their Teams

- During the Covid-19 pandemic, the Covid-19 Assessment Centre provided a safe, clinical space for symptomatic patients to be seen, thus reducing the burden and risks placed on General Practice.
- Urgent Care Service Fife provide a professional-to-professional advice / referral telephone line for General Practice and other partners including, amongst others, District Nursing, Scottish Ambulance Service and Care Homes.

Urgent Care Redesign/ Transforming Urgent Care

Urgent Care Services Fife (UCSF) has undergone significant change and transformation over the last year. The strategic vision for the Urgent Care Transformation and Redesign work is to support the public to access the right care, at the right place, at the right time, first time. Traditionally, UCSF operated 118 hours per week as an Out-of-Hours service from the Maternity Unit at Victoria Hospital however in March 2020, was tasked directly to support Fife's Covid-19 pandemic response, hosting the Covid-19 Assessment Centre at the Diabetic Centre in the grounds of Victoria Hospital and Remote Telephone Triage Centre at Glenrothes Hospital. Workforce resource was deployed from the GMS Community ANPs and GPs in Primary Care to ensure the patient had clinical review and sign-posted to the right place. All national urgent care activity was directed through a Single Point of Access (SPOA) at NHS24 via 111 and then reviewed locally in Fife by suitably trained clinicians at the Telephone Triage Centre. Many referral pathways were created to improve access to virtual triage and face-to-face assessment from Care Homes, Paediatrics, Maternity, Palliative Care, Hospital at Home, Mental Health Teams, SAS, Community Nursing and ED and acute care admissions pathways. The impact was that UCSF were supporting greater levels of activity and delivering a 24/7 model of urgent care delivery.

Clinical safety was number one priority and processes and protocols were rapidly developed to support safe transition of care from an out-of-hours service to a 24/7 model. Performance indicators were closely monitored with constant review and evaluation of activity and patient safety data. During the Covid-19 pandemic, activity was better controlled due to the SPOA and scheduling and reduction in unscheduled attendances.

The senior clinical team enabled the workforce, facilitating knowledge of clinical pathways and appropriate training in place. Staff were given the opportunity to learn and develop new skills such as NHS Near Me to support virtual triage and new ways of working and worked collaboratively with other services to deliver high quality, safe and effective care.

In August 2020, NHS Fife was given a directive to implement a Flow and Navigation Centre (FNC), one of 5 workstreams underpinning the Urgent Care Redesign Programme in Fife. On 1st December 2020, the FNC was launched with success and is currently completing on Phase 1 of the programme developing seamless clinical referral pathways to the ED and is now progressing towards Phase 2 which includes referral for acute admissions and paediatric pathways.

Over the last year, the UCSF nursing workforce has developed significantly to include new roles such as the Clinical Coordinator and Team Leader. During the pandemic, many nurses were already being supported through Masters-Level education and training which has continued throughout the pandemic with many of these skills requiring advanced decision making. The entire nursing team have developed enhanced skills in virtual assessment and telephone triage skills including the use of Near Me with some continuing university education to complete Minor Illness, Minor Injury, Advanced Patient Assessment and Clinical Decision Making and Non-Medical Prescribing qualifications concurrently.

Next steps

- Continue to progress in line with the Urgent Care Redesign Programme locally in Fife and Phase 2 national Urgent Care Redesign priorities as directed by Scottish Government.
- The multidisciplinary Teams shall continue to develop, building capacity, capability and resilience within our workforce to deliver on future priorities ensuring that staffs have the right skills and knowledge to perform safely and effectively.
- Continue to engage with staff and the population of Fife around Urgent Care Services.
- Continue to provide leadership to the Redesign of Urgent Care Programme, in particular Fife's Flow and Navigation Hub.

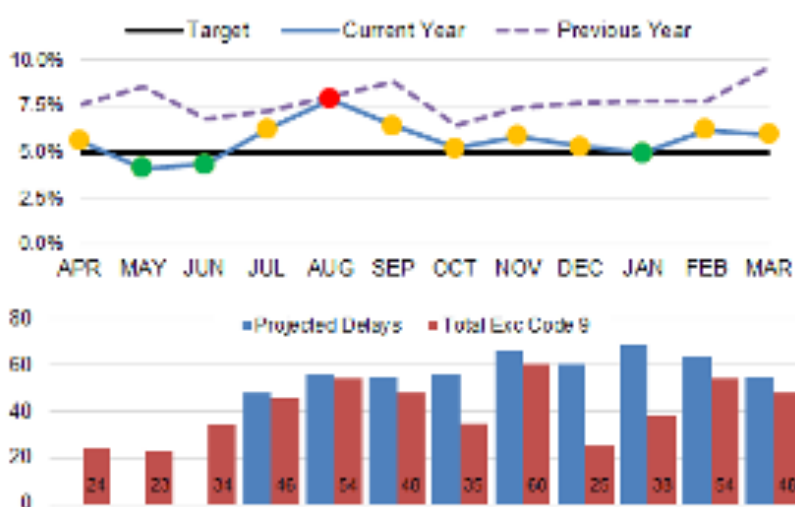
Continue to deliver the Transforming Urgent Care Programme through creating a sustainable model within QMH out of hours for both minor injuries and urgent care out of hours activity.

Integrated Discharge Hub & Community Patient Flow

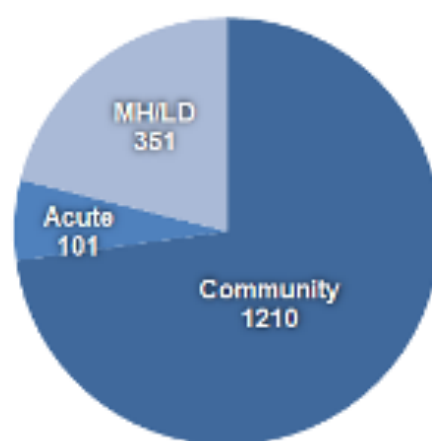
Improve patient experience and reduce delays in transfers of care

Aim to reduce the number of people who are delayed in hospital for 2 weeks or more by 20%

The graphs below show our performance against our indicator “We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied”



Bed Days Lost | Mar-21

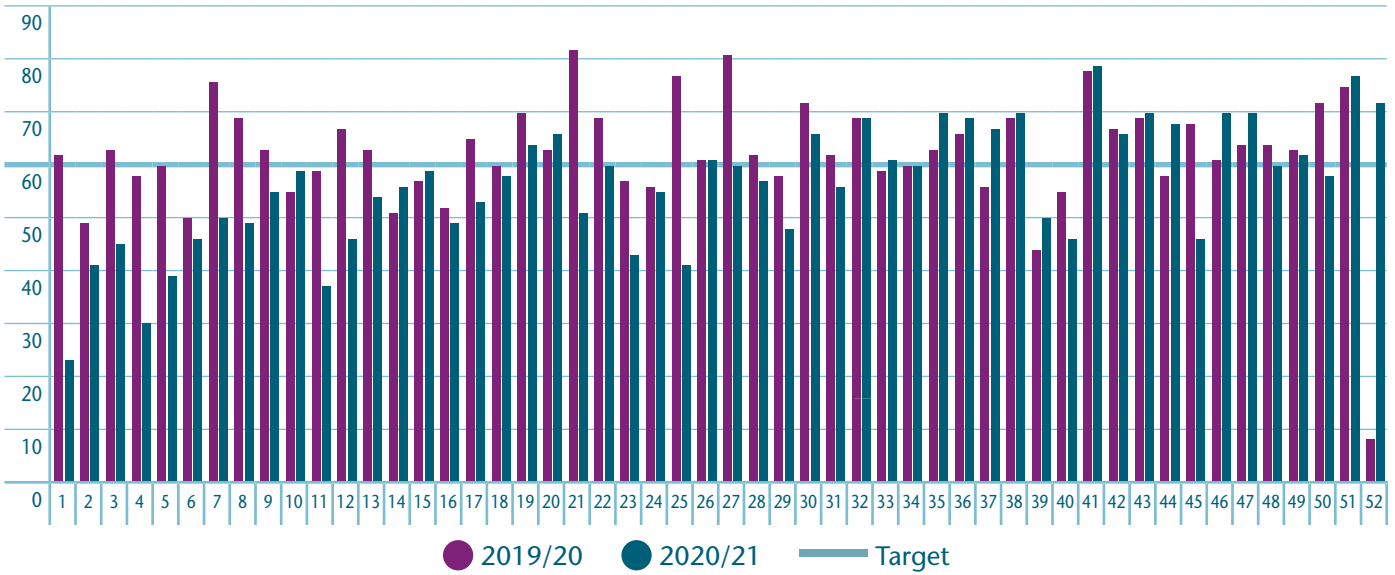


Aim for 60 people or more discharged into health & social care resources per week from the VHK HUB

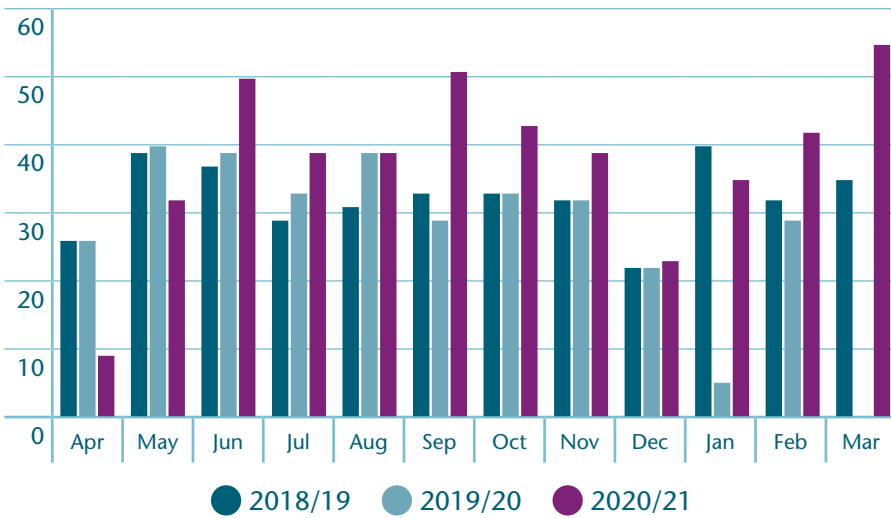
Within Fife there is a whole system approach to reducing delayed discharges. The past couple of years has seen a reduction in the number of days individuals spend in hospital after they have been deemed ready for discharge. This can be attributed to several initiatives including redesign of home care services, better links with the acute hospital and H&SCP through the multi-agency Discharge Hub, and collaborative working with the third sector including earlier direct support for carers, veterans, and homeless individuals.

- Carer Support Services:
- To improve the support carers receive at discharge;
- The aim is to increase the number of people receiving support within the Acute and Community Hospitals. Total referrals for April 2020 – March 2021 was 39.8% higher than the same period the previous year.

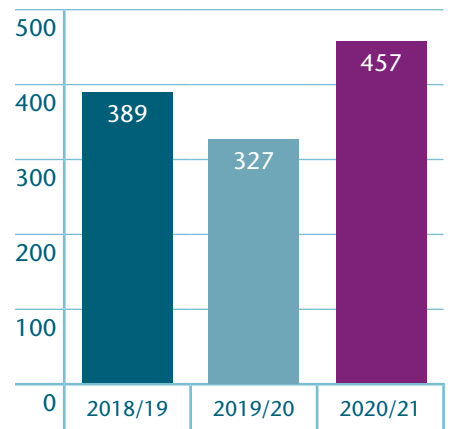
Total Weekly Discharge from the HUB



Number of Monthly Referrals for Carers Support



Total Number of Yearly Referrals for Carers Support



Home First

Establishment of Home First Oversight Group to provide leadership and direction of the delivery of an integrated Home First strategy across Fife.

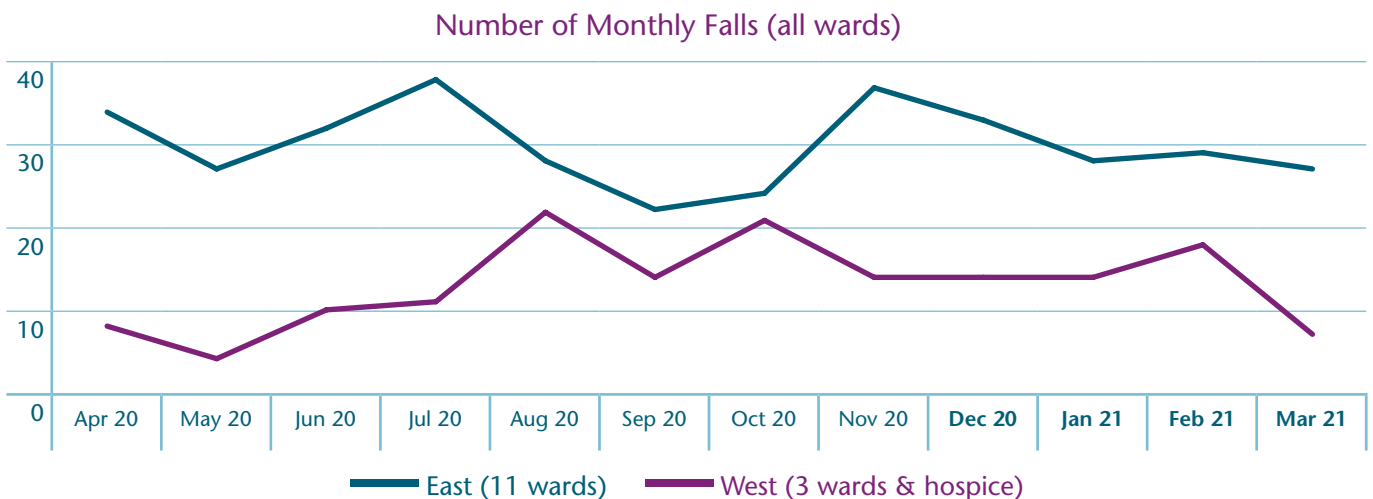
The Home First strategy within the acute and community hospitals in Fife aims to support the strategic direction of the Fife H&SCP to redesign care to ensure people have the opportunity to be treated at home or in a homely setting. People who are ready for discharge and do not require a hospital bed may still require short term health and social care services. Where it is safe and appropriate to do so, this can be provided in their own home or another community setting in an approach known as Home First.

Personal outcomes and whole system approaches allow for community alternatives to hospital admission to be explored and include frailty screening to prompt early specialist geriatric assessment. Active participation by patients and their carers / families ensures understanding and contribution, as appropriate, to care delivery and discharge planning, including the use and sharing of anticipatory care plans. Patients are identified a 'named person' who has responsibility for coordinating all stages of discharge planning throughout the patient journey.

- Inpatient Nursing
- There has been targeted approach to reduce falls in all community hospitals across Fife. For the months that there have been peaks, the SCN, CSM and HoN analyse the data and agree interventions.

Inpatient Nursing (East)

Medicine of the Elderly Rehabilitation is based across four community hospitals in the North East of Fife and provides a multi-professional approach to rehabilitation and re-enablement with expertise in managing more acutely unwell patients and complex discharge planning. The patient group is predominantly frail elderly; however, there are a growing number of under 65s with complex health needs admitted to our wards. There is also a Consultant-led neuro-rehabilitation service.



These four community hospitals comprise 182 inpatient beds and this includes:

- Hospital Based Complex Clinical Care
- Rehabilitation for frail people (including those with cognitive frailty)
- Neurological rehabilitation
- Stroke Rehabilitation
- Palliative care
- OPD
- MIU

The ME/CFS (Chronic Fatigue) service in NHS Fife has been nurse-led since 2004 and is the country's longest running nurse-led service for the condition. Before Covid-19 the prevalence of ME/CFS was 1 in 200. Since September 2020 a third of all new referrals to the ME/CFS clinic are from post viral illnesses, suspected Long Covid-19 or confirmed from test prior to referral.

Next Steps

- New models of care: such as Home First.
- Moving On policy ensuring discussions are commenced on admission.
- Neuro rehabilitation: redesign and alignment of services within 18 months.

Inpatient Nursing (West)

Medicine of the Elderly Rehabilitation is based at Queen Margaret Hospital and provides a multi-professional approach to rehabilitation and re-enablement with expertise in managing more acutely unwell patients and complex discharge planning. The patient group is predominantly frail elderly; however, there are a growing number of under 65s with complex health needs admitted to our wards.

In Queen Margaret this service comprises:

- 80 beds
- Three inpatient wards (currently 4 due to pandemic and infection control measures regarding bed spacing)

Next Steps

- New models of care transfer.
- Test of change for Stroke (anticipated Oct 2021).

GP Fellows

The GP Fellows initiative was created to address the need to recruit and retain GPs in Fife. The posts were set up as temporary three-year positions (commencing 2018) with the first year focusing on training and development in clinical, quality improvement and project management skills. Following the first year, the emphasis moved to a combination of GP work and contribution to service development.

The posts were developed to be attractive to GPs who do not wish to be in Partnerships in Practices at this stage of their career and allow them to maintain a mainly clinical role. The opportunity to be involved in developing and shaping community services was also intended to attract GPs to the posts.

It has been recognised that a huge value in the GP Fellows' frailty clinic is the ability to address the needs of people with multiple conditions and the multiple effects on an individual from each condition. As well as having adequate time in the clinic (compared to the time available from a GP), the GP Fellows' location in the Hub allows for rapid multidisciplinary assessment when required and this provides the opportunity for comprehensive and early intervention.

The GP Fellows' contribution is illustrated in two examples:

- Coordinated working with old-age psychiatry led to an urgently referred patient with significant weight loss being assessed medically and cleared of physical causes. This led to a more rapid conclusion that dementia and depression were the key contributory factors.
- A patient with sudden decline was urgently assessed by GP Fellows and MDT. Medical investigations and management were rapidly undertaken, and therapies commenced. As a result, the patient's condition, independence, and quality of life improved significantly.

The comprehensive assessment and coordination with Hub services probably prevented further decline and possible hospitalisation in the two people outlined above. They are not unusual, and these situations are very representative of the increasing numbers of frail and older people with more than one condition.

Next Steps

- To develop a GP Fellow Fife-wide team.
- To have integrated Fife-wide Frailty Service incorporating the GP Fellows, Day Hospital, Hospital@Home and ICASS

ICASS / Intermediate Care Teams / Community Occupational Therapy

Intermediate Care Team

Intermediate Care Teams cover a range of integrated services to provide rehabilitation to promote faster recovery from illness, prevent unnecessary hospital admission, support early discharge, and maximise health and wellbeing. Intermediate Care is provided directly by a multi-disciplinary rehabilitation team comprising of physiotherapists, occupational therapists, nurses, social care staff (Rehab Support Workers and Home Care Managers) and non-registered Health Rehab Support workers. Alongside this team we have Community Occupational Therapists and Social workers who attend weekly virtual ward rounds.


The skill mix provided within the ICT ensures that there is a wide range of knowledge and skills from our junior staff through to our specialist therapists. Areas of specialist knowledge and expertise within the Teams across Fife include Neuro Rehab, Pulmonary Rehab, Vascular and Stroke, Parkinson's, Dementia, Orthopaedics and Falls and Frailty Management. The management of patients with multiple pathologies and complex care needs is also an area of expertise which involves particular knowledge of equipment and environmental needs and understanding of resources across the local communities.

The team will plan, in collaboration with the patient, carers and relevant others, a programme enabling people to achieve an appropriate level of independence in everyday tasks, self-manage health issues and support any short and long term personal outcomes. The duration of the service will vary according to the individual need, but may be for up to six weeks, with the potential to be extended if necessary. The team will work closely with other agencies including relevant other social care partners and the third sector.

All professionals within the team have the necessary training and skills to complete a holistic generic assessment for any patient referred into the service for daily care. There is a great deal of trust and respect within the team ensuring involvement of necessary professionals in the patients journey at the correct time. Having all qualified staff trained in this way ensures that a comprehensive assessment of the individual's needs is carried out in a timely manner by the most appropriate professional. They will then plan with the patient through use of good conversation, realistic and achievable personal outcomes, empowering the individuals to maximise independence and encourage self-management.

Alongside the daily care element of intermediate care is the general rehabilitation provided by our skilled group of AHP staff and support workers. As mentioned previously they support a range of individuals with complex conditions to maintain function and as safe an environment as possible at home. They provide the individual with treatment, advice, equipment if necessary and signposting to appropriate service ensuring they have the necessary tools and skills to self-manage. All staff within the team are trained in personal outcomes and good conversations.

During 2020-21 we developed in introduced virtual Pulmonary Rehab classes accessible to all and were able to provide mobile technology on loan if required to support the programme.



Covid-19 has made us develop our ICT and Hospital at Home services differently providing more efficient ways of working and triaging. Use of Near Me for consultations following more detailed telephone triage if required. Greater developments with ehealth offering better digital solutions for record keeping and patient consultations. Staff had access to laptops or ipads so were able to work in the community.

Ward Allied Health Professions (AHPs)

The occupational therapy and physiotherapy service provides assessment and rehabilitation to all the community wards across Fife. These are downstream wards and occupied by a combination of people requiring rehabilitation, management of discharge home to complex care packages. There are a total of 5 Hospital sites including 2 stroke rehabilitation wards. The non-stroke beds include a combination of people with other neurological conditions, fractures and any other condition which requires a community bed. At any time, a significant proportion of the patients have a cognitive impairment or dementia. There are rehabilitation areas on or near to the wards areas in all of the hospitals.

The physiotherapy team provide individual assessment and rehabilitation on an individual and group intervention sessions to the patients to work towards personal outcomes and discharge home.

The occupational therapy staff provide rehabilitation to optimise patients' occupational performance (ability to perform valued activities). This includes both rehabilitation methods to restore physical and cognitive function and to compensate for reduced function with adaptive techniques and equipment training.

Day Hospitals

The service provided includes a multidisciplinary assessment for those with medical and rehabilitation needs, medical frailty clinic by GP fellows, outpatient physiotherapy for older people able to attend the service and medical clinics for people presenting with more complex needs which require the input of geriatricians. The active benefit of the ARC approach is the coordination of services which has led to a more efficient and targeted use of staff resource and reducing the number of return attendances for patients while still achieving optimum outcomes in personal outcomes, health and wellbeing.

Community Occupational Therapy

The Community Occupational Therapy service works with adults and older people who are experiencing functional difficulties with activities of daily living to enable them to be as safe and independent as possible.

Assessment of an individual's needs can be carried out either by telephone, or in person by a member of staff carrying out a home visit. Telephone assessments have become an increasingly valuable way of meeting people's needs during the pandemic, but where a service user has more complex difficulties or telephone communication is not possible, home environment visits are still required.

Following an assessment, the Community OT service can offer to support people in a number of ways. These include teaching the person and/or carers to carry out their activities in a different way or adapting their property with equipment and/or adaptations to make their home more safe, suitable and appropriate for them. The Community OT service works closely and in partnership with many other professions such as:

- Housing,
- Social Work,
- ICASS,
- Community stores, and
- Acute services

To meet people's needs and much of the effectiveness of our input is as a result of partnership working and good communication.

Community Occupational Therapy has a stretch aim to "reduce and sustain the average longest wait for the Community Occupational Therapy waiting lists to no more than 200 days." Our aim is to reduce the number of people waiting and the length of time that people wait, while continuing to provide a quality service within budget.

The target that has been set is ambitious, however it has been achieved on several occasions and the service continues to strive towards achieving this target. There was a spike in the longest waiting case average for April 2020 and this can be attributed to the Covid-19 pandemic. The service has worked diligently month on month to continue to reduce this wait despite the challenges that have been faced during these unprecedented times. As at November 2020 the longest wait average was 209 days which is 9 days or 4.5% above the target that has been set.

One of the ways we achieved the above was to be creative in how we continued to deliver assessments throughout the Covid-19 restrictions.

Prior to Covid-19, the Community Occupational Therapy Service had already refocused our initial telephone screening or "duty" process to enable us to provide some equipment and minor adaptations for those with non-complex needs without waiting for a full home assessment. The aim was to reduce the waiting time for those with complex needs and enable their needs to be met faster.

This put us in a good place for dealing with the challenges of Covid-19. The need to reduce home visits has encouraged us to expand the range of provisions we support without a home visit. This has required staff to draw on experience and develop increased skills in effective conversations and questioning to elicit adequate information to determine that it is appropriate to make a provision - without having visually seen the person or the environment. Accessing digital solutions to maximise our potential to reduce home visits while still providing a service was challenging. We had to make a business case for smart phone devices which was a lengthy and time-consuming process but ultimately successful. We also initially had no access to NearMe for remote video consultations and access to WhatsApp took time to be agreed.

The focus of Community Occupational Therapy assessment and intervention is around how a person carries out day to day activities within their home environment. Generally, the most effective way to do this is to carry out visits to the home and so in urgent and high-risk situations we maintained home visits. Early in the pandemic we purchased uniforms for our staff and ensured that they all had access to the required PPE. The vulnerability of many of the service users we work with required us to limit the number of times we went out to a home and the number of people present on the visits.

Covid-19 restrictions impacted on the ability of inhouse contractors to complete major adaptation work, with risk assessments and single contractor working resulting in work taking longer.

Next Steps

- Remodelling for Day Hospitals
- Greater integration of frailty services
- Development with Fife Council Housing Occupational Therapy to integrate into the Community Occupational Therapy service
- Working with Housing on One Stop Shops
- Ongoing development of Pulmonary Rehab with virtual classes and other models and respiratory services to support long Covid-19. The National Video Conferencing Service was used as a platform as it provided a secure connection for use with patients. Patients were asked for feedback and the first cohort consisted of 20 patients across Fife, 5 classes of 4 patients. 16 patients completed their virtual course of pulmonary rehabilitation, which is a significant improvement in completion rates versus face-to-face classes. Attendance rates were also higher. Due to the ongoing Covid-19 pandemic we are continuing to run our virtual classes and will do for the foreseeable future. Once restrictions allow a return to face-to-face classes, it will be as a blended model of both virtual and face-to-face for those who do not have the relevant technology.
- Ongoing use of new systems offering more effective triaging.
- Online waiting lists to maintain communication across services offering transparency.
- Continue to review use of digital solutions and other ways of working to reduce waiting times – this will now be primarily for efficiencies as we move beyond Covid restrictions. We now have access to Near Me and are looking at where this best adds value for service users and the partnership.

Fife Equipment Loan Service

Fife Equipment Loan Service (FELS) is based within Fife Council's Bankhead Depot in Glenrothes. Building Services by way of a Service Level Agreement with the Health & Social Care Partnership provide operational management of the storage, delivery, collection, refurbishment and recycling of community loan equipment. The store loans equipment to help support people to live as independently as possible in their own home. Equipment such as beds, hoists, bathroom equipment and specialist children's equipment can support timely discharge from hospital and prevent admission into hospital or long-term care. In October 2019 a procurement exercise was undertaken to source a new online equipment ordering and stock management system that would meet not only the current but future needs for all stakeholders of the Equipment Store. Using mobile technology, the chosen system, TCES Community, will enable more efficient stock control including the tracking of equipment to ensure the continual safety of all our service users and will also provide an improved interface for all clinicians. The software built into the system can be used to support the Fife Equipment loan store to further develop new improved ways of working to promote safe, sustainable and person-centred health and social care services in Fife.

The project was carried out in partnership with Fife NHS and Fife Council including Education Services. Despite the many challenges of Covid-19 the new system was successfully implemented on time for the 1st April 2020. This was a testament to committed integrated working by the many different services involved. The main challenge was around the roll out of face-to-face training with all the clinicians who use the system to order equipment for their patients to support hospital discharges and prevent admission into care settings. We have over 700 clinicians using the system therefore we decided to do direct training with a smaller group of staff designated as TCES champions with the plan for these champions to roll out face-to-face training to their Teams. Unfortunately, due to lock down restrictions all the training had to move online. Although this was challenging for all the Teams involved, staff very quickly adapted to the new way of learning and successfully gained the knowledge required to use the system effectively. Additionally, we were unable to have CSS our contractor spend time with the store staff during the crucial going live week. However due to the strong relationships built up during the previous 16 weeks of the project we were able to navigate all the inevitable initial set up snags with very little disruption to the normal day-to-day running of the equipment store which has been able to successfully remain fully operational throughout Covid-19.

This system is accessible to NHS and Fife Council staff including Community Occupational Therapists, Care at Home Services, Physiotherapists, Community Nursing and Education staff to order, arrange delivery and the uplift of community loan equipment.

Key project statistics

Since going live on the 1st April the data from our new system shows us that the loan store has:

Completed 29,193 orders

Reaching 10,503 service users.

65% of these orders are deliveries of equipment which have supported people to remain in their own homes and communities

The remaining 35% are uplifts for equipment that can then be refurbished.

Next Steps

- TCES Community offers the opportunity to further develop the service the stores provides to support people to live as long as possible in their own homes and community settings. The enhanced data it produces will help to inform decisions about the types of equipment required to maintain people's mobility and independence.
- Service users can already directly access small items of equipment using the "Smart Life in Fife" portal which are then delivered by Fife Equipment Loan Store. Future developments include the possibility of adding the "small adaptations service" onto TCES Community, providing prescribers with the ability to order equipment and arrange adaptations all from one single system.

Care Homes Replacement Programme

Methil Care Village: the pandemic meant that the project was delayed by 8 months and construction at Methil did not get underway until November 2020, however, it is now progressing well. Residents of the existing Methilhaven Home have been enjoying seeing photographs and film of progress with their new home and have been choosing names for each of the residential units within the home. They are looking forward to helping decide on colour schemes and furnishings for the new home.

Cupar Care Community: approval was granted on 18th February 2021 for the replacement for Northeden Care Home in Cupar. This will be a 24-bed care home with 12 supported housing flats for adults with additional support needs. The building will also contain accommodation for Adult Services' Community Support Service, older people's day service and a hairdresser. Residents of the existing Northeden House have been very pleased with the initial designs and particularly liked the proposed enclosed balconies and garden areas.

Anstruther Care Village: approval was granted on 7th January 2021 for the replacement for Ladywalk Care Home in Anstruther. This will be a 24-bed care home with 12 extra care housing flats for older people and two specific needs bungalows in the grounds. The main building will also contain a café/ drop-in facility, hairdressers and day service for older people. The Design Team are now working on the design for the new building.

Next Steps

- Near completion of Methil Care Village, now estimated to be May 2022.
- Submission of Planning Application for Cupar Care Community in May 2021.
- Ongoing development of the design for Anstruther Care Village. Working toward Planning Application submission in December 2021.

Support for Unpaid Carers

We continued to deliver support for unpaid carers in Fife albeit with a significant change in the approach and method of delivery. Very few of the commissioned voluntary sector partner organisations ceased their support for carers except for those that offered short breaks in residential or day settings. Most organisations adapted their method of delivery to include telephone support for carers (including assessment of their needs for support) and some introduced video consultations and support to continue with a form or face-to-face support.

New support for unpaid carers was commissioned in the following ways:

- Carers of people with sensory impairment, and carers who themselves are affected by sensory loss.
- Carers of people with mental ill-health and support to maintain and improve carers own mental health and well-being that supports their ability to cope and thrive as a carer.
- Support to help understand the benefits of Powers of Attorney and assistance/guidance to secure the same for the persons they care for, proactively, or secure Guardianship after the fact.

The change in approach to supporting carers meant many carers were unable to access to the support they had previously benefitted from particularly short breaks from their caring roles. Fife Carers Centre reported that carers coped well at the start of lockdown but as time wore on carers' newfound confidence in their own abilities and resilience was tested. Carers have reported suffering significant strain and stress during lockdown and this presented a major challenge with the lack of breaks from caring, an impact that will remain in place for a significant time to come.

There were very significant delays in decision-making regarding the investments and improvements proposed that were intended to enhance support for carers. Final decisions were only reached in November 2020. These delays, while understandable at the start of the lockdown, likely impacted on our ability to support carers in meaningful ways sooner.

During the year the previously agreed locality support service was introduced across Fife in partnership with Fife Carers Centre. As this investment took place at the start of lockdown the role of these staff was flexed to support unpaid carers in different ways including specifically delivering PPE to unpaid carers.

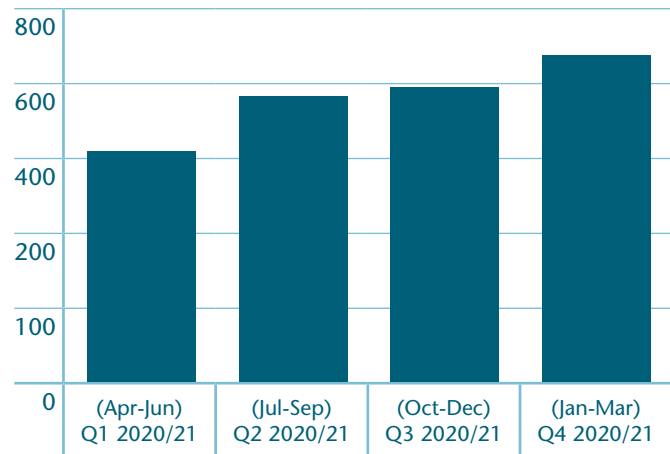
Carers Week 2020 was held virtually with a range of stories and articles posted online and in social media with the aim of making caring more visible and recognised as critically important. This week was also used to launch new support including self-help whereby carers can access much of the support they might need using resources we have secured for their use, particularly information on our web-site and through the Carers UK digital resource for carers which we purchased for carers to access at a time and place of their convenience.

Operational Teams have a responsibility to offer carers their own support plan. The chart shows the number offered during each quarter of 2020/21

Next Steps

- A series of improvements are proposed for 2021/22 which remain subject to decision making processes. These focus on practical support for unpaid carers specifically in supporting them to achieve a better balance in their own lives through breaks from caring. Proposals also include enhancements in support for young carers as well as community-based support in each locality in Fife whereby carers in these localities would propose the support that best meets their own needs.

Number of Carer Support Plans Offered 2020/21



Community Pharmacy

Scottish Government, at the outset of the Covid-19 pandemic lock down, directed all Community Pharmacies to remain open to provide essential services to the public. Community Pharmacy responded to this instruction by continuing to keep their doors open to the public throughout the pandemic and to date NHS Fife has experienced no community pharmacy closures.

Maintaining this essential service throughout the pandemic has been extremely challenging. Community Pharmacy in NHS Fife and across NHS Scotland must be commended for continuing to serve the public and respond to the many changes necessary during this difficult time.

The most notable challenge in continuing to provide pharmaceutical services in the initial stages of the pandemic was the unpredicted public demand to obtain regular medication. Increased prescription ordering resulted in pharmacy workload almost immediately doubling, whilst the necessary creation of queuing systems to accommodate physical distancing with this increased volume was incredibly difficult to manage. Many pharmacies experienced a lack of understanding from the public at this time and some experienced unacceptable abuse requiring police involvement. This increased demand also put strain on the supply chain and created some transient medicine shortages.

Physical distancing not only created queues but also meant an immediate unplanned and largely unsupported reconfiguration of premises, where Community Pharmacies introduced innovative solutions in managing infection risk such as Perspex screening, sectioning of space and creation of one-way systems at a time where guidance on such matters was not

yet considered and yet required implementation at the height of patient demand. Physical distancing meant there was a necessary reduction in the use of private consulting spaces. This lack of private consultation space resulted in a reduction in the provision of confidential consultation for advice and treatment such as emergency hormonal contraception provision and urinary tract infections. Smoking cessation support proved difficult to continue due to the service specification requirement to monitor carbon monoxide (CO) levels

Revised models of service provision due to Covid-19 in other areas of NHS Fife also impacted and provided challenge to Community Pharmacy. The necessary increase in remote triage by prescribers, most notable in the initiation of centralised models of emergency care such as the Covid hub and emergency dental hub practices, but also in many other areas of patient triage within NHS Fife, such as CAMHS, and Hospital @ Home resulted in the requirement for prescriptions to be provided in an emergency supply model. Patients are triaged and advised to attend their local pharmacy while prescribers emailed/faxed the prescription details with a "wet signature" script to follow. Legal requirements are for these prescriptions to follow within 72hrs. Royal Mail disruption and initial teething problems with establishing communication channels resulted in a significant increase in the administration time required within pharmacies to cope with these models at a busy and challenging time.

In a letter to Chief Executives on Covid remobilisation plans from Scottish Government, boards were asked to work with local contractor committees to support the national roll out of the NHS Pharmacy First Scotland service.

Launch of Pharmacy First

The new NHS Pharmacy First Scotland service, which replaces the current Minor Ailment Service and current Pharmacy First services, commenced in all community pharmacies from 29 July 2020. Scottish Government indicated that this is a key deliverable for pharmacy remobilisation. This redesigned minor ailment and common clinical conditions service is available to all patients registered with a GP in Scotland or living in Scotland and allows advice and treatment, and where appropriate referral, to be provided free of charge. The focus is on increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long-term conditions in and out of hours, thus offering further support to patients in the unscheduled care period e.g. evenings and weekends. The service improves pharmaceutical care and contribute to the management of patients within a multi-disciplinary team.

Since the launch of the Pharmacy First, Community Pharmacies across Fife have on average consulted with 2775 patients per week under the service, providing essential treatment and care and ensuring that patients receive the right care in the right place by embracing and utilising the service fully. Under the Pharmacy First service, Community Pharmacists are able to provide two essential prescription-only medications previously only available from the patient's GP or practice prescriber for treatment of urinary tract infections and impetigo, reducing further the need for patients to attend their medical practice. The Pharmacy First service in Fife continues to build and expand providing a major benefit to patient journey and pathways of care.

Next Steps

- The Pharmacy First service continues to develop with additional conditions being added in for treatment, notably in July 2021 treatment will begin for shingles and skin infections, increasing further the impact of shifting the balance of care from GP practice to Community Pharmacy. “Pharmacy First plus” is a new service introduced to make use of Community Pharmacist independent prescribing skills. NHS Fife has 8 pharmacies signed up to extend current pharmacy treatments available and the board will encourage more participation as clinical skills are developed.

Effectively Managing our Workforce

Implementation of Health and Care (Staffing) (Scotland) Act 2019

In Late January 2021 the Cabinet Secretary for Health and Sport wrote to Chief Executives of all Boards acknowledging the implementation of the Health and Care (Staffing) (Scotland) Act 2019 was paused due to Covid-19 and outlined the Scottish Governments commitment to the introduction of the Act in the next Parliament. The Act will stipulate that it is the duty of every Health Board to put and keep in place arrangements in relation to staffing and recording and explaining decisions that may conflict with clinical advice. Although the implementation of the Health and Care (Staffing) (Scotland) Act 2019 has been delayed by the Covid-19 pandemic, processes were in place ensuring the key principles and intent was being applied in practice.

Over the winter surge period and the ongoing workforce pressures due to Covid-19 pressures, a workforce mobilisation hub, overseen by a Head of Nursing with support from Lead Nurses, coordinated staffing information from across all Community Health Services and the Care Homes to ensure these areas had sufficient staffing and to provide assurance to the Board Nurse Director, all areas were able to deliver safe, effective and patient centred care in line with the organisational priorities.

Next Steps

NHS Fife and Fife Health & Social Care Partnership Joint Interim Workforce Plan 2021/22 allows the organisation to pause and reflect and plan for future years taking learning from the response to Covid-19 and the implications for the workforce beyond 2022. It is important to recognise the need for a flexible and mobile workforce as we learn to live with Covid surges and outbreaks in the months and years to come and ensure this is reflected in future workforce strategies. This is particularly important in relation to safe staffing and to ensure we have the right infrastructure to develop our governance of the legislation over this year and the systems and processes in place to give assurance that advice and decisions we make are informed and evidence based.

Priority 4

Living well with long term conditions

We are committed to building on the work already started in Fife to support adults and older people with complex care needs, who are accessing both primary and secondary care services most frequently. We are developing and supporting a more integrated and earlier approach focussing support pro-actively with patients who would benefit from this which includes early identification and comprehensive assessment in case co-ordination.

High Health Gain / Community Complex Care Teams

These teams support more integrated and earlier approaches for adults and older people who are at highest risk of decline in their health & wellbeing / reduce the proportion of people requiring an unplanned admission following a High Health Gain intervention.

Every patient identified as High Health Gain Complex Care who has had an acute admission is supported by the Community Complex Care Teams (Respiratory & Frailty) for early supported discharge.

High Health Gain (HHG) admissions data is captured at 6-month intervals i.e. number of hospital admissions 6 months prior to HHG referral date and number of hospital admissions 6 months post HHG referral date. Between April 2020 and October 2020, a total of 69 referrals were received (respiratory and frailty combined). The number of hospital admissions prior to HHG referral for these 69 patients was 120 admissions. The number of hospital admissions 6 months after referral and following HHG input was 78 – a reduction of 35%.

From November 2020 to February 2021, a further 52 referrals were received with 85 prior hospital admissions. The results of High Health Gain input, and resultant post hospital admissions, is yet to be recorded.

For a number of months during the Covid-19 pandemic, the focus of support was given to respiratory complex care patients. No referrals for frailty were received in May 2020 and only one in June 2020. Frailty referrals began to increase again from July 2020 onwards and patients were supported using a High Health Gain approach.

Referrals received	No of referrals in month	No of hospital admissions 6 months prior to referral date.	No of hospital admissions 6 months post referral date.	Percentage reduction
Apr20>Oct20	7	12	5	-58%
May20>Nov20	1	1	0	-100%
Jun20>Dec20	6	14	11	-21%
Jul20>Jan21	11	18	12	-33%
Aug20>Feb21	14	21	18	-14%
Sept20>Mar21	19	31	21	-32%
Oct20>Apr21	11	23	11	-52%
Sub Total	69	120	78	-35%
Nov20>May21	17	20		
Dec20>Jun21	15	20		
Jan21>Jul21	6	19		
Feb21>Aug21	14	26		
Sub Total	52	85		
Total	121	205		

Palliative and end of life care / Community Complex Care

The Community Respiratory team continues to receive referrals from multiple H&SCP agencies and acute services who have identified patients who are at high-risk of decline and/or admission to hospital. Referrals over last year were 92 and all of those were accepted. The team who are small in number have a rolling caseload across Fife of approximately 100 patients who have complex respiratory conditions with a heavy symptom burden. They are offered a multi-faceted approach following a HHG/Respiratory assessment. Integration of services with a case management approach is key to supporting these patients, carers and families at home. The team work with all appropriate agencies including H&SCP, acute and voluntary services, and use appropriate strategies required to allow a wraparound service to the patient's needs. This is a truly patient-centered led service with a high proportion of patients requiring palliative and end of life care services. The team provide early supported discharge which has had to be adjusted due to Covid-19. The team are currently unable to visit patients whilst in the acute hospital, but by utilising the Trak system, the team are able to identify patients as soon as discharged and contacted as soon as possible to follow up at home to help prevent any readmission.

The Community Respiratory team supports all patients to complete advanced care plans if they wish. For those patients who decline, the Community Respiratory Team is encouraged to support these patients' wishes. The team offer extensive support to carers (local anecdotal evidence) both through formal channels as well as via our advice line which takes an average 144 calls per week. This phone line is available to patients' carers and families as well as health and social care colleagues for advice. The team work with all agencies to allow patients who wish to die at home to do so, increasing the team input as required in line with other services. In the last year the team have established good links with specialist palliative care services both in Fife and Tayside as well as acute respiratory services in Tayside to support patients in the Northeast of Fife to ensure this is a Fife wide approach.

Next Steps

- Every patient who is afforded a case management approach may be offered a High Health Gain approach if appropriate.

Fife Specialist Palliative Care Service

Specialist palliative care in Fife is provided by an expert multi-professional team who have undergone recognised training and have specific expertise in supporting people who have unresolved complex physical, psychological, social and/or spiritual needs that cannot be met by their usual care provider. In Fife, specialist palliative care services comprise:

- Two hospice inpatient units (currently 1 unit due to pandemic impact)
- An acute hospital support team at Victoria Hospital
- A once-weekly specialist palliative care outpatient clinic
- A community specialist palliative care nursing team (outreach team providing Hospice at Home model during pandemic)
- Day services based at Victoria Hospital (not currently operating and environment will not support previous model)
- Children and families service and adult counselling service

During Covid-19, Fife Specialist Palliative Care flexed the service to meet the needs of patients. An outreach service has ensured that patients have been cared for in their homes. For those patients who have required end of life or palliative care in an inpatient facility, the VHK hospice and community hospitals have been utilised.

Next Steps

- Reassess and review Day-service model
- Inpatient / outreach service delivery model to ensure person-centred approach
- Continue to work in partnership with community services and 3rd sector partners

Fife Macmillan 'Improving the Cancer Journey' Service

Improving the Cancer Journey (ICJ) was launched in September 2018 and since then 1692 people have engaged with the service. ICJ was established to address the multifaceted consequences of receiving and living with a cancer diagnosis. Since its inception it has offered holistic, individualised support to all local people diagnosed with cancer. As the first integrated social and health care service in the UK to deliver beneficial outcomes for people affected by cancer, its approach has been referenced in the National Cancer Strategy (Beating Cancer: Ambition and Action 2016).

In response to the Covid-19 pandemic the ICJ service stopped all face-to-face visits on the 23rd March and continued to offer people affected by cancer, telephone and/or Near Me appointments. ICJ employees were provided with suitable IT equipment to enable working from home (this continues to be the norm). From March to September the ICJ Service Manager worked 3 days per week as the central point of contact for personal protective equipment between National Services Scotland and H&SC social work/social care services.

Progress that has been achieved between 1st April 20 and 31st March 21:

- The ICJ team introduced the offer of Near Me – Between 29/3/2020 and 14/2/2021 there have been 65 NM calls.
- Building on the partnership working with Macmillan benefits advisor (CARF) an information sharing protocol is now in place between ICJ and CARF.
- A Data Protection Impact Assessment is in place to enable data from the electronic Holistic Needs Assessment (eHNA) to be transferred to POWER BI for monitoring and reporting purposes. This is a joint project with Business Technology and H&SCP
- Recognising that the workers were not engaging with stakeholders face-to-face it was agreed that the team would create an ICJ quarterly newsletter to increase awareness of the service delivery during the pandemic.
- The Team developed a Fife ICJ information booklet for People Affected By Cancer.
- Over 600 people engaged with the service.

Next Steps

- Test of Change – The aim of the TOC is to offer a single point of access for health and social care professionals to refer/signpost people with a long-term condition who require additional support to live well in their community.
- Evaluation – post eHNA survey to people who engage with the service to Health Professionals to refer to ICJ (Health professional survey, end of 2021).
- Pathway development – stakeholders to agree how to position ICJ as an “opt out” service.
- ICJ Service to offer a blended approach - face-to-face, telephone and Near Me appointments.

Short Breaks Service

The personal outcomes approach to assessment and supporting planning continues to be evidenced in our Short Breaks Service for Adults (65 years and under). The team provide information to supported individuals and their families/carers to assist them to access creative and innovative short break provisions, using their individual short break budget and their chosen option through self-directed support.

2020 was an extremely challenging time for many, including unpaid carers who due to Covid-19 restrictions were unable to access any planned respite to provide them with a much-needed break from their caring role. Many building-based short break resources were closed and the requirement to “stay at home” meant that many alternative, creative breaks were not an option.

As part of our remobilisation of services, short break providers worked closely with Health & Social Care staff and Public Health to introduce additional health and safety measures which allowed them to welcome visitors back in October.

Due to the implementation of additional health and safety measures, providers have had to adapt their service delivery models. For many this has proved extremely challenging. It has meant additional consideration of numbers that can be supported at one time, consideration of the outcome of Covid-19 testing (a pre-requisite prior to breaks taking place) and a change in how their service can be delivered. Accessing outdoor activities was much reduced; which meant that individuals’ experience of their short break was very different.

As highlighted, the number of individuals who were able to access their break was much reduced which has put considerable strain on families and carers. Both the short breaks team and the short breaks providers tried to alleviate this as much as possible through telephone contact and ensuring that when resources did become available, those in the highest need of a break, were given priority. This was managed through our remobilisation of services planning.

We have also seen a reduction in the choice of available resources which has meant some individuals and families have not been able to access their usual short break facility. This has proved particularly challenging for individuals with high, complex care needs.

For some, there remains anxiety about returning to building based resources and the Short Breaks team have been working with individuals and their families to look at creative ways in which breaks can be achieved using their short break budgets.

Examples of creative use of personal short break budgets

- Summerhouse with some furniture
- Boxing ring in a shed
- Lodges
- Caravans
- Therapy sessions/ services (unavailable through statutory sources)

Next Steps

- Due to the challenges highlighted, the short break team will focus in the coming year on identifying new resources and facilities which offer both creative and building based support. We will work with providers to identify if alternative models of service delivery can be explored e.g. care in the home rather than going to a building, allowing the carer to take a break away from the home, working with our commissioning managers to address the gaps in service provision as well as continuing to support individuals and families to access breaks which meet personal outcomes as well as support carers to continue in their caring role.
- We plan to introduce a post break review for each individual and family to capture their thoughts and opinions on how successful (or otherwise) their break has been – both from the perspective of the supported individual and from their carer. This will help to evidence where outcomes are being met and where more work is required. It will also provide evidence of where creative breaks have been tried and have been successful, which we hope will help individuals and families who may be anxious about trying something new.

Supporting those living with HIV

The HIV Multi-disciplinary team developed holistic healthcare provision for people living with HIV through:

- regular physical and mental health monitoring such as Qrisk3 (which calculates a person's risk of developing a heart attack or stroke over the next 10 years), QFrax Frailty score (to assess the 10-year probability of incurring a hip or other major osteoporotic fracture) PHQ (Depression questionnaire) and GAD (Generalised Anxiety Disorder) scores
- setting up referral pathways to appropriate services.
- Improving and encouraging access to dietetic and mental health services embedded within the HIV multidisciplinary team.
- Management of multi morbidity in an aging HIV cohort for example through outreach work care home visits by specialist nurses.

Fife contributed to Scotland achieving the Global 90/90/90 HIV target by 2020 (90% of people with HIV diagnosed, 90% of diagnosed are on treatment and 90% of people treated have an undetectable viral load).

The national and international aim for HIV is now for the elimination of transmission by 2030. As well as effective treatment for those diagnosed with HIV this aim will require a further shift towards prevention and testing of at-risk populations. Two key services that operated throughout 2020/2021 in Fife were the Pre-Exposure Prophylaxis (PrEP) programme which prevents the sexual transmission of HIV and The Home Testing partnership with HIV Charity Terence Higgins Trust Scotland.

256 people are living with HIV in Fife (Public Health Scotland, HIV in Scotland: update to 31 December 2019. Published: 23 June 2020)

1286 HIV related appointments were conducted in the year 2020/21. 566 of these were in the 50+ age range (NASH dashboard 2021)

The impact of the Covid-19 pandemic on new initiation and ongoing treatment of people living with HIV was challenging and patients themselves experienced anxiety about the effect of the Covid virus on their general health and HIV treatment. The challenge of managing increasing numbers of home visits for isolated and vulnerable patients looks likely to continue.

Next Steps

Embed the mobile and outreach model of service delivery to increase testing and treatment access.

Continue to develop the work with homeless populations to offer increased access to basic healthcare and increased access to testing treatment and care

- Initiating look-back exercise following a late diagnosis in order to learn and reduce the number of future late diagnosis.

83 people received PrEP during 2020/21 of which 14 were new starts on the treatment.

175 people ordered free HIV home testing kits online from our partners THT Scotland providing a vital service during lockdown. 88% (152) of tests were ordered by men of whom 85% (129) were men who have sex with men (MSM). Significantly 28% (49) of tests were ordered by people who reported they had never tested before. This suggests this service increased awareness and ease of access to HIV testing in Fife.

Rheumatology


Despite the redeployment of staff to support patient Covid wards, including the Lead Nurse to the Workforce Mobilisation Hub, the service has worked incredibly hard to continue to manage all patients as well as continuing its journey of improvement.

Covid has had a significant impact on all service provision within the Rheumatology service. For many months there has been a limited capacity to manage any patients on a face-to-face consult basis. However effective planning, review and service redesign has helped reduce the impact on patients.

The development of our Self-Management pathway has been beneficial in managing patient care and expectations during this very difficult time. The Self Care Pathways have been embedded into the service as a business-as-usual approach to managing new patients.

The service has implemented phone and Near Me consultations to supplement urgent face-to-face consultations and are currently using a blended approach to home working to ensure social distancing and staff safety within the base.

Rheumatology - Total Waitlist	Oct-20	Mar-21
General Reviews	2799	2487
Spinal Reviews	226	194
CTD	376	332
Vasc	61	50
ADOL/YAC	25	24
Total Waitlist at Mar 2021	3487	3088



The Nursing team have been using Near Me technology to see consultant reviews for patients who historically been reviewed at between 4-6 months, allowing Consultants to utilise their capacity for more urgent complex patients

The service has also implemented Paperlite, which now means all our documentation is uploaded to the Clinical Portal reducing any clinical risk associated with paper notes.

Next Steps

- Continue to provide patient-centric care via well-developed pathways which will ensure patients are seen by the most appropriate member of the team.
- Further embed the Self-Management ethos of delivery for new patients
- Recruit to the Consultant vacancies/develop an advanced practice workforce which will meet waiting times without compromising care

Priority 5

Managing resources effectively while delivering quality outcomes

The financial position for public services continues to be challenging and the Integration Joint Board must operate within significant budget restraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities within the strategic plan.

Covid-19 restrictions have meant significant change in the way in which health and social care services operate, which services are offered, and how they are delivered.

The long-term impact of Covid-19 is an unknown. Inadvertent consequences on the local community are possible and services will be required to continue to adapt and change to meet emerging needs, for example, in mental health as a result of isolation or care for those with long-Covid symptoms.

The new Mental Health Strategy for Fife (2020/2024) takes full account of the recommendations of the National Mental Health Strategy, which emphasises the need to build capacity within our local communities and reduce the reliance on hospital beds. Work will continue on this Strategy in 2021/22, taking cognisance of the expected increase in demand.

The continued increasing demand on our services due to Covid-19, demographics and people living longer with complex needs is also a factor for consideration in developing our strategic plan. Along with the desire to bring people back to Fife and out of hospitals into a homely setting, this will require an investment in social care staff, recruitment, and a focus on continued integrated working and closer working with our Partners in the Third Sector.

A major restructure is underway. Three new Heads of Service are now in post and the new integrated services will be delivered within one of the following:

- Integrated Primary and Preventative Care Services
- Integrated Community Care Services
- Integrated Complex and Critical Services, or
- Professional and Business Enabling Services

The restructure will require transformation of services and development of new ways of working.

Increasing the Use and Application of Technology

Working in partnership with Just Checking we have started work on the redesign of Overnight Support and introduction of Technology Enabled Assessment.

Introducing Technology Enabled Assessment encountered a few challenges, primarily as a result of Covid-19 which meant that the start was delayed until restrictions lifted a little in September and resulted in the timeline for implementation being adjusted. Just Checking worked with us through this and adjusted their own project timeline to accommodate the delay, allowing us to carry into the new financial year. We also had to pause whilst restrictions were back in place, after the festive period.

Despite these delays, the Partnership was able to start using technology as a support to our existing assessment and review process. Staff from Health and Social Care have been working in partnership with Just Checking in two areas in the west of Fife. One is in the Older People's Service to support the assessment of new referrals received by the service, from both individuals with existing packages of care and those without and the second, working with our Adults team in the Dunfermline area to support the review of overnight support.

The range of technology enabled care has only recently been explored in Fife and we are using this as an opportunity to identify if our current models of support continue to meet individual need and outcomes. It also offers the opportunity to consider circumstances where alternative digital solutions can provide less intrusive models of support; enabling and empowering people, using technology, to live more independently.

Due to pressures within operational Teams because of Covid-19, undertaking assessments and reviews following the Just Checking installations has proved challenging. There is significant work required to analyse the data and then once potential changes have been identified, to undertake a full social work review, liaise with families and carers then implement any change. This has taken longer than anticipated.

The project to review the overnight support, as was anticipated, has also been challenging. Many carers, families and service providers have raised concerns about the potential changes to some existing services, many of which have been in place for several years. Each circumstance is being considered individually; taking into consideration family concerns, the individual personal circumstances and health needs as well as provider nervousness about proposed changes. This has impacted on timescales, as additional time has been required to provide information and reassurance. This has, however, been crucial to ensure all parties feel involved and included in the process. The introduction of dedicated staff is being considered in order to overcome this as the project moves to others areas in Fife.

Next Steps

The reviews in the Dunfermline area are in the final stages and the intention is to replicate the process across Fife, the second phase being in Glenrothes. Work has started in preparation with Just Checking involved in demonstrations for Health and Social Care staff. Communication is being prepared for families as well as briefings for staff.

It is anticipated that this shift in the use of technology will provide the health and social care partnership with an evidence base to ensure these developments form a core part of future service redesign.

Inspection of Services

All registered Social Care services undergo inspection from the Care Inspectorate following their quality framework.

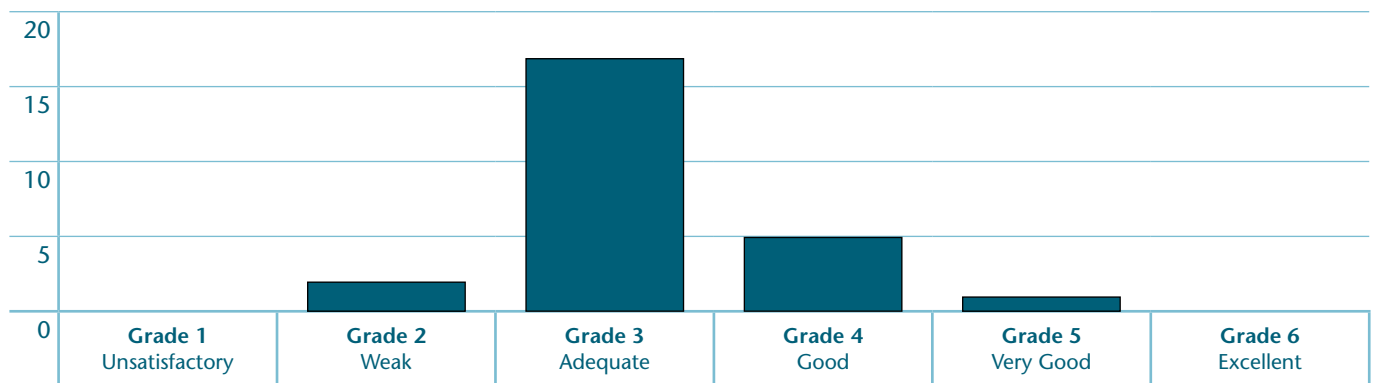
In order to robustly assess arrangements to respond to the Covid-19 pandemic and meet the duties placed on them by the Coronavirus Scotland) (No. 2) Act and subsequent guidance, the Care Inspectorate had to develop a new key question to augment their inspection framework placing a particular focus on infection prevention and control, wellbeing and staffing in care settings.

As a result, they moved to carrying out shorter more targeted inspections on these particular issues rather than the standard inspections. The overall number of inspections was reduced during 2020-21 due to the impact of Covid-19 and lockdowns.

No Fife Health & Social Care Partnership (Local Authority) registered services were inspected during 2020-21.

For all registered adult social care services (including Older People) within the Fife Health & Social Care Partnership area, delivered by the Voluntary and Independent Sector, 25 Care Inspectorate inspections were carried out. 6 of the 25 services (24%) that were inspected were graded 4 (Good) or above.

Fife Registered Services (Private/Voluntary)
Inspections conducted during 2020/21



Financial Performance & Best Value

The IJB commenced 2020/21 with an uncertain and challenging financial position due to the pandemic, with many services on hold, the workforce adapting to meet service needs and reacting to the pandemic. The IJB approved budget was set predicated on implementing an approved plan to deliver £13.759m of savings.

The savings package proved to be unachievable as many of the initiatives were put on hold due to continued restrictions and further lockdown arrangements. The non-delivery of £6.467m of savings was reported via the LMP and full funding was made available by Scottish Government.

Key pressures within the 2020/21 accounts are:

The significant increased demand for our services associated with an increasing population, in particular an increasing ageing population and increased complexity of care needs. Adult packages increased in year, due to Community Services, Day Care and Respite being placed on hold due to the pandemic.

The significant increased demand to ensure the flow from hospital discharges was effective and timeous in moving service users to a home or homely setting, to free hospital beds for admissions.

The inability to recruit staff to the Partnership which in some cases required higher cost recruitment for locum and agency staff to cover services.

Funding received from Scottish Government for additional Covid-19 expenditure, as requested through the Local Mobilisation Plan totalled, £29.233m and actual spend on Covid-19 was £26.038m. In addition, further allocations were received late in year for Winter and to fund on-going Covid-19-related pressures. The balance of funding was transferred to reserves to meet the expenditure expected to be incurred in early 2021/22.

The outturn position as at 31 March 2021 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	612,103	582,460	(29,643)	4.8
Set Aside Acute Services	41,460	41,460	0	0.0

The IJB reported total income of £653.563m for the financial year 2020/21 and expenditure of £623.920, which comprised £582.460m. As income to the IJB exceeded expenditure in year, a surplus of £29.643m was reported. The surplus balance was transferred to reserves for use in 2021/22.

Within the favourable position of £29.643m, the core underspend is £7.083m. The main areas of underspend within the Delegated and Managed Services are Hospitals and Community Services £2.603m, Children Services £1.289m, Nursing & Residential £2.500m, Adults Supported Living £1.033m and Social Care Other £2.464m. These are partially negated by overspends on Homecare Services £1.243m and Adult Placements £1.189m.

Underspends in core areas are mostly attributable to staffing vacancies, many of which were difficult to recruit to due to Covid-19. Some services were paused, and staff redeployed to other areas.

The overspends in homecare and adult placements were a result of an increase in the number of packages to meet demands.

Financial Outlook

2020/21 has been an unprecedented year. The effects of Covid-19 are expected to continue well into 2021/22. Remobilisation and recovery will be key to moving forward, re-imagining services and continuing to embrace integrated working.

It is anticipated that all additional Covid-19 related costs will be fully funded from earmarked reserves and further funding from Scottish Government will be available when required and will continue to be requested via Local Mobilisation Plans (LMP). Fife IJB are committed to progressing agreed savings. Some services may have an increase in demand and our uncommitted reserves may be required to meet demands in these areas.

It is expected that Mental Health Services will see a surge in requirements and further funding is expected in 2021/22 to meet these demands and reduce waiting lists. Risks from deferred presentation and physical wellbeing will also increase demands on our services in the coming months.

Key areas of Covid-19 expenditure within 2020/21 were PPE, Financial Sustainability for Care Homes and Care at Home providers, additional staffing to cover isolation/shielding including use of agency and bank staff. Financial support to allow GPs and Pharmacies to open on public holidays. These supports are likely to be stepped down as restrictions ease, however this expenditure will continue to be closely monitored via the LMP.

The focus is now on recovery and reform and how to change services effectively. Services have shown they can adapt, and the pandemic has allowed the Partnership to quickly shift on areas of service redesign and improve integration. Business as usual was on hold as a result of the pandemic. However, as we begin to ease out of restrictions, workstreams will proceed.

An Integrated Transformation Board was created during the 2019/20 financial year. The terms of reference of that Board include responsibility for transformation across the whole system. Due to the pandemic response and recovery taking priority, the delivery of transformation and change this year has been postponed or slowed in many projects and transformation work, although redesign of some processes has occurred as a result of the pandemic response. However, positive steps have been made in appointing a Senior Leadership Team Lead for Transformation and discussion on refreshing both transformation projects, and the framework in which they operate, is underway.

The budget for 2021/22 has been set and balanced, with a savings plan of £8.732m in place to meet the budget gap. Project Teams will be created to ensure transformational change is progressed at pace across the partnership.

It is likely to be the case that some of the costs now being incurred could continue beyond this financial year and possibly even into the longer term. There will undoubtedly be an adverse impact on the level of funding made available to HSCPs due to the economic impact of Covid-19. As the recovery phases evolve, it will become clearer what some of these impacts are likely to be.

A financial strategy will be developed that addresses the various new and additional pressures that will face the Health and Social Care Partnership over next financial year 2021/22 and into future years.

The partnership must redesign services, focus on joined up working, and focus finite resources on delivering services which are sustainable over the longer term and focused on those with greatest need, whilst meeting the aim of shifting the provision of care to a home or homely setting.

The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:

- the wider financial environment, which continues to be challenging;
- Covid-19 impact on the economy;
- the impact of demographic changes leading to increased demand and increased complexity of demand for services alongside reducing resources;
- difficulties in recruitment leading to the use of higher cost locums and agency;
- the cost pressures relating to primary care prescribing;
- the Transformation Programme does not meet the desired timescales or achieve the associated benefits;
- workforce sustainability both internally in health and social care and with our external care partners.

It is therefore crucial that the IJB focus on early intervention and prevention and changing the balance of care if we are to work within the available financial resources.

During 2021/22 an action plan to improve the 6 key features within the Ministerial Strategic Group self-assessment tool will be developed further and progressed. As part of this, the review of the acute set-aside will be progressed and steps made towards transferring this to the Health & Social Care Partnership. We will see the continuation of a whole system approach to delivering services and the Fife pound being utilised to deliver services that best meets the needs of the people of Fife.

Value for Money

Value for money is a key priority for the Partnership and all service redesign, purchasing, procurement and commissioning must comply with the best value and procurement guidance of the relevant bodies. It is extremely important that expenditure is managed within the financial resources available to ensure that they align to the 3-year financial strategy and our long-term objective to achieve financial sustainability.

Future Priorities

Integrated Preventative & Primary Care Services

During 2022 we will be taking forward the following priorities:

- Continuing the implementation of the Primary Care Improvement Plan and Memorandum Of Understanding 2 completing phase two of Community Treatment and Care Services as well as pharmacotherapy and embedding vaccination transformation towards business as usual. Also looking to improve the sustainability of GP delivery through targeted resourcing and actions. Focus will include clearing the backlog in dental services.
- Continuing to monitor and refine the impact of the redesign of urgent care in order to increasingly treat the right person in the right place at the right time.
- Implementing the improvement actions from the strategic review of immunisation in Fife to bring all immunisation together into a single strategic programme for the people of Fife.
- Exploring models of Allied Health Professional delivery to maximise on access to services.
- Reviewing children's services in order to establish robust service delivery and actively fulfil a role as part of a multi-agency approach to child protection.
- Developing our approach to early intervention and prevention as part of reviewing Fife's localities and commissioned service delivery.

Integrated Community Care Services

2022 will be an exciting year for Community Care Services. Our overarching principle for the services is that everyone in Fife is able to live longer healthier lives at home, or in a homely setting. We will focus on Early Intervention & Prevention and in particular Technology enabled home-based care, targeting wellness support for those who are most frail and build capacity within our services. We also will ensure person-centred transfers of care and support enablement and rehabilitation, support cares and empower communities. To ensure the success of our home first principle, we will build responsive, integrated and sustainable systems with coordinated case management and care navigation. Community care services are excited to be embarking on this transformational programme and I look forward to realising the benefits for the people of Fife in the months ahead.

Integrated Discharge Hub & Community Patient Flow

Establishment of the Home First Oversight Group to provide leadership and direction of the delivery of a 'Home First' strategy for Fife.

Community Nursing: District Nursing & Hospital@Home

Transforming Community Nursing: In January 2021, the Chief Nursing Officer (CNO) at Scottish Government outlined a 4-year funding plan to further develop and enhance community nursing teams.

This funding is intended to support the creation of additional community nursing posts, based on a recommended increase of 12% in the WTE establishment figure. The 12% growth figure was devised from the national modelling exercise undertaken in 2018 and consists of: Locally in Fife, the aim would be to build on current workforce strengths and enhance the capacity and capability further by creating progressive career pathways within community nursing from Band 3 – 7 and advanced practice opportunities to strengthen leadership.

Inpatient Nursing (East)

- Workforce: undertake workforce tool to inform safe staffing requirements (short)
- New models of care: i.e. Home First (short); Moving On policy ensuring discussions are commenced on admission
- Neuro rehabilitation: redesign and alignment of services within 18 months (medium)

Inpatient Nursing (West)

- Workforce: undertake workforce tool to inform safe staffing requirements (short)
- New models of care transfer:
- Test of change for Stroke (anticipated Oct 2021)

Fife Specialist Palliative Care

- Reassess and review Day-service model
- Inpatient / outreach service delivery model to ensure person-centred approach
- Continue to work in partnership with community services and 3rd sector partners

ICASS/ICT/Community OT

- Remodelling for Day Hospitals
- Greater integration of frailty services
- Development with Fife Council Housing Occupational Therapy to integrate into the Community Occupational Therapy service
- Working with Housing on One Stop Shops

Integrated Complex & Critical Care Services

2022 promises to be an exciting time for the range of services that fall within the Complex and Critical Care portfolio, with an ambitious agenda for expansion and improvement of services, ensuring more responsive access for new and current service users. During 2022 we will be taking forward the following priorities:

Social Work

The HSCP has recently invested in the Social Work Contact Centre to provide additional capacity whilst we creatively design new ways to deliver the best possible care and support at the front door.

Test of Change - Neurodevelopmental Pathway

In partnership with Education, Children's Services and NHS, a partnership approach is being rolled out across the schools in Fife to support early intervention and more immediate support to children affected by neurological disorders. An evaluation part-way through the year will allow us to consider the feedback from children and families, plus all agencies involved in the delivery, to improve the model before expanding it to be Fife wide.

Mental Health Services

Recognising the impact that the Covid-19 pandemic has had on the mental health and wellbeing of the population the HSCP has recently agreed to review and refocus the Fife Mental Health strategy, with a far greater focus on population wellbeing and ensuring that the range of access points to support and assistance are easily accessible, local, and responsive. It is anticipated this will be a focussed piece of work with our stakeholders, with a refreshed strategy available by April 2022.

Alongside this, the Scottish Government has awarded Fife HSCP significant additional funds for a range of services within the Mental Health family, which will enable us to increase the amount and accessibility of services. Some of the areas that are being developed to date include:

- Post Diagnostic Support for people with Dementia
- Psychological Therapies
- Children and Adolescent Mental Health Services
- Service to people experiencing Eating Disorders
- Unscheduled Care - access to Mental Health assessment and support 24/7

We will continue to develop our relationships with our 3rd sector and independent provider colleagues to maximise the range of services available throughout the localities of Fife.

Services to people with Addictions

Addiction services in Fife already support nearly 2,000 people in recovery. There is a wide range of work underway within this area, including:

- Implementation of the Medication Assisted Treatment standards
- Continued roll out and increased availability of Naloxone to mitigate the effects of overdose, and reduce drug related deaths
- Introduction of new medications which support independence from services, requiring less frequent appointments, freeing up, in a managed way, both the individual and capacity within the service.

Social Care Services

Community Support Services which offer community-based support to individuals with a range of needs, including people with learning disability, began a review of the delivery model before the on-set of the Covid-19 pandemic. Whilst only now being able to re-start, and with a renewed energy and focus, this will be taken forward with the participation of stakeholders and concluded within 2022.

Housing Support and Supported Accommodation

This service continues to provide a range of support arrangements enabling people to live independently, with support as required. This includes developing a range of models of care to ensure people with support needs, including those with complex needs, can be supported to live as visible contributing members of their community.

Glossary of Terms (A-Z)

Care - Medical, mental, emotional or practical support that is given to groups or individuals including ill health, disability, physical frailty or a learning disability, so they can participate as fully as possible in society.

Carer - Someone who looks after family, partners or friends who are ill, frail or have a disability. The support they provide can be paid or unpaid.

Community Care - Care for people who are ill, elderly, or disabled, which is provided within the community rather than in hospitals or institutions. The preference is to support people in the community, especially in their own homes, where possible.

Community engagement - Community engagement refers to the process of getting communities involved in decisions that affect them. This includes the planning, development and management of services, as well as activities which aim to improve health or reduce health inequalities.

Day Care - Extra care at a day centre to help someone who normally lives at home, by providing care, social contact opportunities and, where applicable, respite.

Enablement - Time-limited support services that aim to help people learn or re-learn the skills necessary for daily living. Can also be referred to as Intermediate care which is used to describe a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living.

Family Nurture Approach - brings together services from NHS Fife, Fife Council and the Third Sector, to work in partnership to support families and give children the best start in life.

Financial Recovery Plan - Plan to bring expenditure in line with budget.

HSCP - Health & Social Care Partnership.

Home Care - Home care (or home help) involves someone coming into your home to help you with personal care, like dressing or washing.

ICASS - Integrated Community Assessment and Support Service. This team of Healthcare Professionals and Support Workers who provide a range of integrated services in your own home, care home or community settings and is made up of two main parts that work very closely together.

IJB - Integration Joint Board.

Independent Sector - private companies or organisations of varying sizes from single providers, small and medium sized groups to national providers.

Integration - Combining. In this case, it means health and social care services working closer together to help achieve better outcomes for individuals and communities in Fife.

ISD - Information Services Division is part of NHS National Services Scotland. ISD provides health information, health intelligence, statistical services and advice that supports the NHS in progressing quality improvement in health and care.

MCCN - A Managed Clinical and Care Network enables professionals, public representatives and organisations to work together to promote consistency and quality of service throughout a person's experience of care.

Partnership - Way of working where staff at all levels and their representatives are involved in developing and putting into practice the decisions and policies which affect their working lives.

Pathway - A way of achieving a specified result; a course of action.

PDS - Post Diagnostic Support.

Person Centred - Person Centred is an approach to working with people which respects and values the uniqueness of the individual and puts the individual's needs and aspirations firmly at the centre of the process.

Personal Care – supporting activities in daily living such as being able to get in and out of bed, prepare a meal, bathe, and move safely around the home.

Provisional Outturn - The outturn is the actual net expenditure for the financial year, this is provisional until the external auditors have audited the annual accounts.

Reduce risk - Take action to control the risk either by taking actions which lessen the likelihood of the risk occurring or the consequences of occurrence.

Resources - People, money, buildings and equipment.

Risk - The chance of something happening that will impact on the organisation's ability to achieve its objectives.

Self Directed Support - Self Directed Support describes an arrangement where the service user arranges some or all of their support instead of receiving directly provided services from local authority social work or services or equivalent. Self Directed Support allows people more flexibility, choice and control over their support so that they can live at home more independently.

STAR (Beds) - Short term Assessment and Reablement Bed.

START - Short Term Assessment and Reablement Team.

Strategic Plan Themes - What we intend to take forward and how we shall respond to the issues.

Telehealth care - Telehealth care is a term used to describe a range of equipment used to support people in their own homes such as a community alarm, movement sensors, smoke alarms.

Third Sector - comprising community groups, voluntary organisations, charities, social enterprises, co-operatives and individual volunteers.

Voluntary organisations - includes registered charities, housing associations, credit unions, community interest companies, trusts and local community groups.

Appendix 1

National Indicators

ID	Indicator	Previous period	Latest period	Previous period Figure	Latest period Figure	Comparison to Previous Period	Latest period Figure	Fife - Latest Period Compared to Scotland
				Fife	Fife	Fife	Scotland	
1	Percentage of adults able to look after their health very well or quite well	2017/18	2019/20	93.60%	92.60%	1.00%	92.85%	0.25%
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2017/18	2019/20	82.18%	77.57%	4.62%	80.78%	3.21%
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2017/18	2019/20	74.26%	73.38%	0.88%	75.43%	2.05%
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2017/18	2019/20	74.89%	72.99%	1.90%	73.51%	0.52%
5	Total % of adults receiving any care or support who rated it as excellent or good	2017/18	2019/20	81.12%	81.61%	0.48%	80.15%	1.45%
6	Percentage of people with positive experience of the care provided by their GP practice	2017/18	2019/20	80.51%	74.73%	5.77%	78.74%	4.00%
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2017/18	2019/20	79.60%	80.54%	0.94%	80.03%	0.52%
8	Total combined % carers who feel supported to continue in their caring role	2017/18	2019/20	32.49%	34.29%	1.80%	34.28%	0.02%
9	Percentage of adults supported at home who agreed they felt safe	2017/18	2019/20	83.98%	82.46%	1.52%	82.79%	0.33%

ID	Indicator	Previous period	Latest period	Previous period Figure	Latest period Figure	Comparison to Previous Period	Latest period Figure	Fife - Latest Period Compared to Scotland
				Fife	Fife	Fife	Scotland	
11	Premature Mortality Rate per 100,000 population	2019	2020	414	422	8	457	36
12	Rate of emergency admissions per 100,000 population for adults	2019/20	2020/21	13,210	11,369	1,840	10,948	421
13	Rate of emergency bed day per 100,000 population for adults	2019/20	2020/21	122,242	97,029	25,212	99,456	2,427
14	Readmissions to hospital within 28 days of discharge per 1,000 discharges	2019/20	2020/21	111	115	3	120	5
15	Proportion of last 6 months of life spent at home or in a community setting	2019/20	2020/21	88.24%	90.96%	2.72%	90.30%	0.66%
16	Falls rate per 1,000 population (65+)	2019/20	2020/21	27.23	26.41	0.82	21.91	4.50
17	Proportion of care and care services rated good or better in Care Inspectorate inspections	2019/20	2020/21	82.38%	85.20%	2.82%	82.49%	2.71%
18	Percentage of adults with intensive care needs receiving care at home	2019	2020	57.89%	61.29%	3.40%	62.90%	1.62%
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	2019/20	2020/21	714.73	569.73	145.00	488	81.32
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2019/20	2020/21	26.07%	21.42%	4.65%	20.62%	0.80%

Indicators 1 to 9 – Health and Care Experience Survey

It was previously noted that the 2019/20 Health and Care Experience survey results released in the Core Suite Integration Indicators may differ from those published by the Scottish Government due to changes in the underlying methodology. These changes affect indicators 2, 3, 4, 5, 7 and 9 and mean 2019/20 figures are not comparable to previous years.

National MSG Indicators (Ministerial Strategic Group for Health and Community Care)

ID	Indicator	Previous period comparator	Latest period available	Previous period Figure	Latest period Figure	Comparison to Previous Period
				Fife	Fife	Fife
MSG 1a	Emergency Admissions*	2019/20	2020/21	44,246	36,362	7,884
MSG 2a	Number of unscheduled hospital bed days; acute specialties*	2019/20	2020/21	266,571	209,321	57,250
MSG 3a	A&E Attendances	2019/20	2020/21	97,962	68,513	29,449
MSG 4	Delayed Discharge bed days	2019/20	2020/21	41,735	29,970	11,765
MSG 5a	Proportion of last 6 months of life spent at home or in a community setting**	2019/20	2020/21	88.30%	91.11%	2.81%

* Data completeness for emergency admissions and bed days for Fife is 98% as at March 2021

** Provisional estimate as may be affected by data completeness

Appendix 2

Financial Information 2018 – 2021

Delegated Services (as at 31 March)	2018			2019		
	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance
Objective summary	£m	£m	£m	£m	£m	£m
Community Services	93.001	92.237	-0.764	97.812	93.586	-4.226
Hospitals and Long-Term Care	49.256	54.51	5.254	52.867	55.259	2.392
GP Prescribing	72.227	75.744	3.517	72.293	74.448	2.155
Family Health Services	86.641	86.627	-0.014	93.005	92.911	-0.094
Children's Services	15.035	13.715	-1.32	15.37	14.897	-0.473
Social Care	193.333	195.501	2.168	196.627	206.252	9.625
Housing	2.078	2.078	0	1.574	1.432	-0.142
Total Health & Social Care	511.571	520.412	8.841	529.548	538.785	9.236

Delegated Services (as at 31 March)	2020			2021		
	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance
Objective summary	£m	£m	£m	£m	£m	£m
Community Services	107.695	102.295	-5.400	123.319	120.719	-2.603
Hospitals and Long-Term Care	54.839	57.197	2.358	56.000	56.666	0.566
GP Prescribing	73.807	73.799	-0.008	70.979	70.955	-0.024
Family Health Services	99.765	99.749	-0.016	103.878	104.367	0.489
Children's Services	17.544	17.077	-0.467	18.202	16.913	-1.289
Social Care	204.635	214.814	10.179	234.675	239.356	-2.861
Housing	1.665	1.656	-0.009	1.324	1.324	0.000
Total Health & Social Care	559.95	566.589	6.639	617.384	610.300	-7.083

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 ہاتف اللغة العربية: 03451 55 55 77

বাংলায় আলাপ করার জন্য টেলিফোন لাইন:

03451 55 55 99

中文語言熱線電話: 03451 55 55 88

Polskojęzyczna linia telefoniczna:

03451 55 55 44

03451 55 55 66 اُردو زبان کے لیے ٹیلیفون نمبر

Fife Council and NHS Fife are supporting the people of Fife together through Fife's Health and Social Care Partnership. To find out more visit www.fifehealthandsocialcare.org

**Fife Health
& Social Care
Partnership** 



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	26 November 2021
Agenda Item No:	12
Report Title:	Delays, Winter and Community Care
Responsible Officer:	Nicky Connor, Director of HSCP
Report Author:	Lynne Garvey, Head of Community Care Services

1 Purpose

This Report is presented to the Board for:

- Discussion

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 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.
- 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.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This report was discussed at the Finance and Performance Committee on 10 November 2021 and the Clinical Governance Committee on 12 November 2021. There were significant discussions on the proposals and the plan was endorsed by both committees.

3 Report Summary

3.1 Situation

Robust winter planning arrangements will ensure that the multiple risks of Covid-19, seasonal flu, paediatric RSV and other 'normal' winter activity is addressed. The submission of Fife's Remobilisation Plan update (RMP4) (Appendix 1) to the Scottish Government sets out the planning arrangements and actions that are well underway across Fife services to address winter 2021/22 and beyond.

Within RMP4 there are specific actions to mitigate winter pressures by reducing delayed discharges relating directly to Health and Social care. These are:

- Workforce planning - planning for surge capacity to include a robust Medical, Nursing & AHP model.
- Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter.
- Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian.
- Promote interim care home moves for people waiting on packages of care (PoC).
- Review current clients who have packages of care and require a renewed assessment.
- Increase weekend staffing – funding for additional consultants, AHPs Nursing and pharmacy staff to work weekends to support weekend discharges.
- Home Care Capacity. Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care

This paper will discuss the current challenge, the plan required to realise the actions set out in RMP4, the investment required and the improvement trajectory. Further, the paper will also align the improvement actions to the funding stream that described in the Scottish Government letter Winter Planning for Health and Social Care, 5 October 2021 (Appendix 2), of which Fife has received the following allocations; £4,291,000 for Care at Home capacity, £2,768,000 for Interim Care and 1,384,000 for MDTs and the Adult Social Care Winter Preparedness Plan (Appendix 3).

3.2 Background

All health and social care staff have a responsibility to ensure patients are discharged from hospital as soon as possible after the multidisciplinary team agree that hospital care is no longer needed and moving into the winter months the need to have robust arrangements in place is fundamental to ensure people can be seen in the right place at the right time.

Over the years several approaches have been tried to support timely discharge to ensure that the whole system does not get clogged up over winter. This has included utilising specialist discharge teams, admission avoidance eg Hospital at Home, targeting individuals with a high risk of admission, improved intermediate care provision including use of STAR and Assessment beds. The success of these models has been recognised but the increasing pressures, for example, 46.5% increase in ED attendance since January 2021, demographic changes and the effects of covid-19 and covid-19 recovery have resulted in our current system experiencing significant system pressures causing unprecedented challenge to meet the imminent demand.

3.3 Assessment

The Challenge

Patients across acute and community hospitals who are delayed and are awaiting a supported discharge (Social Work, Social Care and Intermediate Care) are coded as per national criteria and guidance. The average number of people in delay for 2021 based on monthly census data is 109 for all delay reasons. Of these 34% of delays are Mental Health or Learning Disability related involving complex discharge planning. The trend for October continues with local data showing the number of people ranges from 101 and 115. Within community hospitals the proportion of people in delay is also impacting on capacity.

The proportions are:

- People waiting for a package of care 35%.
- People waiting for a nursing home placement 32%.
- People awaiting the appointment of a Welfare Guardian 16%.
- People waiting on rehousing / recommissioning/ complex care 17%.

The consequence of an increase in hospital admissions with higher complexity and acuity has impacted on the demand for packages of long term care. As well as the demand for Care at Home services from hospital discharges, there are currently 340 service users within Fife who are awaiting a new home care service. Of the 340 service users awaiting a new package of care 219 (79%) have other social care involvement. There are also 38 people waiting in ICASS services for a package of care and 47 in interim care home beds. Currently we are averaging 80 referrals for care at home per month from people waiting in the community.

This main challenge in Fife to optimise flow systems wide is that the care at home provision is extremely pressured. The next section of the report will give context to why this is a current challenge.

Care at Home Service

The demand on the current service is currently very high. This is having an impact on people getting timely packages of care to suit their needs. Table 1 presents a snapshot of a short period of time (one week in October out with school holidays), but nonetheless is representative of a typical week of activity within the service.

Table 1	Capacity (in hours)	Demand (in hours)
Mainstream East	877.41	1171.75
Mainstream West	1043.75	1498.75

Workforce Pressures

Absence rates in care at home are well above average. At any given time the absence rates exceed 11%. This compounded with annual leave and an above average vacancy rate. In the last 12 months there have been 25,790.57 working days lost in care at home due to absence.

Additional Pressures

As a result of external providers workforce pressures and inability to fulfil care arrangement, over the last 5 months 60 service users have been accommodated in START.

Within mainstream services there are several floating rotas with SU on them and no team of carers which is currently being covered by asking staff to work additional hours.

Mitigation in Care at Home

The HSCP recognises the importance of people staying at home or discharged from hospital with a package of care to support their needs. There are number of measures in place to support the short-term and long-term challenges.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
Care at Home Recruitment drive for permanent staff	£62 million for 2021/22 has been allocated for building capacity in care at home community-based services. This additional recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers. Expanding home care capacity - expanding existing services, by recruiting internal	Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care.

	staff; providing long-term security to existing staff.	
--	--	--

Plan to Spend and Progress

Care at Home Recruitment

A recent recruitment campaign/drive has resulted in positive recruitment with approximately 40 new members of staff joining the team. This staff establishment is in addition to the staff that were recruited into existing posts. There will also be investment in supporting structures within Care at Home teams.

Technology Enabled Care (TEC)

As well as investing in care at home teams there is a need to invest in Technology Enabled Care (TEC) - The Health & Social Care Partnership, Fife Council Housing Service have been working on Technology Enabled Care initiatives. Fife Council Housing Service have been working with a Provider for the last two years in relation Continuous Active Health Monitoring. There is an opportunity to work with providers to explore preventative health measures, environmental monitoring, and potentially use TEC to support early discharge.

It is proposed to use TEC to measure -

- Vital signs eg Heart Rate, Respiration, SPO2 levels.
- Falls detection.
- Wellbeing - sleep quality, step count, calorie burn.
- Monitoring - GPS to indicate movement.
- Environment - Room temperature, Humidity, CO2 levels, Air quality, Noise levels, Light levels.

A full analytical model sits behind this and will generate alerts which will indicate the potential of a fall or functional decline. This alert would need to go to an agreed "receiving point" - primary health background would be ideal for picking up the issues or family members can opt to get the information.

The benefits of this approach are -

- Preventing Hospital admissions from frail groups.
- For those service users who frequently come into A & E / Hospital - TEC could be installed to understand why this is.
- Supporting discharge for patients where it is thought to be helpful.
- Cost efficient alternative to Hospital admission, care home admission or a larger care at home package.

Help to Stay at Home

This service is currently at maximum capacity which allows people to remain at home with support (non-personal care) the current service specification highlights the ongoing need to support people and has significant impact on keeping people at home with practical support.

There are currently 4 providers who could increase their capacity to enable people to remain at home with a limited amount of funding as they are all voluntary sector organisations.

This would link to the enablement approach and support the unpaid carers.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
Recruitment drive for relief staff and establish an emergency / peripatetic team	Expanding home care capacity - Expanding existing services, by recruiting internal staff; providing long-term security to existing staff;	Plan to increase home care capacity with bank/ agency staff. This will be at enhanced costs due to pressure across the system.

Plan to Spend and Progress

There have been 30 relief staff recruited to provide day to day cover when staffing levels are critical. A peripatetic team will be recruited with 24 carers and a Co-ordinator to manage the team and work. This team would take on any ad-hoc requests from providers to cover work until alternative arrangement or recommissioning could be sourced. Should there be no requirement for this team, they could take on work from START on a day-to-day basis to cover leave/ sickness.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
<p>External providers</p> <p>Work with Scottish Care and independent providers to support them to develop their ability to grow the sector to ensure we reduce the wait for services and support retainment of staff.</p>	<p>Social Care Pay Uplift Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.</p>	<p>Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care.</p>

Plan to Spend and Progress

Work has commenced with Scottish Care to consider a test of change to increase the hourly rate for weekend work for staff within the private sector to bring it in line with NHS and Council staff. Work will also begin to commission block contracts of up to 18 weeks to enable care at home providers to take on and manage staff. We will use these blocks dedicated to move people out of care homes at or before 6 weeks.

Further actions to prepare for winter

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
<p>Providing Interim Care Increase bed base in care homes for interim placements</p>	<p>£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process</p>	<p>Promote interim care home moves for people waiting on PoC.</p>

Plan to Spend and Progress

Care Homes

Hospital Discharge SW Teams and Care Homes being within the Same Community Care Service will continue to build on strong working relationships and ensure that strong assessment remains at the core of successful discharge and admission to Care Homes. The recent Pilot with Kingdom and a designated Social Worker has proven successful in expediting the process whilst retaining the good practice of appropriate assessment.

The interim care home placements will be reviewed, and interim beds will be commissioned in partnership with the external providers to ensure capacity along with increasing our capacity inhouse.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
<p>SG - Recruit 1,000 Health and Support Staff.</p>	<p>Funding to support the strengthening of Multi-Disciplinary Working.</p> <p>These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:</p> <p>Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers</p>	<p>Increase weekend staffing – funding for additional consultants, AHPs Nursing and pharmacy staff to work weekends to support weekend discharges</p>

Plan to Spend and Progress

To maximise this opportunity it is key to ensure patient flow co-ordinators, Home First navigators and social work are integrated at the “front door” of the acute hospital.

The benefits of an integrated system that has the right capacity in the right place are outlined below:

- People’s health outcomes improve as more people will be able to live at home for longer if services are designed for discharge to home to be the default.
- People’s length of stay in a hospital bed decreases due to longer-term assessments taking place in a more appropriate situation and place.
- Evidence suggests this should reduce deconditioning and improve outcomes significantly since 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80.
- Encourages NHS and Adult Social Care leaders to work together for the best outcomes and experiences for people through joint approaches to discharge to assess.
- This may include joint commissioning or funding.
- Improves system flow by enabling patients to access urgent care at the time they need it.
- Reduces duplication and unnecessary time spent by people in the wrong place.
- Enhances working relationships between the health, social care and housing sectors and increases development opportunities for their staff.
- Sharing responsibility, risks and skills across partners leads to innovative and creative solutions that deliver safe, effective care and support

Intermediate care

There are 6 Integrated Care Teams (ICT) across Fife and they are multi-agency and multi-disciplinary teams that provide short term rehabilitation and support for early discharges and prevent admissions, they take referrals from all Hospitals in Fife and out-with Fife, for Fife residents. They deliver the service 7 days a week. ICT is able to reduce the support that people require to keep them at home with a holistic approach that promotes independence.

To increase capacity and prevent delays in accessing the service and for the teams to be able to respond within 48 hours from referral a permanent increase in Rehab Support Workers is required. The demand for this service has increased.

ICT will also increase establishment to focus on a preventative approach to support GP practices, enhance the access to the Service and work over 7 days to prevent admission.

This would establish

- An ability to permanently have a caseload of 100 – 110 across Fife.
- Enhance 7 days access.
- Allow step downs to be actioned within 24 to 48 hours.

- Allow prevention of admissions to have a response within 4 hours.
- 7 days a week prevention of admissions.
- Close working with GPs with a preventative approach.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
Maximise capacity of Fife SW service to provide appropriate SW assessment; for individuals with complex needs, within required legal frameworks of AWI and MH C&T Act	Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work.	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian.

Plan to Spend and Progress

To maximise the capacity of the SW service in this area there is a requirement to increase the capacity of specialist social workers (Mental Health Officers) to ensure timely identification of requirement to manage the case and support the individual within the required frameworks of either Adults with Incapacity (Scotland) Act 2000 (AWI) or the Mental Health (Care and Treatment)(Scotland) Act 2003 (MHC&T).

All service users/ patients subject to either of these Acts must be supported by statutory functions, which in turn are duties that must be undertaken by a qualified MHO.

Increased capacity of practitioners with MHO status would provide:

- Timely assessment.
- Timely consideration of least restrictive practice; in partnership with patient/ service users, carers, named person etc.
- Management of necessary court applications where appropriate.
- Expert consultation and guidance to MDT.
- Assurance regarding due process and protection of individual rights, whilst maintaining system requirements.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
Provide a single point of contact for all enquiries/ concerns/ clarifications of arrangements of packages of care from home care/ care at home etc.	Expanding home care capacity - Expanding existing services, by recruiting internal staff; providing long-term security to existing staff.	Plan to increase home care capacity with bank/ agency staff. This will be at enhanced costs due to pressure across the system.

Plan to Spend and Progress

Planned expansion of SW Contact Centre to provide a single point of contact for all service users/carers; currently in receipt of PoC and those waiting PoC to ensure timely and consistent management of information support to families and individuals.

Removes pressure from service delivery and provides consistent and pro-active communication with families, reducing stress, reducing lack of clarity and where necessary, managing onward flow to escalate situations where circumstances demand.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
Consolidate Standard Operating Procedures supporting timely assessment of SW assessment to facilitate discharge for all patient groups, including under 65's.	<p>Funding to support the strengthening of Multi-Disciplinary Working.</p> <p>These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:</p> <p>Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers.</p>	Increase weekend staffing – funding for additional consultants, AHPs Nursing and pharmacy staff to work weekends to support weekend discharges

Plan to Spend and Progress

Temporary arrangements were established through short term utilisation of agency SW staff to inflate capacity within Hospital Discharge teams to ensure timely assessment and discharge planning for both under and over 65's. (Hospital D/Charge teams have historically been over 65's only).

This test of change has demonstrated improvement in the identification, assessment and discharge management and requires to be consolidated with permanent appointments.

In addition to the above, business support, to monitor and provide daily reports with the full range of data is required to provide time sensitive management data to provide assurance on flow; discharge planning progress; management of the Moving On Policy plus oversight and optimal management of care at home and care home resources.

Multidisciplinary teams (MDTs) are the mechanism for organising and co-ordinating health and care services to meet the needs of individuals with care needs.

The teams will bring together the expertise and skills of different professionals to assess, plan and manage care jointly. Based in the community, and

networked with primary care, MDTs will work proactively to support individuals' care goals.

Through accessing a range of health, social care and other community services, MDTs focus on keeping people well and independent, delivering the right care at home or in the community to prevent unnecessary hospital care.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
Increase capacity/ access to Mental Health practitioners to ensure appropriate access to unscheduled mental health assessment 24/7	<p>Funding to support the strengthening of Multi-Disciplinary Working.</p> <p>These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:</p> <p>Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers</p>	Increase weekend staffing – funding for additional consultants, AHPs Nursing and pharmacy staff to work weekends to support weekend discharges

Plan to Spend and Progress

Ensure systems flow, provision of additional capacity diverting patients from unnecessary presentation at the Emergency Department through the provision of timely access to mental health assessment.

An increase in establishment would enable safe, timely access to mental health assessment. Immediate inflation of capacity Thursday - Sunday would provide assistance, assessment and onward escalation over the busiest periods.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs	Funding to support the strengthening of Multi-Disciplinary Working	Contracts, Commissioning, Care Inspectorate and Scottish Care continue to work with Care Homes to maximise best practice and support innovation in light of current pressures. Care Home Oversight Group continues to meet fortnightly and remains the multi-agency forum for oversight of

		both Partnership and Independent Care Homes linking into local and national agendas and best practice.
--	--	--

Plan to Spend and Progress

Contracts, Commissioning, Care Inspectorate and Scottish Care continue to work with Care Homes to maximise best practice and support innovation in light of current pressures. Care Home Oversight Group continues to meet fortnightly and remains the multi-agency forum for oversight of both Partnership and Independent Care Homes linking into local and national agendas and best practice.

Assurance is required that there is sufficient workforce to deal with the continuing presence and after-effects of Covid 19 within care homes. Staffing levels within care homes are often at minimum safe staffing levels or at risk of falling below minimum, due to staff absence, vacancies and high turnover, it is increasingly difficult to source staff from within the service or externally. This situation is likely to increase with no readily available workforce resource. We have been facing these pressures in the summer/ Autumn months.

Working for prolonged periods of time at critical staffing levels, as well as impacting on resident care can also impact on staff well-being, leading to low morale and illness and potential for further staff absence, which further compounds the problem. It is also highly probable that further surge beds will be required and therefore an increase staffing requirement too.

Support of a Band 2 HCSW Pool for care homes. Staff available to be deployed to any area across the homes areas to supplement the established staffing as required to ensure appropriate care delivery and support to care homes teams.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community	£28 million of this additional funding will underpin a range of measures including accelerated multi-disciplinary team (MDT) recruitment to aid General Practice and targeted funding to tackle the backlog in routine dental care. Of this £28 million the Scottish Government is making funding available to support further recruitment of MDT staff as part of implementation of the GP contract. This will in turn help provide further support to general practice over the winter period.	

Plan to Spend and Progress

1. MSK Physiotherapy – Emergency Department during winter

Meeting held with acute colleagues to explore how pressures in Emergency Department can be alleviated through the delivery of extra 'hot' MSK appointments with the MSK Physiotherapy Unit. A protocol will be drawn up for appropriate referral and referral numbers and timeframe with a group established to monitor over the winter period.

2. FIRST Contact Physiotherapy

There are currently 5 FC PT posts recruited out of a planned number of 17 to deliver to all GP practices. Proposal to recruitment to more FC PT posts in order to alleviate pressures in GP Practices.

3. Dentistry Backlog

Recruit additional dental practitioners to clear a patient backlog across dental services.

4. GP Resilience Team

Dedicated team of GPs, Pharmacists and Advanced Nurse Practitioners working across practices in order to strengthen resilience and stabilise delivery to patients.

Action	Scottish Government Letter reference/ Adult SC winter preparedness plan	RMP4 Alignment
Scaling up Hospital at Home to prevent or avoid admissions	<p>An additional £2.6 million has been shared between ten health boards so they can continue to develop Hospital at Home services to avoid admissions to hospital and we will work with Health Improvement Scotland (HIS) colleagues to monitor the progress of this work.</p> <p>Funding a range of approaches to preventing care needs from escalating, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.</p>	Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter

Plan to Spend and Progress

Currently H@H has additional funding from HIS to support the following until March 2022.

The initiatives that we have proposed as part of the HIS opportunity would support Fife in -

- Progressing 7 day access to service – H@H already delivers the service over 7 days but access has mainly been Monday to Friday.
- increasing capacity and resilience within the service to –
 - accept more referrals.
 - increase caseloads.
- reduce the number of occasions that we reach maximum capacity and are unable to take new referrals.
- scope the opportunity of accepting referrals from other H&SCP Boards (in particular Tayside).
- scope the opportunity to work with and meet the needs of other patient groups (for example Learning Disabilities).
- improving patient flow and developing further work with the new flow and navigation hub.

Whole System Additional Actions Required for Sustainability

Surge

To provide safe, effective and person-centred care and to plan and prepare for increased activity in accordance with Business Continuity and Winter Contingency Planning, it is necessary to recruit a substantive team and a 'pool' team as a pro-active and pre-emptive measure. Year on year the utilisation of supplementary staffing is increasing. The demand for supplementary staffing continues to outstrip capacity which has resulted in an increased need to secure agency staff, at a significantly higher cost. Wellbeing of staff remains a priority for Fife's HSCP, however with the vacancy position and absence levels, combined with a high patient demand and deficit in the availability of supplementary staff, there are additional pressures on the nursing workforce. Impact on quality of care remains a consequential concern.

Assurance is required that there is sufficient workforce to safely manage the continuing presence and aftereffects of Covid 19 within HSCP Community Hospitals. Staffing levels within Community Hospitals are often at minimum safe staffing levels or at risk of falling below minimum and it is increasingly difficult to source staff from within the service, nurse bank or agency.

Working for prolonged periods of time at critical staffing levels, as well as impacting on patient care can also impact on staff wellbeing, leading to low morale and illness and potential for further staff absence, which further compounds the problem.

Past years of learning has shown that we will require additional nursing workforce to meet deliverables as part of surge contingency planning.

Therefore, recruiting a substantive team (for a surge ward) and a pool of non-registered HCSW to be deployed across the area, will lead to possible less reliance on supplementary staffing to enable surge capacity in an inpatient setting. This team would be considered a core part of the Medicine for the Elderly nursing workforce under the leadership of substantive management and would be recruited on the basis that they would be deployable across all clinical areas in HSCP as required.

Funding for Primary Care and Social Care Workforce Wellbeing

On 27 June 2021, the Cabinet Secretary outlined an £8 million package to support the wellbeing and mental health of the health and social work /social care workforces. Of the total sum, £2m should be directed to provide evidence-based support to meet the needs of people working in primary care and social care in responding the pandemic. The Scottish Government announced additional funding for practical support measures for the health and social care workforce on 5 October 2021. This allocation for primary care and social care workforce wellbeing does not form part of that announcement. There will be some flexibility for HSCPs (via Integration Authorities) to use this funding to address locally agreed priorities in respect of primary care and social work/social care workforce wellbeing, and the funding should provide for additionality. Fife's Health & Social Care Partnership is keen to utilise every opportunity to develop and deliver strategies that support the wellbeing and mental health of our people as they continue to provide excellent services under the huge personal and professional pressure that exists in H&SC at present.

We have undertaken an initial consultation across the range of services to canvas ideas for the use of this funding in a way that will meet the real need described by our people. Our proposal for the use of the Cabinet Secretary's funding will target three main areas:

1. Providing targeted Organisational Development inputs to support our people, including how we create reflective space for this to happen.
2. Providing funding for our people to access external resources that support mental health and wellbeing.
3. Providing staffing support to ease the pressure of excessive workloads during the ongoing pandemic and the subsequent impact on our people's mental health and wellbeing.

Proposed Whole System Outcomes

In order to realise the impact of the processes that are proposed and the chain of events that are necessary to make a difference the outcomes of this whole system approach to improve the delay position in Fife and prepare for the coming winter the following high level outcomes have been defined;

- There will be a decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person centred way.

- The HSCP will have alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met.
- The expansion a fully integrated MDT will focus on reducing delayed discharges from hospital and meet the current high levels of demand in the community whilst also alleviating the pressure on unpaid carers.

Outcome Measures

The HSCP will track progress and update the IJB at regular intervals regarding the progress being made. To measure the success of the investment the following performance indicators will be monitored;

- Reduction in those waiting for an assessment for care
- Reduction in those waiting for a care at home service
- Reduction in unmet hours of care
- Increase in the use of community equipment and technology to enable care, or other digital resources to support care provision
- Reduction in the number of people waiting on a transfer of care delayed from hospital
- Reduction in hospital bed days associated with delays and overall length of stay Number of people who have been discharged to an interim care home
- Increase in the number of people who have moved on from the interim placement by the agreed date for the placement to end
- Reduction in the average length of interim care placements
- Increase in assessments carried out at home rather than hospital
- Reduction in the number of people waiting for an assessment
- Reduction in the length of time people are waiting for an assessment
- Investment in services
- Monitor staff wellbeing

Risk

It must be noted that the proposed investment across the HSCP is dependent on many factors. The following risks have been identified and will be closely monitored.

- Recruitment – the ability to grow the services at pace may not be possible. There will be requirement to monitor this regularly and flex the system to adjust to competing demands
- Finance Risk -removal of sustainability payments and impact on care home sector
- Parity - Any actions taken need to be cognisant of parity between the internal and external care at home sector
- Reputational – public and system expectation that the financial allocation will have immediate benefit; where-as the vast majority of the additionality is dependent upon successful recruitment and actual increase in workforce, both internally and with partners.

Further Considerations

Demographics

As the percentage of the UK population continues to rise, one in five people (21.8%) will be over 65 years old by 2030 (Age UK 2019). Over half of this population group (6 million) have multiple morbidity with an increased chance of being hospitalised with greater length of stay, dependency and need for higher levels of medication.

Medium term transformation plans

Reliably achieving safe, timely and person-centred discharge from hospital to home is an important indicator of quality and a measure of effective and integrated care.

A Home First Strategy for Fife is being developed, through a strategic oversight group. Seven sub-groups are in place with some key functions:

- **Information Data** - developing shared platform for all community care development of a whole programme dashboard.
- **Anticipatory Care** - All community patients at risk of readmission will have an ACP. Work began in care homes to start this process.
- **Screen and Assess for Frailty** - support Frailty Screening and Assessment services in the operational delivery of the Home First model. Set direction for Frailty Screening and Assessment services in relation to actions from the Home
- **Integrated Discharge Planning** - pathways and processes for discharges to star beds and care at home beds; and how referrals are received and collated.
- **Commissioning and Resourcing**
- **Intermediate Care** - promote the delivery of digital solutions, which will support the implementation of the aims & objectives of the strategy within Intermediate Care services
- **Housing & Social Determinants** - closely aligned to discharge hub work commenced to ensure timely house adaptations

3.3.1 Quality

Increasing capacity within the workforce across a number of areas of service delivery and in particular within areas experience pressures will have a positive impact on the quality of service delivery and the experience of those in receipt of services. Increased capacity will enable improvement in access to services as well as other waiting times and ensure that people are supported at the right time in the right place by the right intervention and also help to ensure that wherever possible this support is provided at home or closer to home within a homely setting.

3.3.2 Workforce

The overall impact on workforce is anticipated to be positive, as recruitment and resource are introduced to alleviate pressure in key areas. Our submission recognises the expertise across the system and our engagement

with partners reflects the need to support our workforce across the whole Partnership.

However, the blend of recruiting new people and new ways of working can present a challenge related to change, both for those in operational functions and for managers within the system. We understand change can be difficult for people, potentially exacerbating the existing anxiety our workforce is experiencing through the pandemic. For those reasons, it is important to focus on supporting and retaining our existing workforce and addressing the attrition in the system.

We will keep a focus on the organisational development needs of our workforce related to change, leadership and culture and have addressed our acknowledgement of the need for this infrastructure to support services within the submission. These areas will also be reflected in our refreshed Workforce Strategy and three-year Workforce Action Plan 2022 – 25 to further embed and highlight the increasing resource and associated workforce impact.

3.3.3 Financial

This paper provides details of a significant investment by SG ensuring both sustainability and growth in the market, which will ultimately improve services to the people of Fife.

Investment of over £300m, some of which will be made available on a recurring basis will allow the HSCP to not only respond to the current delay situation and plan effectively for the Winter but will also allow us to move forward with our strategic objective of delivering care in a home or homely setting.

3.3.4 Risk/Legal/Management

There is a risk that the test of change to incentivise external provision will incur ongoing costs but this will be managed via the ongoing commitment to care at home and transformation.

There are risks associated with recruiting an expanded workforce in the current climate. It will be important to coordinate recruitment campaigns in order to ensure that recruiting to one area of service delivery doesn't create pressures elsewhere in the system. There will therefore be close liaison with all service delivery areas across NHS Fife, Fife Council, Fife H&SCP and the third and independent sectors in order to achieve synergies around recruitment and to optimise recruitment campaigns to achieve system wide benefit.

3.3.5 Equality and Diversity, including Health Inequalities

The fairer work practices brings the costs in line. An impact assessment has been completed.

3.3.6 Communication, Involvement, Engagement and Consultation

Scottish Care have been actively involved and two consultation events were held on Thursday 4 November 2021 with all Care at Home

Providers and Care Home providers to seek input and discussion on opportunities for the sector to be involved in the planning.

Further work will be taken forward with providers who have an interest in developing their services to respond to the growing demand for services working in partnership to ensure they feel engaged.

Further work will be taken forward with our third sector organisations as part of the re-imagining the voluntary sector to consider what can be taken forward and examine joint working within the partnership to enhance services in day and respite care.

The awareness of care at home services and the significant pressures on the service have been fully explored and discussed at the following Committee's:

- Health and Social Care Finance and Performance Committee.
- North East Fife Area Committee.
- Fife Council Scrutiny Committee.

3.4 Recommendation

- **Discussion** – examine and consider the implications of a matter.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 - RMP4

Appendix 2 - Scottish Government letter Winter Planning for Health and Social Care
- 5 October 2021

Appendix 3 - Adult Social Care Winter Preparedness Plan

5 Implications for Fife Council

6 Implications for NHS Fife

7 Implications for Third Sector

Recruitment and growth

8 Implications for Independent Sector

Recruitment and growth

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	Lynne Garvey, Head of Community Care Services
Critical	Rona Laskowski, Head of Complex and Critical Care Services Bryan Davies, Head of Primary & Preventative Care Services Audrey Valente, HSCP Chief Finance Officer Fiona McKay, Head of Strategic Planning, Performance & Commissioning Helen Hellewell, Associate Medical Director Lynn Barker, Associate Director of Nursing Roy Lawrence, Workforce Development Team Manager Kathy Henwood, Head of Education and Children's Services, Justice Services and CSWO
Signed Up	ELT IJB EDG
Informed	EMB Comms

Report Contact

Author Name: Lynne Garvey
 Author's Job Title: Head of Community Care Services
 E-Mail: Lynne.garvey@nhs.scot

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Pandemic Response

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative			Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication			
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
At risk - requires action	RMP3	Pandemic Response	Test, Trace, Isolate and Support in Fife is delivered effectively, risks are managed adequately and the programme is demonstrating improvements in performance over time.	The Test & Protect Oversight Group review risks and data at all meetings. Any risks which require escalation will be discussed at the Public Health Assurance Committee. Data is prepared in relation to Contact Tracing and Testing and any themes and trends are discussed and appropriate action is taken. To provide strategic assurance, a report on the Test & Protect Programme is submitted to the NHS Fife Clinical Governance Committee.	Mar-22	Testing uptake is increasing and we are currently undertaking record numbers of tests. Lab PCR activity is nearing capacity (NHS and UK Government). Weekly reviews are taking place of testing sites to ensure areas with highest need are identified. Contact tracing recruitment progressed during the summer in response to increasing case numbers and the agreed National CMF approach has been fully implemented. Performance of Contact Tracing is impacted by pressures in the testing system but overall monitoring shows achievement of case closure in line with other parts of Scotland. Workforce sustainability is a concern for testing, contact tracers, admin staff and specialist health protection nursing staff. Most of these staff are on fixed term contracts and we anticipate that there will be further attrition over coming months- leading to the Amber assessment.	Public Health	Test & Protect	Workforce sustainability	Continuing to recruit to fill vacancies as these arise, offering overtime, drawing back some Core Public Health team staff to sustain team (see Population Health risk listing below for additional detail).							
On Track	RMP3	Pandemic Response	Increase capacity and resilience rapidly and to set out our approach to living and working with COVID-19: this will form part of a strategic framework that all Public Health departments will produce, including how we will respond to and manage COVID-19 clusters and outbreaks.	Additional staff to be appointed, in response to COVID-19 pandemic: Contact Tracing Team : Contact Tracing Practitioners will be appointed to achieve our target of 83 wte. Consultant in Public Health (Immunisation Co-ordinator) to be appointed to provide strategic planning to support the roll-out of the future waves of the COVID-19 vaccination programme and completion of the Vaccine Transformation Programme, including an extended seasonal flu programme. A new Consultant to be appointed as Clinical Lead for Health Protection. Head of Resilience A dedicated Communication Officer (T&P) will be recruited to support the workstreams for contact tracing, testing and vaccination programme. The Officer will be managed within the Communications Team.	Jan-22	Current staffing at the moment we have had a steady stream of people leaving to take up permanent posts within NHS Fife and other organisations. At the moment we are trying to recruit to these vacancies but this is limited due to the length of contract we can offer. <u>Progress against appointment of staff:</u> The NCC at present have allocated 10 wte staff to support us with this role until our recruitment is complete. Clinical Lead for Health Protection: recruitment paperwork currently being developed. Head of Resilience is currently out to advert with a closing date of 3rd August 2021. Asymptomatic Community Testing Programme is currently recruiting staff to support seven fixed test sites and three community mobile units. To date 40 Fife Council staff have taken up fixed term contracts and the other posts are being filled through NHS Fife recruitment.	Public Health	Public Health	There is a risk that due to the temporary fixed term contracts until end March & June 2022) nature of the posts within Test & Protect and to support the Health Protection Team (nursing and admin & clerical) that we will be unable to recruit or retain staff who are currently in post. <u>Contact Tracing:</u> The NCC at present have allocated 10 wte staff to support us with this role until our recruitment is complete. This will be reviewed on an ongoing basis. <u>Asymptomatic Testing Programme:</u> after 3 recruitment campaigns we are currently in the process of reviewing our original bid of 7 fixed sites and 3 mobile units to more mobile units and less fixed sites as we need less staff for the mobile units. <u>Head of Resilience</u> post has been shortlisted and interview date been set. <u>Communications Officer</u> has been short listed and interview date been set. <u>Consultant – Clinical Lead for Health Protection:</u> paperwork has been approved by facility and will go out to	Head of Resilience in Post by December 2021 Communications Officer in post by November 2021 Consultant - Clinical Lead for Health Protection in post by January 2022	Test & Protect Strategy						
On Track	RMP3	Long Covid	Support and develop the NHS Fife response to Long COVID.	Exploration of Health Protection Models to support sustainability We will have East of Scotland regional HP model developed by end of December 2021 and then moving to operationalise by new financial year, 1st April 22.	Dec-21	In January 2021, a post-COVID-19 syndrome response oversight group (Chair, Dr Frances Baty, Head of Fife Psychology Service) was established to consider how best to meet the needs of people presenting with the long-term effects of COVID-19 infection (post-COVID-19 syndrome). In June 2021, the PCSROG produced a report for 'awareness' to the EDG providing a situation analysis of post-COVID-19 provision in Fife and outlining the steps planned to further progress the work. In the next phase, 5 short life working groups have been tasked with developing clinical pathways; MDT case coordination; clinical supports and education; patient information; and participation in national research programmes, making recommendations for services that can be introduced now within existing resources and those which may require additional investment (these are in addition to, or expanding, the services which have already been introduced).	HSCP	Complex Care Services	Monitoring/support from Oversight group	Patient information toolkit produced, print version in preparation; Clinical pathways between Primary Care, Acute, Psychology and Mental Health; Recommendations for staff training; Contribution to research and furthering the knowledge base.		SG Policy on illnesses and Long term conditions; COVID-19 mental health transition and recovery plan; Quality Strategy					
On Track	RMP4	Pandemic Response	ICU capacity	Flexible footprint agreed to surge ICU from 10 to 18 beds if require IPC guidance in place to ensure low/medium risk patients can be accommodated across critical care at levels 2/3 Feasibility study being completed to increase SR availability from 4 rooms to 6 in ICU	Dec-21	Flexible model in place and daily silver command in place to manage capacity	Acute Services	Emergency Care	ICU capacity is unable to flex and accommodate the required number of patients	Managed through Silver Command							

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Primary, Comm & Social Care

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	
At risk - requires action	
On Track	
Complete/ Target met	

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
Sept 21 Status	RMP3	Primary/ Community Care	Introduce additional sites where screening may be delivered, dialogue has commenced with Council colleagues to take this proposal forward.	Cottage Centre secured	Sep-22	The Cottage Clinics have been running for 3 months now and will continue. Other venues have been explored however challenges remain for central location. Discussion regarding Diabetes centre is ongoing	HSCP	Community Care Services	Delay in screening for Diabetic Retinopathy	Sourcing external venue							
Proposal	RMP3	Primary/ Community Care	Review the arrangements to Primary Care 'Care Home Local Enhanced Service' during 2021-22 including strengthening good quality anticipatory care planning.	On Hold	N/A	This is currently on hold/delayed as Scottish Government are undertaking a national review of all Enhanced Services. Implementation evaluation underway.	HSCP	Primary and Preventative Care Services	On Hold	On Hold							
	RMP3	Primary/ Community Care	Embed robust collaboration and joint working across the interface of primary and secondary care within our ways of working as we remobilise.	Regular meetings to further the RUC work and to monitor and review relevant pathways to ensure whole system effectiveness.	Nov-21	Interface working has enabled the implementation of an Early Cancer Diagnostic pathway, navigation and flow hub for management of admissions, joined up urgent care redesign, transfer of care of a group of Type 2 diabetics to general practice freeing up specialist services, secondary care phlebology hubs at QMH, VHK, Adamson Hospital and SACH, further developments in NEF GP Practices are also expected. GP direct access to imaging is also expected from Summer 2021. NEW: Further robust collaboration could be possible through new ways of working in cancer services, for example SACT delivered closer to home	HSCP	Primary and Preventative Care Services	Risk of pressure in one part of the system e.g. Acute wards.	Weekly capacity and flow hub meetings							
	RMP3	Primary/ Community Care	Refresh of the primary care improvement plan following the joint Cabinet Secretary/BMA letter.	MOU2 Published August 2021. The GMS Implementation Group met on 17th August 2021 to discuss. Revised pharmacotherapy and CTAC plans were considered. Revised Vaccination Transformation plan is due for discussion 21 September 2021.	Oct-21	2021/22 Primary Care Improvement Plan will be produced when revised Pharmacotherapy, CTAC and Vaccination plans are approved by GMS Implementation Group/SLT.	HSCP	Primary and Preventative Care Services	The full CTAC model will not be delivered by March 2022 in accordance with MoU2	Further guidance awaited from SG regarding transitional arrangements and payments	Transitional arrangement will need to be agreed with Fife GP Practice for some CTAC Services.	tbc	tbc	tcb	tbc	tbc	
	RMP3	Primary/ Community Care	Development of a Specialist Respiratory team to support a wide range of respiratory conditions to work collaboratively with the wider Community Teams to support patients, both acutely and long term with COVID.	Complete	Complete	Respiratory team established. The team works collaboratively with all community and acute services to reduce hospital admissions and support patients at home. These patients have complex respiratory conditions with co morbidities, and the team case manage and coordinate all services to support them.	HSCP	Primary and Preventative Care Services	Complete	Complete							
	RMP3	Primary/ Community Care	Remobilise the delayed National Dental Inspection Programme. This programme would help address inequalities. Restart Childsmile in a phased manner, dependent on capacity within NHS and education.	Engaged with all national agencies to secure appropriate start date	Mar-22	The PDS is remobilised and awaiting national and local Education approval	HSCP	Primary and Preventative Care Services	child dental health	n/a							
	RMP3	Primary/ Community Care	Continue to expand use of mobile technology (Attend Anywhere and MS Teams) to support remote consultations and to enable staff to work from home when appropriate.	Upskill staff in effective use of technology. Introduce a digital first approach. Introduce remote consultations for review appointments where face to face is not required. All meetings are held over teams Telephone consultations and Near Me are being used across all Dietetic services as determined by our clinical decision making matrix. We now have a better and wider range of IT devices to enable these modes of working, however we cannot work solely from home as we do not have electronic patient record cards.	Dec-21	Podiatry: Near me clinics established but many stood now as many non face to face consultations exhausted. Near me and telephone review still initial approach and for some review appointments Physiotherapy: Maximum capacity within current restrictions is being delivered using a blended approach of face to face and telehealth. Further remobilisation progress and increased capacity will not occur until 2m distancing rules are no longer in place.	HSCP	Primary and Preventative Care Services	Staff isolation working only from home. Risk of service stalemate due to lack of interaction. Patients not happy not being able to have face to face consultation Physiotherapy - 1) risk of increasing waiting lists / unable to meet demand due to reduced capacity. 2) risk of deterioration in those that requires specific therapeutic rehabilitation e.g. Hydro	Blended approach initially but now all staff back at work for 90% of time. TEAMs meetings help bring department together. Patients who have exhausted all self care and advice are now seen in clinic settings if necessary Physiotherapy - Capacity maximised as much as possible via blended model of virtual and face to face. Other rehab being delivered to patients waiting for specific therapies which meets some of their rehab needs and mitigates risk.							
	RMP3/RMP4	Primary/ Community Care	Podiatry Services to be made available in all community and hospital sites including domiciliary and care homes	Establish who is on waiting list and assess need. Appointment priority based long risk and urgency. New patient clinics to be re-established. Clear 600 plus new patients first then start on the ongoing new patients (150-200 per week). Continue with near me and telephone review where appropriate	Dec-21	All planned clinic re-opening where possible. The intention is for podiatry to transition to Morse but there are no timescales. Podiatry already has electronic records and an electronic diary so service not prioritised in roll-out	HSCP	Primary and preventative care services	There is a risk that full mobilisation not possible as demand is greater than available resource.	Prioritise based on risk and impact. Support self management where possible	Podiatry service to be made available to population of Fife. Those patients whose appointments were suspended or who were never appointed to be assessed and offered either remote consultation or face to face						
	RMP3	Primary/ Community Care	Optical Coherence Tomography (OCT) to be incorporated into the DES Programme and will be delivered by the DES Team.	Develop delivery through half day clinic and monitor	Mar-22	Currently a half day clinic per month as the OCT requirement increases more clinic time will be allocated	HSCP	Primary and Preventative Care Services	Insufficient capacity to meet demand	DES team to carry workload							
	RMP3	Primary/ Community Care	Develop a new Fife laryngectomy service in collaboration with Acute Services.	Complete	Feb-21	The Laryngectomy valve clinic is now established and fully hosted and delivered by Fife. Teething issues with ordering are being resolved. Patient feedback is very positive with well-being benefits already identified.	HSCP	Primary and Preventative Care Services	Complete	Complete	Improved patient experience based on patient feedback received.						
	RMP3	Primary/ Community Care	Working towards a return to this routine therapeutic support as soon as restrictions allow e.g. securing of IPC compliant clear masks, vaccination of staff.	Remobilisation in line with plans. On-going escalation of lack of IPC compliant clear masks. Flexible working to maintain home and on-site working.	Mar-22	Remobilisation of services continues. Services to adults with acquired difficulties remains the least impacted however routine outpatient appointments are still to resume. Services to children and young people are still significantly hampered by the lack of IPC compliant face masks and agreement to increase footfall in clinics. Services to adults with learning disability are slowly resuming now that staff vacancies have been filled.	HSCP	Primary and Preventative Care Services	1. Lack of clear masks limits effectiveness of SLT intervention thus impacting on children's long term outcomes. 2. Decreased clinical space across all care groups, limited access to education settings for CYP. 3. Staff self-isolation/illness impacting on safe and quality service delivery. 4. Increasing waiting times due to increase in referral rate and decreased clinical space.	1. Use of remote, risk assessment for removal of masks. 2. Innovative rotas for dedicated SLT clinical space. 3. Absence monitored							
	RMP3	Primary/ Community Care	Working towards reinstatement of the diagnostic pathway for Children and Young People, subject to restrictions and guidance.	Complete	Complete	Continued work with Psychology colleagues to re-start the community ASD diagnostic pathway and work across disciplines to restart the Tier 3 clinics. Planned restart of clinics is in July with face to face and digital offerings available dependent on presentation. AAP and FAST clinics restarted in July 2021. Face to Face and digital offerings are available dependent on presentation.	HSCP	Primary and Preventative Care Services	Complete	Complete	Returned to previous level of service however this still does not meet the need. Complaints and long waiting times will continue without investment.						

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Primary, Comm & Social Care

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
On Track	RMP3	Primary/ Community Care	Phase 3 (return to majority of previous service provision) will be implemented when safety measures such as social distancing can be relaxed.	Physiotherapy - resumption of in person Group exercise classes, group rehabilitation classes, Hydrotherapy, rebound therapy. Full use of all clinical treatment rooms and cubicles to increase capacity Nutrition and Clinical Dietetics: Remobilisation back to the clinics we previously held across Fife. Implementing the new services for Head & Neck, ONS, Coeliac for Children and IBS from the new funding in 2019 which has been held up due to Covid. SLT- embedded laryngectomy clinic in practice, redesign of access to voice referrals, redesign of support to care homes. The delivery of service to care homes will change with the introduction of a nutritional toolkit and planned care home review clinics using virtual systems. This will start to roll out from September.	Nov-21	Physiotherapy: Maximum capacity within current restrictions is being delivered using a blended approach of face to face and telehealth. Further remobilisation progress and increased capacity will not occur until 2m distancing rules are no longer in place. Nutrition and Clinical Dietetics: Contact has been made with all health centres and agreed which dietitian will attend each clinic. A decision making matrix has been developed for identifying the different levels of contact with patients. Flowcharts are being developed and implemented to ensure consistency. The care homes toolkit is currently at the printer for final proof copy. Podiatry: Diabetes centre re-opened sharing accommodation with urgent care. Type 1 patients at risk of active foot disease or those with active foot disease will be offered care once more at VHK. Clinics being established. The remote multi-disciplinary clinic using Near Me technology is planned to remain as better for patients who require ambulance or who resided in care home.	HSCP	Primary and Preventative Care Services	Physiotherapy - 1) risk of increasing waiting lists / unable to meet demand due to reduced capacity. 2) risk of deterioration in those that requires specific therapeutic rehabilitation e.g. Hydro Nutrition and Clinical Dietetics:- Key Risks are patients we are maintaining in the community who require artificial feeding, nutritional support for a wide range of issues . If these patients are not seen and they deteriorate, they will require urgent care.This applies to neonates, babies transferred back from Lothian and artificially fed babies and infants.	Physiotherapy - Capacity maximised as much as possible via blended model of virtual and face to face. Other rehab being delivered to patients waiting for specific therapies which meets some of their rehab needs and mitigates risk. Nutrition and Clinical Dietetics: Patients referrals are triaged carefully and minimum number given a face to face appointment to maintain patients in the community and prevent hospital admissions.	Nutrition and Clinical Dietetics: Able to continue to provide a clinical dietetic service to patients who need therapeutic interventions. We continue to maintain our high risk artificially fed patients in the community preventing admission to A&E when tubes block where possible.	Intervention and Prevention of Diabetes Type II - Early Adopters Strategy.					
On Track	RMP3	Primary/ Community Care	Developing a Secondary Care Phlebotomy Service with Acute Services.	Set-up Secondary Care Phlebotomy services, ideally out with Acute settings Monitor demand	Sep-22	3 clinics have been set up one in QMH, VHK and Adamson Hospital. The initial clinic in West was set up in Lochgelly however was under utilised therefore moved to QMH . The staff are currently line managed by HSCP but this will be moving to acute services . The plan is to develop another Clinic in St Andrews community hospital . Further discussions to take place re management of service in the future.	HSCP	Primary and Preventative Care Services	There is a risk that the phlebotomy service are unable to recruit to meet increasing demand for this Service, impacting on turn around	Regular meetings take place between HSCP and Acute, with Acute offering support as and when required.							
At risk - requires action	RMP3	Primary/ Community Care	Redesign by recruiting Advanced Nurse Practitioners who can support the Consultant Rheumatologists in the delivery of the service. This will reduce the reliance on agency medical locum staffing.	Diagnosis, care planning, urgent and routine review of patients with rheumatic illness. Collaborative working with MDT and clear clinical leadership. Development of new and innovative care pathways.	Dec-21	The ANPs will be able to assess new routine patients and assist with the medical reviews of review patients. Recruitment of ANP is being revisited as so far unsuccessful. Continuing to develop self management approach to reduce the need to consultant appointments	HSCP	Primary and Preventative Care Services	Risk that recruitment is not successful. 1 round of recruitment has failed so far.	consider use of advertising agency to attract interest							
On Track	RMP3	Primary/ Community Care	Review of GIRFEC practices and wellbeing pathway to increase effectiveness and impact.	National guidance being produced by Scottish Govt GIRFEC Team	Dec-21	National guidance will be launched on 27th September for 12 week consultation on Assessment of Wellbeing. The other 5 areas of information/guidance will be out for consultation of 6 weeks from 27th September. Local review of GIRFEC planning is underway between health and education as universal services.	HSCP	Primary and Preventative Care Services	Further delay in release of consultation documents and then final documents	Regular awareness raising of changes to launch dates for those who will contribute to consultation	National GIRFEC guidance linked to The Promise and Children's Rights						
On Track	RMP3	Primary/ Community Care	Progression with backlog in relation to P1 screening.	There were no growth measurements undertaken for Primary one (P1) children in the academic year group 20/21. Parental questionnaires were issued to all P1 parents/carers for completion and return. The returned forms were subsequently screened by School Nursing staff and contact was made with any parent/carer that requested this.	Oct-21	Primary 1 screening will recommence in August 2021. P1 screening is planned to recommence for the academic year 21/22 in October 2021. Numbers of pupils are yet unknown, however it is anticipated this will involve approximately 4,000 pupils	HSCP	Primary and Preventative Care Services	Getting into schools to undertake measurements is a challenge	Working with schools to plan programme							

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Mental Health

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative		Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required		Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc			Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/Revenue	Cost		
	RMP3	Mental Health	Increase use of NearMe particularly for review appointments and for mental health reviews.	Near Me is being used routinely across all MH & LD services where determined as clinically safe (via individual patient risk assessment). Staff have been supported with kit and training. Governance framework is being devised and feedback from users (professional and patient) is being sought.	Mar-22	Increase use of NearMe in General Practice is being supported nationally via a series of HIS/NES webexes over the summer. Locally, increase in use and good practice is being encouraged via GP Cluster meetings. Uptake is not mandated or currently measured in General Practice. NearMe embedded in Mental Health Nurse Triage Service.	HSCP	Primary and Preventative Care Services/ Complex Care Services	Risk that Near Me not suitable for everyone	continue to offer face to face appointments									
	RMP3	Mental Health	Re-development of the Moodcafe website to facilitate information-giving and support self-help across the life span and for people with long term health conditions.	Re-development and expansion of online psychological support, services and self help.	Oct-21	New content/webpages written and current content edited; design and layout of new Moodcafe site being finalised with developers; plan to launch in June.	HSCP	Complex Care Services	Other clinical priorities impact capacity to deliver.	Ongoing oversight of resource required	Expanded online offer increasing direct access to PTS; Improved access to mental health self help and sign-posting;	Mental Health Strategy; Mental Health in Primary Care							
	RMP3	Mental Health	Develop patient pathways and support the development and implementation of the local Unscheduled Care Hub.	<ul style="list-style-type: none"> Develop pathway via Fife FNC for unscheduled referrals to be passed from NHS 24 Enhance resilience in Unscheduled resource with UCSF Develop workforce to create local hub 	Apr-22	UCAT referrals currently come via FNH OOHs. UCSF provide response to calls when UCAT unable to support, which remains under review. Recruitment of ANPs has commenced.	HSCP	Complex Care Services	Risk that service cannot recruit required ANPs	Work closely with UCSF to create a broader and more resilient workforce									
	RMP3	Mental Health	Progress with the six commitments of the Fife Mental Health Strategy	<p>Workstreams are continuing to meet and progress actions. Update report taken to CCG Committee on 8/09/21.</p> <p>Agreement sought to review MH Strategy to ensure that it is fit for purpose given key services changes during pandemic and additional funding from Scottish Government.</p> <p>It was agreed that the MH Strategy would be revised and updated and that an action plan and financial framework would be developed to support the strategy implementation.</p>	Apr-22	<p>Delivery against the strategy is coordinated through the Mental Health Strategy and Implementation Group MHSIG.</p> <p>Each Commitment has an identified lead and reports into the MHSIG on a quarterly basis on progress. 6 monthly update reports to the Clinical and Care Governance Committee.</p> <p>Progress continues to be made on all elements of the strategy.</p>	HSCP	Complex Care Services	Scot Gov focus on lack of ambition of extant strategy.	<p>Renewal and Recovery agenda of the national MH strategy bringing substantial additional investment. MH Strategy Steering Group oversight of all developments. An element of the new funding to be utilised to provide planning and project support to ensure progress, and achieved outcomes are monitored and reported appropriately. HoS chairing MH Strategy Steering Group</p>	Mental Health Strategy								
	RMP3	Mental Health	Implement a revised primary care support model in an area of significant deprivation and need and it is hoped that this model will result in immediate treatment initiation.	Workplan being driven by national taskforce.	Oct-21	<p>Addiction Services has worked collaboratively in the past year with third sector agencies and community pharmacies to support high risk patients to prevent drug related deaths.</p> <p>Staff from third sector agencies have supported high risk patients by visiting them at home and maintaining contact, thereby helping them remain in treatment and reducing risks.</p> <p>Community Pharmacies have worked closely with Addiction Services, particularly during lockdown, facilitating naloxone provision for all opioid dependent patients to help in reducing drug related deaths.</p> <p>Fife Voluntary Action, along with third sector agencies have assisted Addiction Services to deliver prescriptions during the Covid 19 pandemic. This has ensured continuity of treatment during lockdown.</p> <p>The introduction of Bovidae, a long acting Buprenorphine subcutaneous injection, administered monthly has provided patients with an additional treatment choice.</p> <p>Work is now commencing to implement the MAT standards and develop locality based addiction support models to improve accessibility and referral to treatment times in line with the MAT standards.</p>	HSCP	Complex Care Services	<p>Increased risk of drug related deaths.</p> <p>Community pharmacy short notice closures through workforce shortages.</p>	<p>Faster access to prescribing and other treatments including psychological support.</p> <p>Oversight by ADP. Partnership work in place to mitigate COVID impact on community pharmacy, and ensure alternative support for patients.</p>									
	RMP3	Mental Health	Resumption of activity in AMH Day Hospitals.	<p>Operation of traditional Day Hospital model has ceased. Revised and extensive clinic model implemented.</p> <p>Ongoing development of Adult and Older Adult CMHTs.</p> <p>Ongoing development of pathways supporting cross sector working, provided in a stepped manner and informed by lived experience.</p> <p>Development of Eating Disorder pathway delivered across primary care psychology, secondary care and tertiary care.</p>	N/A	<p>Merger of Day Hospitals and CMHTs mean AMH Day Hospitals no longer operating as they were; psychology staff now working with CMHTs to support delivery of AMH services.</p>	HSCP	Complex Care Services	Complete	Complete									
	RMP3	Mental Health	Increasing the delivery of group PTS.	<p>Delivery of PT group programmes within the Psychology service moved to online where possible during the COVID pandemic. Content for two Tier 2 programmes adapted for 1:1 digital delivery. Group PT programme expanded during 2021 (remains digital delivery) & further developments planned for Autumn 2021.</p> <p>Local Improvement Plans for PTS accepted by Scottish Government 06.08.21. Targeted activity to address legacy long waits. Increased capacity of workforce to develop sustainability of care service delivery and ongoing new referrals.</p>	Jan-22	<p>Local agreement on use of Zoom alongside other digital platforms has allowed resumption of almost all PT groups. Group PT programme expanded during 2021 (remains digital delivery) & further developments planned for Autumn 2021.</p> <p>Local improvement plan now being implemented, with focus on increasing capacity of workforce. Trajectory report at end of July 2021 reporting 87% of people referred for PTS accessed service within 18 weeks. Long term wait backlog also reduced by a further 200 people. Target for delivery and sustainability of model to meet target, 90% of people accessing service within 18 weeks - on target to deliver by March 2023.</p>	HSCP	Complex Care Services	<p>Delays in resumption of F2F delivery (required for some groups; difficulties accessing accommodation)</p> <p>If success of ongoing recruitment dips. Target trajectory will be delayed.</p>	<p>Explore online delivery options; modify group programme for CFT and ACT for 1:1 delivery</p> <p>Oversight and monthly monitoring held by PTS Steering Group. Recruitment demonstrating a high success rate, but target dependant upon this continuing.</p>	Expansion of PT offer; more efficient use of resource; patients experience benefits of group working	Mental Health Strategy; 18 week RTT target for psychological therapies; Mental Health renewal and recovery - remove backlog of WL for psychological therapies							
	RMP3	Mental Health	Roll out of the integrated care pathway for patients with complex needs/diagnosis of personality disorder.	Developing competencies within the workforce to deliver decider training. Structured clinical management training for a cohort of 35 staff scheduled to be delivered during September 2021	Jun-22	<p>Progress impacted by COVID; key elements of pathway resumed with online delivery. Structured Clinical management workforce training from Sept 2021 with implementation of SCM groups planned for end Q1 2022</p> <p>Progress impacted by COVID; plans in place for resumption of key elements of pathway e.g. Emotional Resources group and introduction of planned new elements e.g. Structured Clinical management with workforce training to support this</p>	HSCP	Complex Care Services	<p>Resource / recruitment issues across MDT staffing groups. Timeline being impacted by staff capacity issues</p> <p>Delay in release of workforce for training as a direct result of reduced workforce availability from COVID/ self isolation/ absence and A/L</p>	<p>Monitoring/support from Oversight group</p> <p>Continued oversight by Action 15 Project Board. Main risk : workforce churn created by the large number of new initiatives driven by national strategy.</p>	Mental Health Strategy; 18 week RTT target for psychological therapies; Mental Health renewal and recovery								
	RMP3	Mental Health	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit.	Capacity/demand and workforce modelling to meet the national Referral to Treatment Target and to reduce waiting list backlog. Work supported by PHS data analyst and SG PT advisor. Development of workforce plan in place alongside on-going service development and redesign. Undertake recruitment. Establish monitoring systems to assess impact and target resource, across whole service and within specific psychology specialities.	2023	PT Recovery plan completed January 2021; additional funding agreed by HSCP across FY21/22 and 22/23 to support achievement of RTT in 2023; additional funding received from Mental Health renewal and recovery funding; recruitment underway; monitoring of progress via SG Board engagement meetings	HSCP	Complex Care Services	Workforce pressures impact recruitment	For PTS - Service redesign and recruitment to support release of capacity for delivery of highly specialist therapy required to remove backlog.	For PTS - reduction on longest waiting patients; improved access to PTS	Mental Health Strategy; 18 week RTT target for psychological therapies; Mental Health renewal and recovery - remove backlog of WL for psychological therapies							
	RMP3	Mental Health	Commenced a programme of engagement with regional specialist mental health services to scope key innovation challenges with mental health services in Perinatal Mental Health, Specialist CAMHS, Eating Disorders and Learning Disabilities with a range of service delivery constraints identified.	Perinatal mental health service is now functional; Eating Disorder Service is being reviewed and redesigned. CAMHS continue to engage with regional and national specialist groups.	Dec-21	Discussion with regional partners on potential solutions ongoing	HSCP	Complex Care Services	Workforce challenges - maintaining safe staffing levels. Ability to recruit candidates with specialist knowledge and expertise. Tension between service developments and maintaining core services that underpin whole system function.	Monitored at MH Remobilisation group. Recruitment Group and program groups that are supporting service developments.									

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Mental Health

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section					Key Deliverable - Description	Lead delivery body	Service	Key Risks			Controls/Actions	Outcome(s)	Summary	Cost	Summary
On Track	RMP4	Mental Health	Community Wellbeing Hubs across Fife to support delivery of mental health interventions and integrated care	Design of community-based service to meet the needs of people with chronic mental health issues who not meet criteria for CMHT involvement; Action 15 funding agreed June 2021; agreement reached with 3rd sector provider (service will build on work with current <i>Better than well</i> service for people who have experienced trauma). Next steps: progress recruitment; work with partners to shape service and identify community venues; update care pathways; launch and promote service; monitor and evaluate service.	Mar-22	New	HSCP	Complex Care Services	Delays in recruitment; difficulties sourcing appropriate accommodation	Consider options to re-model service and/or phased implementation	Fill identified gap in service provision; support people to manage their mental health/access appropriate help; reduce demand on primary care; provide exit from statutory mental health services; reduce risk of crisis presentations to A&E.	SG Mental Health Strategy (2017-2027); Fife's Mental Health Strategy; SG vision for transformation of mental health services					
On Track	RMP4	Mental Health	Improved delivery of Primary Care focused mental health services	Enhancement of Primary care triage workers to ensure equity of access across Fife. Rollout of local area co-ordinator community connectors .	Oct-21	New	HSCP	Complex Care Services	Recruitment delays impacted on Local Area Coordination. Service only going live in September 2021. First evaluation planned for December 2021. Recruitment of 4.9 wte PC MH triage nurses agreed September 2021. Recruitment to start imminently.	Monthly monitoring through Project Board							

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Winter Plan-USC

Key for Status:

Proposal	New Proposal/no funding yet agreed
At risk - requires action	Unlikely to complete on time/meet target
On Track	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required		Workforce Implication		Financial Implication	
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost	
Resilience																		
	Winter Plan	Winter Preparedness	Business Continuity/Resilience	<ul style="list-style-type: none"> Updating of Business Continuity plans since the COVID response, with staffing playing a key role and incorporating a scenario planning exercise. Scenario based training and exercising events need to be undertaken throughout the year. Potential list of staff willing to use their own 4x4 to support staff getting to work. 	Nov-22	<p>All departmental BC plans must be reviewed prior to winter.</p> <p>Scenario based training and exercising is still being developed but the intention is to hold a number of short two hour scenario based sessions (e.g. bad weather) prior to winter.</p> <p>A review needs to be carried out of the 4 x 4 requirements for both NHS Fife and HSCP</p>	Public Health	Resilience	<p>BC plans may not be updated regularly.</p> <p>Limited time available for staff to attend these sessions.</p> <p>Because of insurance issues staff unlikely to be able to use their own 4 x 4 vehicles</p>	<p>Ensure NHS Fife Resilience Forum are given annual assurances BC plans have been reviewed and updated.</p> <p>Scenario based training still being developed.</p> <p>Need to review the availability of 4 x 4 vehicles from others sources.</p>	<p>A Healthcare system prepared to deal with any eventuality.</p>							
	Winter Plan	Winter Preparedness	Workforce planning - planning for surge capacity to include a robust Medical, Nursing & AHP model.	<ul style="list-style-type: none"> Surge plans will be in place which will include workforce requirements. Establish workforce pools for unregistered staff in the acute and health and social care. Workforce mobilisation model to be in place in Acute and health and social care. Build capacity within intermediate care services. Ensure resource for key festive periods. Plan to replicate covid staffing model during the winter period (covid staffing model currently in place August 2021). Review current recruitment process with a view to reducing recruitment period. Redevelop a nurse bank recruitment drive into bank areas e.g. Nursing, Labs, Radiology and AHP's. Continue Regional working with cross board honorary contracts - (Radiographers and any other at risk staff group) 	Nov-21	<p>NEW: Plans for investment in critical care pharmacy and medicines service supported to ensure safe use of medicines across ITU and HDU areas</p> <p>1. Surge plans are in place including workforce requirements.</p> <p>2. Establishing workforce pools for unregistered staff in in H&SC is progressing.</p> <p>3. Workforce mobilisation model is in place in H&SC.</p> <p>4. Current recruitment process review, admin support provided to nurse bank to enable FastTrack progression of student nurse and HCSW applications for creation of dedicated mental health services and learning disability services HCSW bank pool.</p>	Acute Services /HSCP	Acute Services /Community Care Services	<p>1. Increasing staff absence impacting on availability to support critical services.</p> <p>2. Adequate numbers of applicants to recruit to the bank pool. Applicants will have varying levels of experience and skill set.</p> <p>3. Increasing staff absence impacting on availability to support critical services.</p> <p>4. Adequate numbers of applicants to recruit to the bank pool. Applicants will have varying levels of experience and skill set.</p>	<p>1. We have to continue to support staff health & wellbeing initiatives and promote these to staff.</p> <p>2. Ensure that these posts are widely advertised to reach maximum potential candidates. Ensure all applicants receive adequate training and support.</p> <p>3. We have to continue to support staff health & wellbeing initiatives and promote these to staff.</p> <p>4. Ensure that these posts are widely advertised to reach maximum potential candidates. Ensure all applicants receive adequate training and support.</p>	<p>Safe staffing levels across all services</p>							
	Winter Plan	Winter Preparedness	Escalation Plans	<p>Develop 3 key Escalation Plans:</p> <ul style="list-style-type: none"> Whole System Integrated Escalation Plan ICU Escalation Plan Paediatric Pathway Escalation Plan. <p>Each escalation plan should encompass:</p> <ul style="list-style-type: none"> Red/Amber pathways. Clear identifiable trigger points to avoid reactive behaviour. An early warning system or clinically led escalation trigger points. 	Oct-21	Gold Command approval to proceed	Acute Services /HSCP	Acute Services /Community Care Services	Sept 21: unable to action trigger plan due to staff shortages communication to all stakeholders including OOH	Sept 21: Workforce hub/control structures reinstated to manage staffing issues On call manager training to include awareness of escalation	System with clear levels of escalation.							
Unscheduled / Elective Care																		
	Whole System Action Plan	Unscheduled Care	Seamless GP Admission Pathways	<p>Exploration of Health Protection Models to support sustainability</p> <p>We will have East of Scotland regional HP model developed by end of December 2021 and then moving to operationalise by new financial year, 1st April 22.</p>	Aug-21	Phase 1 went live on 12th July, with medical admissions managed via FNC between 8am and 1pm. 24% redirected away from AU1, with 14% not admitted to VHk. Key areas for improvement discussed regularly, with processes amended to support improved pathways.	Acute Services	Emergency Care	<p>Triage fails and increased number of patients attend via AU1</p> <p>Overcrowding: Mitigations unsuccessful and area becomes over capacity and unsafe</p> <p>Resus: Rulidline work unable to be completed</p>	<p>Joint operational group across HSCP/ Acute to review and monitor performance and manage risks</p>	<p>Admission pathways are integrated through the FNH</p> <p>Patients treated in right place, at the right time and by the right person</p>							
	Whole System Action Plan	Unscheduled Care	Increased scheduling for patients accessing ED	<ul style="list-style-type: none"> Establishment of a FNC with capacity to triage 4.6.21 with NHS 24 Additional ENP's in place to triage and schedule 1 & 4 hr calls Collaborate weekly learning sessions with NHS 24 Public messaging to encourage the public to phone NHS 24 unless 999 call Establishment of SLWG to review MIU's to further increase capacity across Fife 	Sep-21	<p>Site visit undertaken 4.6.21 with NHS 24 to discuss Fife data and local experiences of pathway flow.</p> <p>Following a successful test of change, adjusted pathways so that all minor injuries via NHS24 are triaged by ED for appropriate advice, scheduling and site direction. This is enabling better use of MIU resources and activity levels monitored through RUC and Integrated Capacity and Flow teams.</p> <p>Workshop planned in September for MIU developments. Greater understanding and insight of public perceptions and behaviours obtained via survey - 370 responses obtained. Action plan being developed</p>	Acute Services	Emergency Care	Public continue to self present at ED	<p>Public messaging to increase, increase capacity of FNC and MIU's to triage and treat patients</p>	<ul style="list-style-type: none"> Number of scheduled patients has increased to an average 23% of total presentations Numbers attending MIU's over 300 weekly Joint workshop planned end of September for MIU's 							
	Whole System Action Plan	Unscheduled Care	No overcrowding within ED waiting area	<ul style="list-style-type: none"> Clear signage displaying restrictions Waiting area redesigned to increase number of seats Additional admin employed at front desk Contingency planning for overflow and escalation 	Dec-21	<p>Works complete within ED waiting area to accommodate additional patients with social distancing measures in place.</p> <p>Updated digital information now shown in the waiting area and pop up banners in development to disseminate key messages. Social Media campaign linking with National campaign running with clear calls to action - high social media engagement seen</p>	Acute Services	Emergency Care	Overcrowding within ED waiting area	Signage, escalation, and extra capacity area	<ul style="list-style-type: none"> Reduced overcrowding across the day Reduced patient complaints on waiting room safety Better patient experience 							
	Whole System Action Plan	Unscheduled Care	Increased capacity within ED Resus	<ul style="list-style-type: none"> Two additional negative pressure rooms installed - Dept now has three negative pressure rooms and can accommodate AGP's in each Physical amendments to establish 5 amber bays 	Sep-21	<p>Three negative pressure rooms fully functioning</p> <p>Amber / red resus being redesigned to accommodate additional amber capacity (3 beds) SLWG established and works commences 6/9/21 to be completed by 10/9/21.</p>	Acute Services	Emergency Care	AGP's are unable to be performed within ED in a safe environment	<p>Three negative pressure rooms available within RESUS for adults and children</p>	<ul style="list-style-type: none"> Bay fully function resus area able to accommodate red and amber patients (current capacity 5) 							
	Whole System Action Plan	Unscheduled Care	To improve the 4 hr access target, improve flow and reduce number of breaches within ED	<ul style="list-style-type: none"> Review of co-ordination and transfer procedures out of the department Review of escalation procedures 	Mar-22	<p>ED transfers - TOC commenced 15.3.21 on transfers between ED-AU1. Times have improved by 10%.</p> <p>AU1 availability of downstream beds – TOC commenced 29.3.21 with 2 wards and now increased to 4. Transfer times reduced and further improvement expected with site discharge rapid improvement event.</p> <p>AU1 – reduction in LOS and pre noon discharge. TOC commenced 29.3.21 with criteria led discharge and additional ANP support. LOS reduced by 2hrs.</p> <p>Au1 assessment area commenced 1/8/21 with average LOS 8hrs.</p> <p>Request for feasibility agreed by SLT and plans currently being costed</p>	Acute Services	Emergency Care	<p>4 hour access target performance deteriorates - patients have a poor experience and department is overcrowded</p>	<p>Whole site escalation plan in place, Daily Safety Huddle in place with additional safety pauses if required and performance review daily</p>	<p>4 hr access target 4 week average is 81.3% which is an improvement from the previous 4 weeks</p>							
	RMP4	Unscheduled Care	Delivery of 6EA (Prioritisation of 2, 3 & 5)	<p>Prioritisation of Daily whole site huddles x 3 and additional safety pauses with front and back door teams. Establishment of a discharge lounge to support earlier movement from our downstream wards and support front door flow</p>	Oct-21	<p>Improve ED flow at peak times – late pm</p> <p>Eliminate ambulance queues</p> <p>HoN working on recruitment and retention plan with a focus on skill mix and rotational posts with HSCP from RUC funding.</p>	Acute Services	Emergency Care	Hospital capacity will be severely challenged	The Huddle & Discharge Lounge	Capacity and flow aligned, reduced number of patients in delay, earlier in day discharges							
	Whole System Action Plan	Unscheduled Care	Sustainable Workforce – ED & AU1	<ul style="list-style-type: none"> Workforce Tool run and identified nursing gaps. Medical rota gaps also identified. Meetings with teams to discuss skill mix and proposals submitted to HoN and DoN 	Nov-21	<p>Additional medical cover being appointed from RUC funding (1.5 GP's), conversation of locum funding to 1.5 WTE ED consultant.</p> <p>Additional nursing posts appointed – 3ENP's to commence June 2021 prioritised for patients coming in on 1 hr and 4 hr NHS 24 pathways.</p>	Acute Services	Emergency Care	Unable to safely staff ED and Au1 - critical front areas	<p>Ensure areas are prioritised daily for safe staffing and on going plan in place for recruitment for trained/untrained staff. Additional ENP's & ANP's recruited.</p>	<ul style="list-style-type: none"> Recruitment remains challenging. Additional Band 2's recruited and skill mix within both areas being reviewed. Medical staffing plan being reviewed with a paper going to SLT for review / approval. 							
	Whole System Action Plan	Unscheduled Care	Maximise discharges from inpatient wards within VHk before 12 noon and move discharge profile to earlier in the day. Improve weekend discharge profile for Emergency Care Directorate.	<p>Rapid Improvement Event commissioned to improve daily discharge profile and time of discharge. Use of live discharge tool to feed information into front door system to improve flow. Creation of discharge waves to identify prioritisation of prescription requirements from pharmacy. Create an anticipatory planning culture for ward teams to improve earlier discharges on a daily basis. Improve use of radiology rapid access outpatient appointments to aid discharge.</p>	Dec-21	Live tool development completed and communication tools for medical staff in place.	Acute Services	Emergency Care	Implementation of use of live discharge tool across wards. Understanding across MDT of roles and responsibilities for discharge process.	<p>Standardising process using administration support with clinical advice.</p> <p>Engagement with junior medical teams as part of induction programme.</p>	<p>Early morning bed availability across VHk to support early movement from front door</p> <p>Ease ED and front door admissions ward pressures.</p>							
	Whole System Action Plan	Unscheduled Care	Safe and timely discharges – COVID STATUS	<p>All patients being transferred to a different care setting from the acute hospital setting will have negative COVID-19 result within 24 hours of move.</p>	N/A	Dedicated team managed within ECD to ensure safe transfer to other supported care accommodation can be managed rapidly whilst complying with NHS Fife policies supported by Laboratory teams with regular management communications	Acute Services	Emergency Care	Continuity and consistency of service delivery. Equipment Failure (including IT). Disruption to supply chain.	<p>Expanded workforce to provide 24/7 cover.</p> <p>Monitoring of service through laboratory SOPs and accredited processes.</p> <p>Escalation tree for testing options (recognising different Turnaround Times)</p>	<p>Safe and timely transfer of patients to other care settings</p> <p>Every patient has a clear COVID status</p>							

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Winter Plan-USC

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	
At risk - requires action	
On Track	
Complete/ Target met	

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions	Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication			
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
	RMP4	Unscheduled Care	Lack of physical capacity in Admissions Unit 1	Additional work on Amber GP assessment routes into Admission Unit 1 to adjust physical space and increase patient occupancy levels. Redefining inpatient space for GP assessment.	Sep-21	Increase patient occupancy levels in assessment area protecting bed spaces for ED transfers and admissions. Works Complete	Acute Services	Emergency Care	Complete	Complete	Daily multi agency huddles implemented focussing on capacity and flow in AU1, LoS reduced by 40%.						
	RMP4	Unscheduled Care	Increase Capacity to support a reduction in delayed discharges	Improve whole system flow and capacity, thereby easing pressure in ED.	Nov-21	Additional surge capacity within Community Hospitals agreed via Gold Command 13/09/21 to improve Acute to Community flow and assist whole system pressure. Additional targeted front-door and back-door capacity huddles in place every 2 hours throughout the day to improve communication across front door and capacity teams.	Acute Services	Emergency Care	Overcrowding in ED Delays with SAS handovers	Weekly Integrated Capacity and Flow meetings Daily Bronze Huddles							
Proposal	RMP4	Unscheduled Care	Effective HALO resource to support front and back-door flow	There are strong local linkages between SAS and Acute. Hospital Ambulance Liaison Officer (HALO) a key part of the morning hospital safety huddle and at all capacity and flow meetings. HALO presence on-site is a key enabler in managing flow and linking discharge transport to match in and outflow. Potential for additional HALO capacity on site to support front and back door flow maximally Explore additional HALO resource with SAS	Oct-21	New	Acute Services	Emergency Care	Transport is fragmented and not available when required	Ongoing meetings with SAS, to optimise HALO provision							
Proposal	RMP4	Unscheduled Care	Capacity available for pre-assessment and pre-admission for front door areas of the hospital.	Discussions to commence with DoS and MD regarding physical space that could accommodate the minors flow to in turn release space for pre-assessment, assessment and pre-admission Improve flow through ED	Oct-21	New	Acute Services	Emergency Care	There will be no available space for assessment	SLWG reviewing model and assessment areas							
	Whole System Action Plan	Unscheduled Care	Minimise delays across the in-patient bed base through the systematic use of the Moving on Policy.	Build on test of change in W41 VHK using a leaflet to guide initial conversations with patients on admission. Support clinicians in discussing transfers of care without delay when the patient is ready to move on	Dec-21	Test of Change complete. Roll out commenced. Leaflet developed to support clinicians with initial conversations.	Acute Services /HSCP	Emergency Care /Community Care Services	Sept 21 Legal and person centred challenge when patients and families refuse. Assume all ward staff have accessed and read the policy	training and education of staff to effectively use policy. Meeting with NHS and FC legal.	All wards are implementing the Moving on Policy Reduced LoS Reduce delays in transfers of care	CEL (Chief Executive Letter) 32 (2013) "Guidance on Choosing a Care Home on Discharge from Hospital".					
	Whole System Action Plan	Unscheduled Care	Surge capacity established in QMH and VHK to support admission demand	Escalation plans to include point at which surge is required, daily workforce hub meetings feeding into capacity huddle to ensure safe staffing for surge beds	Ongoing	Ward 3 QMH, Ward 6 and 9 VHK surged June 21. Surged 16 beds at QMH on Friday 2nd July - reviewed daily.	Acute Services /HSCP	Emergency Care /Community Care Services	Sept 21: ability to staff surge wards	Sept 21: Demobilisation plans taking into account safe staffing levels	Increased capacity ensuring maximum flow to surge beds Improved system capacity Less pressure through ED and front door	H&SCP Escalation Plan					
	Whole System Action Plan	Unscheduled Care	Daily capacity and flow meetings	Senior managers across health and social care and planning colleagues meet at 9:30am to discuss pinch points in the system and progress any actions on the day that will enhance flow Daily MoE MDT Huddle for Acute and Community Hospital to manage surge across both VHK and QMH to safely ensure medical and wider team cover for additional patient numbers Daily ward updates on patients who are medically fit to cross reference against Hub waiting list to ensure referral processes are robust Weekly review of all acute long stay patients with actions identified to secure discharge	Ongoing	daily huddles continue	Acute Services /HSCP	Emergency Care /Community Care Services	Sept 21 None identified	full commitment from MDT to attend this daily meeting	Progress any actions on the day that will enhance flow Support discharge profile across the system						
	Whole System Action Plan	Unscheduled Care	Increase weekend staffing – funding for additional consultants, AHPs Nursing and pharmacy staff to work weekends to support weekend discharges. (short terms 8 weeks)	Locum in post AHP agency cover Band 6 nurse in hub and bank staff being utilised Pharmacist - no progress	Dec-21	Hub will open every Saturday morning for 8 weeks. Nursing component of this cost will be allocated to that. AHP agency utilised. Consultant Locum being progressed.	Acute Services /HSCP	Emergency Care /Community Care Services	Lack of funding to continue 7 day model Low weekend discharge profile leading to overcrowding and breaches in ED	Working with Business Partners to consider financial stability Ensure weekend plan is robust. Weekend de briefs held.	Increased flow over weekend					Consultant Locum = £32,800 AHP Band 7 = £35,541 Nursing Band 6 = £30,011 Pharmacist (Band 7) = £11,850	
	RMP4	Unscheduled Care	Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Develop a Fife wide joint strategy for Minor Injury Units across Fife Optimise FNC and strengthen social care, pharmacy and paediatric pathways Optimise frailty prevention of admission through high health gain by identifying individuals at risk of admission and targeting support Implement joint HSCP/Acute daily capacity huddles Implement 6EA across Acute and community hospitals	MIU's - Two workshops planned with staff Oct 21. Actions from Rapid Improvement Even ongoing to improve timely discharge	SBAR for MIU development agreed and SLWG established with GM's of Acute/HSCP chairing Workshop date planned to progress with development of a strategy before progressing to EDG Flow and Navigation Centre operational for illness triage and all GP medical triage x 5 daily. Planning to implement paediatric triage by end Oct 21. Rapid Improvement Event commenced July 21 and Discharge Lounge planned for end September Site capacity huddles in place and targeted front door huddles commenced 17/9 Weekend Discharge Team to support 7 day working commenced .	Acute Services /HSCP	Emergency Care /Community Care Services	ED attendances continue to increase, length of stay increases	Several SLWG with key stakeholders engaged in taking actions forward. Reporting via appropriate SLT's.	Increased number of scheduled appointments at MIU's and ED have been recorded. Week 1 of weekend discharge team saw a 30% increase in discharge numbers Improvements in communication seen across front door areas with escalation more timely to support faster flow from ED						
	Paediatric Respiratory Plan	Unscheduled Care	Reducing length of stay on CAMHS	Agreement from CAMHS for provision of weekend assessments as part of escalation plans. Agreement to re-establish even a limited Home Visit Nursing service as a "test of change".	Nov-21	Agreement not yet achieved. Discussions with CAMH service ongoing	Acute Services	Women, Children & Clinical Service's	Lack of capacity	Nil	No update on CAMHS. Test of change in progress to re-introduce limited (4day) Home Visit service						
	Whole System Action Plan	Unscheduled Care	Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter	Submit business case to HHS to support for 7 day access to Hospital at Home from Primary Care (M-F at present). Update 14/9/21 Project Group Implemented Recruitment underway for nursing - preferred candidate for band 5, existing hours for current staff/bank staff. Recruitment underway for admin. recruitment underway for Pharmacy - preferred candidate appointed - start date 4/10/21.	Sep-21	Business case presented to HIS. BC approved and recruitment underway.	HSCP	Community Care Services	Sept 21 Recruiting trained Nurse Practitioners on a temporary basis.	We will support this by increasing hours of existing staff to mitigate the shortfall.	<ul style="list-style-type: none"> 3.0 wte band 6 Nurses, - 3.0 wte band 5 Nurses, - 1.0 wte band 5 Pharmacy Technician. Increased admin hours to support 7 day working. It is anticipated that Hospital at Home will have capacity to increase new referral uptake by 9 per week Fife Wide, which would include step down and community referrals. Support weekend step-downs from Acute to H@H ICT - RSW recruitment 8 x 0.66 WTE posts X 2 posts in Glenrothes Hospital X 2 posts in Ransdip Wemyss Memorial Hospital X 2 posts in Whyteman's Brae Hospital, Kirkcaldy X 2 posts in Queen Margaret Hospital, Dunfermline ICT with the current capacity can run with a case load of up to 80 patients Fife Wide. This will increase to approximately 95 - 100 	H@H have a national programme for hospital at home implementation across Scotland. - 1 additional hour per day Monday to Friday – total of 5 hours - 6 hours cover on a Saturday 9am – 3pm - 6 hours cover on a Sunday 9am – 3pm Provide additional 1.0 wte band 5 Pharmacy Technician resource to Hospital at Home service across Fife. TOTAL FUNDING AWARDED (£207,000 until March 2022 - (HIS Funding)	£207,000				
	Whole System Action Plan	Unscheduled Care	HSCP Escalation to support daily decision making at HSCP huddles aligned to joint escalation plan with Acute services.	Develop escalation plan with HSCP clinicians and business partners.	Nov-21	Escalation process developed to aid decision making in the HSCP. This enables early conversations regarding triggers across the system and what actions are required to support moderate to extreme pressures in Acute and HSCP services.	HSCP	Community Care Services	Sept 21: Accuracy and awareness and ability to enact in current times	Sept 21: training re triggers for all staff groups. On call manager training.	Provides a guidance document with triggers to support decision making at different escalation points.						

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Winter Plan-USC

Key for Status:

Proposal	New Proposal/no funding yet agreed
At risk - requires action	Unlikely to complete on time/meet target
On Track	At risk - requires action
Complete/ Target met	On Track

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost	
	Whole System Action Plan	Unscheduled Care	Develop a Home First Strategy.	Produce a Home First strategy for Fife, through the strategic oversight group Seven sub groups in place with some key functions: • Information Data - developing shared platform for all community care development of a whole programme dashboard. • Anticipatory Care - All community patients at risk of readmission will have an ACP. Work began in care homes to start this process. • Screen and Assess for Frailty - support Frailty Screening and Assessment services in the operational delivery of the Home First model. Set direction for Frailty Screening and Assessment services in relation to actions from the Home • Integrated Discharge Planning - pathways and processes for discharges to star beds and care at home beds, and how referrals are received and collated. • Commissioning and Resourcing • Intermediate Care - promote the delivery of digital solutions, which will support the implementation of the aims & objectives of the strategy within intermediate care services • Housing & Social Determinants - closely aligned to discharge hub work commenced to ensure timely house adaptations	Sep-22	Strategic group established is to provide leadership and direction for the delivery of a Home First across Fife. Part of the groups remit will be to set standards relating to performance. The Strategy Group will also remodel and reshape early prevention and response to support people to live at home or in a homely setting. The aim is to reduce delayed discharges and work towards strengthened resilience system wide. There is a need to reform and realign resources to ensure transfers of care at the right time to the right place. 5 sub groups have been established to lead on key areas that will inform the HF strategy. Driver diagrams and ToR have been agreed and submitted to the oversight group. Next meeting Sept 21. Anticipatory Care Sub Group - ToR and Driver Diagram updated reflecting progress made in addressing issues relating to ACP's and Key Information Summaries. Life Curve model to be used to identify where ACP's can sit as an early intervention tool.	HSCP	Community Care Services	Sept 21: staffing pressures and competing priorities to drive strategy forward. pressures across the system delaying progression of some aspects	monthly meetings commenced and project support officer allocated	Consistent Home First approach Everyone in Fife is able to live longer healthier lives at home, or in a homely setting. Reduce delays for care at home. Support prevention of admission.	"Home first" - 10 actions to transform discharge.						
	Whole System Action Plan	Unscheduled Care	Reduce hand offs in discharge processes .	A test of change will take place in September to test the "Trusted Assessor" model for referrals from VHK to STAR beds. Daily huddles and weekly verification meetings take place with SW/SC colleagues to maximise capacity and flow.	Oct-21	Updated SBAR will be submitted to SLT re Trusted Assessor Model - to start on Monday 13th Sept. Pathway agreed with care at home to receive direct referrals from IAT via the discharge hub. Ongoing daily huddles with social work, social care and contracts to maximise timely discharges from VHK to community.	HSCP	Community Care Services	Sept 21: Test of change benefits will not be realised. No STAR beds are available to refer to.	PDSA methodology will be utilised to ensure sustainable change	People are discharged in a timely manner home or to a homely setting. Delays in transfers of care are minimised. Handoffs and duplication are reduced.	Home First - 10 actions to transform discharge.						
	Whole System Action Plan	Unscheduled Care	Care Homes	Contracts, Commissioning, Care Inspectorate and Scottish Care continue to work with Care Homes to maximise best practice and support innovation in light of current pressures. Care Home Oversight Group continues to meet fortnightly and remains the multi-agency forum for oversight of both Partnership and Independent Care Homes linking into local and national agendas and best practice.	Dec-21	Short term plan is in place to use all available care home vacancies to ensure people can be discharged in a timely manner. There is also a programme started which will ensure that external agencies have the opportunity to have a "block book" 6 week programme.	HSCP	Community Care Services	Sept 21 Care home beds are unavailable due to Covid and reduced in numbers due to interim	work closely with PH to expedite risk assessments. Closely monitor beds. Work with commissioning services to maximise availability and relationships with external providers.	Hospital Discharge SW Teams and Care Homes being within the Same Community Care Service will continue to build on strong working relationships and ensure that strong assessment remains at the core of successful discharge and admission to Care Homes. The recent Pilot with Kingdom and a designated Social Worker has proven successful in expediting the process whilst retaining the course good practice of assessment. Providers have confidence in their ability to deliver a service and to expand. People are discharged in a timely manner to a homely setting Providers have confidence in their ability to deliver a service and to expand							
	Whole System Action Plan	Unscheduled Care	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian.	Reviewing of the guardianship paperwork and templates. The refreshed document will be approved by H&SC and Acute services. It will be held within patient notes to provide an overview and audit trail. Campaign will be launched in October, reinforced by national campaign in November, to inform public and promote Power of Attorney as an anticipatory action people can take	Mar-22	Project will start by the end of May working with families/carers to ensure that they can navigate the system to apply for private guardianship, this will be taken forward by Circles Project. Reviewing of the guardianship paperwork and templates. The refreshed document will be approved by H&SC and NHS Fife (Acute) it will be held within patient notes to provide an overview and audit trail - in progress	HSCP	Community Care Services	Sept 21: Legal processes are delayed due to the pandemic, knowledge and training of staff to ensure all processes of guardianship process is resourced. Ensuring shared with all relevant health and care partners; Current staffing challenges to ensure adequate time allowed for knowledge and training of staff to ensure consistent joined up approach	Circles worker working with families to provide advice on legal proceedings and support decision making. Dedicated resource to train staff .	Less bed days lost to long delays. Improved processes to minimise in built delays. Future impact: successful uptake will reduce need for Welfare Guardianships.							
	Whole System Action Plan	Unscheduled Care	Home Care Capacity.	Increase the care at home workforce in house. Plan to increase home care capacity with bank/ agency staff. Increase care at home capacity Scale up the services including supporting people to prevent a hospital admission.	Nov-21	Commissioning commenced. Ongoing recruitment. Due to the time factor to recruit agency staff an email has been sent to all Fife Council employees asking anyone who is SSSC registered to work extra hours. This is seen as immediate mitigation to address the pressures across homecare.	HSCP	Community Care Services	Sept 21: recruitment challenges / availability of candidates with suitable skills and aptitudes; no contractual obligations for bank / agency staff - can drop shifts at short notice	Recruitment campaign and use of social media to promote opportunities	WB 6/08/21 additional 60 carers starting.							
	Whole System Action Plan	Unscheduled Care	Promote interim care home moves for people waiting on PoC.	A dedicated Home Care Manager and Social Worker in place, working in the discharge hub with patient flow coordinators, to accelerate the pace of placing people into care homes. It is planned to place 3-4 people per week per care home or more if possible. This may be rolled out if successful.	Oct-21	Started 5th July - to be reviewed weekly .	HSCP	Community Care Services	Sept 21: impacts in terms of patient choice. Patient does not return to home due to decline in mental and physical function.	Sept 21: EQIA	35 moves from community hospitals to interim beds to date. Reduce length of stay for patients waiting on a package of care.	"Home First" - 10 actions to transform discharge.						
	Whole System Action Plan	Unscheduled Care	Review current clients who have packages of care and require a renewed assessment.	Review current clients who have packages of care and require a renewed assessment. Plan to increase review of packages of care team to fast track review of current care packages.	July - Dec 21	Internal review commenced week beginning 12/07/21.	HSCP	Community Care Services	Sept 21: requirement for further enhanced packages of care	additional resource being recruited	Data being collated to measure impact.	"Home First" - 10 actions to transform discharge.						
	Whole System Action Plan	Unscheduled Care	Additional coordinating role in social care to ensure transfer of patients from hospitals. Test the trusted assessor model.	Expedite moves to intermediate beds whilst patients are waiting on a package of care. Home care manager and additional SW deployed to acute	Ongoing	SBAR to be submitted and ToC commenced	HSCP	Community Care Services	Sept 21: additional steps in patient journey and dissent regarding an interim care home move	Discussion with families and patients with home care manager supporting person centred decision making	Reduce the length of stay for patients awaiting a package of care		40k					
	Whole System Action Plan	Unscheduled Care	The development of an app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages. This is a longer term solution but we are keen to progress it.	Support decision making to a homely care home setting.	Dec-21	Meeting arranged with e-health colleagues.	HSCP	Community Care Services	Sept 21: assumes all have access to smart phones etc	Sept 21: EQIA	Improved and consistent communication to patients and families to assist with decision making.							
	Whole System Action Plan	Unscheduled Care	Ensure timely access to UCAT and addiction services for patients within the Acute Services Division in crisis's	Agreed timeline for nurse staffing appointments to increase capacity in both services. New SLWG established to scope and develop HUB model of in reach and outreach support linking closely with community supports.	Dec-21	Two addiction staff appointed and model being developed. ANP appointed into UCAT to support existing team. New pathways being agreed for long waits within ED which includes transfer to WBH for further assessment if required.	HSCP	Complex Care Services	Recruitment may pull B6 nurses from internal MH services.	Recruitment of nursing staff through Annex 21 underway . Funding protected. HoN supporting ANP with preparation and delivery of training for Annex 21 nurses								
	Whole System Action Plan	Unscheduled Care	Ensure sufficient and timely availability of social work staff for under 65s to ensure timely assessment and discharge, including where appropriate, to interim placements.	Pathway and priority for assessment for discharge of under 65s established. Service Managers instructed to redirect workforce (excepting ASP activity) as required to assist with current pressures.	Dec-21	Additional resource identified to inflate hospital discharge teams.	HSCP	Complex Care Services	Risk managed by workflow overview of SW extended management team.	Staffing identified. MHO practice guidance being reviewed to ensure least restrictive practice at all points of assessment.	Longer term test of change of inflating H/ Discharge teams to manage all SW discharge activity planned.							
	Whole System Action Plan	Unscheduled Care	Community ANPs will return to General Practice from the COVID Hub and Assessment Centre to support workload.	Increase overall GP Practice capacity including triaging patients to the right place supporting GP resilience.	Jun-21	All ANPs remobilised back to general practice.	HSCP	Primary and Preventative Care Services	Complete	Complete	Support workforce pressures in general practice.							
	Whole System Action Plan	Unscheduled Care	Increase overall GP Practice capacity Improve frailty pathways to avoid acute attendance.	Recruit GP Fellows to work across Hospital at Home and Assessment Rehabilitation Centres (Day Hospitals).	Dec-21	GP fellows appointed, this is permanent funding and will be Fife-wide. The focus will be frailty and work across some of the community teams. GP Fellows will also provide a small amount of GP sessions.	HSCP	Primary and Preventative Care Services	There is a risk that people with frailty do not access the level of support they require.	Frailty pathway and monitoring of GP fellow delivery.	Supporting clinical decision making to reduce admission to hospitals.							
	Whole System Action Plan	Unscheduled Care	Use intelligence to inform better planning in localities to avoid unnecessary admission to hospital	Pull data sources into one platform to triangulate data and use it to inform and target areas that require additional support across Fife	Dec-21	New Action	HSCP	Primary and Preventative Care Services	Risk of continued large volume delays and continued pressure across whole system.	Locality planning review.	Resource will be equitable across Fife							

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Winter Plan-USC

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	At risk - requires action
At risk - requires action	On Track
On Track	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required		Workforce Implication		Financial Implication	
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost	
	Whole System Action Plan	Unscheduled Care	Public Engagement to ensure people are enabled to access the right care at the right time	Regular updates via NHS Fife Public Directory to ensure that Stakeholder are aware of the national drive to redesign urgent care access and the push towards 111 triaging, with a view to providing alternatives to presenting at A&E and ED scheduled appointments as an alternative to self presentation. Messaging can be tailored for increased public awareness of these national changes and what this means in relation to local service provision and access. Any access gaps will be identified with a view to ensuring appropriate pathway/service is in place and available and supporting EQIA to ensure equality across all services users	Mar-22	Patient survey being conducted within ED to gain insight into public behaviour and access to health care services. Weekly localised messages and briefings to support national campaign - including local press and media, NHS Fife social media, website, Oneplan screens and engagement with influencers and partners (including local elected members, GPs) to help reinforce messages. The SG campaign Right Care, Right Place is now under review, and we are awaiting the results of audience feedback to inform the next phase of the national campaign and public engagement messages, that can also then be adapted at a localised level. This is likely to also link in with NHS Scotland winter messages for the public. We have no clear indication of when the next iteration of the revised campaign may commence and when the marketing toolkit and assets will be available, although we do anticipate this by October 2021.	Patient Relations	Patient Relations	Managing Health Care Improvement Scotland's expectations in relation to Board level Public Engagement activity, when this is a national service change with localised delivery plans. Failure to establish clear and consistent public messages as part of national "Right Care, Right Place" campaign to explain need for this service change, what "new" will look like, timescales and ask of the public on how they can access urgent care moving forward and the community based alternatives to doing so - while reinforcing the need to still use 999 for the most urgent and life threatening cases. Avoiding confusion around NHS24, 111 and 999 services.	Work with HIS to clearly define the localised public engagement ask and activity to support Urgent Care Redesign through meaningful engagement with services users, stakeholders and partners. Continue to develop a range of local messages and marketing campaign assets that can easily be updated / evolved to incorporate/ complement national material when this becomes available.		EQIA deliverables and actions, Winter Communications Plan, Internal Communications Plan and Urgent Care Communications Plan and supporting communications channels	Maintain existing Corporate Communications staffing levels - retaining the fixed term Internal Communications Officer post (Band 5) and the Public Health Communications Officer (Band 5) beyond 31st March 2022.		Funding to be established to support localised Urgent Care Redesign Communications Campaign as a percentage of additional government funding, to extend campaign reach and support targeted / localised communications.			
	Whole System Action Plan	Unscheduled Care	Pharmacy support to safely manage discharge and transfer medications within the SUMPP parameters	People are discharged safely 7 days a week with	N/A	Pharmacy currently operating 7 day services within previously agreed parameters. Pharmacy have supported the Acute Services Division Rapid Improvement Programme to facilitate discharge - this requires whole system input and utilisation of criteria led discharge. Additional funding agreed for Pharmacy to support discharge planning (note, not supply of medicines) across 7 days, post agreed without pharmacy and discussion to be progressed with regard to this - current weekend supply service not being fully utilised within previously agreed parameters	Pharmacy	Pharmacy	current weekend supply service not being fully utilised within previously agreed parameters	Additional funding agreed for Pharmacy to support discharge planning (note, not supply of medicines) across 7 days.								
	Whole System Action Plan	Unscheduled Care	Public facing information - Public messaging on right place right care, and how / when to access ED distributed through a wide range of established communications platforms including: NHS Fife Website, NHS Fife Social Media Channels, Local Press and Media, Partner organisation communications channels – these will be issued on a regular basis to reflect demand on ED, urgent and primary care services.	Public are informed of wide range of care options available to them, including: NHS Inform - advice and information, minor injuries, self-care, primary care services as an alternative to presenting to ED which should be reserved for life threatening cases. Communications will also be used to manage public expectations on waiting times and to support the national campaign messages associated with "Right care, Right Place" with NHS 111 and NHS24 Care delivered appropriately and safely based on clinical need.	Mar-22	Unscheduled care communications activity is happening on a weekly basis using a range of communications tools and channels. This includes the use of social media news and updates with targeted messages at peak times to manage public expectations and provide alternatives to presenting at ED, local press and media releases, Oneplan information screen network, regular updates on NHS Fife website and online resource and support hub providing link to NHS Inform and other external resources, video testimonials from ED staff to encourage the public to use NHS 24 111 or other primary care settings - rather than defaulting to A&E and using NHS Scotland / SG Marketing tool kits to ensure NHS Fife local messages are consistent with national messages and scheduling - for example "Right Care, Right Place" This work is on-going and will continue as and when required to support ED. From October to March we will also look to incorporate winter messages around the public being prepared and how they can self-care for minor ailments.	Corporate Communications	Comms	Failure of SG to provide national marketing assets and campaign material in a timely and responsive manner to support local activity and ensure continuity of messages and call to action. Awaiting guidance on next phase of "Right Care, Right Place" campaign.	Continue to develop a range of local messages and marketing campaign assets that can easily be updated / evolved to incorporate/ complement national material when this becomes available.		Winter Communications Plan, Internal Communications Plan and Urgent Care Communications Plan and supporting communications channels	Maintain existing Corporate Communications staffing levels - retaining the fixed term Internal Communications Officer post (Band 5) and the Public Health Communications Officer (Band 5) beyond 31st March 2022.		Funding to be established to support Winter Communications Campaign as a percentage of additional government funding, to extend campaign reach and support targeted / localised communications.			
	Winter Plan	Winter Preparedness	Winter elective plan to minimise the impact on elective activity as far as possible.		Nov-21	Elective activity continues to be maximised on VHk and QMH, supported by weekend waiting list initiatives	Acute Services	Planned Care	Staffing challenges within our SSSU ward. Reduction of green footprint within VHk due to COVID pressures. Theatre challenges with ODP vacancies. P4 patients temporarily suspended from 13 Sept 21	Weekly clinical prioritisation and appropriate allocation of elective lists. Daily elective bed huddle to accommodate all planned admissions. Review of enhanced payment rates for ODPs.	Elective plan that maintains elective activity throughout the Winter period.							
	Winter Plan	Winter Preparedness	Prevent unnecessary admission into acute hospital	<ul style="list-style-type: none"> Improve speciality in reach into ED. Improve access to Primary Care to specialist advice and referrals, utilising the Flow and Navigation Centre (FNC) and e-health solutions Embed the medical admissions pathway via the FNC 24/7 and consider surgical pathways also coming via FNC. Consider Scottish Ambulance Service referrals to MIU and direct to specialities. Improve use of radiology rapid access outpatient appointments to avoid admission. 	Dec-21	Phase 2 of RUC commenced in July 2021, with revised delivery structure, focusing on: Access; Pathways; Mental Health; And accommodation. Early focus of phase 2 has been on managing acute admissions via FNC, which commenced on 12th July, with 24/7 medical admission to be in place by October 2021. Early focus of Phase 2 has been on facilitating medical admissions pathway via FNC. Phase 1 went live on 12th July, with medical admissions managed via FNC between 8am and 1pm. 24% redirected away from A&J, with 14% not admitted to VHk. Key areas for improvement discussed regularly, with processes amended to support improved pathways. Phase 1 review of pathways complete to enable NHS Fife acceptance of NHS24 (111) calls for local navigation. Programme workstreams reviewed and refocused for Phase 2 RUC ask from Scottish Government. Workstream leads agreed and Fife nominations to 5 national workstreams submitted and national workstreams have commenced. Along with the development of national messaging from RUC Programme, a working group is currently developing a patient experience plan to build on the learning from recent ED and FNH led surveys. All delivery groups have representation from all relevant stakeholders.	Acute Services /HSCP	Acute Services/ Primary & Preventative Care Services	There is a risk that some specialist pathways (including access for SAS) are not in place for Winter, resulting in patients still presenting through front door of VHk in particular in relation to access to specialist prof to prof support in hours and prof to prof support for SAS 24/7	All delivery groups are working at pace to delivery all key deliverables, in particular in relation to access to specialist prof to prof support in hours and prof to prof support for SAS 24/7	Delivery through Acute Delivery through RUC	RUC Programme						
	Winter Plan	Winter Preparedness	Improved communication across key stakeholder groups.	Improved communication across key stakeholder groups e.g. Primary Care, Intermediate Care and the Public.	Mar-22	New	Acute Services /HSCP	Acute Services /Community Care Services	Sept 21: Information overload / duplicate information from various sources	Sept 21: ensure continuity in information, short sharp, to the point messages via control room structure	Reduced Attendances							
Out of Hours																		
	Whole System Action Plan	Unscheduled Care	NHS 24 4 hour pathways for minor illness triaged via FNH from 13/5/21	Liaise with NHS 24 to make sure the correct patients are coming via the 4 hour and 1 hour minors pathways correctly	May-21	Several meetings took place with NHS 24, with agreement on pathways and bespoke training provided to NHS 24 to improve triage.	Acute Services /HSCP	Emergency Care /Primary & Preventative Care Services	Complete	Complete	Increased redirection and use of Minor Injury Units (MIU's)	RUC Programme						
	Whole System Action Plan	Unscheduled Care	Urgent Care Services and ED have revisited the OOH redirection policy and reviewed pathways between ED and OOH	Ensure all teams work collaboratively to ensure effective triage of referrals to ED Redirection of patients to OOH where appropriate	May-21	Early focus of Phase 2 has been on facilitating medical admissions pathway via FNC.	Acute Services /HSCP	Emergency Care /Primary & Preventative Care Services	Complete	Complete	Less in appropriate patient presentations to ED from OOH							
	RMP3	Unscheduled Care	Continue delivery of a safe and effective flow Centre in Fife that will receive clinical referrals from NHS 24 and progress to referrals from other areas e.g. GPs, Community Pharmacy, Paediatrics etc.	<ul style="list-style-type: none"> Improving access to clinical services, between clinical professionals Develop ANP team within FNC to triage referrals to Acute Sector, navigating referrals to the right care, at the right time and in the right place Continue to work with all Acute specialities to improve pathways and reduce acute admissions 	Mar-23	Phase 2 of RUC commenced in July 2021, with revised delivery structure, focusing on: Access; Pathways; Mental Health; And accommodation. Early focus of phase 2 has been on managing acute admissions via FNC, which commenced on 12th July, with 24/7 medical admission to be in place by October 2021. A separate working stream in place to review Paeds pathways, including SAS referrals. Early focus will be on respiratory (including COVID-19) referrals.	HSCP	Primary and Preventative Care Services	1)No capacity within alternative to acute pathways, resulting in continued acute presentation; 2)Timeframe to recruit and train ANP workforce to provide a sustainable FNC function 24/7	1)Capture regular data and feedback through appropriate forums in terms capacity; 2) create rotational ANP post to rotate between multiple areas to make more attractive and integrate within wider USCF ANP team.		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
	RMP3	Unscheduled Care	Establish scheduling process where appropriate	<ul style="list-style-type: none"> Identify where Scheduling can take place directly from FNC Identify where scheduling can be managed locally by specialities 	Apr-22	Development work continues and will evolve as Phase 2 requirements are further scoped, including the introduction of text notifications to patients. Work is ongoing to develop direct scheduling of patients from FNH in preventing acute medical admissions, including hot clinics.	HSCP	Primary and Preventative Care Services	There is a risk that the unscheduled demand continues to be high, resulting in pressure on ability to meet the scheduled demand	Demand is constantly being monitored, with a continued focus increasing the proportion of scheduled patients		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
	RMP3	Unscheduled Care	Review and redefine urgent care pathways.	<ul style="list-style-type: none"> Linking in with National Workstreams, with representation on all groups Workstream dedicated to pathway development Focused work with every clinical team to map pathways, including interfaces across specialities Primary/secondary care Compile all up to date pathways in single place, accessed via a single point (virtually and via FNC) 	Apr-22	Phase 1 review of pathways complete to enable NHS Fife acceptance of NHS24 (111) calls for local navigation. Programme workstreams reviewed and refocused for Phase 2 RUC ask from Scottish Government. Workstream leads agreed and Fife nominations to 5 national workstreams submitted.	HSCP	Primary and Preventative Care Services	There is a risk that Fife's RUC delivery structure does not compliment national model	Make sure 5 national workstreams have a clear forum to update and action via Fife delivery structure.		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
	RMP3	Unscheduled Care	Identify and establish resources to support new pathways.	<ul style="list-style-type: none"> Evaluate current staffing model, agreed at end of Phase 1 Identify additional resource required to test new pathways - including mental health and social care 	Apr-22	Core Staffing model for 21/22 agreed July 21. The model will evolve as further tests of change take place to evaluate new models and pathways. The FNC are in process of recruiting 6 ANPs who will rotate around FNC, Acute Medical admissions unit and Urgent Care Services (OOH).	HSCP	Primary and Preventative Care Services	If decisions are not taken quickly to recruit staff to test change ideas, it may be difficult to test with 21/22 funding.	make sure all change ideas with a resource implication are agreed promptly		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
	RMP3	Unscheduled Care	Further develop communication and stakeholder engagement strategy	Along with the development of national messaging from RUC Programme, a working group is currently developing a patient experience plan to build on the learning from recent ED and FNH led surveys. All delivery groups have representation from all relevant stakeholders.	Apr-22	Along with the development of national messaging from RUC Programme, a working group is currently developing a patient experience plan to build on the learning from recent ED and FNH led surveys. All delivery groups have representation from all relevant stakeholders.	HSCP	Primary and Preventative Care Services	There is a risk the national communication is not well received by the public, resulting in a large number of continued self presenters.	Assess impact of national and local comms and make sure comms is clear and patient centred		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
	RMP3	Unscheduled Care	Establish scheduling process where appropriate	<ul style="list-style-type: none"> Identify where Scheduling can take place directly from FNC Identify where scheduling can be managed locally by specialities 	Apr-22	Development work continues and will evolve as Phase 2 requirements are further scoped, including the introduction of text notifications to patients. Work is ongoing to develop direct scheduling of patients from FNH in preventing acute medical admissions, including hot clinics.	HSCP	Primary and Preventative Care Services	There is a risk that the unscheduled demand continues to be high, resulting in pressure on ability to meet the scheduled demand	Demand is constantly being monitored, with a continued focus increasing the proportion of scheduled patients		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Winter Plan-USC

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication	
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
	RMP3	Unscheduled Care	Optimise digital healthcare where possible.	A scoping exercise has been carried out as part of the RUC programme to identify digital ambition. Alignment to existing commitments for Digital Delivery will be assessed. Gaps in requirements will be subject to prioritisation/funding allocations.	Assessment - Sept 21 Delivery Plan - Oct 21 Business Case - TBC	<ul style="list-style-type: none"> Clinical Messaging Service Refhelp Development ERostering Solution Adastra/ Trak Integration Solution Digital Delivery of Appointment Scheduling Scope any other digital requirements as part of Phase 2 of RUC Digital will be taking forward all of the above areas, as the project is digital and will collaborate across all pathways of the RUC programme.	HSCP	Digital	Reliance on National Programme Delivery Funding not identified for all requirements Constrained resources for delivery	Continue to influence national programmes Requirements outlined via SPRA Process Alignment to Digital Strategy Delivery required Ranking a requirement	A project delivery plan will detail the scope and timescale for delivery	RMP4 Corporate Objectives CISD Workplan Digital & Information Strategy	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC
COVID-19, RSV, Flu etc																	
	Paediatric Respiratory Plan	Unscheduled Care	An urgent need for Paediatric escalation planning which cannot wait until Autumn/Winter.	Paediatric capacity escalation plan updated to include wider respiratory challenges alongside Covid19 pathways. Further work required with primary care regarding "Red Pathway" referrals	Sep-21	New	Acute Services	Women, Children & Clinical Service's	Lack of capacity	Escalation plan	Paediatric planning under way, with respiratory surge expected before winter. Capacity escalator and Covid pathways updated to reflect anticipated non-Covid respiratory surge.						
	Paediatric Respiratory Plan	Unscheduled Care	Review of red pathway into acute paediatrics that ensures that all referrals have been assessed by another health care professional (GP, ED, Unscheduled Care) which will filter out the patients currently being seen with mild symptoms.	Update of agreed COVID-19 primary-secondary care pathway with communication to primary care that expectation is that paediatric patients with mild or moderate respiratory symptoms or signs are seen and assessed in primary care FTF in-hours prior to consideration of referral to acute services. Review of process for SAS calls direct to paediatrics, to include SAS, primary care, OOH unscheduled care service, ED in this review. Urgent discussion with infection control regarding current recommendations for patient flow in ED to consider a more pragmatic approach that will allow assessment of paediatric red patients in the ED department.	Sep-21		Acute Services	Women, Children & Clinical Service's	Children attending without prior GP assessment	Nil	Unscheduled Red pathways into acute paediatrics still require reviewed and strengthened						
	Paediatric Respiratory Plan	Unscheduled Care	Children's ward configuration/patient flow	Escalation of plans for POCT on the children's ward and in the interim to have plans in place for prioritisation of paediatric specimens in the laboratory. Discussion with microbiology re expanding the ability to conduct extended respiratory panels so that there is clarity re community prevalence of specific viruses and, until POCT is in place, so that cohorting of patients can take place. Revision of acute paediatric escalation plans for winter 2020-21 that includes: - Ward Capacity escalation plans - Staffing (medical and nursing, with acknowledgement that the nurse staffing establishment has recently been enhanced) escalation plans Involvement of anaesthetic colleagues in planning for more paediatric patients in adult ITU.	Nov-21	POCT request has received approval - now at procurement stage. paediatric respiratory panel now available (via labs) where clinically possible only within current nursing and medical establishments indicated	Acute Services	Women, Children & Clinical Service's	Lack of capacity due to inability to cohort	Capacity escalation plan	Red pathway and patient flow reviewed. Request for POCT has been escalated and agreed, equipment ordering in progress. Limitations remain on number of full respiratory panels that can be requested. Capacity and staffing escalation plans updated.						
	Paediatric Respiratory Plan	Unscheduled Care	Increase in HDU/ITU Paediatric Demand	Assessment of how capacity for paediatric HDU can be maximised if required. Scope ability to access additional HDU equipment for provision of respiratory support/ IV fluids e.g. from neonatal unit.	Sep-21	Local scoping work complete Request (via Regional Planning Group) for 2 additional High-Flow Oxygen therapy units (national procurement project)	Acute Services	Women, Children & Clinical Service's	Lack of HDU capacity	Co-operation with local adult service. Remote (telephone) support from PICU transfer team.							
	Paediatric Respiratory Plan	Unscheduled Care	Protecting the most vulnerable babies	Commence palivizumab clinics ASAP and for each baby to receive up to 7 doses.	N/A	Complete	Acute Services	Women, Children & Clinical Service's	Complete	Complete	Clinics started in August 2021 as per Scottish Govt recommendations						
	RMP3	Winter Preparedness	Delivery of the adult seasonal influenza vaccination programme.	Delivery modelling is going ahead based on current planning assumptions and JCVI guidance. There is currently uncertainty around delivering a coupled Flu and Covid booster vaccination programme or decoupled one. This has significant planning implications	Dec-21	Programme is being delivered in line with Government direction. All eligible Fife residents have been offered an appointment, and the focus now is largely on encouraging uptake via more flexible clinic approaches, while continuing with second doses. The governance transitions to HSCP leaders from 28 July, and a new Flu Vaccination COVID Vaccination (FVCV) programme structure will take forward the remainder of COVID vaccinations and planning/ delivery of the winter programme incorporating flu vaccination and COVID boosters, in line with Scottish Government direction.	HSCP	Primary and Preventative Care Services	There is a risk that the National Scheduling tool (NVSS) will not be configured to match the appointment scheduling and monitoring requirements for FVCV. This includes the risk of the following: the scheduling tool may not be released in time for commencing health and social care worker vaccinations within the agreed timescale, data quality issues from self-registration data for appointments from NVSS. There is a risk the programme's infrastructure will not be sufficient to deliver the FVCV programme. Dedicated leadership roles and robust governance processes are currently being integrated into the programme; however, these are not yet fully in place	Monitoring national guidance closely Risks being managed inline with agreed governance arrangements. Programme Board convened and now meeting weekly to support timely and responsive decision making.	High quality, safe sustainable immunisation services for the population of Fife.	Complex to detail until full delivery plan known. Column R details full combined anticipated costs.	Please see column R	Based on this specific request for progress report April to September 2021, the costs stated include Covid delivery plan month 1 to 6 combined with anticipated seasonal flu costs. Complex to detail until full delivery plan known. Column R details full combined anticipated costs.	Please see column R	circa. £17.9 million This is a projected cost which is difficult to quantify. These monies are projected spend for seasonal flu programme and covid 19 programme tranche 1 and 2. Childhood flu immunisation programme also included important to note that it is administered out of fully funded budgets on an annual basis.	
	RMP3	Winter Preparedness	Delivery of the Covid-19 Vaccination Programme.	As of 30/08/21 1. 524k doses administered in Fife, 247k completed courses 2. 3179 1st doses administered to 16-17-year-olds, 320 have received completed course 3. 276 1st doses administered to 12-15-year-olds. The cohort size of those who are at risk is 253 however the overall cohort size is larger and currently unknown as this will include household contacts of the at-risk group who can self-register 4. Outreach and Pop-Up activity has continued with various levels of success across locations Key Planning Assumptions/National Guidance Updates: 1. Awaiting JCVI guidance and expected 13th September 2. Current planning for cohorts within stage 1 is based on assumptions received from SG which is subject to change 3. JCVI are currently reviewing the CEV definition for the 12-15-year-old cohort	Dec-21	Programme is being delivered in line with Government direction. All eligible Fife residents have been offered an appointment, and the focus now is largely on encouraging uptake via more flexible clinic approaches, while continuing with second doses. The governance transitions to HSCP leaders from 28 July, and a new Flu Vaccination COVID Vaccination (FVCV) programme structure will take forward the remainder of COVID vaccinations and planning/ delivery of the winter programme incorporating flu vaccination and COVID boosters, in line with Scottish Government direction.	HSCP	Primary and Preventative Care Services	There is a risk that the National Scheduling tool (NVSS) will not be configured to match the appointment scheduling and monitoring requirements for FVCV. This includes the risk of the following: the scheduling tool may not be released in time for commencing health and social care worker vaccinations within the agreed timescale, data quality issues from self-registration data for appointments from NVSS. There is a risk the programme's infrastructure will not be sufficient to deliver the FVCV programme. Dedicated leadership roles and robust governance processes are currently being integrated into the programme; however, these are not yet fully in place	Monitoring national guidance closely Risks being managed inline with agreed governance arrangements. Programme Board convened and now meeting weekly to support timely and responsive decision making.	High quality, safe sustainable immunisation services for the population of Fife.	Complex to detail until full delivery plan known. Column R details full combined anticipated costs.	Please see column R	Based on this specific request for progress report April to September 2021, the costs stated include Covid delivery plan month 1 to 6 combined with anticipated seasonal flu costs. Complex to detail until full delivery plan known. Column R details full combined anticipated costs.	Please see column R	circa. £17.9 million This is a projected cost which is difficult to quantify. These monies are projected spend for seasonal flu programme and covid 19 programme tranche 1 and 2. Childhood flu immunisation programme also included important to note that it is administered out of fully funded budgets on an annual basis.	

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Winter Plan-USC

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	
At risk - requires action	
On Track	
Complete/ Target met	

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
On Track	Winter Plan	Pandemic Response	Vaccination programme delivery for flu and COVID-19 - early planning and integration of both programmes	As part of the vaccine programme action plan.	Feb-22	<p>Planning at advanced stage in line with planning assumptions agreed at National Programme Board for Tranche 2, Stage 1 cohorts.</p> <p>JVC guidance anticipated 14/09/2021 and date for launch of Tranche 2, Stage 1 commences week beginning 24/09/2021.</p> <p>Childhood Flu vaccinations commenced 06/09/2021.</p>	HSCP	Primary and Preventative Care Services	<p>There is a risk that the National Scheduling tool (NVSS) will not be configured to match the appointment scheduling and monitoring requirements for FVCV. This includes the risk of the following: the scheduling tool may not be released in time for commencing health and social care worker vaccinations within the agreed timescale, data quality issues from self-registration data for appointments from NVSS. There is a risk the programme's infrastructure will not be sufficient to deliver the FVCV programme. Dedicated leadership roles and robust governance processes are currently being integrated into the programme; however, these are not yet fully in place.</p> <p>There is a risk that the current projected costings for Covid/Flu M7-M12 inclusive of all Immunisation Teams costs and expanded seasonal flu programme have not been approved as no confirmation as yet from SG following submission of LMP.</p>	<p>Monitoring national guidance closely.</p> <p>Risks being managed inline with agreed governance arrangements.</p> <p>Programme Board convened and now meeting weekly to support timely and responsive decision making.</p>	High quality, safe sustainable immunisation services for the population of Fife.		<p>Complex to detail until full delivery plan known.</p> <p>Column R details full combined anticipated costs.</p>	Please see column R	<p>Based on this specific request for progress report April to September 2021, the costs stated include Covid delivery plan month 1 to 6 combined with anticipated seasonal flu costs.</p> <p>Complex to detail until full delivery plan known.</p> <p>Column R details full combined anticipated costs.</p>	Please see column R	<p>circa. £17.9 million This is a projected cost which is difficult to quantify. These monies are projected spend for seasonal flu programme and covid 19 programme tranche 1 and 2.</p> <p>Childhood flu immunisation programme also included important to note that it is administered out of fully funded budgets on an annual basis.</p>

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Cancer Performance & Early Diag

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost	
On Track	RMP3	Cancer Performance & Early Diagnosis	Continue implementation of 'Framework for Recovery of Cancer Surgery' and 'National Approach to Clinical Prioritisation'.	Surgical prioritisation protocols continue to be used within NHS Fife. Cancer surgery remains a priority and is protected. Weekly reports are collated for the local Theatre Prioritisation Group and regional SCAN reporting. SCAN no longer holds monthly meetings. Compliance with allocation of priority levels has improved across specialties. Robotic surgery has been introduced in NHS Fife and training underway. CWT funding has been secured for additional theatre lists for gynaecology.	Sep-21	Surgical prioritisation protocols continue to be used within NHS Fife. Weekly reports are collated for the local Theatre Prioritisation Group and regional SCAN reporting. No patients are booked over 4 weeks.	Medical	Clinical Governance	Staffing challenges Increase in admissions due to COVID impacting on theatre/SHDU	Routine elective surgery stepped down. Cancer surgery and emergency work prioritised. Processes in place for effective escalation of patients waiting for surgery through weekly PTL meetings	Effective use of surgical priority levels Weekly updates provided locally and regionally Patients continue to be prioritised according to local MDT recommendations Processes in place to manage 'green' surgical lists and 'amber/red' emergency admissions Processes in place for mutual aid requests. Any backlog managed through the Weekly PTL meetings Scottish Government funding to support introduction of robotic surgery and management of cancer waiting times in place	Recovery and Redesign: An Action Plan for Cancer Services. December 2020 (Action 34)			8 x theatre sessions to support endometrial surgery whilst robotic training undertaken	Revenue	£45,600 (funding agreed)	
On Track	RMP3	Cancer Performance & Early Diagnosis	Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services. December 2020	A 'current state' against 68 key actions outlined in recovery plan has been carried out. Prioritised bids have been submitted against improvement areas. Collation epidemiology pack of cancer data for NHS Fife by Public Health undertaken The NHS Fife Cancer Framework launched by Executive Sponsor A series of engagement sessions have been held with a wide range of key stakeholders (staff and patients) to identify priorities	Dec-21	Collation of feedback underway Workshop organised to identify principles and priorities from engagement sessions Completion of Framework further to outputs from Workshop Development of Delivery Plan for 2022-2023 - this will include CWT improvement, ECDC and Prehabilitation, early diagnosis and reduction in health inequalities	Medical	Clinical Governance	Challenges due to COVID may impact on completion of the Framework Risk assessment to be carried out of priorities to identify risks to delivery of Framework	Cancer continues to be a priority and engagements is largely complete and Framework is in a position to be drafted without delay	Prioritised delivery plan and a shared understanding of collective vision for cancer services.	Recovery and Redesign: An Action Plan for Cancer Services. December 2020						
Proposal	RMP4	Cancer Performance & Early Diagnosis	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Framework awaited	TBC	New	Medical	Clinical Governance	Challenges due to COVID may impact on delivery of Framework	Cancer continues to be a priority and engagements is largely complete and Framework is in a position to be drafted without delay		Recovery and Redesign: An Action Plan for Cancer Services. December 2021 (Action 20)						
On Track	RMP4	Cancer Performance & Early Diagnosis	Targeted improvements designed to maintain the 31-day standard and achieve the 62-day standard on a sustainable basis	£681,000 allocated to improve CWT performance Bids put forward by services	Mar-22	Update against supported funding carried out. Monitoring ongoing	Medical	Clinical Governance	Inability to recruit to posts	Non recurring funding allocated however NHS Fife has agreed to support posts substantively to ensure can be filled and services sustained		Recovery and Redesign: An Action Plan for Cancer Services. December 2021 (Action 20 & 21)			£681,000	Revenue	£681,000	

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Planned Care_Elec

Key for Status:

Proposal	New Proposal/no funding yet agreed
At risk - requires action	Unlikely to complete on time/meet target
On Track	At risk - requires action
Complete/ Target met	On Track

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required		Workforce Implication		Financial Implication	
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost	
Waiting Times and associated improvements																		
Completed	RMP3	Planned Care Electives and Diagnostics	Secure additional Waiting Times funding to increase capacity and enable waiting list reduction.	All specialties are prioritising theatres and out-patient activity. If slippage is identified there is an opportunity to bid against this to make a meaningful contribution to waiting times reductions	Mar-22	NHS Fife's Waiting Times funding bids were submitted alongside RMP3. SG's Access Support Team have confirmed funding of £5.4m (plus £1.6m carry from prior year) whilst the new administration determine funding priorities. A reduced bid was requested from SG, which was provided on 10/06/21 for £4.31m. This would enable delivery of additional activity that would take activity levels beyond 100% of pre-COVID activity by end of March 2022. Feedback on the revised bid is still awaited.	Acute Services	Planned Care	Availability of green beds, staffing issues due to COVID	Maintain green elective activity at QMH, continue with weekend theatres whilst green beds are available to the specialties, utilise SSSU at weekend								
On Track	RMP4	Planned Care Electives and Diagnostics	T&O to achieve 100% of pre covid activity with progression to 110% by March 2022 in line with national commitment.	Use of WT funding to increase Theatre capacity ty. Full implementation of ACRT / PIR. 4 joint days protection of orthopaedic safe inpatient beds throughout the year.	Mar-22	Increased Theatre productivity 4 joint days in place. Protected orthopaedic inpatient bed base.	Acute Services	Planned Care	Risk of orthopaedic capacity being diminished due to COVID	Daily discussions								
On Track	RMP3	Planned Care Electives and Diagnostics	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services.	Progress within a small number of planned care specialties	Dec-21	Currently active in 2 areas with success being realised. Work required to cascade this wider however this had been limited due to resources. This work will be reinigorated and discussions with services will proceed to agree the next services for rollout.	Acute Services	Planned Care	Other clinical priorities associated with service delivery and COVID	Plan to focus on an incremental increase and target specialties								
Completed	RMP3	Planned Care Electives and Diagnostics	Introduce PIR (Patient Initiated Review) within Medical Paediatrics.	PIR provided as an alternative outcome	Completed	Consultants still to discuss feasibility. Telephone line is available for use.	Acute services	Women, Children & Clinical Service's	N/A	N/A								
New Elective Developments																		
Completed	RMP3	Planned Care Electives and Diagnostics	Introduction of Robotic Assisted Surgery to improve clinical outcomes.	Service commenced as planned on 30th August 21 - 17 cases successfully completed to date	Sep-21	Surgical Robot now in place within Phase 3 Theatres. Training programme commenced for surgical teams.	Acute Services	Planned Care	Sterilisation of RAS instruments, availability of proctors to maintain training	SLAs for sterilisation with third party supplier, weekly implementation team, close working relationship with Intuitive								
On Track	RMP4	Planned Care Electives and Diagnostics	Deliver the Fife Elective Orthopaedic Centre Project (FEOC)	<ul style="list-style-type: none"> Complete the construction stage. Complete the commissioning process. Move to operational stage. 	Oct. 22	New	Acute Services	Planned Care	COVID-19 BREXIT	Early procurement Enhanced site welfare	Benefits as set out in Full Business Case	National Elective Treatment Centre Programme	FBC	FBC	FBC	Capital	£33m	
Workforce																		
Completed	RMP3	Planned Care Electives and Diagnostics	Continue to increase the number of Nurse Endoscopist posts which is one of the priorities to creating a future sustainable workforce.	Service is now fully staffed and training remains ongoing at this time. Nursing team have introduced Cytosponge and Fibroscanning	Sep-21	All training posts appointed to as per the waiting list funding. However three of the team are pregnant and will commence maternity leave during 21/22.	Acute Services	Planned Care	Reduced service due to maternity leave. Deployment of staff due to COVID pressures	Plan to maintain a reduced Nurse Endoscopist sessions for clinical priority patients requiring scopes. Plan to support training opportunities for the trainees								
At risk - requires action	RMP3	Planned Care Electives and Diagnostics	Exploring Locum Consultant recruitment options.	Directorate advert to be placed in BMJ. Discussions ongoing with consultant team	Dec-21	No applicants for 2 substantive posts at advert. No suitable locums identified to date but efforts ongoing. Situation deteriorated due to resignation of a further consultant; review of duties underway and consideration being given to sharing trainee posts with NHS Lothian. The possibility of recruiting a Clinical Scientist is also being considered	Acute Services	Women, Children & Clinical Service's	Unable to recruit consultants	Endeavour to recruit locum to provide weekend cover								
Service Planning																		
Completed	RMP3	Planned Care Electives and Diagnostics	Remobilisation of Elective pathway in a phased manner with the need to maintain adequate red and amber capacity.	Elective pathway has been maintained to date on both elective sites	Sep-21	Incremental increase to elective activity being considered through Scheduled Care Group and put forward to Acute SLT for sign off prior to increase. Elective Theatres now up to full capacity at VHK and QMH within current COVID Infection Control guidance. Any further increase to theatre throughput is contingent on adjustment to COVID restrictions later in the year.	Acute Services	Planned Care	Staffing vacancies, COVID risks, reduction in green bed capacity on VHK site	Daily meeting to plan admissions for the following day on VHK site, optimise SSSU and DSU								
On Track	RMP3	Planned Care Electives and Diagnostics	Re-introduction of diagnostic routine activity.	Clinical prioritisation of Urgent and USOC, all other capacity utilised to manage routine backlog of CT MR and US	Target <6 weeks for OP CT MR & US	Routine CT/MR/US activity was re-started in March - all patients managed on the waiting list with a focus on clinical prioritisation. Waits for routine examinations are 11 weeks CT , 12 weeks US and 6 weeks MR. The demand for CT and US is currently more than the activity we can deliver due to pressures in unscheduled care and the requirement for us to flex the OP service to accommodate acutely unwell patients and support hospital flow. Capacity is further reduced due to radiographer and sonographer vacancy and high sickness absence, both covid and non covid related.	Acute Services	Women, Children & Clinical Service's	Vacancy across radiology workforce. Sickness absence rates Covid cases numbers rising	Locum use to maximise capacity								
Paediatrics																		
Completed	RMP3	Planned Care Electives and Diagnostics	Review the model of collection for issuing repeat prescriptions for patients on ADHD/sleep medication.	Complete	N/A	Continued use of FVA to pick up prescriptions and take to designated Pharmacies. This helps to reduce footfall into healthcare premises. Enquiries being made as to whether NHS Fife Volunteering service could help in the future	Acute Services	Women, Children & Clinical Service's	Complete	Complete								
At risk - requires action	RMP3	Planned Care Electives and Diagnostics	Develop and implement plan to deliver all sleep studies in Community setting.	Clinical team have reviewed the service and prioritise studies for home delivery, contacting families to arrange collection and drop off of equipment.	Mar-22	Limited service to be implemented from June 2021 (based from Paediatric Ambulatory care). No capacity identified within Community based services to meet this demand.	Acute services	Women, Children & Clinical Service's	Increased waiting time for sleep studies.	Urgent studies are carried out as required	Sleep studies delivered in the child's home to produce the best and most accurate outcome.	Care closer to home	1 wte B3					
On Track	RMP3	Planned Care Electives and Diagnostics	Deliver a biometric clinic to identify effectiveness through a test of change with support from Community Paediatric Nursing Service.	1 HCSW in place and a further 0.7wte recruited to cover East Fife.	Oct-21	Service working well with good feedback from patients and parents. A further 0.7 wte HCSW has been recruited just awaiting star date.	Acute services	Women, Children & Clinical Service's	Speed of recruitment process	Contact with successful candidate to ensure still interested in the post								
Completed	RMP3	Planned Care Electives and Diagnostics	Introduction of home spirometry.	Edinburgh Physiologist helps the children perform home spirometry	Complete	Implemented for Cystic Fibrosis patients only (funded and supported by NHS Lothian as part of CF regional shared care agreement).	Acute services	Women, Children & Clinical Service's	Staff availability to support where issues arise	Patients prioritised	Home spirometry has allowed remote reviews reducing the number of face to face appointments required	Care closer to home and self management of condition with minimal support	Nil	Nil				
On Track	RMP3	Planned Care Electives and Diagnostics	Developmental assessments for Global Developmental Delay to be re-established.	Clinical staff have reviewed their developmental assessment lists and prioritised the assessments	Jan-22	Assessments are being booked into face to face clinics as a priority	Acute Services	Women, Children & Clinical Service's	Availability of clinic space particularly at QMH	Liaison with OP CN for Carnegie Unit and other locations								
Digital																		
On Track	RMP3	Planned Care Electives and Diagnostics	Near Me Phase 2 - Further develop communication and stakeholder engagement strategy	Await confirmation of funding SG	Oct-21	Discussions ongoing in relation to Business Case for Phase 2 and approach to establish the most effective areas for Near Me rooms in the community (Community Hubs), discussions ongoing with H&SCP regarding this also. Acute statistics shared with CD 18/06 and request to meet to agree best way forward to increase uptake within Acute.	Medical	Digital	Availability of resource/ funding to support	Funding sought to progress		Digital Strategy 2019-2024 Remobilisation Plans						
At risk - requires action	RMP3	Planned Care Electives and Diagnostics	Patient Self-Booking - Support Patient Self-Booking across acute and community services. Linked to the Digital Hub is also the emerging capability for pathways to be enhanced by Remote Health Pathways, with COVID discharge and Pre-operative Assessment being identified as high impact areas for consideration.	Delay in supplier ability to integrate Await funding to support continued integration of platform	Oct-21	Business Analyst has been investigating the most appropriate system for enhanced pathways in relation to Digital Patient Services. Interface development across systems challenging. Other platforms under consideration	Medical	Digital	Availability of resource/ funding to support	Funding sought to progress		Digital Strategy 2019-2024 Remobilisation Plans						

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Planned Care_Elec

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
Sept 21 Status	RMP3	Planned Care Electives and Diagnostics	Digital Pathology - Support creation of a business case, which if approved will lead to the introduction of digital pathology to support a more resilient and sustainable service by improving efficiency, patient safety and delivering value for money.	Submission of outline business case to D&I board and EDG for approval. If approval granted contract to be signed before end of framework agreement	Oct-21	Business Case has been approved by EDG (Sep 21)	Acute Services	Women, Children & Clinical Service's	Ability to recruit D&I staff to support project	Implementation plan to be worked up as per business case.	Call off contract with Phillips signed by Director of Finance						

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Public Health

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
Addressing Inequalities																	
	RMP3	Addressing Inequalities	Improve the health of the Black and Minority Ethnic Community.	Contact has been made with Public Health Scotland to start discussion which will help us to create a base line knowledge of what systems of data collection they ask for from NHS Fife, and what they do with this data. We have also asked what PHS do to share and present any data, and what improvements they are making which will support NHS Fife with improvements in local data collection and knowledge. The national leads network are also aware and may also progress this work via a separate sub group. Suggestion has been made to the new equality team in SG to take forward data improvement as an outcome.	2025	Our NHS regional diabetes prevention group has the Equality and human rights lead officer supporting their regional and local Equality impact assessments. This process will enable further exploration of the needs of Ethnic groups particularly around health inequalities stemming from lack of information, support and access to services. A self referral form has been created to support this work and will include data collection field of ethnicity. A request has been made to Public Health Scotland to ask for feedback on what information they collect from hospital data sources and how this analysis is then presented to local health boards for use. Local Public health dept and digital services are asked to jointly discuss what sources we use, how we improve these and how we support staff and communities to complete the questions asked as part of any data collection methods.	Nursing	Patient Relations	Risk is we do not improve the health of Black and Minority Ethnic community.	Ensure services are aware of what the health inequalities for BAME groups are, and what action will be taken to support improvement.		Ensure services are aware of what the health inequalities for BAME groups are, and what action will be taken to support improvement.					
	RMP3	Addressing Inequalities	Take forward the recommendations from the Independent Expert Reference Group on COVID-19 and Ethnicity on behalf of NHS Fife.	The expert reference group has met twice, and we await further details of their actions, PHS are now part of this working group. Local data report has been requested from Information Services which will provide an overview of what we collect and where possibly local improvements can be made.	2025	Responses were gathered as part of the recent Fife Dept of Public Health enquiry into screening, this will inform the national inequalities screening strategy. Local findings will be shared and work will progress to address messaging, confidence and support to access screening locally. Work continues as part of the BBV framework to ensure men of African origin are able to take-up HIV testing. Mental Health redesign, as part of the communications plan and engagement process, has the aim to involve those from ethnic backgrounds in the process.	Nursing	Patient Relations	Risks that we are not able to collect ethnicity data as a result of the public being unwilling to respond and staff not asking.	Further campaigns to raise awareness to the public of why we collect data, and staff training to be offered.		Expert reference group recommendations on Ethnicity and Covid 19			Some costs may be required to improve data collection systems, and train staff. Also to conduct a public awareness campaign.		
Health Protection																	
	RMP3	Workforce	Explore options for a regional Health Protection model which will support sustainability and resilience and have in place a function that is fit for the future and designed to respond effectively to 21st Century Health Protection challenges.	Exploration of Health Protection Models to support sustainability We will have East of Scotland regional HP model developed by end of December 2021 and then moving to operationalise by new financial year, 1st April 22.	Apr-22	The Regional Health Protection Project is a collaborative project involving NHS Borders, Fife, Forth Valley and Lothian with the aim of developing a regional collaborative model for Health Protection services which will deliver improved service resilience, sustainability, minimise duplication and ensure a service fit for the future. Through the Options Appraisal process, the Clinical Reference Group identified their preferred option which describes a model where small local Board teams provide routine Health Protection services, with regional resources identified and deployed for strategic work and mutual aid/surge capacity. Chief Executives and Directors of Public Health requested a potential approach to implementation for Boards to consider, this has been shared across Board Executive Teams and next steps are to bring a paper to all Boards in autumn 2021 requesting endorsement of the approach.	Public Health	Health Protection	Regional resources will be essential to maintaining mutual aid and surge capacity within local Health Protection Teams.	A preferred option has been identified whereby regional resources will be deployed to support strategic work, mutual aid and surge capacity.		Regional Health Protection Project					

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Pharmacy

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication	
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue
	RMP3	Pharmacy	Hospital at Home clinical systems access	Hospital at Home clinicians to be given access to GP clinical systems to improve polypharmacy safety for all hospital at Home patients, also likely to be of particular benefit to Care Home patients.	Mar-22	A limited number of staff members were given access on a trial basis. An extension has been requested to the LMC to enable further quantification of benefits. Early feedback has been positive	Pharmacy	Pharmacy	Crucial to ensure appropriate information governance	Access during the trial has been strictly limited and in line with local governance policies						
	RMP3	Pharmacy	Continued rollout of PharmacyFirst / PharmacyFirst+	Pharmacy first encourages patients to attend a community pharmacy to receive treatment for a range of self limiting conditions, providing an accessible and timely service to patients. The PharmacyFirst+ model adds additional prescribing capacity to the care offered by CPs.	Apr-22	Community Pharmacies across Fife are on average consulting with 4100 patients per week. In addition to treating minor ailments pharmacists are able to prescribe treatment under a patient group direction (PGD) for urinary tract infections, skin infections, shingles and impetigo. Service provision continues to increase with high numbers of patient engaging in treatment and advice. Work is ongoing in the board to promote the service and ensure that Primary Care partners have a good awareness of the patients who are suitable to be referred to Community Pharmacy, ensuring that patients are receiving the right care in the right place.	Pharmacy	Pharmacy	Staffing pressures in community pharmacy (nationally) represent a challenge to embedding services	Ongoing close working with community pharmacy Fife. Clear information is available for teams						
	RMP3	Pharmacy	Focus on driving Serial Prescribing uptake, sharing best practice and experience with other Boards.	Serial prescribing improves patient care by enhancing the role of community pharmacy in review and supply of medication, and triggers timely review within general practice. It also reduces administrative burden by annualising appropriate repeat prescriptions	Apr-22	The Board continues to drive uptake of serial prescribing . As of 1 August, 9 practices have met the interim local target of 20% of patients with a repeat prescription having a serial prescription. There has been further engagement with general practices: 48 of 54 now are now actively participating. Further engagement and training is planned for the rest of the year. 8.7% of patients in Fife, who have a repeat prescription, now utilise the serial prescribing service - Fife is above the national average	Pharmacy	Pharmacy	Capacity to undertake transfers and annual reviews	Investment in Pharmacy Technician and Pharmacy Support Worker staff in primary care has been supported						
	RMP3	Pharmacy	Implementation and roll out of HEPMA.	The HEPMA programme will roll this important system out across hospital settings in Fife, in line with the business case signed off by the Board. This will be managed in stages and be complete over 3 years. It will enhance quality of prescribing for patients across services.	Mar-22	HEPMA contract has been drafted minor comments received by CLO, expect to issue draft to EMIS week beginning 21/07. Programme Team established and onward reporting arrangements agreed. Work is ongoing to ensure adequate foundations for the build of HEPMA. Pharmacy stock control system update is required (this is a critical precursor) to comply with the levels of security required to implement HEPMA. Version required will be available to be put into a test environment in mid-August 2021. A 2-3 month period of User Acceptance Testing will be required before go live with upgrade. HEPMA contract submitted to supplier at the beginning of July 2021 has been returned with suggested changes. Negotiations are ongoing with anticipated signing now mid August 2021. Baseline being developed for benefits realisation work. The D&I programme manager has commenced in post as of 17th May 2021. Lead pharmacist for D&I has been appointed and came into post on 5th July 2021. Recruitment underway for other posts per the existing business case, with D&I Specialist Pharmacist & Specialist Pharmacy Technician conducted on 22/23 July 2021 at late stage of recruitment. Programme Team established and onward reporting arrangements agreed.	Pharmacy	Pharmacy	Contract negotiations with supplier progressing - there is a risk of delay should there be extended complications	This has been made a priority for the team and every effort is being made to finalise the contract in good time to enable roll out plans to begin						
	RMP4	Pharmacy	Pharmacotherapy	Pharmacotherapy services are provided to all GP practices in Fife, directly enhancing patient care and releasing GP capacity. The service will continue to be developed, with an improved skill mix recognising the role of Pharmacy Technicians and Pharmacy Support Workers, in line with Scottish government MOU. The role of Pharmacists will be developed towards delivery of direct clinical care to priority groups in line with local/ national clinical priorities, including high risk pain medicines and polypharmacy	Mar-22	Bid for funding for year 4 has been submitted and discussed with local leadership and key partners. Priority recruitment underway with more to follow once final funding confirmed	Pharmacy	Pharmacy	1) National delivery of enablers, such as enhanced serial prescribing systems and electronic prescribing is crucial to maximising potential of this service. 2) Recruitment and training must be managed appropriately to ensure the wider Pharmacy service remains stable	1) Close working with national bodies and associations 2) Close working with CP Fife and the wider Pharmacy integration agenda	Primary Care Improvement/ GMS Contract. Polypharmacy guidance High risk pain medicines programme					
	RMP4	Pain Management	High Risk Pain Medicines Programme	Exploration of Health Protection Models to support sustainability We will have East of Scotland regional HP model developed by end of December 2021 and then moving to operationalise by new financial year, 1st April 22.	Mar-22	A four stage programme of understanding, prevention, review and sustainability has been supported by the exec team. The programme will begin in autumn 2021 and involve a wide range of clinicians and stakeholders	Pharmacy	Pharmacy	1) Critical that this work is prioritised within a wide range of services - single service approach is unlikely to be successful	1) Engagement with leadership across Fife, and clear understanding of the importance in all teams, will be a priority						

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Workforce

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication	
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
	RMP3	Workforce	Consolidate our workforce sustainability planning, with employee wellbeing at the heart of everything we do. We will review the workforce plans to consider the impact on service re-design, technology enabled care and digital ways of working.	Workforce sustainability will be informed by the review of Employee Wellbeing support arrangements conducted by the Staff Health & Wellbeing group. Service re-design, technology enabled care and digital ways of working will be considered as part of workforce planning activity overseen by our Operational Workforce Planning Group.	Mar-22	Work in progress to review our wellbeing activity to inform development of workforce plan aims. Operational Workforce Group is coordinating service workforce planning activity to collate into our published Strategic Workforce Plan for 22-25.	Workforce	Workforce	Changes required to sustain employee wellbeing and service delivery cannot be delivered quickly enough and/or are not sufficient to maintain our services.	Close and continuing alignment of our local activity with national strategy developments. Focus of work remains on short/medium and long term employee resourcing plans to reflect ongoing pressures	Sustainability initiatives and employee wellbeing are fully incorporated into our Workforce plans.	Local 2019-22 Strategy Local of 2022-25 Strategic Workforce Plan					
	RMP3	Workforce	Workforce Strategy for NHS Fife (2019 -2022) to be updated, specifically taking account of the matters that arise from the pandemic including building and retaining our public health capacity.	Interim Joint Workforce Plan developed and submitted to Scottish Government in April 2021. Development of draft 3-year Strategic Workforce Plan for 2022-25 Consultation on plan and completion of governance sign off for approval Sept 2021 - March 2022 Submission of Strategic Workforce Plan 2022-25 - 31st March 2022 Workforce Strategy developed in response to publication of the National Health Workforce Strategy and NHS Fife Population Health & Wellbeing Strategy Jan- June 2022 (dates subject to change in line with national strategy publication adjustments)	Mar-22	Work on Interim Joint Workforce Plan complete for submission to Scottish Government in April 2021 - completed. Work in progress to complete the full 3-year Workforce Plan in development for submission in March 2022.	Workforce	Workforce	Creation of the Strategic Workforce Plan will require sign off through governance process before publication of National Workforce Planning Strategy risking misalignment of local and national ambitions	Continued liaison with SG colleagues to influence the discussion on handling and to best understand intended direction of travel to inform the SWP. Consider a later publication date for our overarching Workforce Strategy to allow response to national publication (and Population H&WB strategy)	Submission of the 3-year Strategic Workforce Plan to Scottish Government by March 2022 publication date.	Local 2019-22 Strategy Local of 2022-25 Strategic Workforce Plan					
	RMP3	Workforce	Harness the benefits of the latest NHS Education and Public Health Scotland (PHS) developments on workforce modelling to support our service planning arrangements and delivery of workforce plans.	Availability of workforce modelling data is communicated to relevant manager and other key stakeholders. Support for users is provided to ensure information can be accessed and data is understood. Arrangements for enhancements to data quality and range are in place to inform development plans. Use of workforce modelling data is embedded into both organisational and service level workforce planning activity and management decision making.	Mar-22	Work progressing in collaboration with colleagues at national and regional level to adopt national workforce modelling improvements. Further direction required to scope the specifics of these deliverables	Workforce	Workforce	Timeous availability of workforce modelling data to allow this to inform our	Ongoing liaison with our Stakeholders leading developments while building awareness/use of workforce data which is available	Workforce Modelling tools fully utilised by key contributors to workforce planning across all services and informing content of our plans.						
	RMP3	Workforce	Potential long term COVID-19 health issues for staff to be addressed through incorporating national guidance from developing evidence into our policy, practice and service delivery arrangements.	Monitoring of guidance developments and engagement with national groups to understand and adopt sector level changes to our management of any long term health issues. Work in partnership to implement policy adjustments required resulting from national guidance updates. Ongoing communication, training and support for managers in implementing practice changes required for wellbeing and attendance management purposes. Closed as an individual action - incorporated into RMP 4 action on staff wellbeing support.	Mar-22	Work continues in partnership at national level to assess the evidence base and revise the guidance. We continue to work with extant guidelines pending update. Closed as an individual action - incorporated into RMP 4 action on staff wellbeing support.	Workforce	Workforce	Potential long term issues not known as is the subsequent extent of impact on our workforce	Regular review of available evidence through national networks and lobbying of STAG/SWAG and SG in terms of guidance updates being available. Input from Occupational Health in supporting staff health needs and recovery.	Staff attrition in relation to Long Covid is understood to inform decisions on absence & staff health impacts are minimised.	OH Wellbeing Programme to consider health implications and our H&WB strategy to be adapted to address any potential issues. Ongoing review of impact through Workforce Planning & Mobilisation Group activity.					
	RMP3	Workforce	Consolidation of our Staffing Bank management arrangements.	First stage of three stage consolidation plan has been completed with governance arrangements for all existing banks now standardised. Phase two - options appraisal completed to inform model options for consolidation of banks Phase 3 completing consolidation process and establishing new delivery approach in 2022/23	Mar-22	First stage of three stage consolidation plan has been completed with governance arrangements for all existing banks now standardised. Phase two commenced to develop consolidated bank options.	Workforce	Workforce	Ability for us to complete the consolidation work while continuing to effectively meet the service requirements on an ongoing basis.	Focus maintained on delivery needs, and plans subject to ongoing review and adjustment as required to avoid operational disruption	First stage of three stage consolidation plan has been completed with governance arrangements for all existing banks now standardised. Phase two commenced (consolidation of banks).						
	RMP3	Workforce	Continue to ensure Workforce Mobilisation Hubs are robust and flexible to adapt to future challenges.	Lessons learned exercise completed from running the Workforce Mobilisation Hubs to inform a sustainable Employee Resourcing model.	Sep-21	Review of Mobilisation Hub experience informing a sustainable delivery model, and built into our workforce resilience plans.	Workforce	Workforce	Despite all efforts the mobilisation of staff is detrimentally affected by Covid and other service pressures outwith our control	Contingency planning with escalation options to address our scenario modelling.	Review of Mobilisation Hub experience informing a sustainable delivery model						
	RMP3	Workforce	Workforce Planning & Mobilisation Silver Group to continue into 2021/2022 and review workforce deployment mechanisms to address the changing workforce needs across the year.	Closed and to be incorporated into BAU governance.	Jun-22	Closed and to be incorporated into BAU governance.	Workforce	Workforce	N/A	N/A	Closed and to be incorporated into BAU governance.						
	RMP3	Workforce	Adapt our onboarding and development delivery approach through the use of e-enabled fast-track induction and other training.	Onboarding work adjusted with delivery changes to incorporate e-enabled fast track induction. System changes completed which provide enhanced delivery and staffing activity monitoring.	Nov-21	Testing work completed for consolidation of e-enabled induction and other training delivery through system functionality enhancements based on national system improvements New Digital Corporate Induction is live (with over 150 being inducted this way since 1st July). Phase 2 is also complete (all core training) and we have moved to phase 3 which is final migration of all other non-core training	Workforce	Workforce	Capacity for innovation is reduced due to resources directed to emergency response needs	Plans reviewed on an ongoing basis and change re-prioritised as required to ensure focus on delivery requirements for staff onboarding.	Initial testing work now in progress to consolidate e-enabled induction and other training delivery through system functionality enhancements based on national system improvements						
	RMP3	Workforce	Staff personal/professional development needs that have been delayed or restricted due to COVID 19 response to be prioritised as restrictions are eased through Directorate development delivery plans.	Re-start of paused Personal Development Review Activity to inform development priorities. Plans developed to support priority development needs. Development plans delivery monitoring ongoing to inform progress	Dec-21	Support being offered to Directorates to ensure priority development needs are identified and met.	Workforce	Workforce	Manager/Staff ability to be able to give focused attention to key development needs due to restrictions not being eased and/or other service pressures.	Learning Leads Group to monitor key organisational development needs to ensure effective prioritisation is undertaken and informs decision making.	Support being offered to Directorates to ensure priority development needs are identified and met.						

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Workforce

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required		Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost		
On Track	RMP4	Workforce	Provision of staff support and wellbeing initiatives which meet staff needs and contribute to workforce sustainability.	<p>Signposting and reinforcing all aspects of support and resources available, including local and national initiatives. Clear, consistent and regular messages to staff about taking breaks and annual leave to rest and recover.</p> <p>Local Initiatives including mindfulness drop in sessions for staff, mindfulness training, mindfulness video clips for staff, support sessions for managers, "Our Space" sessions for shielding / home working staff.</p> <p>Work in partnership to assess national guidance on potential Long Covid implications for long term health. Implement policy changes and communicate with, train and support managers in implementing practice changes required for wellbeing and attendance management purposes.</p> <p>Investment in OH service in 2020/2021, including additional OH Physician, Mental Health OH Nurse and additional nursing and OT posts to support COVID-19 activity and staff recovery.</p> <p>Psychology staff resource enhanced to incorporate support for staff. Launch of Access Therapies Fife website. Staff support available from Spiritual Care Team, Staff Listening Service and Staff Counselling Service and Peer Support service.</p> <p>Refreshments and snacks available within staff rest areas and designated Staff Hubs. Agree plans and funding in place for refurbishment of permanent Staff Hubs on two main hospital sites.</p>	Mar-22	<p>Review of staff wellbeing activity commenced and revised Staff Health & Wellbeing Strategic Plan being prepared to take account of COVID-19 approaches and lessons learned.</p> <p>Plans continuing for Staff Hubs refurbishment and development of suitable locations for facilities within community sites.</p> <p>Peer support service launched 15/09/2021.</p> <p>Planning for improved outdoor spaces for staff underway.</p>	Workforce	Workforce	Changes required to sustain employee wellbeing cannot be delivered quickly enough and/or are not sufficient to meet staff needs.	Review of wellbeing activity through Staff Health & Wellbeing Group to ensure we maximise support which evidences most benefit.	<p>Model of Staff Health & Wellbeing recognised as delivering required outcomes for staff.</p> <p>Health Promoting Health Service requirements achieved.</p> <p>Supportive health and wellbeing measures are integrated into day to day activities, creating a positive and healthy working environment.</p>	Local Staff HWB Strategy Future Staff Health & Wellbeing Strategy	Additional resource required within Spiritual Care Service and Staff Listening Service, also potentially for Staff Recovery. Final year of GbG Funding. Funding required to support Weight Management programme.	TBC	TBC	TBC	TBC	TBC	
Workforce & Finance																			
On Track	RMP3	Workforce	Complete the phased changes to adopt our East Region Shared Services model, which will include both Recruitment and Payroll.	<p>Initial adoption of Recruitment service under Memorandum of Understanding (MOU) arrangements with Transfer of Undertakings (TUPE) completed - 1 June 2021</p> <p>Phase adoption of new Model completed for all participating boards - Nov/Dec 2021</p> <p>Adoption of the full service under approved Shared Services Agreement (SSA) - Dec 2021 - Jan 2022</p> <p>Payroll Consortium work being re-scoped with programme time frames subject to the completion of the exercise</p>	Dec-21	<p>Initial launch of the new Recruitment Regional service commenced from 1st June under interim MOU pending Shared Service Agreement (SSA) sign off by 31st July 2021.</p> <p>Payroll Consortium rescoping work commenced June 2021, with outcome expected Autumn 2021.</p>	Workforce/Finance	Workforce/Finance	<p>Programme being delivered to original timescale given the challenging context.</p> <p>Outcome of the programme does not deliver service improvements</p>	<p>Programme Board oversight of the process and NHS Fife agreement adjustments to delivery plans.</p> <p>Contract management arrangements operating to assess Key Performance Indicators</p>	<p>Initial launch of the new Regional service commenced from 1st June under interim MOU.</p> <p>Implementation milestones are delivered and service fully established.</p> <p>Quality service delivery in line with Shared Service Agreement (SSA) which is meeting our Service Level standards and supporting effective recruitment activity management.</p>								
On Track	RMP3	Workforce	Complete the phased changes to adopt our East Region Shared Services model, which will include both Recruitment and Payroll.	<p>Initial adoption of Recruitment service under Memorandum of Understanding (MOU) arrangements with Transfer of Undertakings (TUPE) completed - 1 June 2021</p> <p>Phase adoption of new Model completed for all participating boards - Nov/Dec 2021</p> <p>Adoption of the full service under approved Shared Services Agreement (SSA) - Dec 2021 - Jan 2022</p> <p>Payroll Consortium work being re-scoped with programme time frames subject to the completion of the exercise</p>	Dec-21	<p>Initial launch of the new Recruitment Regional service commenced from 1st June under interim MOU pending Shared Service Agreement (SSA) sign off by 31st July 2021.</p> <p>Payroll Consortium rescoping work commenced June 2021, with outcome expected Autumn 2021.</p>	Workforce/Finance	Workforce/Finance	<p>Programme being delivered to original timescale given the challenging context.</p> <p>Outcome of the programme does not deliver service improvements</p>	<p>Programme Board oversight of the process and NHS Fife agreement adjustments to delivery plans.</p> <p>Contract management arrangements operating to assess Key Performance Indicators</p>	<p>Initial launch of the new Regional service commenced from 1st June under interim MOU.</p> <p>Implementation milestones are delivered and service fully established.</p> <p>Quality service delivery in line with Shared Service Agreement (SSA) which is meeting our Service Level standards and supporting effective recruitment activity management.</p>								

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Digital

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
Digital																	
	RMP3	Digital Health	ServiceNow - Migration to joint South-East activity to modernise the IT Service Management suite offering improved automation and slicker processes for activities such as 'Joiners, movers and leavers' consistent SLA/OLA's and much improved self-help solutions.	Service now project implementation	Oct-21	Project is in delivery . Delays due to cross Board configurations - New Delivery expected October 2021	Medical	Digital	Dependency on NHS Lothian set up	Ongoing participation in regional project		Digital Strategy 2019-2024 Remobilisation Plans					
	RMP3	Digital Health	ITIL Process Maturity Improvement - Assess and benchmark our maturity against the 5 lifecycles and 27 processes of ITIL.	Management Response Complete Follow up agreed with D&I Board	Jun-21	Report Received and Management Response being considered	Medical	Digital	Complete	Complete		Digital Strategy 2019-2024 Remobilisation Plans					
	RMP3	Digital Health	Digital Business Continuity and Disaster Recovery (BC/DR) Plan - Creating and maintaining a robust organisational BC/DR plan following initial review. This programme will have a strong emphasis on full business impact analysis to understand the impact of services not being available on the organisation.	Cyber/NISD Response plan ongoing Available resource outstanding to commence BCP/DR work	Dec-21	Resources being made available to progress the detailed work for the BC/DR work page. Work underway on improvement plan to Cyber Response plan	Medical	Digital	Availability of resource/funding to support	Funding sought to progress Operating Model Review		Digital Strategy 2019-2024 Remobilisation Plans Competent Authority Review					
	RMP3	Digital Health	Infrastructure and Network Connectivity - Initiate an architectural review of our infrastructure to support remobilisation including a review of licensing to ensure we have sufficient capacity to support the increase in digital usage.	Complete - Monitoring ongoing	Jul-21	Review complete following transition to new Office 365 Licence model and following network capacity review	Medical	Digital	Complete	Complete							
	RMP3	Digital Health	Paperlite - Subject to agreed funding, the ambition is to accelerate the Paperlite programme. Reducing paper to the patient and clinician.	Availability of Phase 1 - Scanning Complete Following review - requirement for funding to be included in SPRA process. Will not be funded in 2021-22	Apr-22	Paperlite has 3 objectives:- Paper which is in the current casenote, reduce/remove paper from being placed in the casenote, reduce the amount of paper being issued to the patient/carer or between clinical staff . Work has begun within this area, however a clear strategic vision is required and support for a business case.	Medical	Digital	Risk that the costs associated with paperlite may not receive funding	Business Case in development for consideration via SPRA process	A confirmed Business Case	Digital & Information Strategy					

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Other

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative			Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication			
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
Infection Control																	
	RMP3	Corporate Services	Deliver the NHS Fife Prevention and Control of Infection Annual Work Programme for 2021-2022. Provide a structured delivery programme with priorities for nursing staff, clinical support staff, clinicians and managers to minimise the spread of infection, support the reduction of HCAI and to meet the NHS Healthcare Improvement Scotland (NHS HIS) Standards (2015).	Programme of activities with a focus on preventing infection: IPC education/training accessible for all NHS HCWs Ward/department IPC support visits Assurance audits Robust surveillance systems and reporting for HAIs Outbreak management support	Mar-22	The programme is being delivered as per the NHS Fife Prevention and Control of Infection Annual Work Programme for 2021-2022, an update on all activities, including any challenges, slippages and delivery deadlines are presented bi-monthly to the Infection Control Committee	Nursing	Infection Control	The work included in this programme may be, at any given time, subject to slippage. This may be due to lack of resource, emerging threats and/or local or national IPC pressures.	IPCT business continuity plans reviewed, 2021 has involved a recruitment drive and focus on the IPC team development of essential knowledge and skills	All outcomes reported to the bi-monthly ICC and via IPQR reports						
Innovation																	
	RMP3	Corporate Services	Develop a framework for Innovation adoption, generation, development, monitoring and evaluation.	Internal consultation with key stakeholders, external consultation with other Health Board Innovation Leads and SE Region Health Innovation Hub (HISES) core team. Process mapping and alignment with HISES project review framework. HISES staffing structure review of core team and regional support, identification of technical support services that can be utilised regionally. Engagement with DDI/DataLoch and determine regional agreement and objectives relevant to NHS Fife Innovation Framework	Dec-21	Consultation with other Health Board Innovation Leads (NHS FV, H&I, Lanarkshire, Ayrshire and Arran) 21/07/2021 and 11/08/2021 and sharing of process documentation and governance structure. Research Innovation and Knowledge (RIK) Development Day 26/08/2021 to review Innovation integration and support. Innovation Manager Lead role to be advertised. Participation in SE Health Innovation Hub (HISES) Innovation Project Screening Group and discussion of alignment with individual Health Board internal processes (11/08/2021) Draft Innovation Framework to Research, Innovation and Knowledge (RIK) Oversight Group for review and feedback October 14th 2021 Final version to RIK Oversight Group December 2021 meeting.	Medical	Innovation	Time/resource to develop and deliver framework	Secondment of Admin support	Innovation Governance and Support Framework	Digital Strategy, indirectly Edinburgh Region City Deal and DDI/DataLoch					
Planning & Performance																	
	RMP3	Corporate Services	Investment secured for Programme Management Office (PMO) and embedded as part of the strategic planning arrangements to ensure corporate focus on progressing the service redesign required to release both cash savings and productive opportunities over the medium-term.	•Head of PMO job description at grading panel – to be advertised asap. Further structure will then be implemented. •Existing PMO supporting priority programmes in NHS Fife •Population Health and Wellbeing Portfolio Board being established to oversee and provide strategic direction to programmes	Oct-21	New posts approved and recruitment work ongoing	Finance	Planning & Performance	PMO structure not in place in time for development of strategy	Weekly meetings of PH&W Strategy Core team to ensure plan is delivered on time.	NHS Fife Strategic Priorities Developing PHW Strategy						
Patient Relations																	
	RMP4	Corporate Services	The National Group for Volunteering in NHS Scotland has reviewed current guidance and outlined a number of recommendations, options and approaches for NHS boards to consider in the remobilisation of volunteering. NHS Fife has implemented appropriate actions to ensure that their duty of care towards patients, staff and volunteers is adhered to.	NHS Fife aim to remobilise volunteers into new wards and departments, with work underway to scope the readiness of our volunteers and their flexibility to new roles, and wards and depts readiness to host volunteers.	Dec-21	NHS Fife is aware that volunteers in some areas, pre-pandemic, may no longer be required or will require to be adapted to fit with new guidance or models of care. In addition, the need for new roles may have arisen during the course of the pandemic. NHS fife has put in place a risk assessment process for all volunteers, established anew induction training and are seeking means to offer volunteers with no access to our on line learning platform an alternative way of being able to complete these modules. In addition to core induction modules particular attention is paid to volunteers completing PPE and infection prevention. Volunteers are a valuable source of support and comfort to patients, and volunteers gain enormous personal reward from their contribution.	Nursing	Patient Relations	Risks to volunteers re return to wards and changes to role descriptors. Risks are mitigated by ensuring robust risk assessment, and risk is held by volunteers after full and recorded risk assessments being completed.		Remobilisation plan for Volunteering in NHS Scotland, HIS Community Engagement team.						

NHS Scotland Chief Operating Officer
John Burns



Scottish Government
Riaghaltas na h-Alba
gov.scot

Director of Mental Wellbeing and Social Care
Donna Bell

E: john.burns@gov.scot

E: donna.bell@gov.scot

Local Authority Chief Executives
Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS
Chief Executives, NHS
Directors of Human Resources, NHS
Directors of Finance, NHS
Nurse Directors, NHS

By email

Dear colleagues,

Winter Planning for Health and Social Care

We are writing to confirm a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health and Social Care in Parliament today (05 October 2021), is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

All of our winter planning preparations are predicated on four key principles:

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.

2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

Collectively, these principles are designed to ensure the action we take now has a lasting and sustainable impact. We are not just planning to build resilience in our health and social care systems to see us through this winter; we are also building on the approach to recovery and renewal set out in the NHS Recovery Plan and through our continued efforts to improve social care support.

It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. We are grateful to you and your colleagues across the NHS, social work and social care who are working tirelessly to help us navigate through the on-going pandemic and to manage current demands.

You will already be aware that the NHS in Scotland will remain on an emergency footing until 31 March 2022. In connection with this, we are actively examining how we manage the volume of work connected with staff governance, staff experience and some on-going programmes of work over the winter period. This may include temporarily slowing or suspending some programmes – but this does not mean that the Scottish Government is no longer committed to completing those programmes. We are particularly mindful of the pressure on employer and staff time and wish to engage with you on how we manage work programmes that are not directly related to relieving winter service pressures, to enable us to support the objectives of maximising capacity and supporting staff wellbeing and, at the same time, progressing other Ministerial priorities.

The suite of new measures, and the actions now required of health boards, and in partnership with integration authorities and Local Authorities, is supported by significant new recurring investment. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers in the coming days. Further discussions on Local Authority distribution mechanisms will take place urgently.

It is critical that we continue to work together to make progress at pace and we would like to offer our sincere thanks in advance for your collective efforts in implementing the suite of measures set out immediately below.

Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- Scaling up Hospital at Home to prevent or avoid admissions.

To further support this work, we are asking territorial health boards to recruit 1,000 new health care support workers, with a specific focus on Agenda for Change bands 3 and 4, immediately, to provide additional capacity across a variety of services both in the community and in hospital settings. Boards are also able to recruit to new band 2 roles in acute settings and to support progression of existing staff into promoted posts. These roles will support hospital services as well as support social care teams to enable discharge from hospital. Boards are asked to recruit staff to assist with the national programme of significantly reducing the number of delayed discharges.

It is essential that all of this increases capacity within local community systems and we are mindful that recruitment may inadvertently move staff from other sectors including Care at Home services and care homes. Decisions – including the decision to recruit new staff to MDTs – should be made in active consultation with H&SCP Oversight Groups, which have been stood up to manage community demand and the deployment of resources.

Boards should note that there will be a national recruitment campaign for social work and social care which will link in with activity being undertaken by Local Authorities.

Full details of the expected volume of staffing that each territorial board is expected to recruit, is set out at Annex A. It is expected that recruitment activity should be commenced immediately.

The Scottish Government has already provided £1 million of funding in-year across NHS Scotland to build capacity within recruitment teams and national health boards have offered to provide mutual-aid to territorial boards to manage new volume recruitment. Health boards have the flexibility to use recruitment agencies to assist with any aspect of the recruitment process.

NES has offered support with training and upskilling including residential fast-track induction in partnership with GJNH. This can take the form of developing 'Once for Scotland' induction and statutory and mandatory training at pace to allow mutual aid between boards on statutory and mandatory training and potential centrally coordinated Hub and Spoke training provision where boards would find this helpful.

Providing interim care

£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

Expanding Care at Home capacity

£62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

Therefore, this funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

Social Care Pay Uplift

Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

COVID-19 Financial Support for Social Care Providers

The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

Nationally Coordinated Recruitment in Specialist Areas of Need

We know there are specific workforce shortages where Boards individually have struggled to achieve the numbers of workforce that they need. The Scottish Government is already providing marketing support for a nationally coordinated recruitment campaign for six Health Boards to deliver more midwives, predicated on a model developed for the nationally coordinated recruitment earlier this year of public health consultants, which was very successful.

In addition to this, we will make available national marketing support for Band 5 recruitment across the Health Boards. In particular, we will take forward a marketing campaign for Band 5 nurses working in community health and social care. We will request shortly from you the number of vacancies you aim to fill and will work with you to agree the next stages of this process.

We have also approved funding to extend the my jobs Scotland recruitment website until March 2022 to all third and independent sector organisations, which will mean that all social care vacancies can be advertised at no additional cost to providers on one platform. We will be running a national marketing campaign to attract more people to the sector, focusing on social media, working with schools and colleges and linking to the work we're doing with the SSSC and NES on career pathways and learning and development.

International Recruitment

We know international recruitment is a useful lever to alleviate pressures and as such are supporting Boards to increase the use of international recruitment through a number of measures. The Scottish Government has provided new recurring funding of £1 million to develop capacity within recruitment teams to support international recruitment. A readiness checklist for international recruitment has also been shared with boards to allow self-assessment and identification of priority areas for action.

The development of partnerships with a range of agencies such as Yeovil District Hospital Trust has been established to build a pipeline supply of international staff. A Memorandum of Understanding is available for use by Boards to engage the services of Yeovil District Hospital Trust. We now require that Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022.

To support this, in year funding of £4.5 million has been identified to offset direct recruitment costs and can be used to support prospective candidates, including the provision of temporary accommodation for incoming recruits, and other reasonable out-of-pocket expenses.

We are also establishing OSCE training provision and training support in Scotland which will offer a comprehensive training programme either directly to Boards or as facility to train local trainers to prepare candidates to sit their OSCE exam to gain NMC registration. This will expedite the process of gaining NMC registration and significantly reduce the burden of training and preparing a candidate to Boards.

In addition, we are establishing the NHS Scotland Centre for Workforce Supply based in NES to identify further labour markets, build relationships with a range of recruitment agencies, promote the use in Scotland of Government to Government agreements for international recruitment and support Boards and candidates where appropriate with on-boarding.

We will make contact with Board HR teams in the coming weeks to receive an update on the use of the funding provided and the plan to accelerate readiness to commence international recruitment.

Professional Regulators' Emergency Covid-19 Registers

The Scottish Government's chief health professions officers, including the Deputy Chief Medical Officer, Deputy Chief Nursing Officer, Chief Allied Health Professions Officer and Chief Pharmaceutical Officer wrote on 27 September to remaining registrants on the professional regulators' emergency Covid-19 registers. This communication encourages registrants to apply for vacancies on the NHS Scotland Jobs website and, where relevant, to consider returning to service via Board staff banks.

This communication has been issued in anticipation of further challenges in the upcoming winter months, to encourage experienced professionals to return and support services in their area of expertise.

We hope that this approach of directing emergency registrants to live vacancies will attract suitable candidates to professional opportunities, based on your current and future staffing needs. Boards are asked to consider how retirees might be flexibly deployed. Many are unlikely to be able to return to full-time work, but can be deployed on a part-time basis, or via Board staff banks across areas of need.

Healthcare Students

The utilisation of the skills and experience of healthcare students has been an important step in addressing some of the workforce challenges. Whilst the Scottish Government does not believe it is appropriate to disrupt healthcare students' programmes through authorising full-time student deployment at this time, we do believe the deployment of healthcare students (apart from dental students) in appropriate part-time support roles will be beneficial to support boards' workforce capacity.

A national offer via an open letter has been made to healthcare students – including nursing, midwifery, AHP students and undergraduate medics – through their colleges and universities signposting them to the availability of 3 or 6 month Less Than Full Time Fixed Term Contracts (LTFTFTC), with their nearest health board.

A Director's Letter, reaffirming the policy arrangements set out in the Director's Letter 02/2021 will be issued and will provide further detail on the employment and deployment of students.

Wellbeing

Of significant importance is the wellbeing of our health and social care workforce, wherever they work, and this remains a key priority. We are working to ensure that the right level of support is offered across the system.

We are actively listening to colleagues to understand where the pressures are and what actions can be taken to mitigate the resulting impact on staff. Now, more than ever, it is critical that staff look after staff wellbeing and take the rest breaks and leave to which they are entitled, as well as being given time to access national and local wellbeing resources at work.

We are committed to ensuring we collectively provide the strategic leadership and oversight of staff wellbeing. An immediate priority is to address people's basic practical and emotional needs, and we are also developing further practical support measures and additional resources for Boards as you respond to winter pressures.

In support of that ongoing engagement, £4 million is being made available in this financial year to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid access to rest and recuperation, as well as additional psychological support. £2 million of this funding will be made available immediately, with the remainder being allocated following the conclusion of ongoing discussions with staff-side representatives and employers to understand how the investment can best support staff welfare needs.

Finally, we appreciate the pressure our services are facing and once again reiterate our gratitude for the hard work and dedication of all our colleagues across the health and social care sector for all they do to support us through this challenging period.

Yours sincerely,

John Burns
Chief Operating Officer,
NHS Scotland

Donna Bell
Director of Mental Wellbeing
and Social Care

Annex A

Volume of Staffing – NRAC Share

Allocations by Territorial Board 2021-22		
	Target share	NRAC Share
NHS Ayrshire and Arran	7.38%	74
NHS Borders	2.13%	21
NHS Dumfries and Galloway	2.99%	30
NHS Fife	6.81%	68
NHS Forth Valley	5.45%	54
NHS Grampian	9.74%	97
NHS Greater Glasgow & Clyde	22.21%	222
NHS Highland	6.59%	66
NHS Lanarkshire	12.27%	123
NHS Lothian	14.97%	150
NHS Orkney	0.50%	5
NHS Shetland	0.49%	5
NHS Tayside	7.81%	78
NHS Western Isles	0.67%	7

Adult Social Care Winter Preparedness Plan 2021-22



October 2021



Scottish Government
Riaghaltas na h-Alba
gov.scot

Contents

 Click to navigate



Introduction



Context



Supporting the social care workforce and unpaid carers



Maintaining high quality integrated health and social care services across care settings



Protecting those who use social care support from the direct impact of COVID-19 and other winter viruses



Working in partnership across health and social care organisations

Introduction

This Winter Preparedness Plan sets out the measures that will be applied across the adult social care sector to meet the challenges of the winter ahead. It aims to provide information and assurance to all those involved in and affected by the provision of adult social care, including: those who access support and care and their family and friends; the social care workforce and unpaid carers; and care providers and sector leaders across Scotland.

It is a companion document to the [Health and Social Care Winter Overview](#), which sets out the key challenges and response measures that will be implemented within the NHS and care this winter. Both Plans recognise the interdependencies across health and social care and that successful implementation can only be achieved through an integrated and collaborative approach to service delivery. The Plan should also complement and support contingency plans devised at local level and by individual providers.

To ensure that the Plan benefits the diverse range of people that use and provide adult social care services, it is centred around **four key principles:**

- Supporting the needs and wellbeing of the social care workforce and unpaid carers
- Maintaining high quality integrated health and social care services throughout the autumn/winter period
- Protecting those who use social care support from the direct impact of COVID-19 and wider winter viruses
- Working in partnership across health and social care to deliver this Plan

Within these categories, the Plan provides specific guidance on a range of **critical issues:**

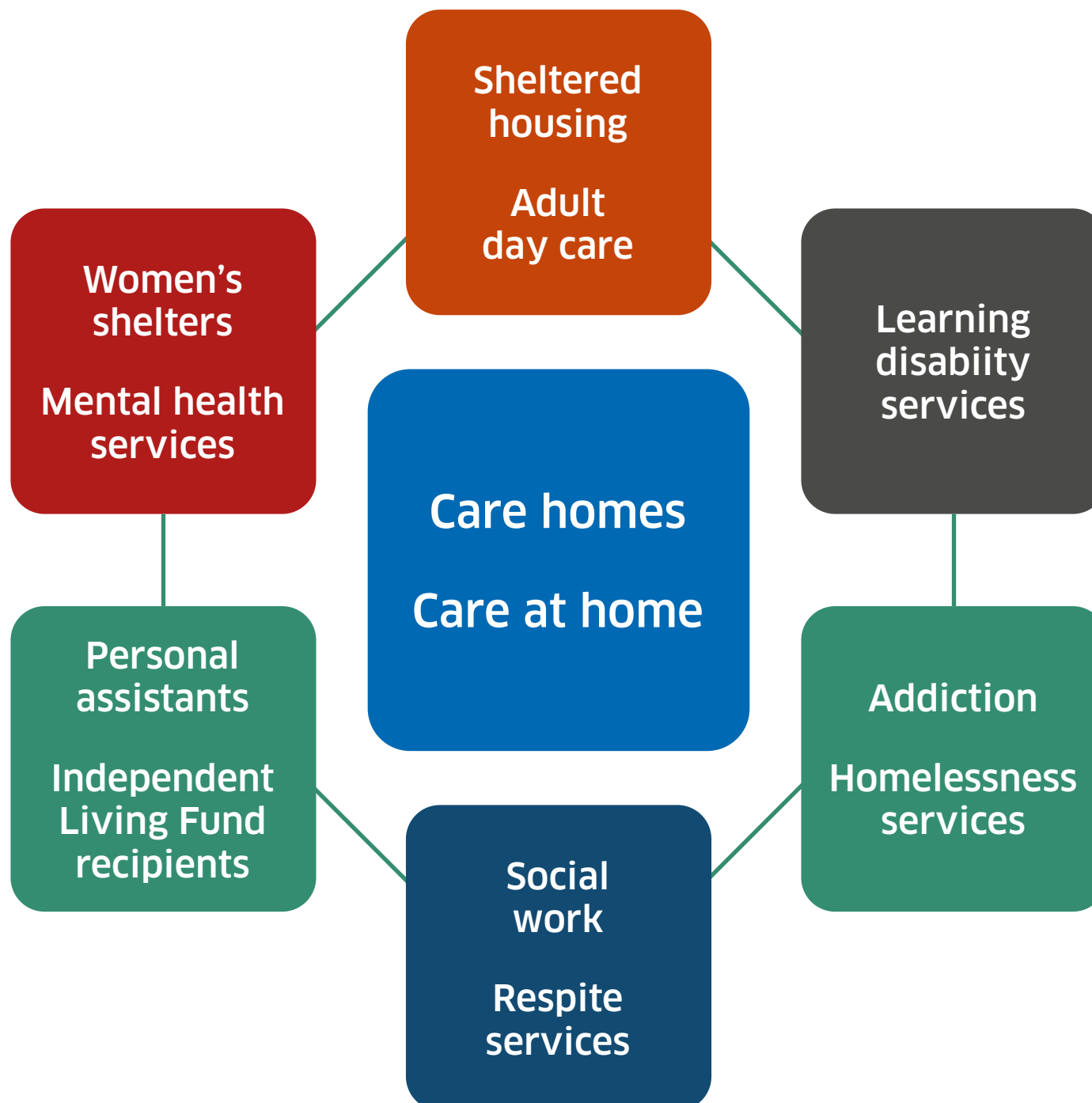
Supporting the social care workforce & unpaid carers	Maintaining high quality integrated services	COVID-19 & wider winter virus protection	Delivery through working in partnership
Mental Health & Wellbeing	Care at Home, Home First & Hospital Discharge	Infection Prevention & Control	Monitoring & Review
Recruitment & Retention	Day & Respite Services	COVID-19 Vaccination	Assurance & Support
Staffing Deficits	Primary & Community Health Care	Seasonal Flu Vaccine	Multi-Disciplinary Teams
Registered Nurses in Care Homes	Anticipatory Care Plans	Testing	Turas Care Management
Fair Work	Oral, Eye and Audiology Health	Those at Highest Risk from COVID-19	Technology & Digital Support
Unpaid Carers	Community Pathway	Visiting in adult care homes	
PPE	End of Life		
	Mental Health Transition & Recovery		

The Plan provides high level information on the measures to be taken in each of these areas and also provides links to more detailed policy and strategy documents where appropriate.

We are grateful to the wide range of organisations across the social care sector for their assistance in drafting this plan, including those represented on the Pandemic Response Adult Social Care Group: Local Government, the NHS, Health and Social Care Partnerships, Regulators, the Third Sector, Independent Sector, Unpaid Carers, Trade Unions and professional bodies.

Context

Adult social care plays an important role in supporting people to remain more independent, be active citizens, participate and contribute to our society and improve their mental and physical wellbeing. It provides high-quality care for people over 18 who need help with day-to-day living. It is important that people have choice and control when accessing adult social care support, which can be provided in many settings, including at home, in care homes or in the wider community. We recognise that many people who require social care also have health care needs. Therefore ensuring safe, effective person-centred care through an integrated and co-ordinated health and social care approach will be critical over winter.



The population receiving social care and support is diverse, with wide ranging needs and circumstances:

- Around 245,000 (1 in 20) people receive social care and support in Scotland.
- Around 60,000 people in Scotland are receiving home care at any one point.
- The majority (77%) of people requiring social care services or support are aged 65 and over.
- People residing in a care home tend to be older, with around 90% of residents aged 65 and over and 1 in 2 aged 85 plus.
- However, not all people receiving social care are older. Younger adults with physical and learning disabilities or mental health conditions also receive vital support.
- Poorer health and wider inequalities within any social care cohort will heighten the risk from COVID-19.

Adult social care is planned, commissioned and delivered by a wide range of partners. This includes organisations in the public, independent and third sectors. Ultimately the people most critical to the delivery of safe, high quality adult social care services this winter and beyond will be those in the front line workforce and unpaid carers.

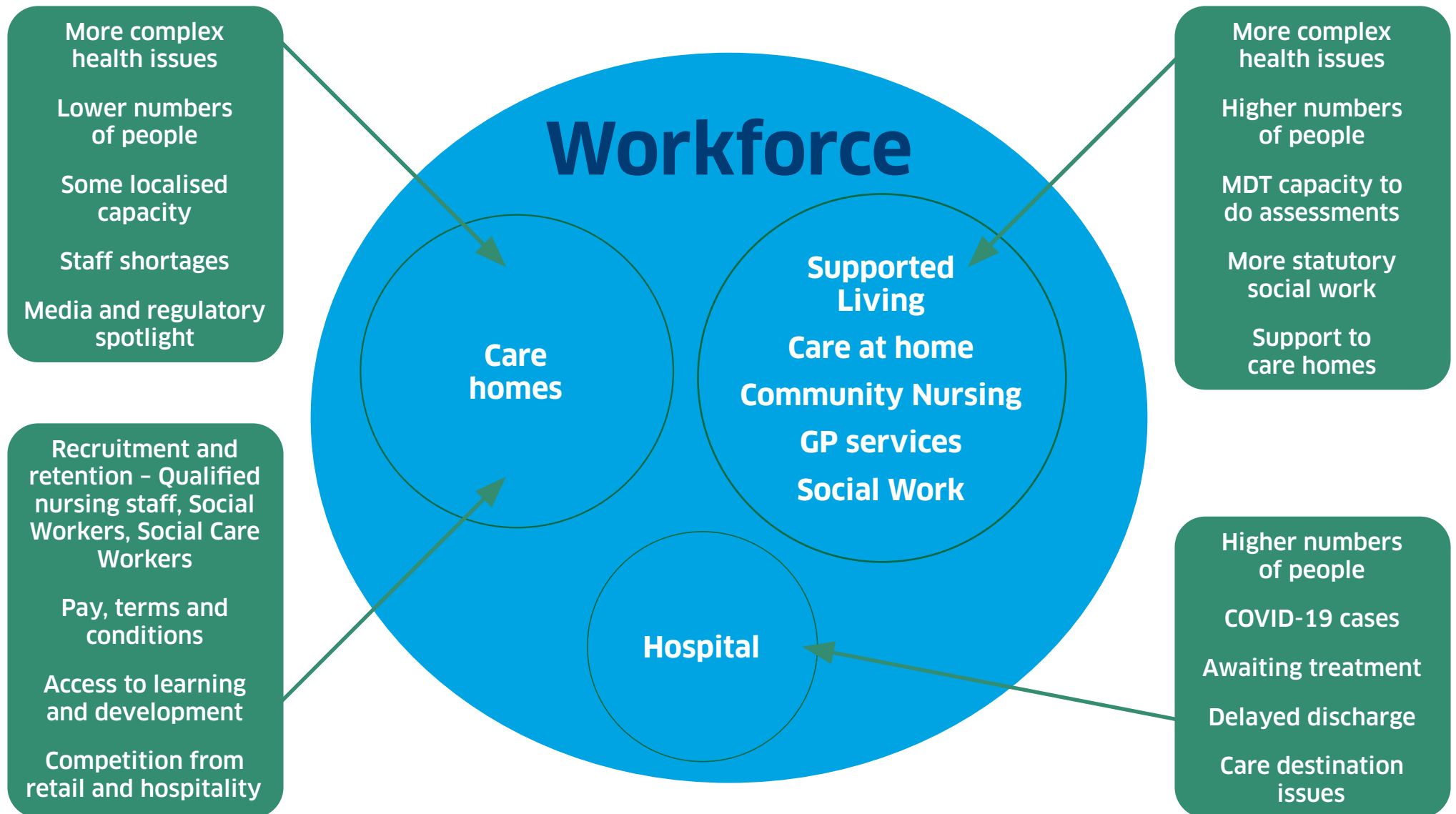
- There were 209,690 people employed in the social services sector in December 2020. There are many more people supporting delivery through our multidisciplinary health and social care teams.
- It is also important we recognise the invaluable role of unpaid carers. It was estimated that there were 700,000 to 800,000 unpaid carers in Scotland before the pandemic. Polling last year suggests that number could have grown to over a million.

Supporting the social care workforce and unpaid carers

We recognise the pressures currently being experienced across the social care system, in particular with regards to attracting, recruiting and retaining staff. In care at home, the combination of workforce shortages and increasing needs means that we need more people in the sector. We are supporting a national recruitment campaign, and working to establish minimum terms and conditions for existing staff. We are also accelerating placements for people in training, and looking across the public sector to see if vacancies can be filled by staff with appropriate training and supervision.

In our care homes we continue to support services with increased access to infection, prevention and control support and training. We are working with the sector on the recruitment, retention and training of staff in our care homes as well as enhancing community and district nursing support. It is fundamental that we support this part of the system as it is the cornerstone of support to our acute sector. We are also looking at the role of technology, prevention, and multi-disciplinary approaches to develop innovative ways to increase the support to people.

One system-shared workforce – competing pressures



The **wellbeing** of the health and social care workforce is of critical importance to ensuring the delivery of high quality services across the sector. This year, we are providing an increased budget of £12 million – an increase of £7 million on last year – to provide ongoing support for the wellbeing of health and social care staff across Scotland. This includes targeted support to the primary and community care and social care workforce of £2 million. We will continue to support and evolve local wellbeing support for the workforce while also maintaining and improving nationally-led initiatives, including developing a work stream on the wellbeing of those working in social care/social work as part of the new National Wellbeing Programme to be implemented from autumn 2021. We will continue the 24/7 National Wellbeing Helpline, the National Wellbeing Hub, Coaching for Wellbeing and Workforce Specialist Service as well as developing further practical support measures and additional resources for Boards. The National Wellbeing Hub, has already been used more than 115,000 times by health and social care staff since it was launched in May 2020. This includes a dedicated page for unpaid carers, developed with carer representatives and promoted via local carer support organisations.

The Workforce Specialist Service, launched in February 2021, also provides tailored, confidential **mental health support** to regulated staff across the NHS and social care workforces. It is the most expansive of its kind anywhere in the UK. Over 200 staff have already received bespoke mental health care and we will continue to invest in and grow the service in line with what staff tell us they need. We are also taking forward specific targeted work to support the recovery and wellbeing of care home managers in light of a commission from the Clinical and Professional Advisory Group for Adult Social Care (CPAG).

Attracting, recruiting and retaining staff across all areas of the social care sector remains a critical priority. Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

We have extended and will continue to raise awareness of the Disclosure Scotland Priority COVID Staff process to support the prompt recruitment and appointment of additional resource. We have extended our agreement with MyJobScotland, in partnership with COSLA, which enables third sector and independent social care providers to advertise jobs on the MyJobScotland website free of charge. This will be in place until the end of March 2022, and provides a single place for social care job adverts to better support people to access opportunities in the sector. We are currently working at pace with Scottish Social Services Council and other key partners to:

- develop a national induction programme for new entrants to Adult Social Care, to support entry to both care home and care at home roles;
- promote career opportunities and deliver policies on upskilling and developing the workforce to retain and attract new people to the sector and ensure the sustainability of services over winter and beyond;
- develop leadership and management resources on managing risks and communication which can be undertaken online and will be tailored to specific live issues.

We will run a national marketing campaign to attract more people to the sector. This will take a different approach to previous campaigns, with a focus on social media, a younger target audience and working with schools and colleges. This links to the medium term work being undertaken with the SSSC on career pathways and learning and development, referenced above.

To identify and address risks of **staffing deficits**, local level workforce plans and staff rosters should be reviewed frequently by Health and Social Care Partnerships as part of professional oversight and offer advice and/or mutual aid where required. In circumstances where mutual aid is required, it will be facilitated in a timely fashion to support safe care where necessary and provide support and sick pay to staff where it is required. Mutual aid across geographical boundaries should also be effected where necessary. Further measures to address staffing deficits within the social care workforce are discussed on p9.

The principles of ensuring **Fair Work** for the adult social care workforce remain a top priority for Scottish Government. The recent recommendations from the report developed by the Fair Work in Social Care Group – which focused on improvements to the Real

Living Wage Policy, developing minimum standards for terms and conditions and minimum standards for effective voice – is now being progressed in partnership with key stakeholders, and we will continue to engage with key sector stakeholders to ensure the experience of the workforce shapes policy and practice.

The **Social Care Staff Support Fund** has also been extended to the end of March 2022 to continue to ensure that social care workers who are ill with COVID-19, or self-isolating in line with public health guidance, receive their normal income for that period.

Unpaid carers have faced significant additional pressures over the course of the pandemic, not only as a result of COVID-19 and the associated restrictions but also the impacts on services and support for them and those they care for. Wider work to strengthen health and social care support should also help reduce pressure on carers. We are also putting an additional £400,000 into the Time to Live Fund to provide micro-grants to give unpaid carers a break. Local delivery will be supported by funding and working with partners including the Carer Centre Manager Network and Scottish Young Carer Services Alliance. This will help local services to share practice and resources, and ensure that local carers' services can access tools to support staff to build resilience over the winter months. We are providing £1.4m to deliver the ScotSpirit Holiday Voucher Scheme which will help low income families, unpaid carers and disadvantaged young people to enjoy a break over the winter. We will also continue to raise awareness of the Equal Partners in Care (EPIc) learning resource. This is an e-resource primarily for workforce to help staff identify and have better conversations and interactions with unpaid carers.

There are real pressures with the availability of **registered nurses in care homes** which existed pre-pandemic but which have worsened with the pandemic. The current situation in care homes with registered nurses needs to be considered alongside the supply, capacity and access to district nursing teams or care home liaison teams. We will set up a task group comprising members of CPAG and other stakeholders to scope short term actions now and over the winter period. This will include consideration around increasing community nursing and Allied Health Professional capacity, including Advanced Practitioners, to support care homes and people living with complexity in the community over the winter period. This should be linked to Health and Social Care Partnerships (HSCPs) and NHS Board resilience planning for winter.

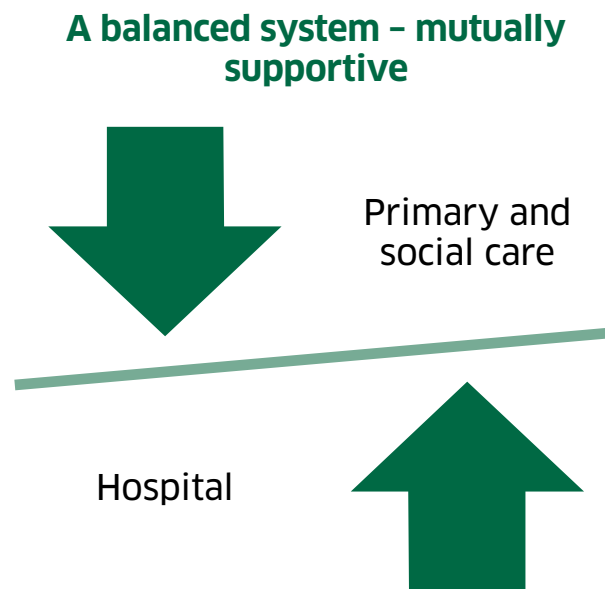
Following a review of the existing **PPE support** arrangements, it has been confirmed that the PPE Hubs and PPE Support Centre, which provide free PPE to providers across the sector where supply routes fail, and to unpaid carers who are unable to access PPE through their normal routes, will continue to operate until end March 2022. For care providers, payments for PPE over and above usual amounts as a result of the pandemic have also been extended to end March 2022 as part of the Financial Support for Adult Social Care Providers. These arrangements will continue to be monitored by the Adult Social Care PPE Steering Group, which consists of a range of stakeholders from the adult social care sector, NSS and the Scottish Government.

Links to training, funding and guidance for social care workforce and unpaid carers

- [Staff wellbeing during a Pandemic and Beyond](#)
- [Psychological mental health & wellbeing support](#)
- [Going home check list](#)
- [Questions to support staff during the day](#)
- [Guidance for support workers](#)
- [Unpaid Carers](#)
- [Protecting yourself and workplace environment](#)
- [PPE](#)
- [Coronavirus \(COVID-19\): clinical guidance for the management of clients accessing care at home, housing support and supported housing – gov.scot \(www.gov.scot\)](#)
- [Delegation](#)
- [Mental health improvement, and prevention of self-harm and suicide | Turas | Learn \(nhs.scot\)](#)
- <https://wellbeinghub.scot/>
- <https://learn.sssc.uk.com/careers/>
- <https://caretocare.scot/>
- <https://www.myjobscotland.gov.uk/social-care>
- <https://hub.careinspectorate.com/resources/national-safer-recruitment-guidance/>

Maintaining high quality integrated health and social care services across care settings

Maintaining good physical and mental health and wellbeing through the provision of high quality care services and a strong and well-functioning integrated system will ensure that people can be supported where clinically possible.



£62 million for 2021/22 has been allocated for building capacity in **care at home community-based services**. This additional recurring funding should help to fulfill unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

This funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

Funding of £40 million for 2021/22, has also been provided to **enable patients currently in hospital to move into care homes and other community settings**, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control.

Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP is unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

We will also build on the **Home First** approach through the launch of an improvement programme (in collaboration with the Centre for Sustainable Delivery). The Discharge without Delay Programme will engage teams across the whole patient journey, aiming to ensure all delay is prevented where possible and placing a strong focus on discharge to assess.

This approach will ensure local teams engage patients and their unpaid carers from the point of admission in the planning and preparation of safe and timely discharge, ensuring that strengths can be properly identified, goals discussed and expectations properly managed. We will use a **'Planned Date of Discharge'** approach and link with the wider multi-disciplinary team across seven days. We will put systems and processes in place to protect time for planning and joint decision making and to ensure we do not inadvertently cause or contribute to delay. This will also allow us to improve our understanding of where pressures and blockages are in the system. We will promote discharge to assess for the ongoing assessment of care needs in a more homely setting, ensuring in-patient stays are only as long as is clinically and functionally essential. Funding of £40 Million has been allocated to make provision for moving patients currently in hospital into care homes on an interim basis.

An additional £2.6 million has been shared between ten health boards so they can continue to develop **Hospital at Home** services to avoid admissions to hospital and we will work with Health Improvement Scotland (HIS) colleagues to monitor the progress of this work.

Day and Respite Services continue to have an important role in supporting adults with additional support needs and their families. Guidance remains that these services can re-open, and decisions regarding the re-opening of services should be made at a local level. These services provide a number of essential functions such as enabling those who attend to reconnect with friends and networks. In doing so they provide vital support to allow unpaid carers to continue in their role.

For **primary and community health care** support, a National Healthcare Framework for Adults and Older People Living in Care Homes Working Group has been established, which will focus on: Prevention; Anticipation and Supported Self-Management; Early Intervention; Urgent and Emergency Care; and Palliative and End of Life Care. A priority for the winter will be to ensure that there are good communication channels between care homes and primary care and the Working Group is developing an engagement strategy which will be used to share information to enable good healthcare for people living in care homes. As HSCPs develop the breadth of professionals working within their extended MDTs (e.g. District nurses, Care Home Liaison Nurses, AHPs and advanced practitioners), it is important that care homes understand who to contact and how to access both planned and urgent healthcare.

Keeping **Anticipatory Care Plans** up to date with details of what matters most to the resident within the care home, and if possible with information on how the person within the care home would like to be cared for if there was a sudden serious deterioration in their health (e.g. following an infection not responding to oral antibiotics) remains important in ensuring that the right care is provided. There should be a clear mechanism for sharing this information through the *Key Information Summary*.

The **oral health** sector continues to remobilise, despite dentistry not yet being back to business as usual. The sector is currently delivering around 50% of pre-pandemic activity due to the risks associated with aerosol generating procedures and associated infection prevention and control requirements. Recently announced Scottish Government funding to provide drills which do not create the fine aerosols and also to support more sophisticated ventilation systems in practices, in addition to revised IPC guidelines for dentistry, will provide further capacity in the system. During winter 2021/22, dentists will continue to optimise provision of a full suite of GDS services within the capacity available, providing urgent and essential care according to clinical priority. The Caring for Smiles Health Improvement Programme will consolidate its pre-pandemic support and Boards will continue to methodically re-engage with all their Care Homes to identify the backlog of care.

The community **eye care** sector has fully remobilised. Activity has returned to pre-pandemic levels and is available to all patients who require care. Practitioners who provide care in care homes and to patients in their own home are fully up to date with current protocols for isolation, the use of PPE and how to react to a COVID-19 outbreak within a care home, and will deliver services accordingly.

Audiology services are currently at around 80% of pre-covid levels of activity and that is set to increase following the recent changes to IPC guidance. A postal repair service will remain in place with turnaround times of 7 days, typically. Our plans to improve services will include training for care home staff and support from the third sector.

We continue to work closely with Boards around **community pathways**, including local Covid hub and assessment centre pathways. They have adapted to support local population needs and circumstances, and as we continue to respond to different phases in the pandemic, we have developed a number of supports including:

- a remote monitoring pathway to support people to self-manage Covid symptoms at home, helping to detect early signs of deterioration;
- support for GP practices to enable them to manage people with respiratory symptoms, including practice guidance around infection prevention and control measures;
- a national respiratory guidance document, which is currently out for consultation.

Scotland is already widely recognised for providing high-quality palliative and **end of life care**. The new Palliative and End of Life Care strategy recently announced in the Programme for Government will build upon and improve our services for palliative and end of life care by taking a whole system, public health approach. To support the development of the strategy, a new national clinical lead for palliative care will be appointed and engagement with key stakeholders and partners will continue throughout autumn/winter 2021-22.

The COVID-19 pandemic has had a significant effect on those in receipt of care, in addition to the social care workforce and unpaid carers. Our **Mental Health Transition and Recovery Plan** sets out our response to the mental health effects of the COVID-19 pandemic, containing over 100 actions which will continue into autumn/winter 2021-22, including:

- Working with local authorities to maintain community mental health and wellbeing services, with over 200 new services and supports having been established to date.
- Continuing to support the roll-out of Computerised Cognitive Behavioural Therapy – 16 CBT treatments are now available to all territorial Health Boards.
- Rolling out our Distress Brief Intervention (DBI) programme on a national basis (via its NHS24 pathway), with over 3,200 people having already benefited from support.
- Continuing to support the Clear Your Head campaign across radio, digital and TV, offering tips for people to look after their mental wellbeing.
- Supporting the expansion of the NHS 24 Mental Health Hub to be available to the public 24 hours a day, 7 days a week.

Further measures to address wellbeing concerns within the social care workforce are discussed at pp 7-8.

Links to training, funding and guidance in relation to maintaining high quality integrated services

- [Keeping a record of care - 1](#)
- [Keeping a record of care - 2](#)
- [COVID-19: Advice for people at highest risk](#)
- [COVID-19 Highest Risk List Survey Report July 2021](#)
- [Practice in the community setting](#)
- [Mouth care](#)
- [Palliative and end of Life Care](#)
- [Mental Health & Wellbeing](#)
- [Death and Bereavement](#)
- <https://learn.sssc.uk.com/coronavirus/hospitaldischarge/index.html>
- <https://www.careinspectorate.com/images/documents/6292/Supporting%20better%20oral%20care%20in%20care%20homes%202021%20-%20final.pdf>

Protecting those who use social care support from the direct impact of COVID-19 and other winter viruses

Infection Prevention and Control continues to be of paramount importance as we come to terms with the impact of the pandemic and apply lessons learned. It is also important to consider other infections that have outbreak potential within care homes. Respiratory infections such as influenza and RSV, and gastro intestinal infections such as Norovirus and C.diff, will all become more prevalent as physical distancing restrictions are eased.

In order to mitigate against these risks there will be continued support at NHS board level for IPC in care homes. The launch of a new national [IPC manual for care homes in May 2021](#) and implementation supported by a series of webinars delivered with partners: Antimicrobial Resistance and Healthcare Associated Infection (ARHAI), the Care Inspectorate, Health Care Improvement Scotland (HIS) and Health Facilities Scotland over the summer months should support the consistent application of standard infection control precautions (SICPs). The Care Inspectorate will be inspecting against the manual and this will provide assurance at national level. Providers and visiting health and social care professionals should continue to follow the Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum. Providers will be informed of any changes and updates to guidance.

The IPC sub group of the Clinical and Professional Advisory Group for adult social care continues to monitor progress against the [Outbreaks in care homes: root cause analysis review and action plan](#) that was produced last winter. As part of this, tools for local assurance of IPC are being developed with national agencies and sector partners represented on this group.

The *'Kind to Remind'* campaign developed as part of the COVID behavioural insights work will be adapted to be more health and social care specific to support best practice in relation to staff behaviours that might contribute to the spread of infection. The pandemic has highlighted a number of variations in the process for reporting of outbreaks and reporting systems across Scotland. CPAG has supported a proposal for a task and finish group to develop a standardised outbreak reporting process to be included in the national IPC manual for care homes and used across Scotland. IPC advice has also been updated for Care at Home, housing support and supported housing.

The primary objective of the **COVID-19 booster** programme is to maintain protection against severe COVID-19 disease, specifically hospitalisation and deaths, over winter 2021/22, and is aimed at maintaining protection in those most vulnerable, and to protect the NHS. The booster programme will run alongside our biggest ever flu vaccination programme. The booster dose can be offered any time at least 6 months after the second primary dose.

NHS Scotland are offering a booster dose to those most at risk first. For residents and staff in care homes for older people, local health boards are making arrangements with care homes to give flu and COVID-19 booster vaccines at the same time. Staff and residents will be vaccinated in the care home setting. If you are a member of staff working in a care home for older adults, you will likely be offered both vaccinations on site. You are able to book an appointment online if you were unable to be vaccinated on site. Frontline Health and Social Care Workers are eligible for the COVID-19 booster, and a wider group of Health and Social Care Workers are eligible for flu vaccination. These can be booked via the [NHS Inform portal](#). Employers in all parts of the health and social care system will be supported to communicate with their staff groups around eligibility and encourage uptake.

For **flu-only vaccinations**, in previous years, employers circulated the offer of local clinics in their work locations and offered workplace-based peer to peer vaccination programmes. While this type of workplace clinic will continue to be offered by some Health Boards this year, social care staff delivering direct care and support will also be able to use the online self-registration portal to register and self-declare that they meet the criteria for vaccination and book a time and venue closer to home or work that suits their individual needs. The NHS helpline will also be available for those who prefer to speak to someone by phone, and NHS Health Boards have flexibility to put in place a model of delivery which suits local planning and delivery.

Unpaid carers aged 16+ are also eligible for the COVID-19 booster vaccine. All unpaid carers and young carers are eligible for the free flu vaccine. Young carers in primary and secondary schools will be offered the flu vaccine as part of the schools programme. Those aged 70 or over will be contacted by their local NHS health board with details about their appointment. Information about how to arrange your flu vaccination for all other eligible individuals will be available soon. We want to ensure that all unpaid and young carers know they are eligible for the free flu vaccine. Some carers will be contacted directly to encourage them to book and there will also be a public marketing campaign to raise awareness and encourage people to come forward.

Testing to Protect against COVID-19 for those most vulnerable to severe harm, through routine asymptomatic testing, remains a priority. Routine weekly PCR testing and twice weekly LFD testing continues to be available for all care home staff in Scotland. Testing has now expanded to include residents entering or returning to a care home, all professionals entering a care home, and family visitors. Social care testing has also been extended to include care at home, sheltered housing, and a large number of community based services through a blend of LFD and PCR testing. Social care testing will continue to operate until at least the end of December 2021.

We continue to provide information, advice and support to enable and empower **people at highest risk from COVID-19** to make decisions about managing their own risks and circumstances and responding to population advice, as well as recovering and re-connecting with daily life and activities. Local authorities continue to provide local advice and support where needed. The Scottish Government is continuing to fund the National Assistance Helpline (NAH) until the end of 2021, which connects people, especially those at highest risk, to their local authority to provide local advice and support where needed. This includes access to food and medicine, as well as practical and emotional support. We continue to liaise with Regional Resilience Partnerships on demand and capacity for local support for those at highest risk from COVID-19. Last year, we gave those on the highest risk (shielding) list an opportunity to receive a free, 4 month supply of Vitamin D over the winter months. We have not asked people on the highest risk list to stay indoors this year, whereby they may have had less exposure to the sun. Our policy remains that everyone should consider taking a daily 10 microgram supplement of vitamin D to protect bone and muscle health, particularly during the autumn and winter months. Further action to raise awareness of current vitamin D advice, particularly amongst at-risk groups, is being considered and kept under regular review.

Across Scotland care home staff have worked incredibly hard to implement the principles of Open with Care **visiting** guidance, to support people who live in care homes to connect with their loved ones within and outwith the home. We will build on this progress and work with partners, including the Care Inspectorate and local oversight teams, to ensure that care homes continue to be supported to normalise visiting opportunities for people. Recognising the success of the vaccination programme, and with the range of other protective measures in place, a named visitor can visit during controlled outbreaks unless there are exceptional circumstances. The principle of allowing limited visiting in a managed COVID-19 outbreak situation takes account of the fact that social contact (with a family member, friend or representative) is essential to a resident's health, wellbeing and quality of life.

Throughout the pandemic, our overriding priority in care homes has been to safeguard and protect staff and residents from infection – but at times, that meant that residents were cut off from their loved ones, causing anguish for many. As outlined within the Fairer, Greener Scotland: Programme for Government 2021-22 published on 7 September, we will strengthen residents' rights in adult residential settings and bring in 'Anne's Law' – giving nominated relatives or friends the same access rights to care homes as staff while following stringent infection control procedures.

Our efforts to protect people from the virus and the **rights** of those we are seeking to protect are equally important and individual rights, wishes and preferences should be foremost in decision making. Access to advocacy services is available to help individuals express views, including support to communicate their decisions, wishes and concerns. A wide range of legislation is in place to protect, support and provide care to vulnerable adults, including the Adult Support and Protection (Scotland) Act 2007 and the Adults with Incapacity (Scotland) Act 2000. Both Acts are underpinned by the principles of actions or decisions being of benefit to the individual, and furthermore be the least restrictive option. In addition, both Acts highlight the importance of taking into account the views of those with a close interest in the welfare of the individual, such as families, guardians and those with Power of Attorney. To increase awareness of the duties of an attorney we will be updating the Codes of Practice for Continuing and Welfare Attorneys. Support is delivered and assessed consistent with the rights-based Health and Care standards.

Links to training, funding and guidance for protecting those who use social care support

- [Infection prevention & control](#)
- [Preventing infection in care](#)
- [Scottish Infection Prevention & Control Education Pathway - Foundation](#)
- [Testing](#)
- [Coronavirus \(COVID-19\): social care testing - gov.scot \(www.gov.scot\)](#)
- [Coronavirus \(COVID-19\): getting tested in Scotland - gov.scot \(www.gov.scot\)](#)
- [Presentation of infections in the older person](#)
- [Open with Care - supporting meaningful contact in care homes: guidance - gov.scot \(www.gov.scot\)](#)
- [Coronavirus \(COVID-19\): named visitor during outbreaks - letter and guidance for care home sector - gov.scot \(www.gov.scot\)](#)
- [Covid-19 advice note v14 28 Aug 2020.pdf \(mwcscot.org.uk\)](#)
- [Covid-19 vaccine](#)
- [Vaccination Programme](#)
- [Seasonal Flu vaccine](#)
- [Vaccinations for health and social care workers | NHS inform](#)

Working in partnership across health and social care organisations and unpaid carers

The strategic priorities set out in this Plan will be **reviewed and monitored** on a regular basis. Stakeholders from across the adult social care sector will continue to review, monitor and support implementation of the Plan through the Pandemic Response Adult Social Care Group (PRASCG). A System Response Group (SRG) has also been established, comprised of strategic leaders from across the Health and Social Care system, to provide strategic oversight of pressures across the system and to consider collective response and action at a national level. The Social Care GOLD group continues to meet twice weekly to assess system pressures and address emerging issues. It is chaired by Scottish Government and has representation from across local government, IJBs, and wider delivery partners.

The Clinical and Professional Advisory Group for Adult Social Care (CPAG) will continue to provide clinical and professional advice and guidance to support the social care sector during the pandemic. Our response to COVID-19 has benefited from dynamic and collaborative expert professional advice across social care. As we emerge from the pandemic, in addition to continuing to provide COVID support, CPAG's role will expand to provide a multidisciplinary perspective and voice in a range of social care reforms including the establishment of a National Care Service.



Multi-disciplinary teams (MDTs) within health and social care will continue to play a critical role in keeping people well and independent and delivering the right care at home or in the community to prevent unnecessary hospital admission through accessing a range of health, social care and other community services. MDTs are made up of a range of professionals from across healthcare services, social work and social care. The aim of the healthcare framework for care homes is to enable a more nationally consistent approach to MDT working, recognising differences in local context.

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance MDTs this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- scaling up Hospital at Home to prevent or avoid admissions.

Assurance and support to care homes to ensure the safety and wellbeing of residents will remain a high priority as the pandemic continues. The Care Inspectorate will continue to work collaboratively with services, member organisations and national stakeholders to support and drive quality improvement through:

- timely correspondence from the Care Inspectorate chief executive to care homes highlighting the key themes and trends from inspections and good practice noted;
- timely information presented to CPAG;
- the development of a series of COVID-19 winter webinars to support the care sector; and
- strategic development work with stakeholders such as Scottish Care.

The Scottish Government will continue to support the Care Inspectorate's assurance and improvement activity during the winter months, including examining further ways to share good practice and information within the care sector. We will also continue to assess the progress with the recommendations made in the root cause analysis report and continue to learn through reflecting on progress and importantly hearing from those in the sector.

The **Turas Care Management – Safety Huddle Tool** was developed as part of the response to the COVID-19 pandemic. The tool has made available, for the first time, a standardised data set on each adult care home in Scotland. One year on since the launch of the huddle tool, with response rates remaining high, we recognise the ongoing commitment of providers and local partnerships to the tool. The huddle tool continues to provide – in one place – key data and information to allow for early warning, escalation and timely intervention. The need for consistent and timely data has not gone away, and for that reason, making sure the huddle tool is being proactively used by all local partners to record, analyse and act upon information must continue to be a priority. The tool will be an important resource throughout the autumn/winter period for providers and as part of the enhanced clinical and professional oversight arrangements that remain in place. The Scottish Government will continue to provide support and training on the use of the tool as well as working with the sector to develop it further, and work with wider stakeholders to reduce the burden of data capture as much as possible.

A refreshed **Digital Health and Care Strategy** will set out the strategic approach to support digital in social care. As part of winter planning we will also:

- Continue to provide connectivity support and data packages for devices for a further year and we will extend the digital training and leadership package available to residents and professionals.
- Continue to roll out Near Me video consulting into our care homes and wider social care, facilitating Near Me social work reviews, duty social work and out of hours early adopters as appropriate.
- Support telecare providers with new guidance to support contingency planning for telecare services over the winter period. This will include supporting proactive telecare, remote working where appropriate and contingency when adverse weather or the pandemic are disrupting installation and responder services.
- Work with Alzheimer Scotland to increase uptake of the Purple Alert app for people with dementia if they are missing. We will also consider further innovative approaches to lifestyle monitoring that will support enhanced wellbeing from home.
- Continue to implement the Care Home Assessment Tool (CHAT) to support assessment and decision making.

Links to training, funding and guidance for working in partnership

- [A resource for team leaders in health and care settings.](#)
- <https://www.gov.scot/collections/adults-with-incapacity-forms-and-guidance/>
- [Delivering social care in a changing climate \(climatexchange.org.uk\)](http://climatexchange.org.uk)
- [Dementia, mobility, respiratory & breathlessness, mental health and communication](#)
- <https://lms.learn.sssc.uk.com/>
- <https://www.badges.sssc.uk.com/>
- <https://learn.sssc.uk.com/cyber/s>



Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2021

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80201-414-3 (web only)

Published by The Scottish Government, October 2021

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS946186 (10/21)



Meeting Title:	Integration Joint Board
Meeting Date:	26 November 2021
Agenda Item No:	11
Report Title:	Primary Care Improvement Plan: MOU2 Risk Paper
Responsible Officer:	Nicky Connor, Director & Chief Officer, Fife Health & Social Care Partnership
Report Author:	Bryan Davies, Head of Primary & Preventative Care Services Dr Helen Hellewell, Associate Medical Director

1 Purpose

This Report is presented to the Board for:

- Discussion

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

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

- GMS Implementation Group, 13 October 2021.
- HSCP SLT, 20 October 2021.
- EDG, 21 October 2021
- C&CG Committee, Friday 12 November 2021

3 Report Summary

3.1 Situation

This report is being brought to the Integration Joint Board (IJB) to provide an update on the risks associated with the 2018 GMS Contract Implementation Memorandum of Understanding 2 (MOU2) published on 30 July 2021 (Appendix 1).

3.2 Background

The 2018 GMS Contract refocuses the GP role as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership. All aspects are equally important.

The aim is to enable GPs to do the job they train to do and enable patients to have better care. GP and GP practice workload will reduce and refocus under the proposals, as the wider primary care multi-disciplinary team is established and service redesign embedded by the end of the planned transition period. People presenting to general practice will be seen by the right professional to meet their needs.

The contract proposes significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability. Sustainable general practice is critical for better care for patients.

A Memorandum of Understanding (MOU), between Integration Authorities, SGPC, NHS Boards and the Scottish Government covered an initial 3-year period 1 April 2018 to March 2021, and sets out agreed principles of service redesign (including patient safety and person-centred care), as well as ring-fenced resources to enable the change to happen. The scope of this programme is to deliver all priorities defined in the General Medical Services Contract (2018) and associated Memorandum of Understanding.

The MOU specifies 6 Key Points to provide guidance on what success looks like:

1. GP and GP Practice workload will reduce.
2. New staff will be employed by NHS Boards and attached to practices and clusters.
3. Early priorities will include pharmacy support and vaccinations transfer.
4. Work streams will engage all key stakeholders and involve patient/public and carer representatives to influence/ inform and agree measures for improvements in patient experience
5. Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
6. Transform Primary Care Service to best meet population needs

Responsibility for the delivery of the 2018 GMS Contract in Fife sits with both Fife H&SCP in terms of transformation/service delivery operational management of 2C practices and NHS Fife in terms of independent GP contractor service agreements, Section 2C managed GP Practices contract agreements, premises and IT.

A revised Memorandum of Understanding (MOU2) covering the period 2021-2023 was recently agreed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS. MOU2 recognises what has been achieved to date, but also that there is still a considerable way to go to fully deliver the GP Contract offer and commitments intended to be delivered by April 2021. It also reflects the impact of the Covid-19 pandemic and clarifies expected deliverables and timescales.

3.3 Assessment

The MOU2 states ‘implementation of multidisciplinary team working should remain underpinned by the seven key principles outlined in the previous MOU: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money. All six MoU areas remain areas of focus for the MoU signatories. However, following the joint SG/SGPC letter of December 2020, the parties acknowledge that the focus for 2021-22 should be on the following three services’:

Vaccination Transformation Programme

GP practices will not provide any vaccinations under their core contract from 1 April 2022.

- All vaccines provided under Additional Services will be removed from the Additional Services Schedules of the GMS Contract and PMS Agreement regulations in October 2021.

- The National Travel Health sub-group will re-convene and determine a 'Once for Scotland' travel health solution with substantial input from local areas by October 2021 and put in place by April 2022.
- GPs will retain responsibility for providing travel advice to patients where their clinical condition requires individual consideration.

Position: It is anticipated vaccinations will transfer from Fife GP Practices to NHS Fife by 1 April 2022.

Pharmacotherapy

NHS Boards are responsible for providing a pharmacotherapy service to patients and practices by 1 April 2022.

Whilst the Contract Offer and Joint Letter emphasise implementing the level one pharmacotherapy service, there are interdependencies between all three levels that require focus on the delivery of the pharmacotherapy service as a whole. NHS Directors of Pharmacy, supported by National Education Service for Scotland, will support the delivery of national workforce plans that will reflect the staffing requirements of the pharmacotherapy service, in particular what is required for delivery of a level one service for each practice, and the appropriate use and mix of skills by pharmacy professionals. This information has not been agreed/published as yet.

Position: Although Pharmacotherapy aim to deliver a full level 1 service to all 54 GP Practices by 1 April 2022, this is very unlikely due to workforce availability and short timescale to implement. This will result in the need for a transitional arrangement with some Fife GP Practices for level 1 pharmacotherapy services from 1 April 2022. However detailed work has been undertaken to allow understanding of the workforce required. There is a plan to recruit in a phased way to at least the minimum level of staffing needed to deliver level 1 pharmacotherapy to minimise the time spent in transitional arrangements. During transitional arrangements General practice will continue to deliver this service to patients.

Community Care and Treatment (CTAC)

NHS Boards are responsible for providing a Community Treatment and Care (CTAC) service from 1 April 2022. Services will be designed locally, taking into account local population health needs, existing community services as well as what brings the most benefit to practices and patients. Including, but not limited to:

- Phlebotomy service
- Minor injuries and dressings service
- Ear syringing service
- Suture removal service
- Chronic disease monitoring and related data collection
- Other services

Position: CTAC services will not be delivered in full by 1 April 2022 and will require transitional arrangements and payments with Fife GP Practices. CTAC will be delivered in two phases.

Phase 1 will deliver 60% of CTAC services by 2021/22. The proposal is based on the assumption that the service would be able to recruit a high number of AFC Band 5 Registered Nurses quickly, which could be challenging over winter months and put pressure on nursing teams across the Health Care System.

Phase 2 will deliver 100% of CTAC service by 2022/23.

Transitory Arrangements

Following Regulation change, HSCPs and Health Boards will be responsible for providing vaccination, pharmacotherapy and CTAC services to patients and GP practices.

GP practices will support HSCPs and Health Boards to provide MoU services in two ways to help ensure patient safety:

The treatment of patients requiring medical care that is immediately necessary such as an immediate need for wound care, phlebotomy or repeat prescriptions. HSCP/Health Board MoU service provision must minimise the need for immediately necessary support from GP practices.

Temporary support of routine MoU services, where necessary, under transitory service arrangements from 1 April 2022.

SG and SGPC will negotiate transitory service and payment arrangements where practices and patients still do not benefit from nationally agreed levels of HSCP/HB vaccination, pharmacotherapy, and CTAC services after 1 April 2022. Transitory service arrangements are not the preferred outcome or something seen as a long-term alternative. All parties locally should remain focused on the redesign of services and delivery of the MoU commitments and transitory arrangements should not be seen as a desired alternative. A set of principals for how transitory services and payment arrangements will work is awaited from Scottish Government and SGPC

Recent experience of seasonal Flu Vaccinations not transferred by 1 October 2021 is that Scottish Government make amendments to the GMS contract and PMS agreement regulations removing the service from GP contracts with effect from a specified date. A guidance circular is then issued to health boards advising how to serve notice to practices who are required to continue providing the service not transferred by the deadline.

3.3.1 Quality/ Customer Care

The programme team in collaboration with Fife GP Clusters and Fife LMC/GP Sub Committee work closely to ensure equity of service provision and deployment of GMS Contract resources based on GP Practice/GP Cluster priorities and demographic need, to ensure equal access for Fife citizens and reducing health inequalities.

Full delivery of Multi-disciplinary Teams is expected by 2023/24. Further advice from MOU parties on the delivery of Additional Professional Roles (including mental health roles) is expected by the end of 2021.

GP practices will support HSCPs and Health Boards to provide MoU services in two ways to help ensure patient safety:

The treatment of patients requiring medical care that is immediately necessary such as an immediate need for wound care, phlebotomy or repeat prescriptions. HSCP/Health Board MoU service provision must minimise the need for immediately necessary support from GP practices. Temporary support of routine MoU services, where necessary, under transitional service arrangements from 1 April 2022.

3.3.2 Workforce

The Primary Care Improvement Plan requires some staff previously employed by GP Practices to TUPE over to NHS Fife employment. There is the potential for clinical/staff opposition to the transfer of GP Practice employed staff over to NHS Fife. The Primary Care Nursing Transformation Group will revisit the TUPE scoping exercise undertaken in 2019/20 to understand the current position.

The majority of staff appointed to Fife GMS Contract roles have been internal candidates, not new staff. This creates pressures elsewhere in the system. However phased recruitment has mitigated this risk and more recently we have started to attract some external candidates.

The pipeline/lead time for qualified clinical roles such as Advance Nurse Practitioners and Pharmacotherapy staff is approximately 18 months. Many of the staff appointed to Fife GMS Contract roles are in training and require GP supervision/mentoring further impacting on GP and GP Practice capacity.

3.3.3 Financial

The cost to fully implement the GMS Contract in Fife based on models of care approved by the GP Clinical Quality Group and GMS implementation Group is estimated to be approximately £23m. The 2021/22 (Year 4) Primary Care Improvement Fund (PCIF) allocation is £10.5m. A gap in funding of £12.5m. A detailed plan for the use of PCIF reserves should be developed in order to part fund MOU2 implementation for the next two years. However further consideration of the financial consequences and associated risks will need to be explored, once the details of transitional arrangements are received and further discussion with Scottish Government has taken place, to ensure full implementation of the primary care improvement plan as detailed in MOU 2 can be achieved.

3.3.4 Risk/Legal/Management

There is a joint financial and reputational risk between NHS Fife and Fife HSCP if CTAC, Vaccinations or Pharmacotherapy services do not transfer in full by April 2022 because there is insufficient Primary Care Improvement Funding, resulting in the need for transitional agreements and payments to Fife GP Practices.

There is a joint financial and reputation risk between NHS Fife and Fife HSCP because there is insufficient premises for workforce and services to operate from.

There is a risk if the roles and responsibilities of the directors involved in the implementation of the primary care improvement plan under the terms of MOU2 are not clear then this will lead to a lack of clarity around governance and decision making and escalation of risks and issues for action.

In order to mitigate this in line with the corporate objectives The Director of HSCP is the lead director for “ Supporting the primary care providers reform service delivery for people of fife in line with Primary care transformation plan and MOU “ and is therefore leading on this work all other directors are critical contributors. The Director of Pharmacy and Medicines is leading on the development and delivery of a pharmacotherapy service and will be responsible for the development and delivery of the pharmacotherapy service in line with national direction and GMS contract. The Medical Director is leading on collaborate and redesign urgent care to which this work needs to closely align and has responsibility to ensure that there are safe effective primary medical services for the people of Fife.

3.3.5 Equality and Diversity, including Health Inequalities

An EqIA has not been completed at this time, we are still awaiting national guidance on whether this is necessary for this programme. We will continue to consider the need for this.

3.3.6 Other Impact

None

3.3.7 Communication, Involvement, Engagement and Consultation

There has been no engagement or consultation with stakeholders on MOU2 in the preparation of this paper due to reporting timescales.

3.4 Recommendation

- **Discussion** – The Integration Joint Board is asked to consider and discuss the implications of this report and the following recommendations:
 - Assurance is sought from the finance meeting with Scottish Government. Once this is obtained, it is recommended that the required posts in order to deliver CTAC and VTP and pharmacotherapy be recruited to on a permanent basis.
 - PCIF funding reserves should be utilised in order to implement MOU2 phase 2 for the next two years.
 - The financial consequences and associated risks from full PCIP implementation be further explored with Partners once transitionalary

payment details are received.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Guidance to Health Boards

5 Implications for Fife Council

n/a

6 Implications for NHS Fife

n/a

7 Implications for Third Sector

n/a

8 Implications for Independent Sector

n/a

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT member only

Lead	Bryan Davies/Helen Hellewell
Critical	
Signed Up	
Informed	

Report Contact

Bryan Davies
Head of Primary & Preventative Care Services

Helen Hellewell
Associate Medical Director

Email bryan.davies2@nhs.scot Helen.hellewell@nhs.scot

Primary Care Directorate
General Practice Division



Addresses

For Action

Chief Executives NHS Boards
Chief Officers for Health and Social Care Partnerships
GP Practices
NHS National Services Scotland

For Information

Scottish General Practitioners Committee
Primary Care Leads NHS Boards

Policy Enquiries to:

Michael Taylor
Primary Medical Services
1 East Rear
St Andrew's House
Edinburgh
EH1 3DG

Tel: 0131-244-5483

Michael.Taylor@gov.scot

28 September 2021 Dear

Colleagues

GUIDANCE TO HEALTH BOARDS TO SERVE NOTICE TO PRACTICES TO CONTINUE TO DELIVER VACCINATIONS DEADLINE FOR RURAL FLEXIBILITY AND OPTIONS APPRAISAL

1. Vaccinations which are still in the core GP contract under the Additional Services Schedule will be removed by October 2021.
2. Following negotiations with SGPC, the amendment regulations that will give effect to this commitment have been laid before the Scottish Parliament, with a view to coming into force from 18 October. These can be found at <https://www.legislation.gov.uk/ssi/2021/302/contents/made>
3. These regulations are complicated and only form part of the picture of what is changing. It is important to understand that they will be accompanied by Scottish Government directions which we have agreed with SGPC and will contain a number of elements:
 - From October 18th, the Vaccination & Immunisations and Childhood Vaccination Additional Services will be removed from regulations. Boards will however be able to serve notices (under regulation 33A of the amended GMS regulations) to practices that will require them to continue to deliver vaccinations that were providing these additional services from October to April 2022.
 - **We anticipate boards serving notices to every practice that was previously providing vaccinations under the Additional Services Schedule. It is important to understand that these notices will require practices to continue providing these vaccinations but only until 1 April 2022 at the latest. Funding will continue under the core GP contract.**
 - Boards will also be able to serve notices (under Schedule 2A of the amended GMS Regulations) to practices to continue delivering these vaccinations in the longer term beyond this where the Boards remain unable to deliver these vaccinations

- from April 2022. Comprehensive Directions will be issued such that any ongoing practice involvement in these vaccinations beyond 1 April 2022 will only be under the terms of the transitional service arrangements (including additional payment arrangements) which we are working to negotiate and agree with SGPC or for those remote rural practices where it has been assessed in an options appraisal that practice-delivery is the only option for vaccine delivery (we are also negotiating service and payment arrangements for these practices with SGPC). Under no other circumstances will practices provide vaccinations under national regulations from April 2022. The options appraisal process was established in 2019 and, where it is sought by HSCP partners and has not been completed already, should be completed as soon as possible (see below). The directions will set a final date by which initial options appraisals must be carried out before practices can be served notice to continue delivering vaccinations due to their exceptional remote rural situation.
 - Practices currently have the ability to opt-out of Additional Services and the directions that will accompany these regulations will set out similar arrangements that will apply going forward.
4. This is a complicated process and the publication of these regulations is only one piece of whole process, but we will share details of the other components when we are in a position to do so.

RURAL FLEXIBILITY AND OPTIONS APPRAISAL

5. In 2019 the Scottish Government issued [guidance](#) to HSCPs about the exceptional circumstances where some remote or rural GP practices would continue to deliver one or more MOU services that would otherwise be transferring to Health Board employed staff as part of the implementation of the 2018 GP Contract.
6. The guidance sets out that an options appraisal should form part of the PCIP process and the National GMS Oversight Group will have a role reviewing PCIPs and trackers to ensure a consistency of approach to the process. As part of this role, they will also review the decisions and supporting evidence to ensure this process has been followed.
7. As with the options appraisal for vaccinations it is important to give both GP practices and the wider system certainty of what services will not transfer as an outcome of the rural options appraisal process. The Scottish Government and SGPC will negotiate a separate arrangement including funding for these practices who will continue to provide services after 1 April 2022.
8. We would therefore request that all options appraisal exercises, including those for vaccinations, are completed by HSCPs and shared with the National GMS Oversight Group by 31 December 2021.

Enquiries

9. Any enquiries resulting from this letter should be raised with Michael Taylor.

Yours sincerely



Naureen Ahmad

Deputy Director and Head of General Practice Division



Meeting Title:	Integration Joint Board
Meeting Date:	26 November 2021
Agenda Item No:	14
Report Title:	Statement of Intent for Support for Unpaid Carers
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Report Author:	Scott Fissenden, Change & Improvement Manager

1 Purpose

This Report is presented to the Board for:

- Discussion
- Decision

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

- 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.

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 paper and the Statement of Intent to which it refers will be considered by the following groups as part of process of development to settle on an agreed policy position. The groups will be asked to support the content, and their feedback will inform the development of the content presented in this report.

- Senior Leadership Team - 22 September 2021.

- Finance & Performance Committee - 7 October 2021 – The Committee wished to highlight and pay tribute to the unpaid carers across Fife and the significant role they play in supporting the person they care for.
- Integration Joint Board (IJB) – 22 October 2021 – Update required on the process and requirements of the statement of intent.

Following this meeting the carers strategy group has met and formally agreed the content and indicated this was a requirement by the Scottish Government that IJBs have this in place. The statement of intent will become a useful tool which will be used to develop our action plan and report on performance.

3 Report Summary

3.1 Situation

Fife Health & Social Care Partnership has been asked to prepare a statement of intent regarding the support made available for unpaid carers. It outlines our intentions and confirms our commitment to enhance the support for unpaid carers across Fife through the development of new support as necessary, and the ongoing investment in the support already in place. Once agreed the statement will form the basis of our future strategy as it is developed over the next year. The Board is asked to consider the statement and endorse the intent outlined therein.

3.2 Background

There are over 35,000 unpaid carers in Fife. Since 2018 the partnership has delivered a significant increase in the investment to support unpaid carers as it delivered on the requirements of the Carers (Scotland) Act 2018. A note of these improvements is included in the appendix.

A Carers Strategy regarding unpaid adult carers, and a separate strategy for unpaid young carers, are in place. There are very few duties or supports in place that relate to only one of these audiences. Therefore, it is our intention to use this Statement of Intent to develop a new single carers strategy for Fife that relates to all carers, young and adult.

This statement outlines our position regarding support for unpaid carers in Fife. It marks our commitment to them in a similar way as expressed in the Scottish Government and COSLA joint statement of intent on the Independent Review of Adult Social Care which specifically said agreement had been reached to deliver to *“ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.”*

Due regard has been given to the recommendations arising from the Review of Adult Social Care as they relate to unpaid carers during the development of this statement. These recommendations have been incorporated into the statement where appropriate and will feature in the new strategy once it has been developed.

3.3 Assessment

3.3.1 Quality/ Customer Care

This statement embodies our intention to continue to invest in significant additional support for unpaid carers where resources are available. It also notes the improvements in support already in place all of which goes to the intention of providing unpaid carers with an improved caring experience. The

key measure of success is unpaid carers feeling they have been supported which will be evidenced through periodic sample surveys of those who have received support through the commissioned services arising from our commissioning strategy as it relates to the Carers Strategy and this statement. Quality assurance will be assessed through the usual contract management processes including periodic reviews and reporting of progress made.

3.3.2 Workforce

Part of the support for unpaid carers includes additional support to build knowledge, skills and capacity of our workforce, both internal and that of externally commissioned partners. This Statement underlines that commitment to providing colleagues with the necessary sources of information and access to support in order that they are better able to serve their customers and maintain a real sense of positive job satisfaction and mental well-being for their efforts.

3.3.3 Financial

The Cabinet Secretary for Health and Sport set out the Scottish Government's clear position that the funding received from the Scottish Government for the purpose of supporting unpaid carers will be used to invest in new or expanded support for unpaid carers. As noted in the statement, the partnership undertakes to meet this policy expectation. The investments made to support carers will come from the resources made available specifically for that purpose. As such, the support available to carers will not have a detrimental effect on the financial position of the partnership.

3.3.4 Risk/Legal/Management

This Statement contributes to ensuring the partnership meets its Duties laid down in the Carers (Scotland) Act 2018. There are no specific risk factors associated with this Statement.

3.3.5 Equality and Diversity, including Health Inequalities

The support available to unpaid carers is available to any carer who wishes to receive it and is free of cost. Where there is a potential for inequality we have made investments to ensure carers rights to support are enhanced. For example, support measures have been put in place to provide specialist support for carers who might otherwise not receive the fullest possible support, for example carers who live with sensory loss. Additionally, a range of advocacy support has been commissioned specifically to ensure unpaid carers receive their rights including access to financial support. This demonstrates our commitment to ensuring we deliver the expectations to supports the Public Sector Equality Duty et al.

An impact assessment has not been completed because this statement serves only to outline the proposed intentions for the partnership and to set a course for the development of a new Carers Strategy for Fife; it does in itself propose any new policies or services.

3.3.6 Other Impact

The statement applies to both adult carers and young carers and as such will also be subject to consideration by the appropriate committees and decision-making bodies in Fife Council that are responsible for young carers.

3.3.7 Communication, Involvement, Engagement and Consultation

The statement has not be subject to public engagement and consultation. If adopted unpaid carers and other interested parties will be engaged through a range of appropriate communications and engagement mechanisms to determine the detail required within the refreshed strategy documents and investment and improvement plans.

3.4 Recommendation

- **Discussion** – examine and consider the implications of a matter
- **Decision** – agree / disagree

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Supporting Unpaid Carers in Fife – Statement of Intent.

Appendix 2 – Examples of new investments made by Fife Health & Social Care Partnership.

5 Implications for Fife Council

This Statement of Intent will establish the policy position as regard to future investment in support for unpaid carers in Fife. It will set the direction for the development of the new Carers Strategy for Fife.

6 Implications for NHS Fife

Same as for Fife Council.

7 Implications for Third Sector

There are no direct implications for the third sector at this time arising from this statement. Future investments in support for unpaid carers may be commissioned from third sector partners, as has been the case since The Act was introduced.

8 Implications for Independent Sector

There are no direct implications for the independent sector arising from this statement.

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 Scott Fissenden, Change & Improvement Manager - scott.fissenden@fife.gov.uk

APPENDIX 1 - SUPPORTING UNPAID CARERS IN FIFE – STATEMENT OF INTENT

Introduction

The Integrated Joint Board of Fife Health & Social Care Partnership is pleased to publish this statement of intent supporting unpaid carers. Carers play a pivotal role in our society and through their generous energy and never-ending efforts Fife's civic society remains strong and healthy. We are indebted to the 35,000+ unpaid carers in Fife whose numbers are increasing every year, plus the many unpaid carers who may not identify with such a role.

We are delighted to confirm that it is our intention to at least maintain the current levels of financial and resources investment to support unpaid carers and, as and when additional funding for unpaid carers support becomes available, we commit to ensuring the money is used to invest in and expand and improve carer support.

This statement contributes to our overall view and approach to supporting unpaid carers. It marks our commitment to them in a similar way as expressed in the Scottish Government and COSLA joint statement of intent on the Independent Review of Adult Social Care which specifically said agreement had been reached to deliver to *“ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.”*

Investing in Carer Support

Since the introduction of the Carers (Scotland) Act 2018 Fife Health & Social Care Partnership has made significant improvements in support for unpaid carers. In 2021-22, we plan to invest in new supports for unpaid carers and the continuation of other support to carers where the previous funding had expired.

Examples of how we have invested in building capacity to support unpaid carers since the commencement of the Act in 2018 are noted in appendix A.

It is the intention of the IJB that the money will be used to invest in new or expanded or improved support for unpaid carers, in line with the policy expectation as noted by the former Cabinet Secretary for Health & Sport in her letter to Chief Officers of March 2021.

Statement of support for the Carers Act Implementation Plan

The Carers Strategy for Fife 2018 – 2021 was agreed by the Board in June 2018. In the introduction to that strategy our then Chair of the Board and Director of the Partnership, on behalf of the organisation, both signed up to welcome the Carers (Scotland) Act 2016. In that introduction they made a clear commitment to *“...make new investments to ensure the things that carers have said matter most to them are improved, such as the easy access to information, access to support and enabling carers to be more involved in care planning for the people they care for before they are discharged from hospital.”*

The strategy outlines our commitment to supporting carers and advanced a mission statement that says:

“Carers will have access to high quality information at a time and place that best meets their needs, which enables them to make positive choices to thrive and flourish as a carer for as long as they want to, and to live a happy and fulfilling life alongside their caring role”.

Today we are pleased to reiterate our commitment of support to the principles outlined in the previous Carers Act Implementation Plan which we feel we have delivered on through strong leadership and robust action. As and when this implementation plan is refreshed, we will take the appropriate steps to ensure we maintain the expectations of the plan, as a minimum, and where possible exceed these expectations to provide carers in Fife with the best possible chances of thriving in their caring role with our help.

Further, we commit to continuing to take concrete action to ensure improvements for carers’ welfare, well-being and support include investment in support, raising awareness, and developing our workforce to meet the continuing aspirations and needs of carers in Fife.

Statement of ongoing support in the Carers Leads Network and Carers Centre Manager Network

Fife Health & Social Care Partnership values the work of the Carers Leads Network convened by officers of the Scottish Government. We confirm our intention to maintain positive links and to share practice and learning to ensure carers across Scotland can benefit from joint working.

Additionally, we pledged to encourage our partners in Fife’s strong but independent voluntary sector to participate both locally and nationally in appropriate forums.

We have a strong commitment to ensuring carers voices are recognised with active engagement and participation at all levels of the decision-making process. The Board includes representatives who specifically represent carers’ viewpoints, and other members who are also unpaid carers.

In addition to Board representation, we have invested in locality planning groups each of which includes carer representation, and these members are supported to come together periodically to share their perspective and develop their own networks of local carers thereby strengthening their collective voices.

During 2021/22 we will undertake a project to evaluate the impact of our commissioned carer support in advance of developing the new Carers Strategy for Fife. Organisations from whom we recommissioned support for carers will be asked to make a positive commitment to a new local carers organisational network where close partnership working will be strongly encouraged. We believe this will strengthen the overall approach to supporting carers and ensure collectively we take a holistic view of carers’ needs for support and provide best value for the public purse.

Review of Carers Strategy

The Carers Strategy for Fife is due to be refreshed in 2021/22. This timely review will provide us with the opportunity to ensure that we incorporate as appropriate the recommendations of the Independent Review of Adult Social Care.

Since the independent review was published, we have taken the opportunity to conduct a desktop review of the recommendations which relate to carers support. We believe we are already in compliance with the recommendations but welcome the chance to review this more fully and formally when the carers' strategy review takes place.

Carer engagement will again play a significant part in the process of refreshing the strategy. It will also give us the opportunity to canvas carers' strength of support for the recommendations as regard to carers, that are included in the Independent Review of Adult Social Care. We commit to ensuring these recommendations are fully considered as part of the local carers' strategies' review process.

Declaration of Agreement

In developing this statement of intent, it has been reviewed and endorsed by the local Carers Strategy Groups for both adult carers and young carers and has been shared with commissioned partner organisations to ensure they agree with the broad intentions. The statement was presented to the partnership Board for their consideration and agreement after receiving endorsement from the senior leadership team.

Statement to be signed by:

- IJB Chair
- Director of HSCP
- Carers Rep.

APPENDIX 2 - EXAMPLES OF NEW INVESTMENTS MADE BY FIFE HEALTH & SOCIAL CARE PARTNERSHIP TO SUPPORT UNPAID CARERS SINCE THE COMMENCEMENT OF THE CARERS (SCOTLAND) ACT CAME INTO EFFECT.

2018

- A new general advocacy support for unpaid carers through voluntary sector partners. This shared service supported both adult carers as well as young carers through a partnership between Fife Carers Centre and Fife Young Carers.
- Investment to confirm the continuation of the successful Carers Hospital Discharge Support Pilot scheme at Victoria Hospital in Kirkcaldy as a mainstream service, provided in partnership with Fife Carers Centre.

2019

- The introduction of new locality support worker through Fife Carers Centre to deliver a more focused and easy-to-access general support service in each local in Fife.
- A new Income Maximisation Support specifically for unpaid carers introduced in 2019. This service is provided by Citizen's Advice & Rights Fife.
- Additional investment to expand the scale of the Carers Hospital Discharge Support Pilot scheme at Victoria Hospital in Kirkcaldy.
- Funding to support the introduction of a new Carers Hospital Discharge Support Pilot scheme at Queen Margaret Hospital in Dunfermline, delivered through Fife Carers Centre.
- Introduction of a new befriending support service for young carers in a partnership between Fife Young Carers and LEAD Scotland.
- Commissioned Fife Voluntary Action to create and support a carers representative group to increase the voice and views from carers to aid policy and strategy development and provide the IJB member with their own constituency of views for improved participation.
- Purchased access to the Carers Scotland Digital Resource for carers in Fife.

2020

- Doubled the investment in general advocacy support for unpaid carers to include dedicated support for adult carers and separately for young carers.
- Matched the existing funding from dementia resources to double the specialist support available to carers of people living with dementia. Provided by Fife Carers Centre.
- Since 2020 we have matched the Scottish Government funding to support the Creative Breaks scheme which in Fife is administered through Fife Voluntary Action.
- Replacing expired funding from 2020 to help young carers access a short break from their caring role in the form of the Time for Me funding (similar to Creative Breaks) also administered through Fife Voluntary Action.
- Commissioned specialist support for carers affected by mental health either through caring for someone with mental ill-health or helping the carer to maintain their own mental health. Service delivered through a partnership with Fife Carers Centre and Support in Mind Scotland.
- Invested in a new support service for carers affected by sensory impairment either as a carer or as someone who themselves has sensory loss. Delivered through a specialist in sensory loss, DeafBlind Scotland.
- Creation of a Participation & Engagement Team to support greater involvement of carers, and others, in shaping policy and influencing strategy direction for the partnership including leading the engagement activities for the refresh of the carers strategies.

- Funding to support the introduction of a new Carers Hospital Discharge Support Pilot scheme across the community hospitals in Fife, including Stratheden Hospital, delivered through Fife Carers Centre.
- A further additional investment to double the scale of the Carers Hospital Discharge Support Pilot scheme at Victoria Hospital in Kirkcaldy.
- In 2021 a specialist advocacy support service to help unpaid carers secure a Power of Attorney or Guardianship to give them greater control of their caring role. This service is delivered by Circle Advocacy.
- Provide funding to develop capacity building initiatives for voluntary sector partners in Fife and ensure all partners are linked. Support provided by Fife Carers Centre to other commissioned carer organisations.
- Match funding for Fife Carers Centre to provide a specialist support to carers of people with neurological conditions, matching external resources they had secured.

2021

- Provision of a dedicated budget and workforce resources to support better access to Self-Directed Support options for unpaid carers who meet local eligibility criteria but whose needs for support cannot be met from universal support.
- Introduction of a Carers Community Chest where carers in each locality will request funding to develop new or enhance existing community led support for unpaid carers. Each locality will benefit from up to five projects in their locality with each awarded up to £10,000 each to deliver improved capacity to support unpaid carers.
- Fife Young Carers have been commissioned to double the scale of their service supporting unpaid young carers in schools through increased capacity in the school education team.
- Fife Young Carers will support young carers in the process of transitioning to adulthood as a carer through a commission to increase capacity.
- Fife Young Carers will deliver a new project to support young carers and their families through a family intervention support project. This will create opportunities to take a whole family holistic approach to support, future planning and crisis avoidance.



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 1ST OCTOBER 2021, 1000hrs - MS TEAMS

- Present:** Councillor Tim Brett (Chair)
Christina Cooper, NHS Board Member
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
Rona Laskowski, Head of Complex and Critical Care Services
Lynne Garvey, Head of Community Care Services
Cathy Gilvear, Quality Clinical & Care Governance Lead
Wilma Brown, Employee Director
Simon Fevre, HSCP LPF Co-Chair (Staff Side)
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
- In Attendance:** Carol Notman, PA to Chief Finance Officer (Minutes)
- Apologies for Absence:** Nicky Connor, Director of Health & Social Care
Bryan Davies, Head of Preventative and Primary Care Services
Janette Owens, Director of Nursing Corporate Services
Chris McKenna, Medical Director

No	Item	Action
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS Cllr Brett welcomed everyone to the meeting noting that he was pleased to hear at the last Board Meeting that positive Covid-19 numbers were falling within Fife but noted that there was still considerable pressure on all services. Cllr Brett noted that the Consultation regarding the National Care Service had commenced and encouraged all who could to attend an event to do so if they could and noted that the Development Session on Friday 8 October 2021 will be focussing on the consultation.	
2	DECLARATION OF MEMBERS' INTEREST There were no declarations noted.	
3	APOLOGIES FOR ABSENCE Apologies were noted as above.	

4	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 08 SEPTEMBER 2021</p> <p>The minutes were agreed as an accurate record of the meeting.</p>	
5	<p>ACTION LOG</p> <p>Cllr Brett noted the Action Log of 08.09.21.</p> <p>Christina Cooper queried whether there was an update regarding the referral times for CAMHS. Rona Laskowski confirmed that the average waiting time for a new referral is 11 weeks. The backlog has been reduced to 221 patients with the majority of these being waiting between 18-38 weeks. Rona Laskowski confirmed that the numbers waiting for 38+ weeks will be reported in full at the November Meeting.</p> <p>There was discussion around the report also being tabled at the Finance and Performance Committee and the reason for this, which Rona Laskowski advised was due to the level of additional revenue that the Partnership has received for the service.</p> <p>Martin Black noted that NHS Fife Board Meeting is still reporting that there are people who are waiting more than 2 years on an appointment and asked for reassurance that this is not the case. Rona Laskowski assured the committee that there was no-one who was waiting more than 2 years for a CAMHS appointment as of September 2021 and noted that the confusion may be due to backlog for Autism Diagnosis.</p>	
6	<p>GOVERNANCE</p>	
	<p>6.1 Professional Lead Update</p> <p>Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance.</p> <p>Lynn Barker noted the services continued to face significant challenges with workforce to ensure that staffing is adequate across all services advising that there are safety huddles held on a daily basis with medium and long-term plans in place.</p> <p>Cllr Brett noted that the Fife Courier (1.10.21) was quoting Wilma Brown in a story regarding staff morale. Wilma confirmed that everybody is doing everything they can to ensure that the levels of staff are safe, unfortunately there are not always enough people to do this and it would be remis of her if she did not highlight concerns. Wilma noted that the senior nurses within community hospitals have asked for new reporting levels (critical / stable / optimal) and noted that she hoped that the current critical status will not become the new “norm” and noted that this is not how we would want to work.</p> <p>Martin Black noted that Fife has managed to recruit 150 new nurses, noting that the service has identified the problem but what is the solution? Wilma Brown noted that the 150 nurses coming into Fife are brand new qualified nurses who will need a period of settling in and orientation. These nurses will require support so for a short period they will be adding to the burden and tasks but one that the senior nurses are delighted to take on. Wilma confirmed that the 150 nurses coming in are not included in the large number of vacancies.</p> <p>Lynn Barker confirmed that staff are exiting the service like never before, but confirmed that everything is being done to fill the vacancies, but noted that there are not enough registered nurses to fill all the vacant posts. Lynn</p>	

	<p>confirmed that the services are looking at the non-registered workforce and how they can support care delivery and registered staff. Lynn noted that the service is in communication with Boards who have successfully undertaken international recruitment.</p> <p>Cllr Ross queried whether admissions for covid positive patients were still increasing and asked where the service was with GP and appointments with regards level of demand, and has this changed over the last few weeks?</p> <p>Dr Hellewell confirmed that within General Practice the service was working hard to increase the number of “face to face” appointments and noted that support is being offered to practices who are finding remobilisation challenging. Dr Hellewell noted that the increase in covid positive patients has impacted on primary care as there is complicated guidance for GP Practices with regards to social distancing and the variety of patients attending for appointments, including immune-compromised patients, requiring face to face appointments mean that some Practices find it challenging to remobilise as they would wish.</p> <p>Cllr Brett queried if there were any services that could be reduced or stopped to support the services that are under extreme pressure, noting that some day care services have not reopened and queried if there are staff from these services that could provide support. Fiona McKay confirmed that Social Care has been experiencing the same unprecedented pressure that the acute services have been facing and noted that the Partnership have been working closely with the acute services to provide support with an additional ward being opened for a short time at the Queen Margaret Hospital to alleviate pressures.</p>	
	<p>6.2 Clinical Quality Report</p> <p>Dr Hellewell noted that the report highlighted that the Healthcare Associated Infection rates had improved compared to the previous year. It has been agreed that a deep dive is going to be undertaken within Mental Health Services looking at ligature incidents and restraints in particular when the prone restraint is required to be used.</p> <p>Lynn Barker noted that there has been a deterioration in the number of falls within the Community Wards and the Clinical Care Governance Team is providing support and working with the clinical teams.</p> <p>Lynn advised, due to the pressures within the service that SAER reporting has been amended but confirmed that reporting of incidents continues within DATIX. Simon Fevre noted concern that there are a few SAERs related to violence against staff members and that he would be concerned if these investigations did not progress, in particular the learning and feedback to staff involved in these incidents. Dr Hellewell confirmed that these reviews will be continuing.</p> <p>Cllr Ross queried the increase in falls within community wards and given the pressure that staff are currently under how can we ensure that falls do not increase. Lynn Barker advised that there has been a lot of work undertaken, with a robust falls assessment undertaken on admission and care plans and action plans being put in place. It was noted that although reduced staff numbers are an ongoing risk, falls prevention uses a Multi-Disciplinary Team approach.</p>	

	<p>6.3 Mobilisation Plan/Current Situation</p> <p>Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance</p> <p>Lynn Barker noted that it was not just the increasing covid patients that required Ward 8 to be reopened, there is also a considerable number of patients with complex medical conditions requiring care; and in order to open the ward careful redeployment of staff was used to ensure there was minimal impact on all other services.</p> <p>Cllr Ross queried whether capacity in other community hospitals had been reviewed. Dr Hellewell confirmed that all options had been reviewed.. Although it is challenging to reopen Ward 8</p> <p>Cllr Brett queried with regards day care and what the current national advice is for day case both in house and external. Fiona McKay noted that the remobilisation of day care has happened with support from Public Health. Fiona noted that although In-House provision has not currently opened there is a whole range of support to help people undertake different activities within their local community. Cllr Brett asked if it would be possible for a paper on Day Care Facilities be tabled at the next meeting.</p>	<p>FMcK</p>
	<p>6.4 Mental Health Strategy Update on Implementation</p> <p>Cllr Brett invited Rona Laskowski to speak to the paper on the Mental Health Strategic Update.</p> <p>Rona Laskowski noted that following a previous paper at the last committee tabled by Jillian Torrens it was her understanding that while there was acceptance and support to review the Mental Health Strategy, the committee wanted further assurance which is outlined in the report.</p> <p>Rona confirmed that the Scottish Government have an ambitious programme over the coming years and the paper provides an overview of the finances received to date which highlights the size of the programme of change required.</p> <p>Rona noted that the paper outlines progress over the last 18 months and includes learning that has resulted due to the pandemic.</p> <p>Rona confirmed that the proposed timeline is two-fold and offered to commit to regular reporting on the strategic ambitions. It is planned that 4 focus groups, that include general public and carer engagement will be held in February 2022 which will provide feedback and inform the document. It is then anticipated that in March 2022 the refreshed 3-year strategy will be tabled at this committee.</p> <p>Cllr Brett noted the examples of change and improvement outlined in the report were very helpful and noted that he did not wish for the committee to micromanage the process and rather than quarterly reports he suggested ad hoc reports when projects were completed.</p> <p>Christine Cooper agreed with the timeline and agreed that the committee's requirement to be realistic with the "ask" noting that there is a tremendous amount of work with stakeholders that is being done in other boards such as Tayside that we could be learning and watching from.</p> <p>Cllr Brett suggested the strategy and service developments could be discussed at a future Development Session.</p>	<p>RL</p> <p>NA</p>

	<p>Simon Fevre reminded that full engagement with trade unions was required to implement the strategy as change to service provision leads may heighten anxiety for staff members within the service.</p> <p>Martin Black noted how impressed he was with the detail that had been put into the report but noted that some of the data was from reports from 2017 and queried whether they were the most up to date documents. Rona Laskowski agreed to double check that these were the latest versions.</p> <p>Cllr Brett confirmed that the committee were assured as noted below from the SBAR.</p> <ul style="list-style-type: none"> • The Clinical and Care Governance Committee is assured of the delivery of the strategy to date. • The Clinical Care Governance Committee agrees to receive progress reports from December 2021 every 4 months evidencing ongoing delivery • The Clinical Care Governance Committee agrees the proposed timeline for the review and refresh of the MH strategy which will be supported by a robust participation and engagement programme and associated implementation plan. 	RL
	<p>6.5 Care Homes Update</p> <p>Lynn Barker noted that following communication from Scottish Government for care home and community settings in relation to enhanced Infection Control, that there had been some issues as the teams go out and engage with the management of care homes.</p> <p>Lynn noted that to date, the service has recruited to the post of Head of Nursing, increased the Care Hub Team and appointed approximately 10 Care Home liaison Cluster Nurses.</p> <p>Cllr Brett thanked Lynn for her update and queried whether these nurses would be assisting with the covid vaccination rollout in care homes. Lynn advised there was a specific team assigned to delivering the flu and covid vaccination for both residents and staff, however due to being a fluid and agile workforce if will would be reviewed if required.</p>	
	<p>6.6 Delayed Discharge</p> <p>Cllr Brett invited Lynne Garvey to speak to the delayed discharge paper.</p> <p>Lynne Garvey wished to highlight that the majority of patients in delay are due to complex discharge planning with the trend sitting at c. 100-105 but there are approximately 277 service users that are awaiting a package of care but wished to confirm that 79% of these 277 have some input from social work.</p> <p>Lynne confirmed that the reasons for delay was in part due to an increase in demand and an ageing population that is living with more complex health conditions which is providing a significant workforce pressure.</p> <p>Cllr Ross queried with regards the STAR Beds and whether the service is making full use of them and whether we are looking to have more of them. He queried if someone is in hospital waiting for a home care package do they remain in hospital or discharged to a care home. Lynne advised that the service fully utilise the STAR beds noting that it was rare for these beds to be available and when they are, the beds are filled quickly.</p>	

	<p>With regards those who are waiting on packages of care, there are Interim beds, these are more person centred and give the patient choice. Lynn advised that Care Home Managers have visited the hospital to speak to patients, alleviate their concerns and support their move which has been very successful.</p> <p>Martin Black queried whether there was support for families where there are issues with guardianship and power of attorney, as the legalities associated with this are challenging. In addition the disparity regarding costings between care homes was confusing. Fiona McKay confirmed that through the Carer Strategy there is an advocate with "Circle Network" to support families through the guardian and power of attorney process but acknowledged that associated costs put many families off from accessing this service. Fiona confirmed that personal assets are taken into consideration, but all care homes are required to provide a leaflet outlining what their costs are.</p> <p>Fiona confirmed that there was a National Campaign held on 30.9.21 to promote "Organising Your Power of Attorney".</p> <p>Christina Cooper noted that registering for guardianship is a barrier for some people, Fiona confirmed this was the case but the work of the Advocacy Worker is to support people apply for legal aid but acknowledged that it is a drawn out process.</p> <p>Cllr Brett noted that he understood the requirement to keep people moving but noted that it must be more expensive to place someone in a care home than provide a care package for them at their own home. Fiona confirmed that covid funding is paying for 80% of vacancies therefore it does not cost as much as it would have but agreed that those who are currently in care homes need to be reviewed and advised that currently a review of care packages is being undertaken which has identified some hours that can be brought back into the system that can be reused.</p> <p>Cllr Brett confirmed that the committee were aware and had discussed the issue.</p>	
7	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	No items submitted from linked committees.	
8	<p>ITEMS FOR ESCALATION</p> <p>Cllr Brett noted that Christina Cooper will be representing him at the IJB and it was agreed that the following would be escalated/highlighted:</p> <ul style="list-style-type: none"> • The Immunisation Papers, although these will be tabled at the IJB Meeting all agreed that the committee should commend the service. • Current Pressures facing the Services. • Update on the Mental Health Strategy and Delayed Discharges. 	CC
9	<p>AOCB</p> <p>No issues were raised under ACOB</p>	
10	<p>DATE OF NEXT MEETING</p> <p>Friday 12 November 2021 at 1000hrs MS Teams</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE WEDNESDAY 10 NOVEMBER 2021 AT 10 AM VIA MICROSOFT TEAMS

Present: Cllr David Graham [Chair]
Cllr David Alexander
Martin Black, NHS Board Member
Cllr Rosemary Liewald

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Lynne Garvey, Head of Community Care Services
Rona Laskowski, Head of Critical and Complex Care Services
Bryan Davies, Head of Integrated Primary and Preventative Care Services
Tracy Hogg, Partnership Finance Manager
Euan Reid, Lead Pharmacist Medicines Management
Norma Aitken, Head of Corporate Service, Fife H&SCP

In attendance:
Carol Notman, Personal Assistant (Minutes)

**Apologies for
Absence:** Helen Hellewell, Associate Medical Director

		Action
1.	WELCOME AND APOLOGIES Cllr Graham welcomed everyone to the meeting noting concern that the vacancies for the NHS representatives have not yet been filled. Norma Aitken advised that a meeting has been scheduled for this week with Rosemary Liewald and Nicky Connor to address the issue.	
2.	DECLARATIONS OF INTEREST There were no declarations of interested noted.	
3.	MINUTE OF PREVIOUS MEETINGS – 7 OCT. 2021 Cllr Graham advised there was one amendment within the minutes, under section 8 Performance Framework, noting that the Executive Committee had ceased and had been replaced by Policy and Coordination. Carol Notman to update minutes to reflect change.	CN
4.	MATTERS ARISING / ACTION LOG – 7 OCT. 2021 Cllr Graham noted the action log and advised he had concerns with delays in receiving some reports.	

	<p>Martin Black noted concern that some original actions dated back to 2019 therefore it was not satisfactory that it would be 2022 before the report was received, he acknowledged that the HR reporting issue was out with the remit of the Partnership but had impacted on the services for an extended period of time.</p> <p>Fiona McKay noted that although some of the dates were lengthy there had been extenuating circumstances. She was pleased to confirm that Fife Council's HR Department has just managed to get reports from Oracle and managers should start receiving reports this week. With regards funding for ADP, the service had just received Government funding therefore Fiona felt it would be more beneficial to allow them the opportunity to review and update the committee in January but confirmed that the ADP Committee is managing and overseeing this but assured the committee that the plan will be brought to the next committee.</p>	
<p>5.</p>	<p>FINANCE PAPER</p> <p>Audrey Valente spoke to her paper highlighting that the September outturn position had reduced to £4.179M through the refinement of costs associated with Covid-19 and vacancies within the services.</p> <p>Audrey advised that the actual spend for Covid-19 for the service has been £12.596M with the full year projection being £32.476m. Audrey noted that the Scottish Government has requested that prior to any additional support being requested that the £15M reserves are utilised first but it is anticipated that further funding will be required.</p> <p>Cllr Graham asked what the acronym FHS (pg 18) stood for. Audrey confirmed that it was Family Health Services and this funding relates to GP Contracts for prescribing, premises and community pharmacy.</p> <p>Martin Black queried that Appendix 2 noted there was earmarked reserves for Action 15. Audrey confirmed that this was the money that had been carried forward and that this had been the first time that the Partnership had been able to carry forward money.</p> <p>Rosemary Liewald queried whether Pharmacy First costs had been included within Family Health Services as she hoped to see an increase in this route being used to access health care. Euan Reid confirmed that he was sure that this was the case.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report.</p>	
<p>6.</p>	<p>FINANCIAL RECOVERY PLAN</p> <p>Audrey Valente advised that the Financial Recovery Plan considers the actions to be taken by the services to reduce the current projected overspend of £4.179M whilst ensuring that the services remain financially sustainable going forward.</p> <p>Audrey advised in terms of the 'in-year position', the reported actions currently being proposed reduce the overspend by £1.5M. These actions include reviewing and refining core budget to covid costs,</p>	

	<p>reducing non-essential spend and improved projected outturn position as we are now 6 months into the financial year.</p> <p>Audrey advised that there would be a slight change to Table 1 (pg 30) within the paper before it was submitted to the IJB but confirmed that it would not change the Total In-Year Figure.</p> <p>Cllr Graham noted his main concern that there was very little detail with regards the savings noted within the title e.g. reduce in year non-essential spend and noted that it would be good to have a breakdown of these costs as he was not comfortable approving something that the Committee did not have the full details of. Audrey Valente advised that this was a valid point and noted that the costs included reduction in travel and services being requested not to purchase further equipment this financial year unless urgent. Audrey confirmed that none of the savings affected the frontline services.</p> <p>Rosemary Liewald noted that the report touches on some savings that can be pulled out such as respite, but note on page 31 that efficiency is highlighted and asked Audrey to expand on this as she as keen to safeguard respite and get the service restarted rather than delay further. Rona Laskowski confirmed that the service is seeking to remobilise fully but the financial efficiency is due to there not being enough calendar months left to spend the full budget.</p> <p>Cllr Graham wished to commend Audrey Valente and the Finance Team as in previous years the projected overspend was a lot higher than £4.5M which shows that there is increased control of the budget.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report.</p>	
<p>7.</p>	<p>MENTAL HEALTH ACTION 15 PROGRAMME OF INVESTMENT</p> <p>Rona Laskowski advised that the report tabled at the committee highlights the conclusion of a 4-year national investment programme from 2017-2021. Rona advised that the Action 15 programme of investment had been phased budget with allocations growing year on year with the primary requirement to increase the national mental health workforce by 800.</p> <p>Rona advised that the final allocation received by the Partnership was £2.1m but there was non-recurring slippage available this financial year to the sum of £1.3M.</p> <p>Rona confirmed that there had been a recruitment drive in order to achieve the target set by Scottish Government, but it will be challenging to meeting the inflated target that the Partnership had set. Rona advised that mitigating plans were in place if the current recruitment drive did not achieve the current 32 posts requiring to be filled, these include offering secondment positions to the current workforce.</p>	

	<p>Rosemary Liewald noted that the report was very detailed and was particularly pleased to hear that the recruitment was being fast-tracked.</p> <p>Martin Black noted that he was unclear whether the service had achieved what it had set out to achieve, he also queried if there are 33 WTE to be recruited to did that not equate to 50% of the total workforce and how confident was the service that the posts would all be filled. Martin also asked with regards what level of peer support would be available and whether the staff being recruited would be qualified or unqualified. Martin’s final question was if the service is outsourced to third sector who would be responsible for monitoring it.</p> <p>Rona Laskowski advised that the service had wished to exceed the target for new staff set by the Scottish Government and currently it had not reached that target but she was confident that the target set by the Scottish Government will be achieved as there are currently a number of positions being recruited to currently one of which was an advert for 15.6WTE administrative positions. Rona advised that she was less confident that the service would meet the inflated target of 69WTE but not achieving this target would not impact on the reputation of the Partnership.</p> <p>Rona advised that peer support has been demonstrated to be person centred, although the staff members are not professionally trained members of staff, they are well supported by the Psychology Services and are a valued source within the team. Rona confirmed that the third sector was very important to the Partnership as they help to challenge the clinical approach.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report.</p>	
<p>8.</p>	<p>DELAYS / WINTER AND COMMUNITY CARE</p> <p>Lynne Garvey and Bryan Davies spoke to the presentation outlining the Partnership’s response to date regarding the additional winter 2021-22 funding that Scottish Government announced in October 2021.</p> <p>Nicky Connor advised that there is a requirement for the Partnership to act on the announcement with urgency as this winter is being anticipated as one of the worst faced by the NHS. She noted that the funding provides the Partnership with the opportunity to support and grow services.</p> <p>Nicky confirmed that the paper and presentation may evolve further before it is presented at the IJB as conversations continue with the Senior Leadership Team and Operational Leads.</p> <p>Cllr Graham wished to thank the Senior Leadership Team for the comprehensive report and presentation.</p> <p>Martin Black noted concern with achieving what was laid out within the report as there are so many external factors which could influence the possibility to achieve and noted that changing the expectations of the</p>	

public is what is required. He advised that when the plan is approved the IJB will be required to give directives to Fife Council and NHS Fife.

Cllr Graham noted concern that the staff being recruited apply from the third sector therefore depleting the workforce of those who support us. Lynne Garvey noted that this has been identified as a risk and is being monitored and was pleased to note that to date there was less than 10% of applicants from the third sectors but unfortunately one external provider had been affected more than others.

Lynne noted with regards Martin's comment regarding the perception of the public needing to be challenged and advised that the service would welcome any suggestions on how this could be addressed.

Bryan Davies noted that the Primary Care Team are seeking to implement the Primary Care Improvement and the decision that the Senior Leadership Team have taken for the Primary Care funding is to focus on sustainability and an action plan is being developed outlining the 3 main sections: Sustainability, Improvement and Strategic Development. The Team have been reviewing the workforce and the associated pressures for some time and themes have been emerging. Bryan assured the committee that there will be engagement with practice managers which will provide detail on what is being delivered and support managing the service.

Rosemary Liewald noted that one point the presentation highlighted the early intervention work within Primary Care and asked with regards Dental Services how the early intervention dental services within schools would be implemented she also noted that she would also like to hear more about the technology work that is being carried out. Bryan Davies noted that he did not have the details to hands with regards early intervention within dentistry and would investigate and feedback to the committee.

Lynne Garvey noted that Paul Short, Service Manager for Housing, Health & Social Care & Older Persons was leading on the home and technology element as his team was a crucial link in getting technology into homes that are not conducive to technology i.e. no wifi or damp.

Nicky Connor advised building on what colleagues had said the Partnership wished to focus on work in localities and the Engagement Officers will be key to support this. Nicky noted that another important element was the staff health and wellbeing ensuring that the HSCP is known to be an excellent place to work in all sectors within Fife which will support the recruitment drive. Nicky was pleased to note that Roy Lawrence commenced his role as Principal Lead of Organisational Development & Culture and he will be supporting the changes that need to happen.

Martin Black noted that the issue of guardianship/power of attorney does not help when trying to reduce delays from hospital, advising that the cost to implement this for many families was prohibitive. He suggested that a national steer was required as the number of patients with delay discharges has significantly increased. Rona Laskowski wished to assure the committee that the Mental Health Legislation is currently

BD

	<p>under review and there are moves towards supportive decision making which will reduce the requirement for power of attorneys.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report.</p>	
9.	<p>INTEGRATION SCHEME</p> <p>Norma Aitken advised that the Integration scheme has been submitted to the Scottish Government who have advised that it will be 6 weeks before feedback is issued therefore the document will not be tabled at the November IJB Meeting.</p>	
10.	<p>FREQUENCY OF MEETINGS</p> <p>Norma Aitken advised that due to the financial position and the pandemic the frequency of the finance committee had been increased and following discussion it has been suggested that the numbers revert back to pre-pandemic timescale with 6 meetings a year.</p> <p>These meetings would be held in January, March, May, July, September and November.</p> <p>Cllr Graham noted that the meeting proposed in May would require to be moved as this would fall on the day following the Council Elections and noted that there could also be issues with the July meeting as Fife Council may still be allocating Councillors to Committees.</p> <p>The committee approved the proposal to move to 6 Finance and Performance Committee's per year.</p>	
11.	<p>AOCB</p> <p>The committee agreed that there were no issues required to be escalated to the IJB.</p> <p>No other issues were raised under AOCB.</p>	
12.	<p>DATE OF NEXT MEETING:</p> <p>14 January 2022 at 10.00 am via MS Teams</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 3 NOVEMBER 2021 AT 9.00 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
Audrey Valente, Chief Finance Officer, H&SC
Bryan Davies, Head of Primary & Preventative Care Services
Elaine Jordan, HR Business Partner, Fife Council
Elaine Law, Service Manager (for Rona Laskowski)
Elizabeth Crighton, HR Lead Officer, Fife Council
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer
Kenny McCallum, UNISON
Kirsty Berchtenbreiter, NHS Fife Human Resources
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Susan Robertson, UNITE
Susan Young, Human Resources, NHS Fife
Valerie Davis, RCN Representative
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Fife Council Health & Safety Lead Officer
Rona Laskowski, Head of Complex & Critical Care Services
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 22 September 2021 Susan Young asked for a small amendment to Item 4 – Whistleblowing. Once this has been done the Minute from the meeting held on 22 September 2021 is approved.	

NO	HEADING	ACTION
2.2	Action Log from 22 September 2021	
	<p>The Action Log from the meeting held 22 September 2021 was approved.</p>	
3	JOINT CHAIRS UPDATE	
	<p>Neither Simon Fevre nor Eleanor Haggett had items to raise which were not already on today's agenda.</p>	
	<p>Debbie Thompson thanked Lynne Garvey for the series of weekly bite size meetings which had been held with Home Care staff and were well received. Between 15 and 60 staff attended each session and appreciated the chance to discuss issues and solutions with senior management. These meetings have been held via teams and will continue. Other methods of engaging with staff will be looked at to ensure as many employees as possible can be reached.</p>	
	<p>Nicky Connor advised that letters are being received from Scottish Government around the ask of partnerships and investment in whole system planning for winter. Work is ongoing to ensure the health, social care and social work as well as the independent and voluntary sectors are involved. The LPF will be updated going forward.</p>	
4	NATIONAL CARE SERVICE CONSULTATION	
	<p>The report from the LPF Consultation Workshop on Thursday 14 October 2021 had been circulated. Discussion took place around the questions within the consultation and the lack of detail contained within it. It was agreed that the report was an accurate reflection of the discussions which took place and it should now be submitted on behalf of the LPF. Eleanor Haggett asked that an addendum be added to reflect some of the LPF concerns around the consultation and she agreed to contact Tracy Harley to address this.</p>	EH
5	HOME FIRST STRATEGY UPDATE	
	<p>Lynne Garvey gave a presentation on the Home First Strategy which is being created by the Home First Strategic Oversight Group, in conjunction with the sub-groups which have been established. These sub-groups are:-</p>	
	<ul style="list-style-type: none"> • Information Data • Anticipatory Care • Screen and Assess for Frailty • Integrated Discharge Planning • Commissioning and Resourcing • Intermediate Care • Housing and Social Determinants • Participation and Engagement 	

NO	HEADING	ACTION
5	HOME FIRST STRATEGY UPDATE (Care)	LG
	<p>A reporting format has been drafted and this will be used to bring regular updates to every other meeting of the LPF.</p> <p>The Strategy document is updated at every meeting of the Oversight Group and will be shared with the LPF when it is appropriate to do so.</p> <p>Discussion took place around how to grow our workforce to deal with the ageing demographic in both the population and employees. Modelling will be a key part of this and Roy Lawrence, who joins the partnership later in November as Principal Lead - Organisation Development and Culture, will lead on this. Comms will be required to ensure workforce engagement.</p> <p>It was agreed to have the Leads from the sub-groups attend future LPF meetings to update from their perspective.</p>	
6	iMATTER – SURVEY UPDATE	
	<p>Nicky Connor advised that the update was for the whole partnership and the LPF were being asked to look at the key issues they felt came from the report.</p> <p>Kirsty Berchtenbreiter advised that, as the partnership had received responses in various formats, the deadline for submission of Action Plans was 29 November 2021. Guidance on Action Plans is available from Kirsty and a dedicated e-mail is available fife.imatter@nhs.scot.</p> <p>The National Report from the iMatter survey is still in draft and the final version will be issued in December 2021. The national response rate was 55% and both NHS Fife and the partnership have exceeded this.</p> <p>When pulling together their Action Plan teams are encouraged to look at the 2019 report and compare responses to this years. Action Plans should mention reasons to celebrate as well as areas for improvement.</p> <p>Nicky Connor advised that the Senior Leadership Team (SLT) have been discussing their Action Plan and feedback from this will be included in the Director’s Brief. Hazel Williamson will work with Roy Lawrence on a communications plan to capture the momentum from this year’s survey. Kirsty Berchtenbreiter will be involved in these discussion.</p> <p>Nicky went round each person in the meeting asking for their key areas of strengths and area of improvement. These are summarised below.</p> <p>Strengths included:-</p> <ul style="list-style-type: none"> • The high engagement rate (61%). • Staff feel their line manager cares about their health and wellbeing. • Staff feel they are treated with dignity and respect as an individual. • Staff would recommend their organisation as a good place to work. 	

NO	HEADING	ACTION
6	iMATTER – SURVEY UPDATE (Cont)	
	Areas to focus on included:-	
	<ul style="list-style-type: none"> • Training and development. • • Visibility of Board members. • • Involvement in decision making. 	
	There are 505 teams within the partnership and each should have their own Action Plan. Communications to include a joint co-chair statement and stories to be shared eg SLT Action Plan.	SF/EH/DT/ NC/HW
	Work on the Action Plans will be ongoing throughout the year as they are updated. iMatter to be on the agenda for the December LPF Meeting.	NC
7	HEALTH AND SAFETY UPDATE	
	Neither Anne-Marie Marshall nor Kenny Grieve were at the meeting. Anne-Marie had provided a written update which was circulated to LPF members prior to the meeting.	
8	FINANCE UPDATE	
	Nicky Connor provided this update on behalf of Audrey Valente.	
	At 31 August 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £6.109m.	
	The key areas of overspend that are contributing to the projected outturn overspend –	
	<ul style="list-style-type: none"> • Hospital & Long-Term Care. • Family Health Services • Older People Residential and Day Care • Homecare Services • Adult Placements 	
	SLT continue to work with Audrey Valente on a Recovery Plan and looking at efficiency savings. The Finance & Performance Committee, which meets next on 10 November 2021, continually challenges the finance updates.	
	Discussion took place around the additional funding which has been agreed and what this means for the partnership, which is being discussed at Chief Officer meetings and Chief Finance Officer Network meetings. Increased Agency spend to deal with workforce pressures may in part be offset again covid funding.	
	Questions on this report can be e-mailed to Audrey.Valente@fife.gov.uk .	

NO HEADING

ACTION

9 WORKFORCE UPDATE

Refresh of Workforce Strategy and Plan

Nicky Connor advised that there is a requirement for the partnership too to bring forward a refreshed Workforce Strategy and Plan. Current deadline is March 2022, national discussions are ongoing and this may move to July 2022. The Workforce Group has met and begun work on this and the LPF will have the opportunity to be part of this engagement and to influence the documents.

Fuller discussion will take place at the December LPF meeting which Roy Lawrence will be invited to attend.

NC

Agile / Flexible Working

Elaine Jordan advised that employees are to continue to work from home where possible, further information is available on the Employee App and Intranet. Human Resources and Finance continue to pilot a blended approach to working within Fife House.

Susan Young advised that work on the Once for Scotland Policy has been paused until March 2022 and this will affect decisions on flexible working.

Current Workforce Pressures Update

Lynne Garvey advised that Fife will receive funding from the £300m awarded to Health and Social Care Partnerships by Scottish Government. Work is ongoing in Fife on how our share of this might be best utilised. Within Care at Home 43 new Home Carers have started or have a start date in the coming weeks. Work is ongoing to potentially boost interim care home beds to move people on from hospital and assist acute colleagues. Work in the discharge hub continues to ensure patients can be discharged timeously. Surge ward capacity can be activated if need be.

Bryan Davies advised that Covid-19 absence and self- isolation have both increased slightly. Pressure is being felt with GP's, Children's Services and Sexual Health but this is being managed.

Fiona McKay advised that there are currently 6 Care Homes closed to admissions and visitors as a result of Covid-19. Staff and residents are receiving flu and covid booster vaccines and this is resulting in a reduction in people testing positive for C-19. Public Health advice is being followed to allow Care Homes to open safely and as quickly as possible.

Elaine Law, on behalf of Rona Laskowski, advised that the Adult Resources service is under pressure due to absences with a number of care hours not able to be covered.

NO	HEADING	ACTION
10	COVID-19 POSITION	
	Current Position	
	Nicky Connor advised that the current position is fluctuating daily and the COP26 event in Glasgow may have a knock-on effect in the coming days. This will be the most challenging winter the partnership will have experienced and work is ongoing to support readiness for winter.	
	Staff Testing	
	No update.	
	Vaccinations	
	Bryan Davies advised that uptake of the Covid booster vaccination is increasing, due to good communications. A paper was taken recently to the NHS Staff Governance Committee on the risks and mitigations around vaccinations.	
11	HEALTH & WELLBEING	
	Attendance Information	
	Susan Young had provided NHS attendance information which had now been updated to include absence due to Covid-19. This will be circulated following the meeting.	SY
	Susan advised that staff absence in the past 4 months has been higher than during the whole of 2020 and the beginning of 2021.	
	Fife Council attendance information should be available for the December LPF meeting.	
	Elizabeth Crighton had recently undertaken an exercise via Oracle to highlight 350 open absence cases and to have managers close these if employees have returned to work. This will be rerun in the coming weeks.	
	Staff Health & Wellbeing	
	Work to continue to promote online resources.	
	Simon Fevre has been working with NHS Facilities to have the temporary Health and Wellbeing Hubs made permanent, work is ongoing on this.	
	Elizabeth Crighton had several issues wanted to update on:-	
	<ul style="list-style-type: none"> • H&SC information on Oracle is showing structural differences and this is being reviewed. • A new workshop on Compassionate, Connected and Effective Teams for Managers is taking place on Monday 8 November 2021. 	

Staff Health & Wellbeing (Cont)

- There is money available to improve health and wellbeing for partnership employees. Suggestions are being sought for how this can be best used. LPF members can e-mail Elizabeth.Crighton@fife.gov.uk with their ideas.
- Taking forward speedier provision for mental wellbeing and physiotherapy with the council's provider People Asset Management
- Services to be encouraged to use the HSE Stress Indicator Tool which has been paid for until September 2022. Further discussion on this at the LPF pre-agenda meeting on Wednesday 24 November 2021.

Mental Health First Aider training – places are available for this 2-day course. Elizabeth.Crighton@fife.gov.uk has more information for interested employees.

12 ITEMS FOR BRIEFING STAFF**Via Directors Brief / Staff Meetings**

Agreed that the following would be address this week or next week:-

- National Care Service Consultation.
- Home First Strategy Update.
- iMatters Survey Update.
- Update from LPF Today.
- Bite size sessions with Home Care staff.

13 AOCB

Nothing raised.

14 DATE OF NEXT MEETING

Tuesday 14 December 2021 at 9.00 am