



**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
WEDNESDAY 29 JANUARY 2025 AT 10.00 AM
THIS WILL BE A HYBRID MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
Participants Are Asked to Join Ten Minutes
Ahead of the Scheduled Start Time**

AGENDA

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| 1 | CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES | David Ross | Verbal |
| 2 | DECLARATION OF MEMBERS’ INTERESTS | David Ross | - |
| 3 | MINUTE OF PREVIOUS MEETING AND ACTION NOTE - 4 DECEMBER 2024 | David Ross | 3-18 |
| 4 | CHIEF OFFICER UPDATE | Lynne Garvey | Verbal |
| 5 | COMMITTEE CHAIR ASSURANCE REPORTS 5.1 Audit & Assurance Committee 5.2 Finance, Performance & Scrutiny Committee 5.3 Qualities & Communities Committee | Vanessa Salmond | 19-24 |
| 6 | STRATEGIC PLANNING & DELIVERY 6.1 Fife Immunisation Strategic Framework 2024-27 | Lisa Cooper | 25-55 |
| 7 | INTEGRATED PERFORMANCE & QUALITY 7.1 Finance Update 7.2 Performance Report – Executive Summary | Audrey Valente Audrey Valente | 56-70 71-90 |
| 8 | GOVERNANCE & OUTCOMES 8.1 Mainstreaming the Equalities Duty & Equality Outcomes Progress Report | Audrey Valente / Avril Sweeney | 91-134 |

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| 9 | LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS 9.1 Chief Social Work Officer Report 9.2 Fife Dental & Oral Health Improvement Annual Report | James Ross Lisa Cooper / Emma O’Keefe | 135-172 173-199 |
| 10 | MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED Strategic Planning Group Unconfirmed Minute from 7 November 2024 Quality & Communities Committee Confirmed Minute from 8 November 2024 Finance, Performance & Scrutiny Committee Confirmed Minute from 12 November 2024 Local Partnership Forum Confirmed Minute from 12 November 2024 Audit & Assurance Committee Confirmed Minute from 15 November 2024 | Roy Lawrence Sinead Braiden Alastair Grant Kenny McCallum Dave Dempsey | 200-204 205-217 218-226 227-236 237-240 |
| 11 | AOCB | ALL | Verbal |
| 12 | DATE OF NEXT MEETINGS IJB DEVELOPMENT SESSION – Wednesday 26 February 2025 INTEGRATION JOINT BOARD – Wednesday 26 March 2025 | | |

Lynne Garvey
Director of Health & Social Care
Fife House
Glenrothes
KY7 5LT

Copies of papers are available in alternative formats on request from Vanessa Salmond, Head of Corporate Governance, 6th Floor, Fife House – email Vanessa.Salmond@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 (IJB) – WEDNESDAY 4 DECEMBER 2024 AT 10.00AM

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| Present: | <p>David Ross (DR) (Chair) Arlene Wood (AW) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Rosemary Liewald (RLie), Mary Bain-Lockhart (MBL) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB) Chris McKenna (CMcK), Medical Director, NHS Fife Debbie Fyfe (DF), Joint Trade Union Secretary Janette Keenan (JK), Nurse Director, NHS Fife Kenny McCallum (KMCC), Staff Representative, Fife Council Kenny Murphy (KM), Third Sector Representative Lynne Parsons (LP), Employee Director, NHS Fife Morna Fleming (MF), Carer Representative</p> |
| Professional Advisers: | <p>Lynne Garvey (LG), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Fiona McKay (FMcK), Head of Strategic Planning & Commissioning Helen Hellewell (HH), Deputy Medical Director, NHS Fife James Ross (JR), Chief Social Work Officer, Fife Council</p> |
| Attending: | <p>Aileen Boags, Lead Pharmacist, NHS Fife Cara Forrester (CF), Communications Advisor Chris Conroy (CC), Head of Community Care Services Clare Gibb (CG), External Communications Advisor Dafydd McIntosh (DMc), Organisational Wellbeing & Culture Specialist Jillian Torrens (JT), Head of Complex & Critical Care Services Jennifer Rezendes (JR), Principal Social Work Officer Lesley Gauld (LGau), Team Manager, Fife HSCP Lisa Cooper (LC), Head of Primary & Preventative Care Services Roy Lawrence (RLaw), Principal Lead for Organisational Development & Culture Vanessa Salmond (VS), Head of Corporate Services Gemma Reid (GR), H&SC Co-ordinator (Minute)</p> |

| | TITLE | ACTION |
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| 1 | CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES | |

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| | <p>David Ross, incoming Chair of the Integration Joint Board (IJB) welcomed everyone to the meeting and gave his thanks to Arlene Wood for her work as Chair and for her support as Vice-Chair of the IJB going forward.</p> <p>David acknowledged the appointment of Lynne Garvey as Director of Fife HSCP & Chief Officer of the IJB as of 4th November 2024 and recognised that this was Lynne's first IJB meeting as Director of Fife HSCP & Chief Officer of the IJB.</p> <p>Acknowledgement and well wishes were also given to Fiona McKay as she retires from the Fife Health and Social Care Partnership in December after 38 years in Health and Social Care, with David giving his thanks on behalf of the Integration Joint Board for Fiona's work during her time as Interim Chief Officer of the IJB.</p> <p>David advised that apologies had been received from Jacqueline Drummond, Fiona Forrest, Hazel Close, Lynn Barker, Lynn Mowatt, Paul Dundas, Margaret Kennedy, Amanda Wong and Joy Tomlinson.</p> <p>Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>David advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.</p> <p>Members were advised that the Scottish Government Climate Change Report was submitted to Scottish Government following positive voting by members.</p> <p>Some IT issues were identified, with limitations to the sound for those joining the meeting remotely. It was decided to progress with the meeting, whilst doing all we could to mitigate these sound issues for members.</p> | |
| 2 | <p>DECLARATION OF MEMBERS' INTERESTS</p> <p>There were no declarations of interest highlighted.</p> | |
| 3 | <p>MINUTES OF PREVIOUS MEETING & ACTION NOTE 27 SEPTEMBER 2024</p> <p>Dave Dempsey questioned if we had received a response from Partners as per Action 2. Audrey Valente advised that no response had been forthcoming as yet.</p> <p>The Minute and Action Note from the meeting held on Friday 27 September 2024 were then both approved as an accurate record.</p> | |
| 4 | <p>CHIEF OFFICER UPDATE</p> <p>Lynne Garvey began her update by expressing her delight, honour and privilege at being appointed as Director of the Partnership and Chief Officer of the IJB. Lynne acknowledged the previous work of Nicky Connor and Fiona McKay, advising members that she is excited to take the strategic direction forward and highlighting the main focus as being the increasing financial challenge, however stressed that she is working hard with the Senior Leadership Team to implement an accountability framework to mitigate the overspend. Lynne noted that staff had been asked for suggestions to support with the Recovery Plan and SLT were</p> | |

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| | <p>linking in with all staff who had provided input in order to take these suggestions forward.</p> <p>Lynne highlighted the Locality Planning Event, held at the Rothes Halls in November which was very well attended by a wide range of stakeholders and partners.</p> <p>Lynne acknowledged a busy month and advised that she has taken 10 papers into Committees since being in post, however, has been encouraged by the full support from partners, the Executive teams in both Fife Council and NHS Fife throughout. Lynne gave her thanks to all involved for the very much appreciated support.</p> <p>Lynne paid recognition to staff within services, acknowledging the difficult times with financial pressures and remobilisation, highlighting that staff have showed great resilience throughout.</p> <p>Lynne gave her appreciation to Jennifer Rezendes for her contribution to Social Work, as she departs the Partnership in December, acknowledging the immense achievements made during her time in post.</p> <p>Lynne also highlighted that this was Fiona McKay's last IJB, giving her grateful thanks to Fiona for her outstanding contribution to Health and Social Care over the last 38 years, acknowledging the support Fiona provided in aiding her transition into the role as Chief Officer and Director of the HSCP and wishing her very best wishes in her retirement.</p> <p>Lynne concluded her Chief Officer update by wishing everyone a Merry Christmas and advising that she was looking forward to working through the challenges together in 2025.</p> <p>Colin Grieve asked if Fife HSCP had linked in with Ben Hannan in relation to the staff suggestions process.</p> <p>Lynne confirmed that Ben had been extremely supportive during the process.</p> | |
| 5 | <p>COMMITTEE CHAIR ASSURANCE REPORTS</p> <p>David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs.</p> <p>Vanessa Salmond advised that these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports had been discussed at the Audit and Assurance Committee on 15 November 2024, the Finance, Performance and Scrutiny Committee on 12 November 2024, the Quality and Communities Committee on 8 November 2024 and the Strategic Planning Group on 7 November 2024.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Dave Dempsey, Chair of the Audit and Assurance Committee highlighted page 19, paragraph 5 – items to be escalated. Dave requested that action is required to scrutinise how risk scores are tracked and asked for a specific Development Session to be arranged to focus solely on Governance. Vanessa Salmond</p> | |

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| | <p>advised that the Development Session on 18th December is to be cancelled however the next sessions main topics will include the Integration Scheme and Financial Regulations with a date to follow.</p> <p>Arlene Wood expressed her concern regarding escalation around risk. Audrey Valente proposed to meet with Avril Sweeney and Chairs/Leads of Committee to progress a risk review.</p> <p>Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee confirmed that additional committees were taking place, and the Committee will escalate any concerns to the Board.</p> <p>Sinead Braiden, Chair of the Quality and Communities Committee had nothing to escalate from Committee but noted that the Risk Score from demographic and changing landscapes has increased from 16 to 20 in light of the current significant financial pressures.</p> <p>Roy Lawrence Acting Chair of the Strategic Planning Group welcomed Arlene Wood as the new Chair of Strategic Planning Group and advised that they are in the process of setting out a plan to refresh the forward approach of the group, with Arlene meeting with all members and Development Session is planned in January.</p> <p>The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.</p> | <p>VS</p> <p>AV</p> |
| <p>6</p> | <p>STRATEGIC PLANNING & DELIVERY</p> <p>6.1 Winter Planning 2024-25</p> <p>This report was discussed at the Quality and Communities Committee on 8 November 2024, the Local Partnership Forum on 12 November 2024 and the Finance, Performance & Scrutiny Committee on 12 November 2024.</p> <p>David Ross introduced Lynne Garvey and Lyndsey Dunn who presented this report.</p> <p>Lyndsey Dunn, Clinical Services Manager for Integrated Discharge Teams, District Nursing and Specialist Services presented the salient points from the report, highlighting the significant increase in people requiring support to return home or to a homely setting. Lyndsey acknowledged that the paper was a collaborative piece of work to support with Winter Pressures. Lyndsey highlighted that in terms of local benchmarking, Fife are placed in the top 25% of best performing Local Authority areas, whilst noting that the financial challenges and ongoing recovery plan may pose difficulty in sustaining this level of performance moving forward.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Sinead Braiden, Chair of the Quality and Communities Committee advised that committee were assured by comprehensive actions detailed in report around preparedness for winter pressures.</p> <p>Kenny McCallum, Chair of the Local Partnership Forum was assured by the report and had nothing to note.</p> | |

Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee commended the report and the ongoing work taking place.

Arlene Wood commended a really comprehensive report, whilst questioning what level of confidence there was that whole system plan will enable us to manage seasonal pressures around surge and queried the Red Cross model, having previously understood there was no funding.

Lynne Garvey noted a low level of confidence based on the recovery actions but stressed that we have a clear escalation process in place. Lynne acknowledged the widely reported pressures at the Victoria Hospital, Kirkcaldy, highlighting how difficult it is for acute services currently with the demand and pressures in our acute hospital not showing any signs of improvement. Lynne Garvey stated that HSCP services have to step up to support because of the amount of people waiting on SC exits, despite being unable to commission like we normally would. In response to the Red Cross model, Lynne highlighted that the qualitative data from people in receipt of this care is excellent, noting that whilst this is an expensive model to run, we are looking at an alternative in using the Red Cross model as an alternative to assessment beds.

Chris McKenna highlighted that what we do in Fife is hard to replicate elsewhere in terms of collaborative working, acknowledging pressures within all areas where he is supporting clinically in over pressurised areas such as the Victoria Hospital. Chris noted that the way through is effective daily communication, thinking agile, looking at what we can do differently and acting in best interest of patients and colleagues on the ground delivering services. Chris concluded by noting that whilst this will not be an easy winter, he is reassured by relationships that we have in Fife.

David Ross acknowledged efforts of staff at this difficult time.

Lynne Garvey acknowledged the efforts of all and noted that whilst we prioritise acute hospitals, we also have critical unmet need in the community which is equally as important.

Rosemary Liewald gave thanks for report, noting that whilst it doesn't make for pleasant reading it is candid and what we need to see and asked Lynne for an update on mobilisation, recruitment and retention.

Lynne Garvey highlighted that retention has improved, with Jillian Torrens reporting 35 Newly Qualified Practitioners going into our Mental Health wards. Lynne noted that our professional groups are leading on deploying staff into stretched areas, but this is proving difficult currently. Staff suggestions coming forward are for example printing, travel and heating and buildings costs which are making a difference in terms of non-critical spend.

Mary Lockhart queried whether we have a method of monitoring the impact on patients in relation to what has been implemented so far. Mary complimented the coordination of the Discharge Hub at the Victoria Hospital, however highlighted that transport may have an impact on discharge. Mary also questioned whether there has been any obvious impact on absence and sickness within NHS and Community Care.

Lyndsey Dunn acknowledged the transport issue highlighting that teams are pressurised and to coordinate a discharge is huge amount of work, however we

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| | <p>are working towards planned date of discharge to ensure transport aligns. Lyndsey advised there was no exact figure for staffing absence, noting that she was not aware of any concerns relating to staff absence.</p> <p>Dave Dempsey highlighted that the general media are portraying the Scotland-wide situation, noting Fife appear to be in a much better position and questioned if we should be reporting on this. Lynne acknowledged this fact and contemplated a briefing on how we are performing and promoting the positives, however noted there are also issues within the overall health and social care system, and given there are ambulances queuing at VHK caution must be exercised around sensitivity of these issues because we do still have people in the wrong place, waiting on care home moves or packages of care impacting on whole system flow. David Ross advised that he has referenced this in his Leaders' Report going to the Fife Council full meeting.</p> <p>Janette Keenan commented that the overall recruitment was 159 nurses this year, this reflecting graduations after Covid but next year we anticipate issues with recruitment. Learning Disability nursing is seeing reduced recruitment, with universities seeing a 23% attrition rate. In January Healthcare Improvement Scotland (HIS) will be carrying out Safe Delivery of Care inspections in Mental Health hospitals. Janette concluded by noting the vast amount of work going on to ensure staff are supported but acknowledged challenging times.</p> <p>Lisa Cooper responded to Cllr Mary Lockhart around measuring impact and performance, highlighting that frequent meetings are taking place to understand flow and impact on people, along with verification meetings to look at patient journeys through the system to ensure care in the right place at the right time.</p> <p>Morna Fleming noted her disappointment to hear patients are stuck in Victoria Hospital due to transport issues, highlighting volunteer transport services which used to be part of local churches, suggesting that in the worst-case scenario a taxi should be organised.</p> <p>Lyndsey Dunn responded noting that not all patients are able to go in a taxi, with some of our more venerable patients requiring an ambulance due to complex needs, with requirement for a chaperone or medical support.</p> <p>Lynne Garvey noted that in Victoria Hospital they know early on when there are transport issues however many patients need 2-man crews to get home safely, but these crews are bringing patients into hospital during emergencies. Lynne highlighted that we also use Alliance ambulances and WVRS transport where possible, and do not solely rely on SAS.</p> <p>Lynne reminded the IJB that the previously approved repurposing of 2 wards is positively progressing with NHS Fife, giving assurance that this transformational work is progressing into the new year.</p> <p>The Board were assured that actions and escalations are in place whilst noting significant pressures on the system.</p> | |
| 7 | <p>LIVED EXPERIENCE & WELLBEING</p> <p>7.1 Lived Experience – Nathan’s Journey: Independent Living in a Homely Setting</p> | |

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| | David Ross advised that given the time and IT issues, the video will be emailed to members. | GR |
| 8 | <p>INTEGRATED PERFORMANCE</p> <p>8.1 Finance Update</p> <p>This report was discussed at the Local Partnership Forum on 12 November 2024 and the Finance Performance and Scrutiny Committee on 12 November 2024.</p> <p>David Ross introduced Audrey Valente, Chief Finance Officer who presented the report.</p> <p>Audrey Valente presented the salient points from the report, providing the projected outturn position based on information to the end of September, highlighting a £27.108m overspend which is a movement of £5.5m from the July position reported.</p> <p>The overspend is attributable to five main areas – commissioned additional packages of care, a reduction in savings deliverable, additional staffing and agency costs, increased GP prescribing and funding reduction from Scottish Government, specifically in relation to mental health.</p> <p>Audrey noted that there remain reserves of £4.8m however these are below policy minimum and are committed for local and national priorities e.g. analogue to digital platforms.</p> <p>£27m of savings are projected to be delivered by the end of the financial year which is 69% of the £39m approved in March when setting the budget.</p> <p>Audrey noted that the Recovery Plan approved at the October Extraordinary IJB aims to deliver up to £13m of the agreed recovery actions, however delivery of some of these actions is proving challenging due to whole system pressures.</p> <p>Audrey stressed that we continue to ensure people are cared for in the right place and as close to a homely setting as possible.</p> <p>Audrey advised the Board that we are not reflecting recovery actions in the report due to the timing of approval and awaiting management information to allow an evidence-based projection but noted that savings from recovery actions are unlikely to be at the levels expected. Audrey provided assurance that regular reports will be provided to the IJB with Alastair Grant confirming that we are increasing the frequency of the Finance, Performance and Scrutiny Committee to allow additional scrutiny of the financial position.</p> <p>David Ross invited Committee Chairs to comment on discussions at Committees before opening to questions from Board members.</p> <p>Kenny McCallum, Chair of the Local Partnership Forum acknowledged the challenges and advised that members are engaging weekly in an attempt to support the recovery plan in the best way possible and are hoping to see improvements in the next couple of months.</p> <p>Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee acknowledged the financial position, confirming increased scrutiny in the hope that if the position doesn't get better, it won't get worse.</p> | |

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| | <p>Arlene Wood, Vice-Chair commended a comprehensive report however, expressed concerns that we are in the last quarter of the year, and we are still unclear what the recovery plan will deliver. Arlene sought clarification on what the regular reporting to IJB will look like. Arlene also queried the additional £3m in relation to National Care Home Contract Rates and Fife Council pay rises.</p> <p>Audrey confirmed that we are reporting through Finance, Performance and Scrutiny on a 4-weekly basis, and she will think about how to inform the IJB if there is movement in the wrong direction. Audrey will discuss the best way to report this with Vanessa Salmond.</p> <p>Audrey confirmed that funding will be coming for the pay award, but we are still unsure if this meets the full gap, advising that no funding has been identified for the uplift in relation to the National Care Home Contract Rate so this will add to the reported overspend.</p> <p>Rosemary Liewald noted that Audrey had mentioned the huge impact of agency spend (over £1m) and queried whether if using bank instead of Agency will reduce cost. Audrey confirmed this is the current model in operation.</p> <p>Janette Keenan responded highlighting the huge amount of work which has been carried out around supplementary staffing, noting very minimal spend on agency staffing. Janette acknowledged that bank is slightly different, noting these are our own staff but we are trying to do more around grip and control, also acknowledging that bank has no overheads like agency does. Janette highlighted that the reduction in agency will be evident in the financial reports going forward for the rest of the year.</p> <p>Audrey highlighted lots of good work happening in health, noting that the additional spend is in relation to Council agency costs but we are hoping to see an improvement in this to ensure consistency across the Partnership.</p> <p>John Kemp asked if we had any estimate of how much we will deliver in the remaining months of this financial year.</p> <p>Audrey responded, noting that we are positive around the areas of Mobilisation of Workforce and Respite and there should be savings in relation to these, but highlighted that the Care Home recovery action is unlikely to see savings. Audrey confirmed that funding from our NHS partner will be reflected in the report to the next IJB, however was unsure if this will be the full £1.2m reported.</p> <p>The Board noted the report and were assured that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix 1.</p> | AV / VS |
| <p>8.2 SLA Budget Transfer</p> | <p>This report was discussed at the Finance, Performance and Scrutiny Committee on 12 November 2024.</p> <p>David Ross introduced Audrey Valente who presented this report.</p> | |

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| | <p>Audrey began her report by stating that we are requesting the IJB to approve the transfer of budget from health retained to health delegated budget. To clarify, these are essentially payments by NHS Fife to other healthcare providers for Fife patients being treated in their Board area.</p> <p>The paper identifies the current financial challenges associated with this budget but recognises improvements and benefits to be made by transferring this budget to the IJB and whilst recognising the additional financial burden this transfer creates, the Integration Scheme clearly identifies these costs as being delegated to the IJB.</p> <p>Audrey noted that although we are unlikely to deliver improvements this financial year, there is a high level of confidence that the cost pressure can be reduced in future years noting that this year, as a result of this transfer, we are transferring a £2.7m cost pressure to the IJB. Audrey further explained that £2m has been identified in the budget, and therefore by taking the budget across to the IJB the projected outturn will increase by £700,000</p> <p>David Ross invited Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members.</p> <p>Alastair noted that the Committee recognised the need for the transfer as a delegated service.</p> <p>Dave Dempsey noted that the function is delegated and therefore all we are doing is bringing budget in line with how it should have been. Audrey reiterated the financial pressure this brings and noted that we need to follow the Governance route correctly, hence why this paper is being presented to the IJB.</p> <p>Arlene Wood requested that in future more detail is required around what this money is being spent on.</p> <p>The Board approved the transfer of the £5.5m budget in relation to payments to other healthcare providers for Fife patients treated in their Board. This transfer will be backdated to April 2024.</p> | |
| | <p>8.3 Pharmaceutical Care Services Report 2023-24</p> <p>This report was discussed at the Quality and Communities Committee on 8 November 2024.</p> <p>David Ross introduced Aileen Boags who presented this report</p> <p>Aileen presented salient points from the report, noting that the aim of the paper is to identify any unmet need and required improvements, stating that the paper is being brought to the IJB to offer significant assurance prior to publication of the final report. Aileen noted that the final report will be made available on the website.</p> <p>As part of this year’s review, Aileen recognised the excellent support received from the HSCP Participation and Engagement Team in supporting a survey, with 270 responses from the public which the highest public response rate seen to date.</p> <p>Aileen highlighted the most notable change in 2023/24 was between June 2023 and November 2023, when one large pharmacy group exited the UK market.</p> | |

However, all contracts in Fife were taken over and existing service provision was maintained, noting a quicker expansion than anticipated which provides greater access to pharmacy services to the people of Fife.

Aileen noted some key facts from the report survey around travel between home and community pharmacies. The survey identified an increase in prescriptions dispensed from the 86 pharmacies across Fife, in comparison to the previous financial year. For 2023/24, 75% of smoking cessation attempts came from the community pharmacy stop smoking service, with 53% in the most deprived data zones. Aileen also highlighted 2 uses of emergency Naloxone which supported mitigation of drug deaths.

Aileen concluded her report by noting the ongoing service improvement work with community pharmacies to ensure consistent and high-quality care and noted that no unmet need had been identified across Community Pharmacy Services in Fife throughout this reporting period.

David Ross invited Sinead Braiden, Chair of Quality and Communities Committee to comment on discussions at the Committee before opening to questions from Board members.

Sinead confirmed that Committee had discussed and were assured by the report.

Rosemary Liewald commended the report detail and questioned how NHS are supporting the expansion of Pharmacy First Plus, requesting an update on the progress with this. Rosemary commented that emergency Naloxone provision is clearly working and hoping to expand across whole of the KY area.

Aileen confirmed that we continue to expand Pharmacy First Plus and are now at 31 pharmacies, noting that we are seeing an increase every 6 months in participation, and we continue to support independent prescribers with education and training.

Rosemary queried the return of medication to local pharmacies and noted that these can't be reused, questioning if there will be any change to this. Aileen confirmed that the issue is around storage once medicine has left a pharmacy, and this is a National issue with no influence at local level.

Alastair Grant highlighted the lengthy process to obtain Community Pharmacies, with ongoing battles to obtain community pharmacies in Freuchie, Saline and Burntisland.

Lisa Cooper welcomed this report and highlighted a high-profile medicine wastage programme, requesting IJB support with this.

David Alexander requested information around a Community Pharmacy in Windygates. Lisa Cooper confirmed that she will address this offline, with Aileen confirming the enquiry had been passed to Primary Care colleagues. Vanessa Salmond intervened, advising that this issue should be addressed outwith the Board meeting.

The Board is assured of the current position and that the full report has been discussed at the Quality and Communities Committee for assurance to the IJB.

9 GOVERNANCE & OUTCOMES

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| | <p>9.1 Directions Tracker</p> <p>This report was discussed at the Finance, Performance and Scrutiny Committee on 12 November 2024.</p> <p>David Ross introduced Vanessa Salmond who presented this report.</p> <p>Vanessa began her report by advising that this paper was being presented to the Board to provide an update on the current status of the 2 open Directions, noting that the paper has been revised following in depth discussions at the Finance, Performance and Scrutiny Committee around differing interpretation of the status as detailed in Appendix1.</p> <p>Vanessa confirmed that appropriate actions are being taken, namely the development and approval of a Recovery Plan and a formal letter to partners to seek additional funding. Vanessa assured members that the position is being monitored closely.</p> <p>Dave Dempsey noted that he does not take assurance as he is unclear of where the responsibility lies.</p> <p>Vanessa confirmed that the paper provides assurance of actions as per section 8 of the Integration Scheme.</p> <p>Audrey Valente highlighted good discussions at the Audit and Assurance Committee, and a plan to cover this in more detail at a Development Session.</p> <p>David Ross invited Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at the Committee before opening to questions from Board members.</p> <p>Alastair confirmed a previous agreement to amend the wording regarding delivery outcomes taking place, but not saying resources are allocated.</p> <p>Arlene Wood commented that she was unclear what we are directing partners to do, querying if this is the only 2 Directions we have, given we have 9 supporting strategies with delivery plans.</p> <p>Vanessa confirmed that the paper provides the Board with an update where we are in respect of the 2 open Directions.</p> <p>Lynne Garvey commented that we required a renewed focus to strengthen the use of directions.</p> <p>Audrey confirmed that we are on a journey when it comes to Directions, agreeing that a Development Session, focused on this and Financial Governance was required.</p> <p>The Board noted the current status of the open Directions as per Appendix1 and were assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme, with a Development Session to follow.</p> | <p>VS</p> <p>VS</p> |
| <p>10</p> | <p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p> <p>10.1 Armed Forces Covenant Duty</p> | |

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| | <p>This report was discussed at the Strategic Planning Group on 7 November 2024 and the Quality & Communities Committee on 8 November 2024.</p> <p>David Ross introduced Fiona McKay and Lesley Gauld who presented the report and shared a PowerPoint presentation highlighting the work of the Fife AFC working group and our commitments for 2025. Fiona confirmed that the Annual Report will be brought to the IJB in December 2025, led by Jillian Torrens as the new Lead for the Armed Forces Covenant Duty going forward.</p> <p>David Ross then invited in turn Roy Lawrence Acting Chair of the Strategic Planning Group and Sinead Braiden, Chair of the Quality and Communities Committee to comment on discussions at the Committees before opening to questions from Board members.</p> <p>Roy confirmed that the Strategic Planning Group are very supportive of this work. Sinead had nothing to add from Committee.</p> <p>Rosemary thanked Fiona for the report and asked if we had a link with the Veterans First Point team at Lochore. Fiona advised that they are part of the working group and have been fully involved, confirming that Veterans Point is funded by the HSCP.</p> <p>Arlene Wood thanked Fiona for a helpful presentation, noting that going forward it would be helpful to see some outcome measures as part of the report. Arlene noted that feedback from lived experience and specifics around education, housing services and access to healthcare would be valuable and requested a measures framework linking into this piece of work. Fiona advised this can be done. Lesley will pick this up and ensure this comes forward in the next report.</p> <p>Mary Lockhart welcomed the report and requested the age demographic of the individuals who are in touch with the Group. Fiona advised we have a veterans point at Victoria Hospital, Kirkcaldy and we are seeing wide range of age demographics and we strive to ensure we service the whole population.</p> <p>The Board note the content of this Update Report, particularly the progress made over the last year, and were assured that the Health and Social Care Partnership is meeting its statutory requirements under the Armed Forces Covenant Duty.</p> <p>The Integration Joint Board approved this final draft of the Update Report for 2024.</p> | <p>FMcK/LGau</p> |
| | <p>10.2 Adult Protection Report (Social Work/Social Care)</p> <p>This report was discussed at the Quality and Communities Committee on 8 November 2024.</p> <p>David Ross introduced Jillian Torrens who presented this report.</p> <p>Jillian began her report by advising that the paper is being presented alongside the annual report to offer assurance that the HSCP are fulfilling their statutory duties in terms of Adult Support and Protection legislation. The paper sets out information in relation to local procedures, with a huge focus on raising awareness of adult support and protection, working with health colleagues and external agencies.</p> | |

Jillian drew the Board’s attention to section 3.3 – statistics in relation to adult support and protection activity, which shows an increase in referrals and the subsequent work involved.

Jillian highlighted the major work which has been carried out around audit, looking at improving practice and learning from audit detail, and ensuring that we are linking in with national forums and Care Inspectorate.

David Ross then invited Sinead Braiden, Chair of the Quality and Communities Committee to comment on discussions at the Committee before opening to questions from Board members.

Sinead confirmed that the Committee were assured by the report after detailed discussions.

The Board were assured that Adult Support and Protection activity is being robustly monitored, with ongoing improvement actions identified.

10.3 Workforce Report incorporating:-

- **Workforce Year 2 Annual Report 2023-24**
- **Year 3 Action Plan 2024-25**
- **Whistleblowing Report 2023-34**

This report has been discussed at the Strategic Planning Group on 7 November 2024, the Quality and Communities Committee on 8 November 2024, the Local Partnership Forum on 12 November 2024, and the Finance, Performance and Scrutiny Committee on 12 November 2024.

David Ross introduced Roy Lawrence who presented the report.

Roy firstly thanked the workforce for their commitment in the most challenging of times, and all who have supported the production and delivery of these reports highlighting collaborative working across the whole Partnership. Roy also thanked the Committees for the feedback on these reports whilst en-route to the IJB, highlighting that any changes as a result of this feedback are noted on pages 190-191.

Roy advised that the 4 reports are being presented as appendices, highlighting that over the last year we have been through an internal audit with all recommendations met as well as a Workforce Strategic Risk deep dive in collaboration with the Local Partnership Forum.

Roy noted that the deep dive highlighted significant internal and external factors which are impacting on our workforce, with the financial position limiting recruitment and impacting on staff wellbeing, resilience and retention.

Roy noted that over the last year the IJB had endorsed the Wellbeing and Equality, Diversity and Inclusion action plans and highlighted the first Annual Whistleblowing Report, confirming the group meet regularly around challenges.

David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.

Sinead Braiden, Chair of the Quality and Communities Committee stated that members had commended the report and supported its progression to the IJB.

| | | |
|-----------|--|----------------|
| | <p>Kenny McCallum, Chair of the Local Partnership Forum confirmed they were content with the report after full scrutiny at Committee.</p> <p>Alastair Grant, Chair of the Finance, Performance and Scrutiny Committee supported the onward progression to the IJB.</p> <p>Lynne Parsons commended on the comprehensive report and gave thanks for the work undertaken to take forward the Whistleblowing objectives, noting the progress made in this area.</p> <p>Chris McKenna highlighted required changes to the report and will pick this up with Roy offline.</p> <p>David Ross highlighted the hugely important work and commended the report.</p> <p>The Board were assured that the Partnership's performance is delivering real progress in a range of areas related to our ability to Plan for, Attract, Employ, Train and Nurture our existing and future workforce, endorsing the SBAR and Reports attached and agreed that they support the IJB to mitigate the workforce challenges faced by the Partnership.</p> | RL |
| 11 | <p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP</p> <p>The minutes of the following Governance Committees were provided for information:</p> <ul style="list-style-type: none"> • Audit and Assurance Committee – 13 September 2024 • Finance, Performance & Scrutiny – 11 September 2024 • Quality & Communities Committee – 4 September 2024 • Local Partnership Forum – 10 September 2024 • Strategic Planning Group – 5 September 2024 <p>David Ross requested that any queries on the above are directed to the Committee Chair due to timescales.</p> | |
| 12 | <p>AOCB</p> <p>As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming the dates of the next meetings.</p> | |
| 13 | <p>DATE OF NEXT MEETINGS</p> <p style="text-align: center;">IJB DEVELOPMENT SESSION – rescheduled date TBC</p> <p style="text-align: center;">INTEGRATION JOINT BOARD – WEDNESDAY 29 JANUARY 2025</p> | VS / GR |

ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 4 DECEMBER 2024

| REF | ACTION | LEAD | TIMESCALE | PROGRESS |
|-----|--|---|-----------|---|
| 1 | Risk Review – Audrey to meet with Avril Sweeney & Committee Chairs to progress risk review. | Audrey Valente | | Initial meeting to be scheduled with Dave Dempsey |
| 2 | Finance Update – Audrey/Vanessa to decide how financial position can be reported more regularly to members. | Audrey Valente / Vanessa Salmond | | In process |
| 3 | From Sept IJB Q&C Revised ToR – Diagram 1 to be changed prior to publication to ensure accessible format. | Helen Hellewell | | Awaiting updated diagram from Cath Gilvear |

COMPLETED ACTIONS

| | | | |
|---|---------------------------------------|--------------------|---|
| Armed Forces Covenant Duty – measures framework to be developed for inclusion in next report. | Lesley Gauld / Jillian Torrens | Next annual report | Lesley bringing to next meeting of AFC working group |
| Workforce Report – Roy to pick up amendments with Chris McKenna | Roy Lawrence | | Completed – CM drafting extract for inclusion in revised doc. |
| IJB Development Session (cancelled 18/12/24) – date to be agreed for rescheduled Development Session, focused on the Integration Scheme, Financial Regulations & Directions. | Vanessa Salmond / Gemma Reid | | Action complete – to progress with next scheduled Development Session 26/2/26 |
| Directions Tracker – amend wording re delivery outcomes taking place, but not saying resources allocated. | Vanessa Salmond | | Action complete |
| Lived Experience – video to be emailed to members following IT issues during meeting. | Gemma Reid | | Action complete |
| Finance – formally write to partners to seek additional funding | Audrey Valente | | Action complete |
| Prevention & Early Intervention Strategy – amendment required to 4 th column of table on p.28, to include “and future needs” | Lisa Cooper | Immediate | Complete 01/11/24 - confirmation from Kay Samson that SBAR updated |
| Prevention & Early Intervention Strategy – strategy to be used to aid the uptake of screening – to be built into delivery plan. | Lisa Cooper | | Complete. 01/11/24 Confirmation that Ruth Bennett taking forward as Senior Lead for Implementation. |



Meeting Title: Integration Joint Board

Meeting Date: 29th January 2025

Agenda Item No: 5.1

Report Title: Chair's Assurance Report
Audit and Assurance Committee

Committee Chair: Dave Dempsey

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Audit and Assurance Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

2 Performance Against Work Plan

The Audit and Assurance Committee has an approved Annual Workplan. All items of business scheduled to be reported at the January Committee cycle as per the Committee workplan were presented.

At the meeting on 17^h January the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Items related to Audit: Internal Audit Progress Report and Internal Audit Follow-Up Report on Audit Recommendations
- Business Cycle: Workplan and Lessons Learned Action Plan

3 Update on Risks

There were no scheduled updates on the IJB Strategic Risk Register nor any escalations around risk highlighted to this Committee.

4 **Committee Levels of Assurance / Decisions / Recommendations**

The Audit and Assurance Committee were provided assurance following discussion at its meeting on 17th January 2025:-

Assurance

- **Internal Audit Progress Report** - Committee noted the progress in relation to the 2024-25 Internal Audit Plan but did raise concerns as noted below.
- **Follow-up of Internal Audit Recommendations** - Committee were assured by the current status of internal audit recommendations.
- **Lessons Learned Action Plan** – Following a comprehensive presentation on the implementation of activities associated with the agreed action plan, Committee noted the progress achieved and were assured that these actions complement existing financial controls.

5 **Escalations/Highlights to the IJB**

The Committee wish to highlight to the IJB that they were informed of a potential risk of full delivery of the 2024-25 Internal Audit Plan due to staff resourcing issues. Committee agreed actions which will be progressed by the Chief Finance Officer, negating the need for any IJB decisions at this time, however members wished to note their concerns around the potential continuing impact on their ability to fully discharge their roles and remit.

6 **Forward Planning/Horizon Scanning**

There were no specific issues under horizon scanning for the attention of the IJB.

Dave Dempsey, Chair, Audit and Assurance Committee



Meeting Title: Integration Joint Board

Meeting Date: 29th January 2025

Agenda Item No: 5.2

Report Title: Chair's Assurance Report
Finance, Performance and Scrutiny Committee

Committee Chair: Alistair Grant

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Finance, Performance and Scrutiny Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

2 Performance Against Work Plan

The Finance, Performance and Scrutiny Committee has an Annual Workplan. All items of business scheduled to be reported at the January Committee cycle as per the Committee workplan were presented. The Committee can therefore give assurance of performance against the workplan. In summary, at their meeting on 15th January the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Finance: Finance Update, FP&S Risk Register – Deep Dive Transformation
- Performance: Performance Report
- Scrutiny: Mainstreaming the Equalities Duty & Equality Outcomes Progress Report and Chief Social Work Officer Report

3 Update on Risks

A deep dive risk review on Transformation/Change was considered, Committee were in agreement with the 'reasonable' level of assurance given in this report. Members acknowledged the significant contribution required from transformational change during these financially challenging times and requested that in recognition of the delay/non-delivery of savings the risk score is reviewed for reflect this.

4 Committee Levels of Assurance / Decisions / Recommendations

The Finance, Performance and Scrutiny Committee made the following decisions at its meeting on 15th January 2025:-

Assurance

- **Performance Report** –Committee commended the revised layout and format of the performance report and were assured that the detail within the report enables the monitoring of performance for the Partnership and that work is progressing to achieve improved outcomes.
- **Chief Social Work Officer Report** –Committee noted this report.

Recommendations

- **Finance Update** – Following discussion Committee acknowledged the declining financial projection and agreed to remit the financial monitoring position as at November 2024 to the IJB. Members were assured of the actions being undertaken by the Senior Leadership Team to monitor and escalate where required.
- **Mainstreaming the Equalities Duty & Equality Outcome Progress Report** – Members commended this report and noted the positive progress in delivery of the Equalities IJB Action Plan. Committee supported the paper to be presented to the IJB for formal approval.

5 Escalations/Highlights to the IJB

Additional Finance Performance and Scrutiny Committees have been scheduled until the end of the financial year to monitor the financial position and escalate as appropriate.

6 Forward Planning/Horizon Scanning

There were no specific issues under horizon scanning for the attention of the IJB.

Alastair Grant, Chair, Finance, Performance and Scrutiny Committee



Meeting Title: Integration Joint Board

Meeting Date: 29th January 2025

Agenda Item No: 5.3

Report Title: Chair's Assurance Report
Quality and Communities Committee

Committee Chair: Sinead Braiden

Responsible Officer: Helen Hellewell, Deputy Medical Director
Lynne Barker, Director of Nursing, HSCP

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Quality and Communities Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

2 Performance Against Work Plan

The Quality and Communities Committee has an Annual Workplan. All items of business scheduled to be reported at the January Committee cycle as per the Committee workplan were presented. The Committee can therefore give assurance of performance against the workplan. In summary, at their meeting on 10th January the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Governance and Outcomes: Quality Matters and Quality and Deep Dive Review: Transformation/Change
- Strategic Planning: Oral and Dental Health Annual Report and Fife Immunisation Strategic Framework for 2024-27
- Legislative Requirement and Annual Reports: Learning from Deaths of Fife's Children and Young People Annual Report 2023-24; Mainstreaming the Equality Duty and Equality Outcome Progress Report Jan 2025 and Drug Related Deaths Deep Dive Risk Assessment – NHS Board Corporate Risk Register

3 Update on Risks

A deep dive risk review on Transformation/Change was considered, Committee were in agreement with the 'reasonable' level of assurance given in this report.

4 Committee Levels of Assurance / Decisions / Recommendations

The Quality and Communities Committee made the following decisions at its meeting on 10th November 2024:-

Assurance

- **Quality Matters Report** – There were no governance issues to highlight or escalate to the Board. Overall, the Committee were assured that clinical and care governance was discharged effectively during this reporting period.
- **Fife Dental and Oral Health Improvement Annual Report 2024** – Committee were assured by this annual report that senior management and the professional leadership team provide oversight and management in regards to quality and access in line with the powers available to them in accordance with dental regulations.
- **Learning from Deaths of Fife’s Children and Young People Annual Report** – Members were assured by this mandatory annual report that there is a thorough review process following every child death to ensure the fullest and most meaningful learning, regardless of the cause, in order to contribute to improving the health and wellbeing of children in Fife.
- **Fife Immunisation Strategic Framework for 2024-27** – The Committee were assured by the refreshed framework and proposals to improve uptake within our population.

Recommendations

- **Mainstreaming the Equality Duty and Equality Outcome Progress Report Jan 2025** – Members were assured by this report that positive progress is being made on identified outcomes. The Committee supported this report to be remitted to the IJB for formal approval, providing assurance from a quality of care perspective.
- **Drug Related Deaths Deep Dive Risk Assessment – NHS Board Corporate Risk Register** – Committee provided support for a new risk to be added to the NHS Corporate Risk Register.

5 Escalations/Highlights to the IJB

There were no other significant areas of concern or items requiring escalation to the IJB identified at this meeting other than those reports identified above to be remitted to the IJB.

6 Forward Planning/Horizon Scanning

There were no specific issues under horizon scanning for the attention of the IJB.

Sinead Braiden, Chair, Quality and Communities Committee



Fife Health & Social Care Partnership

Supporting the people of Fife together

| | |
|-----------------------------|--|
| Meeting Title: | Integration Joint Board |
| Meeting Date: | 29 January 2025 |
| Agenda Item No: | 6.1 |
| Report Title: | Fife Immunisation Strategic Framework 2024 - 2027 |
| Responsible Officer: | Lisa Cooper, Head of Primary and Preventative care Services |
| Report Author: | Esther Curnock, Consultant in Public Health Medicine / Immunisation Coordinator; Olivia Robertson, Senior Manager Fife Health & Social Care Partnership |

1 Purpose

This Report is presented to the Board for:

- Assurance

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

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

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

2 Route to the Meeting

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

- The recommendations on the re-focused priorities of the Strategic Framework for 2024-2027 were presented and endorsed by the Community Immunisation Service Programme Board on 11th June 2024.
- The Strategic Framework were shared and endorsed by NHS Fife EDG on Thursday 20th June 2024, along with the Annual Immunisation report.
- The Strategic Framework and the Annual Immunisation report were presented and supported by Fife HSCP SLT on 24th June 2024.
- The Strategic Framework and the Annual Immunisation report were presented and supported by Fife Public Health & Wellbeing Committee on 1st July 2024.
- The Strategic Framework and the Annual Immunisation report were presented and supported by SLT Assurance on 06 January 2025 to support progression to the The Qualities and Communities Committee.
- The Strategic Framework and the Annual Immunisation report were presented and supported by The Qualities and Communities Committee of the IJB on 10th January 2025. The committee recognised and supported the priorities articulated. Assurance was provided in regard to the focus on transformation and quality improvement, and the ongoing work to reduce inequalities and improve uptake across specific programmes.

3 Report Summary

3.1 Situation

The previous Fife Immunisation Strategic Framework 2021-2024 has been reviewed and a refreshed version developed for 2024-2027. The updated framework for 2024-2027 is being brought to the IJB for assurance and decision regarding issue of direction.

3.2 Background

Immunisation is a global health success story, saving millions of lives every year. Monitoring the proportion of the eligible population vaccinated enables continuous improvement and is complemented by monitoring of vaccine preventable disease surveillance data.

In 2021, NHS Fife and Fife HSCP worked collaboratively to develop a 3 year Immunisation Strategic Framework 2021-2024, which was supported by Fife IJB, with direction given in September 2021 to deliver the Strategic Framework. The Strategic Framework set out the shared vision of NHS Fife and Fife HSCP for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course. Through implementation of the strategy, the aims were to:

- Protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes
- Contribute towards improved wellbeing and reducing health inequalities
- Ensure immunisation services are safe, effective and of a consistent high quality
- Raise people's awareness of the public health benefits and people's trust in vaccinations

To realise this vision and ambitions four priorities for action were identified:

1. Optimise immunisation coverage ensuring equitable access for all eligible groups.
2. Enhance the monitoring & evaluation of immunisation programmes.
3. Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services.
4. Community engagement and promotion.

The delivery of the Strategic Framework was and continues to be overseen by the Community Immunisation Services (CIS) Programme Board. Further scrutiny of vaccine uptake across Fife, as well as rates of vaccine preventable disease is provided by the Area Immunisation Steering Group, who seek assurance that Fife's population is protected from vaccine preventable disease and produce an annual immunisation report available on the [NHS Fife Public Health web pages](#).

3.3 Assessment

During the review of the 2021-2023 CIS Strategic Framework and in developing the next iteration of this Framework, it was clear that original Vision, Aims and Priorities were not only still relevant but that they were more critical than ever, with a need for continuity in our strategic ambitions for future years. The transformational changes we are striving to make involve cultural and behavioural changes in our staff, across our Health and Social Care system, and our population in terms of the importance of vaccine uptake across the life cycle. Cultural change of this nature requires consistency in strategic intent over an extended period of time – therefore the vision and aims described within the framework are anticipated to have

longer term relevance, with the current 3-year cycle reflective of the need to balance in consistency in approach with the priorities identified based on changes to local and national contexts within this period.

As such, the vision, aims and priorities of the revised CIS Strategic Framework for 2024-2027 are unchanged but have been updated to reflect the progress made over the past 3 years and the current context and anticipated future challenges over the next 3 years. The table below summarises these in brief, whilst the context is explored further in the full strategic framework document appended.

| <i>Priority</i> | <i>What we achieved 2021 - 2024</i> | <i>Building on this 2024 - 2027</i> |
|--|---|--|
| 1. Optimise immunisation coverage ensuring equitable access for all eligible groups. | <ul style="list-style-type: none"> Detailed review of Childhood Vaccine delivery CIS led QI group focused on improving MMR2 uptake by 5 years MMR mop-up programme all children to age 18 HPV improvement project Inclusion group established with 3rd sector & localities representation | <ul style="list-style-type: none"> Integrate inclusion work and quality improvement under new transformation group structures Move to locality based service delivery model Embed best practice into local service delivery from national SVIP inequalities action plan, utilising national expert advisory group recommendations |
| 2. Enhance the monitoring & evaluation of immunisation programmes. | <ul style="list-style-type: none"> Establishment of Quality Matters Assurance Group and reporting into HSCP structures Development of annual workplan for Area Immunisation Steering Group, including review of selective programmes e.g. delivered through sexual health & maternity | <ul style="list-style-type: none"> Robust 12 month system planning & monitoring Strengthened financial monitoring & governance Timely operational performance monitoring utilising local data and where available on Discovery appropriate peer comparator data |
| 3. Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services. | <ul style="list-style-type: none"> Completion of full transfer of immunisation programmes from General Practice under the Vaccine Transformation Programme, including travel health Agile & flexible workforce | <ul style="list-style-type: none"> Resilient workforce where staff wellbeing prioritised Strengthen workforce beyond CIS 3 x regional based service delivery teams, aligned to 7 Localities |

| | | |
|---|---|--|
| | <ul style="list-style-type: none"> Integration into single Community Immunisation Service (CIS) team across infant, teenage and adult programmes Comprehensive workforce planning | <ul style="list-style-type: none"> Ongoing agility to respond to known and unknown changes to vaccine programmes |
| 4. Community engagement and promotion. | <ul style="list-style-type: none"> Cohort specific communications utilising national and local material Promotion activity focused led within CIS workforce | <ul style="list-style-type: none"> Wider system engagement strategy to mitigate vaccine fatigue & misinformation Utilise long-term trusted relationships within communities Wider health and social care system engagement, utilising national SVIP action plan & resources |

This report provides the following Level of Assurance

| | Significant | Moderate | Limited | None |
|------------|---|---|---|--|
| Level | | x | | |
| Descriptor | There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all. | There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk. | There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken. | No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk |

3.3.1 Quality / Customer Care

The Fife Area Immunisation Steering Group (AISG) has a remit to 'provide assurance to the NHS Fife Board that the Fife population is protected from vaccine preventable disease and to escalate any public health risks as appropriate'. The group meets 3 x / year to review the data across immunisation programmes. Quarterly childhood uptake data relating to uptake of the 6-in-1 vaccine at 12 months of age (3 doses offered at age 8, 12 & 16 weeks) and uptake of the second MMR vaccine at 5 years of age (offered at 3 years 4 months) are reported regularly through the NHS Fife IPQR report as indicators of performance within the childhood programme. The seasonal flu & COVID adult vaccination programmes are also reported regularly through the IPQR assurance mechanism.

3.3.2 Workforce

The development of a sustainable skilled workforce to deliver safe and effective immunisation services is a key priority of the revised CIS Strategic Framework 2024-2027. Staff wellbeing is a critical focus of the revised Framework, recognising the level of flexibility and agility required to deliver Community Immunisation Services.

3.3.3 Financial

Robust financial governance to underpin delivery and sustainability of the programme is paramount. As with any funding source, we require to demonstrate appropriate use of specific funding. Funding for the programme historically comprises a number of funding sources, some of which have clear caveats and constraints on their use. Our objective is to deliver the programme within the financial envelope whilst delivering additionality and value for money. Our processes involve strong financial management, planning, monitoring and reporting through the respective governance groups, and docks to our formal Scottish Government monthly Financial Performance Reporting process, along with cross checking financial values to the number of respective vaccination doses.

The funding available to deliver the programmes is advised within the draft direction attached as appendix 3

3.3.4 Risk / Legal / Management

The management of risk in delivery of the refreshed CIS Strategic Framework will be overseen by the CIS Programme Board, with escalations through SLTs, EDG and to IJB and NHS Fife Board, as appropriate.

3.3.5 Equality and Diversity, including Health Inequalities

Inequalities in vaccine uptake are monitored where data is available and inform improvement actions. The annual immunisation report includes analysis of the uptake of immunisation programmes by socio-economic deprivation and other equality data where possible.

3.3.6 Environmental / Climate Change

There is significant planning involved in how vaccines are delivered, which includes locations and the transfer of vaccines to and between centres. This is constantly reviewed to consider more sustainable models, which includes locations which are easier to access via public transport to reduce impact on environment.

[Climate Fife 2024 Strategy and Action Plan](#)

3.3.7 Other Impact

No other relevant impact.

3.3.8 Communication, Involvement, Engagement and Consultation

The development of the revised Strategic Framework has been overseen

by the CIS Programme Board, with wide range of stakeholders across the Health and Social Care System. The development of ambitious Communication and Engagement plans are critical deliverables as part of the revised framework.

4.4 Recommendation

The priorities within the Fife 2021-2024 Strategic Framework have been progressed over across all immunisation programmes. However, we recognise more needs to be done and our priorities for 2024-2027 reflect this. It is recognised that to achieve our ambitions and reverse longer-term trends of declining uptake we will need to be innovative and seek support to test different approaches to improve uptake by those within our population who currently are not engaging.

The IJB is asked to:

- **Note** the refreshed Fife Immunisation Strategic Framework and outlined priorities for 2024-2027, for **assurance**.
- **Discuss** and **approve** the Direction to NHS Fife for delivery of the functions associated with the Immunisation Strategic Framework 2024-2027

5 List of Appendices

The following appendices are included with this report:

- Appendix No. 1, Fife Strategic Framework 2024 – 2027
- Appendix No 2, Draft Direction - Fife Strategic Framework 2024 - 2027

6 Implications for Fife Council

The aims and priorities of the immunisation strategic framework align with the vision of Fife Health and Social Care Partnership to enable to the people of Fife to live independent and healthier lives and Fife's Strategic Delivery Plan 2023 - 2026.

7 Implications for NHS Fife

The aims and priorities of the immunisation strategic framework align with the priorities within the NHS Fife Population Health & Wellbeing Strategy 'Living well, working well and flourishing in Fife'.

8 Implications for Third Sector

Ongoing engagement with the third sector in Fife will support the framework's priority areas of ensuring equitable access and of community engagement and promotion.

9 Implications for Independent Sector

Ongoing engagement with the independent sector in Fife will support the framework's priority area of optimising immunisation coverage and

enquiring equitable access, in particular in relation to those immunisations that are delivered within independent care settings and to independent care staff.

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

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

Report Contact(s)

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Fife Immunisation Strategic Framework 2024-2027



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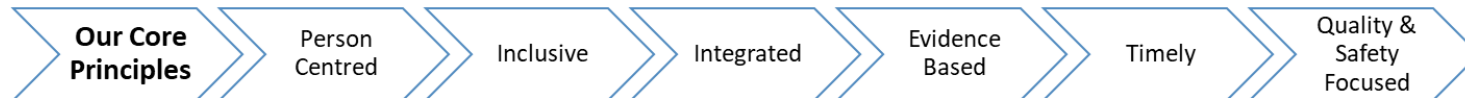
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Fife Immunisation Strategic Framework 2024-2027



A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.

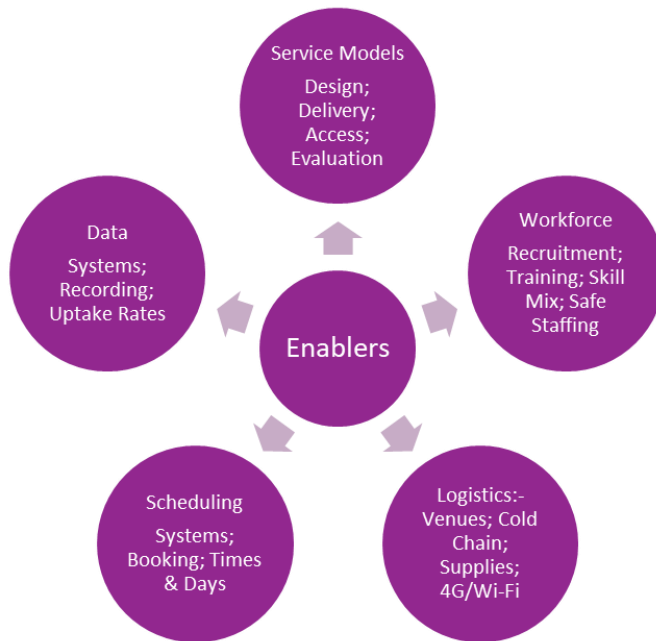


Our Aims

- To protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes
- To contribute towards improved well being and reducing health inequalities
- To ensure immunisation services across Fife are safe, effective and of a consistent high quality
- To raise peoples' awareness of the public health benefits of vaccination and raise peoples' trust in vaccinations.

Our Priorities

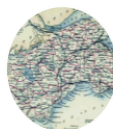
- Optimise immunisation coverage ensuring equitable access for all eligible groups
- Enhance the monitoring & evaluation of immunisation programmes
- Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services
- Community engagement & promotion



What we need to consider



Vaccination needs of population across the lifespan



Large geography & diversity of urban & rural settings



Accessibility



Best Use of Resources

Introduction

Immunisation programmes have been an integral part of health services and public health for over 200 years since the ground-breaking discovery by Edward Jenner of the smallpox vaccine. They are considered one of the greatest public health interventions in terms of measurable impact on population morbidity and mortality.¹

Immunisation is a safe and effective way to help protect the population from serious vaccine-preventable diseases. Since the initial focus on six childhood vaccine-preventable diseases over four decades ago, they have evolved rapidly and expansively in a relatively short space of time. The addition of new vaccines has increased the breadth of protection provided by immunisation, to include vaccinations for protection of older children, adolescents and adults. Immunisation not only provides protection for the individual, but also offers important benefits for the long-term health of the community. For immunisation to provide the greatest benefit a sufficient proportion of the population need to be vaccinated to stop the spread of bacteria and viruses that cause disease – this is known as herd immunity. The success of established vaccination programmes mean that most vaccine preventable diseases of childhood are now rarely seen however there remains a need to ensure the population understand the importance of protection across all age groups.

Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services².

In 2021, NHS Fife and Fife HSCP worked collaboratively to develop a 3-year Immunisation Strategic Framework 2021-2024, which was supported by Fife IJB, with direction given in September 2021 to deliver the Strategic Framework. The Strategic Framework set out the shared vision of NHS Fife and Fife HSCP for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course. The framework was developed at a time when the critical nature of vaccines was well understood across the world, with vaccines central to a global response to the COVID-19 pandemic. There has been great successes over the lifecycle of the Strategic Framework, in particular in developing an agile and integrated workforce across children and adult programmes. We have demonstrated our collective ability to deliver vaccines effectively, efficiently and flexibility. Over the course of the 2023 – 2024 financial year around 369,267 vaccinations have been administered in Fife.

More still needs to be done strategically to make sure that everyone is engaging with the vaccine programmes that they are eligible for. Some of those who were not engaged at the commencement of the previous framework remain disengaged – this revised Strategic Framework draws on the strength of the 2021-2024 iteration and commits to being ambitious to make sure we explore every opportunity to provide everyone equal access to the vaccines they are entitled to, recognising services need to be tailored to break down barriers to vaccine uptake.

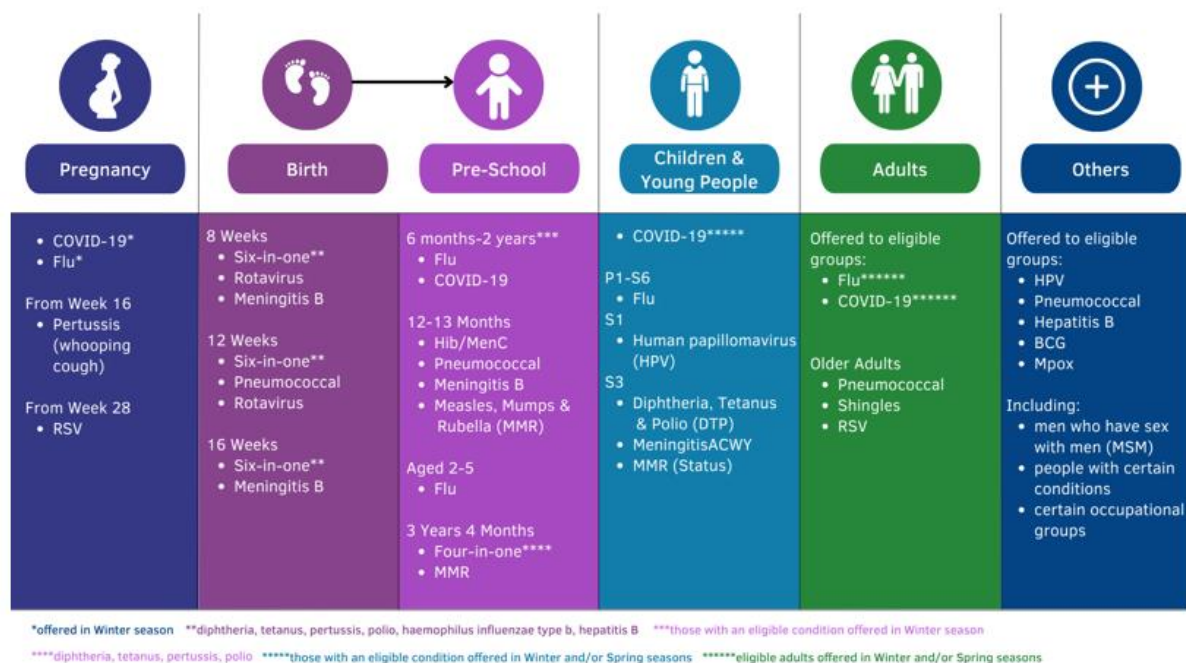
¹Shattock et al. Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. Lancet May 2024: [https://doi.org/10.1016/S0140-6736\(24\)00850-X](https://doi.org/10.1016/S0140-6736(24)00850-X)

² PHE Immunisation Inequalities Strategy, February 2021

National Context

Immunisation policy in Scotland is set by the Scottish Government Health Directorate who take advice from the UK Joint Committee of Vaccinations and Immunisation (JCVI). The JCVI provide advice on immunisations for the prevention of infections and/or disease following due consideration of the evidence on the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies³. The UK immunisation schedule is continually reviewed and updated⁴.

Figure 1: Routine immunisation schedule



The Vaccine Transformation Programme (VTP) began in April 2018 and involved transfer for responsibility of all previously GP-led vaccine programmes in Scotland to NHS Boards, and additionally included travel vaccinations and travel health advice. The VTP transition period was extended by 1 year and completed in April 2022, i.e. within the period of the previous Fife Strategic Framework. In response to the pandemic situation, the mass-vaccination COVID programme began in December 2020, and since September 2021 the autumn/winter component has been delivered alongside the seasonal flu programme.

In autumn 2022, Scottish Government commissioned Public Health Scotland (PHS) to lead, plan, coordinate, deliver and evaluate a safe effective and equitable vaccination and immunisation service for Scotland, known as 'SVIP' (Scottish Vaccination and Immunisation Programme). In January 2024 oversight of national delivery aspects of SVIP were transferred fully to PHS, including the combined COVID and Flu programme which had been coordinated nationally within Scottish Government over the pandemic period to this date.

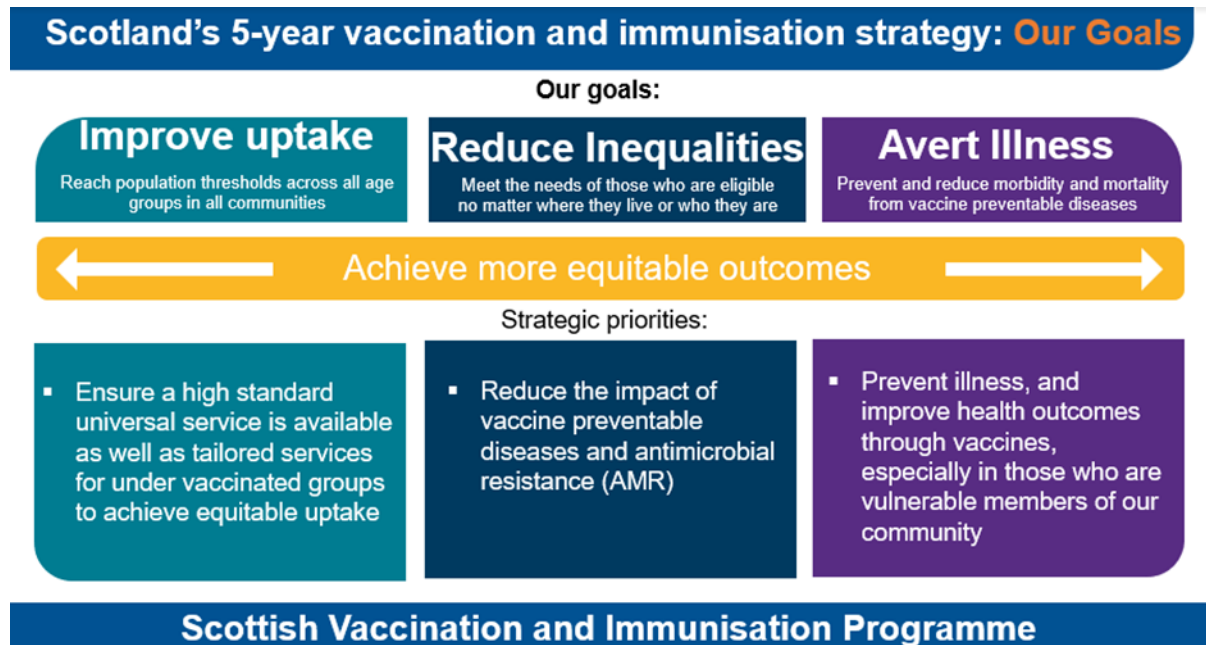
The SVIP governance structure was approved in March 2024 with a national Strategy & Planning Group overseeing a Delivery Board with eight substantive sub-groups. A 5-year Vaccination and Immunisation Strategy for Scotland (2024 – 2028) is currently in development led by PHS in

³ Joint Committee on Vaccination and Immunisation Code of Practice, June 2013

⁴ Complete schedule (children & adults): <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

collaboration with Scottish Government, NHS territorial Boards, National Services Scotland and NHS Education for Scotland (See Figure 2 for proposed overarching goals of the Strategy). Workstreams covering governance, workforce, quality, finances, communications, digital and inequalities were tasked with development of strategic commitments with the expectation of publication of a final national strategy in July 2024.

Figure 2: High-level SVIP 5-year strategy goals



Vaccine Preventable Disease

National & Local Surveillance & Monitoring

Vaccine-preventable diseases are those that are notifiable for surveillance purposes and for which a vaccine is available. PHS publish a quarterly report of vaccine preventable disease surveillance data within Scotland. Within Fife, local notifications from clinicians and from the laboratories are monitored routinely by the health protection team and where required, public health response actions are carried out. Since December 2023, this function has been provided by the East Region Health Protection Team covering four health boards including Fife which has also enabled closer monitoring of emerging regional communicable disease activity. National and local vaccine preventable disease surveillance data trends are reviewed at the meetings of the Area Immunisation Steering Group (AISG) and an annual summary provided within the annual immunisation report submitted to the Public Health & Wellbeing Committee (PHWBC).

Review of 2021 – 2024 Vaccine Preventable Disease activity

Over the pandemic period from 2020, there were very low levels of many communicable disease circulating as a result of the social distancing and lockdown measures introduced over that period. Some vaccine preventable diseases have continued to see disruptions to usual activity, for example there continued into 2023 to be very minimal mumps activity across Scotland. Others have returned with very high levels of activity, for example, the re-emergence of Pertussis (whooping cough) in late 2023 has led to very high case numbers across Scotland, UK and elsewhere in Europe during 2024. A further example is the 2022-23 flu season which peaked at 'extraordinary' levels in late December 22. The period 2021 - 24 also saw diseases outbreaks within the UK of mpox (previously known as monkeypox) and gonorrhoea which each led to JCVI recommendations for new vaccination programmes preventing further cases among at-risk groups. Measles activity increased in Europe in 2022, and significant outbreaks were seen in regions of England in the final quarter of 2023 and into 2024. A small number of measles cases have been seen in Scotland in 2024, including within Fife.

Looking ahead

The longer-term impact of the COVID-19 pandemic measures on disrupting expected disease trends are difficult to predict, but there are likely some ongoing residual effects over the next 3 years. These could lead to UK wide expansions or changes to vaccine eligibility (as happened in 2012 when we last saw a peak of pertussis infection and the maternal vaccination programme was introduced), or the introduction of new vaccines. In addition, we know there are some diseases where there has not previously been a vaccination programme in the UK that will move into the 'vaccine preventable disease' category as new vaccines are developed and/or existing vaccines become more cost-effective and as such are added into JCVI recommendations.

Over the 2024-27 period, planning is already advanced for the introduction of the RSV vaccine into a routine older adult programme and a maternity programme to protect newborn babies from August 2024. Planning is also at the early stages for introduction of varicella vaccine into the routine childhood programme to protect against chicken pox, likely to commence in late 2025 with the introduction of a 12 month and 18 month 'MMRV' vaccine. The JCVI have also reviewed evidence for the introduction of a maternal Strep B vaccination programme. Whilst no formal recommendation statement has been issued to date on this, its introduction is anticipated within the next 3 years.

Snapshot of Vaccine Uptake

Monitoring vaccine uptake

Vaccine uptake data is published by Public Health Scotland for the childhood, teenage and main adult vaccination programmes (COVID, flu, shingles & pneumococcal). Whilst the childhood data is issued quarterly, the teenage and non-seasonal adult programmes are published annually. National and local data on the selective vaccination programme uptake data such as the newborn BCG programme and the newborn hepatitis B programme has become more accessible since the previous Fife strategic framework, though they are not yet release on a regular reporting cycle. The addition and expansion of immunisation data within the Discovery platform since 2023 has enabled health boards to access more detailed uptake information for management purposes, for example, data by geographies smaller than health board, more detailed deprivation breakdowns, and data by ethnicity in some programmes. Early childhood vaccination uptake data has also been made available via this platform in 2023, which has enabled enhanced local monitoring of uptake of the initial vaccine offer rather than just at the set evaluation points of 12 months, 24 months and 5 years which are used for the routinely published data and have a significant lag between date of eligibility (and therefore delivery for most children) and reporting of uptake, though these evaluation points remain useful for comparison of trends over time.

A detailed annual immunisation report is submitted to the Fife Public Health & Wellbeing Committee annually, and is published externally on NHS Fife website⁵. For the purposes of this framework an overview is provided on the main trends seen over the period of the last strategic framework at both a Fife and national level. Additional detail by year and information regarded selective programmes for at-risk groups can be found within the full annual reports.

Routine childhood programme

Childhood immunisation uptake rates in Scotland have historically been high, with the Scottish average remaining above the 95% target for most routine immunisations by 12 months of age. However, uptake in Fife has declined gradually over the last 10 years from over 97% uptake of the 5-in-1 /6-in-1 vaccine at 12 months in 2013 to 93.8% in 2023. This decline has also been seen in the rest of Scotland, but with a more rapid decline seen in the last 5 years in Fife than other areas of Scotland. Uptake by deprivation quintile shows the fastest rates of decline have been seen those children within the most deprived areas, and this trend holds both in Fife and elsewhere in Scotland, with rates for the most deprived quintile remaining below 95% in Fife since 2016, and in Scotland since 2018. The declining trend among those most deprived appears to have stabilised / slightly improved in Fife Between 2022 and 2023, though uptake remains just below 93% for this deprivation quintile. This trend is illustrated below in figure 3.

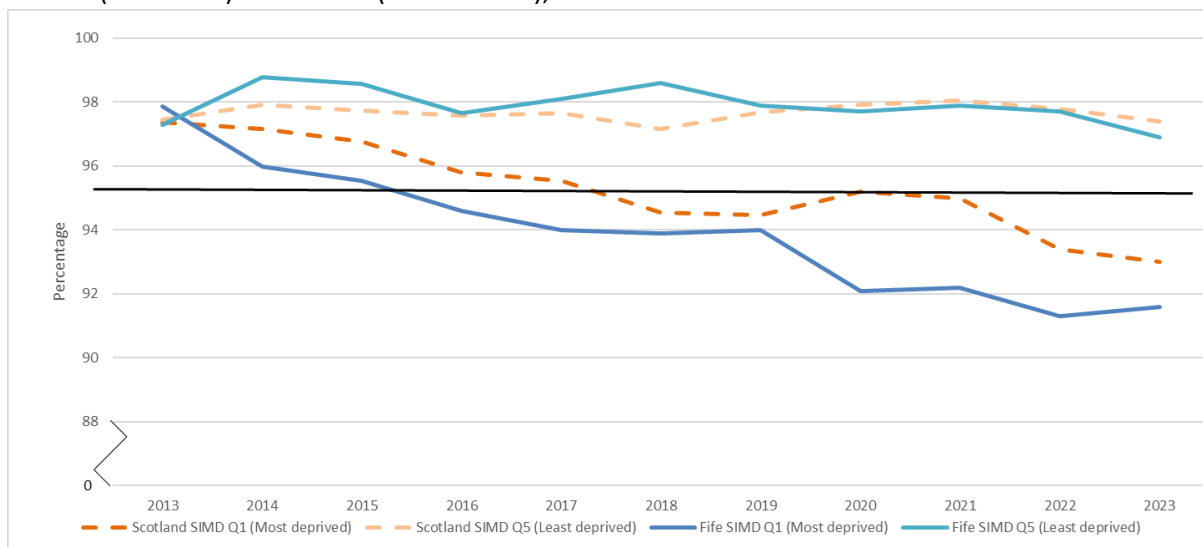
Similar trends across the last 10 years have been seen in the childhood programme at both the 24 month and 5 year evaluation points with inequalities being greater in the older ages. Uptake of the pre-school vaccines (first offered when a child is 3 years 4 months and evaluated when a child is turning 5 years) in Fife reached their lowest in 2019 and have fluctuated since. Whilst pre-school vaccine uptake rates in Fife remained slightly below the Scottish average in 2023, they have not seen the more sharply declining trend seen elsewhere in Scotland since 2021.

In May 2024 PHS issued a report 'Understanding and Addressing Declines in Childhood Immunisations' based on qualitative interviews with all 14 NHS boards in 2023. In parallel in Fife a

⁵ [Reports and publications | NHS Fife](#)

strategic review of the delivery the childhood programmes took place. The PHS study was commissioned on the back of the trend of declining rates of uptake in Scotland over the past decade. Their findings identified diverse delivery models prevalent in Scotland, and highlighted the pivotal role of behavioural factors such as opportunity and motivation in influencing uptake. It also identified system factors such as invitation issues, data inaccuracies and ineffective queue allocation as impacting uptake. The Fife report identified a wide range of recommendations falling into four themes which included strengthening engagement with parents to improve understanding and motivation; ensuring appointments were more convenient to attend and that communications with parents; and ensuring carers about appointments is effective.

Figure 3: Immunisation trend by 12 months for 5-in-1/6-in-1 vaccine uptake by deprivation quintile for Fife (solid lines) & Scotland (dashed lines), 2013 to 2023



Routine teenage programmes

A summary of uptake of the teenage vaccinations delivered in school is shown in the table below for the school years 21/22 and 22/23. Decline in uptake of the teenage boosters (Td/IPV and MenACWY) was also seen in the rest of Scotland in S3 but not in S4 in school year 22/23. The teenage booster programme in Fife demonstrates marked socioeconomic gradient in vaccination uptake that is similar to that seen in the rest of Scotland. Uptake of HPV vaccine at both S1 and S2 is lower in Fife than elsewhere in Scotland. In general, uptake is lower in males than females. Uptake of the HPV vaccine has fallen across all SIMD quintiles in the school year 2022/23, with the gap in uptake between the least and most deprived widening. This is true for both uptake in girls and boys, with the uptake between the least and most deprived boys being the widest. Improvement work has been underway within the 2023/24 teenage programmes, and whilst the final uptake data (which will include summer mop-up activity) interim data from the school-based clinics held over the Spring 24 term suggest an improvement in uptake from 2022/23.

Table 1: Summary of teenage programme uptake, 21/22 and 22/23

| Immunisation | | Uptake at end of school year 2021/22 (%) | Uptake at end of school year 2022/23 (%) | Percentage point change from previous |
|-----------------------|-------|--|--|---------------------------------------|
| HPV | | | | |
| S1 | Girls | 68.9 | 70.4 | ↑ 1.5 |
| | Boys | 55.8 | 59.9 | ↑ 4.1 |
| S2 | Girls | 83.6 | 75.3 | ↓ -8.3 |
| | Boys | 76.2 | 65.2 | ↓ -11.0 |
| S3 | Girls | 88.9 | 84.5 | ↓ -4.4 |
| | Boys | 83.1 | 79.0 | ↓ -4.1 |
| S4 | Girls | 92.9 | 89.4 | ↓ -3.5 |
| | Boys | | 84.4 | NA |
| Td/IPV booster | | | | |
| S3 | | 67.3 | 59.0 | ↓ -8.3 |
| S4 | | 86.7 | 72.2 | ↓ -14.5 |
| MenACWY | | | | |
| S3 | | 67.5 | 59.0 | ↓ -8.5 |
| S4 | | 86.3 | 72.4 | ↓ -13.9 |

Routine adult programmes

Vaccination coverage for adult pneumococcal vaccine (PPV23) is higher in Fife than the rest of Scotland for the period September 2022 to August 2023 (figure 4), whereas coverage of the shingles vaccine was lower than the rest of Scotland. During the 2023/24 season, uptake of adult flu and COVID vaccinations were similar in Fife to that reported for Scotland.

Figure 4: Coverage of the pneumococcal (PPV23) vaccination programme in eligible individuals NHS Fife (blue bars) & Scotland (orange bars), 2023

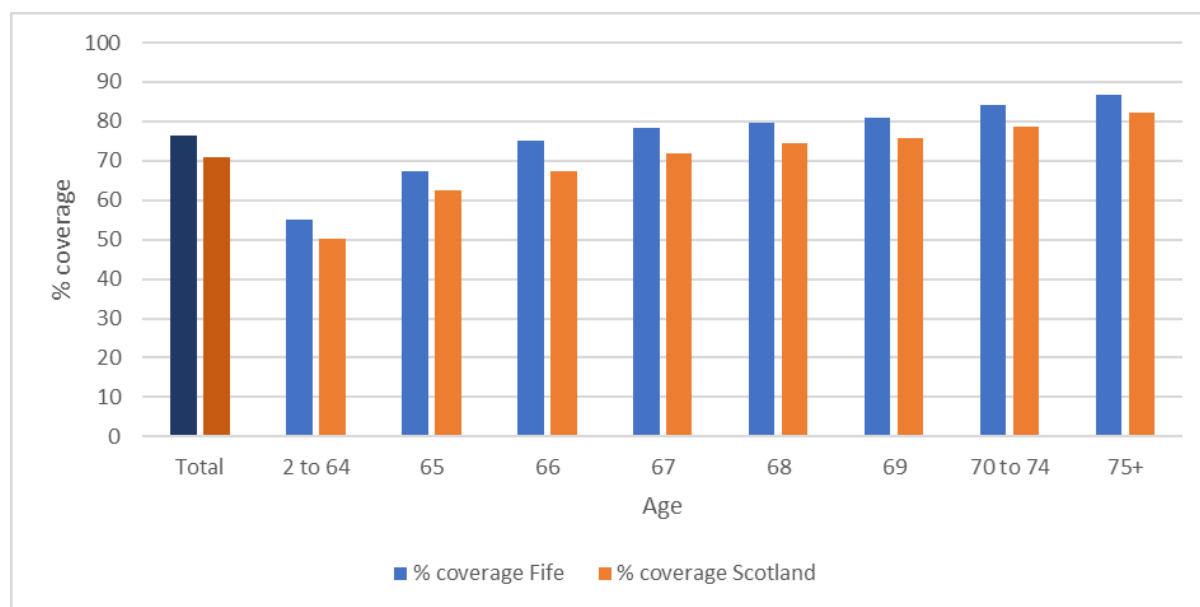
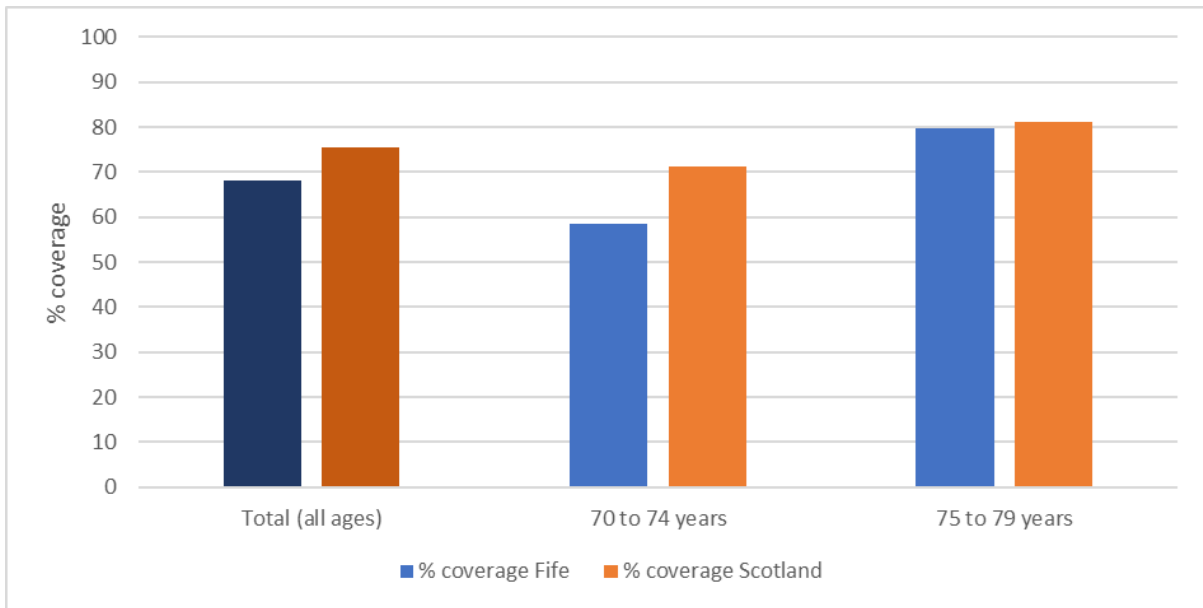


Figure 5: Coverage of the shingles vaccine in eligible individuals NHS Fife (blue bars) & Scotland (orange bars), 2023



Equity and Inclusion

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies⁶. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. Low coverage patterns risk exacerbating health inequalities further through a rise in incidence in preventable diseases at both an individual and population level due to loss of benefits associated with herd immunity.

Although Scotland continues to perform strongly for vaccination uptake rates of the childhood programme compared to the rest of the UK⁷ there have been recent concerns that completion rates in the childhood programme are showing a gradual decline. In Fife, performance on many of the routine childhood immunisations is slightly below the Scottish average, and uptake in the most deprived quintiles is a particular concern. The data demonstrates substantial socioeconomic inequalities across the childhood and teenage immunisation programme and that these increase with age. Further work is needed to explore and understand these areas of inequality.

To promote equity and inclusion in the COVID-19 vaccination programme a comprehensive Equality Impact Assessment (EQIA)⁸ was undertaken which focussed not only on the differential impacts certain population groups may face in their ability to take up the offer of vaccination but also the need to make the mass vaccination programme as inclusive and accessible to the population as possible. Further work is required to apply this learning across all immunisation programmes.

Vaccine hesitancy is increasing and failure to vaccinate is well-recognised in Europe as a contributing factor to outbreaks of infectious diseases. Whilst public perception of vaccination is good and thought to have value in protecting people from specific disease this may not necessarily translate into the belief that a specific vaccine is worth having at an individual level due to misinformation, lack of confidence in vaccines, an underestimation of risk or difficulties in access⁹.

Cultural norms, beliefs and behaviours shape how people navigate the health system and vaccination programmes. Low vaccine uptake has been seen in migrant communities. Research in Lothian identified trust in the national vaccination policy, health professionals and in individual vaccines together with language and communication issues affected the uptake within Polish communities¹⁰.

It is recognised that where there are unmet information needs people may not be making truly informed choices about vaccination. There is a need for community engagement and promotion based around improved communication strategies, effective clinical and political leadership and public health messaging to help address the issues, constructively challenge the vaccine hesitant and improve the dialogue around immunisation.

⁶ PHE Immunisation Inequalities Strategy, February 2021

⁷ <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2020-to-2021-quarterly-data>

⁸ <https://www.nhsfife.org/media/34517/covid-vaccine-programme-eqia.pdf>

⁹ [Exploring public views of vaccination service delivery - Publications - Public Health Scotland](#)

¹⁰ [A qualitative study of vaccination behaviour amongst female Polish migrants in Edinburgh, Scotland - ScienceDirect](#)

CIS Strategic framework 2024-2027

A recent review of the 2021-2023 CIS Strategic Framework demonstrated a significant amount of progress has been made across our Community Immunisation Services, whilst recognising that there is a requirement for an integrated and system-wide Strategic Framework to drive continued improvement in vaccine uptake across our whole population.

Key successes:

- Integration of Immunisation teams, across Childhood teenage and adult vaccine programmes
- Development of a sustainable and agile workforce, supporting both changes in established Programmes
- Further integration of CIS Workforce to other services (Community Treatment and Care Services) to further create resilience
- Travel Health Vaccines supported via Community Pharmacy, to improve access Fife
- Full transfer of VTP Programme from General Practice under Fife HSCP, supported via part of wider integration of Immunisation Teams
- A strategic review of Childhood Immunisation Services was Commissioned by the CIS Programme Board and carried out by a Specialty Registrar in Public Health, as a critical action in seek to understand declining uptake in Childhood vaccine across Fife, patterns reflected nationally.
- Quality Improvement work commenced to target initiative towards improving uptake, in particular across Childhood Programmes
- Responded rapidly and effectively to reduce spread of communicable diseases, namely mpox, Measles and most recently pertussis
- Programme has operated within available SG funded financial envelope since inception
- Detailed planning to roll-out RSV Programme

Workforce

Workforce, as with most services, is the most important aspect of the service. The workforce model adopted during the pandemic (2019), which saw Band 3 Health Care Support Worker Vaccinators (HCSW) employed to support multi-professional teams, to vaccinate only. The Nationally agreed 'National Protocols' were developed so that the Band 3 workforce could only vaccinate with Covid and flu vaccines, since this is not possible under a Patient Group Direction (PGD). Nationally, this is currently being reviewed to allow Band 3 staff, to administer all vaccinations under the supervisor of a registered nurse. Consideration however needs to be given to the impact onto a Registered Nurse, in terms of job satisfaction, recruitment and retention should this be the nationally adopted model.

The service has transitioned from the 'pandemic phase' to a 'business as usual' model. The service has a structured and proactive approach to vaccination programmes across all Vaccine Programmes, with a continuous learning approach through lessons learned exercises at the end of every Programme.

The CIS recruited a permanent workforce in March 2022, based on 65% of the required staff for the delivery of Covid and flu vaccinations at that time. In April 2022 the workforces of Children's Immunisation and Adult services combined to become the CIS. The CIS workforce deliver all appointed and planned schedules of immunisations across the 12 months of the year, over the life cycle. This includes all care homes, housebound patients, staff vaccinations for NHS Fife, HSCP and Community Hospitals. Due to the seasonal nature of Immunisation, there are peaks and troughs throughout the year. In recognition of this and to support synergy within Community Treatment and Care Service (CTAC), the Band 3 workforce will work in the CTAC 8 months of the year and returning to the immunisation service for Winter programme. This gives a clearly defined role for the Band 3 workforce, allowing skills to be utilised over 52 weeks of the year.

As a service we need to ensure we continue to recruit suitably educated, trained and motivated staff to support delivery. The service has evolved from its inception, and we aim to continue strengthening the capability of the workforce that is flexible and multidisciplinary through the development of a comprehensive Immunisation workforce plan.

Given the ever-changing nature of national immunisation policy plus along with the seasonal aspects, the workforce model needs to be thought of in terms of -

1. Baseline - which itself is likely to differ year to year, and expansion due to new vaccine development e.g., RSV and new Childhood schedules.
2. Flexible – with catch-up programmes, emerging threats, and vital inequalities work
3. Surge/Seasonal – with impact on workforce
4. Potential pandemic response – with impact on workforce requirement also for national strategy to forecast, assess and quantify workforce impacts on service specific delivery (for example maternity, sexual health).

It has become clear that community engagement is vital to increase vaccination uptake therefore a workforce review and a locality-based approach to Immunisation delivery is currently being scoped and will be implemented fully early 2025. This will align with other pan Fife services and locality workings within partner agencies. In line with this goal a clear suite of supportive resources is required for stakeholders such as HV's, GP's, FNP's, School Nurses and DNs to support and underpin immunisation strategy and vision.

Our vision, refocused

During the review of the 2021-2023 CIS Strategic Framework and in developing the next iteration of this Framework, it was clear that original Vision, Aims and Priorities were not only still relevant but that they were more critical than ever, with a need for continuity in our strategic ambitions for future years. The transformational changes we are striving to make involve cultural and behavioural changes in our staff, across our Health and Social Care system, and our population in terms of the importance of vaccine uptake across the life cycle. Cultural change of this nature requires consistency in strategic intent over an extended period of time – therefore it is unlikely that this is the last CIS Strategic Framework, with the current 3-year cycle reflective of the need to balance consistency in approach with still being contemporary, based on changes to local and national contexts.

The following aims, priorities and core principles have been informed from our learning from the seasonal flu and COVID-19 programmes, independent review of immunisation services in Fife and the draft planning and policy principles for development of future vaccinations in Scotland.

Our Vision

A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, integrated and sustainable immunisation services throughout their life course.

Our strategic approach integrates national, regional and local policy objectives to ensure we take a collaborative whole-systems approach to improving immunisation and delivering the transformational change required.

Our Aims

To protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes

To contribute towards improved wellbeing and reducing health inequalities in Fife

To ensure immunisation services across Fife are safe, effective and of a consistent high quality

To raise people's awareness of the public health benefits and raise people's trust in vaccinations

Our Priorities

Optimise immunisation coverage ensuring equitable access for all eligible groups

Enhance the monitoring and evaluation of immunisation programmes

Support and empower a sustainable and skilled workforce to deliver safe and effective immunisation services

Community engagement and promotion

Re-focused Priorities: Summary

| <i>Priority</i> | <i>What we achieved 2021 - 2024</i> | <i>Building on this 2024- - 2027</i> |
|--|--|--|
| 1. Optimise immunisation coverage ensuring equitable access for all eligible groups. | <ul style="list-style-type: none"> • Detailed review of Childhood Vaccine delivery • CIS led QI group focussed on improving MMR2 uptake by 5 years • MMR mop-up programme all children to age 18 • HPV improvement project • Inclusion group established with 3rd sector & localities representation | <ul style="list-style-type: none"> • Integrate inclusion work and quality improvement under new transformation group structures • Move to locality based service delivery model • Embed best practice into local service delivery from national SVIP inequalities action plan, utilising national expert advisory group recommendations |
| 2. Enhance the monitoring & evaluation of immunisation programmes. | <ul style="list-style-type: none"> • Establishment of Quality Matters Assurance Group and reporting into HSCP structures • Development of annual workplan for Area Immunisation Steering Group, including review of selective programmes e.g. delivered through sexual health & maternity | <ul style="list-style-type: none"> • Robust 12 month system planning & monitoring • Strengthened financial monitoring & governance • Timely operational performance monitoring utilising local data and where available on Discovery appropriate peer comparator data |
| 3. Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services. | <ul style="list-style-type: none"> • Completion of full transfer of immunisation programmes from General Practice under the Vaccine Transformation | <ul style="list-style-type: none"> • Resilient workforce where staff wellbeing prioritised • Strengthen workforce beyond CIS |

| | | |
|--|---|--|
| | <p>Programme, including travel health</p> <ul style="list-style-type: none"> • Agile & flexible workforce • Integration into single Community Immunisation Service (CIS) team across infant, teenage and adult programmes • Comprehensive workforce planning | <ul style="list-style-type: none"> • 3 x regional based service delivery teams, aligned to 7 Localities • Ongoing agility to respond to known and unknown changes to vaccine programmes |
| <p>4. Community engagement and promotion.</p> | <ul style="list-style-type: none"> • Cohort specific communications utilising national and local material • Promotion activity focussed led within CIS workforce | <ul style="list-style-type: none"> • Wider system engagement strategy to mitigate vaccine fatigue & misinformation • Utilise long-term trusted relationships within communities • Wider health and social care system engagement, utilising national SVIP action plan & resources |

Enablers

Transformation of immunisation services presents an opportunity for NHS Fife and Fife HSCP to work in partnership to find different ways to deliver safe and sustainable immunisation services to suit the needs of the population taking account of the resources required and geography to be covered.

From our recent experience key enablers which will deliver a robust infrastructure have been identified to ensure successful and sustainable delivery of immunisation services (figure 9).

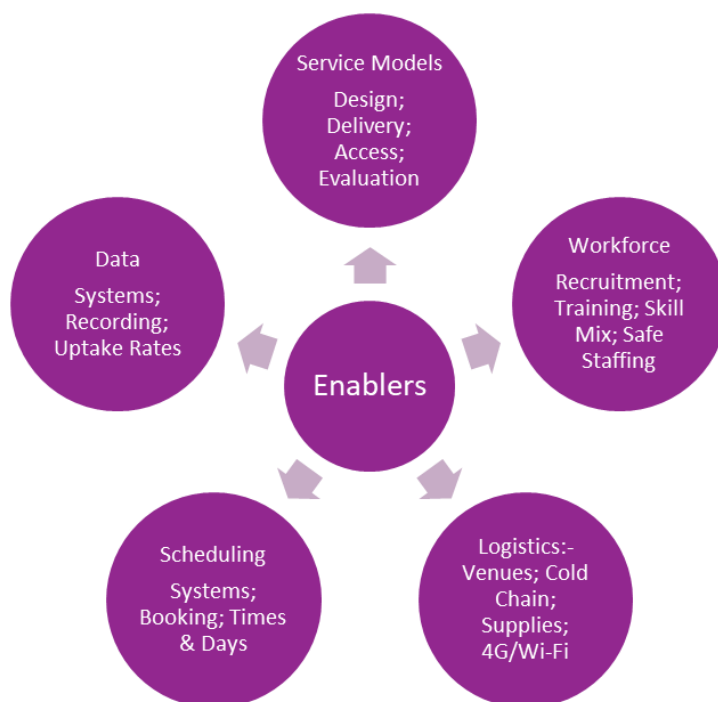


Figure 6: Key enablers for successful delivery of immunisation services

For all programmes to be successful the service delivery model needs to support access for all, utilising tailored communications and engagement, outreach and targeted models, where required, to support access for under-served groups. Development of a dedicated vaccination a will be prioritised to minimise impact on other NHS services and ensure sustainability of provision. As service delivery moves away from general practice to NHS dedicated teams, and building on our experience in delivering the COVID-19 programme, suitable venues and vaccination locations will be identified which are accessible and suitable for clinical activity. Digital systems will be developed to support scheduling of appointments and recording of clinical activity in partnership with the national teams. Over the next three years it will be essential to ensure close monitoring of uptake rates continues, immunisation services are as accessible and flexible as possible, and that inequalities are addressed in the new models of delivery.

Financial Stability

Robust financial governance to underpin delivery and sustainability of the programme is paramount. As with any funding source, we require to demonstrate appropriate use of specific funding. Funding for the programme historically comprises a number of funding sources, some of which have clear caveats and constraints on their use. Our objective is to deliver the programme within the financial envelope whilst delivering additionality and value for money. Our processes involve strong financial

management, planning, monitoring and reporting through the respective governance groups; and docks to our formal Scottish Government monthly Financial Performance Reporting process, along with cross checking financial values to the number of respective vaccination doses. Moving forward it is anticipated that the funding approach will be streamlined across immunisation programmes. Whilst the objective is to facilitate further flexibility and ease reporting requirements, strong financial management arrangements will continue to ensure a level of preparedness to deliver the programme as directed nationally.

Governance

The planning and governance of immunisation is shared across Fife NHS Board, Fife Integration Joint Board (IJB) and Fife HSCP with overlapping responsibilities as shown in figure 7.

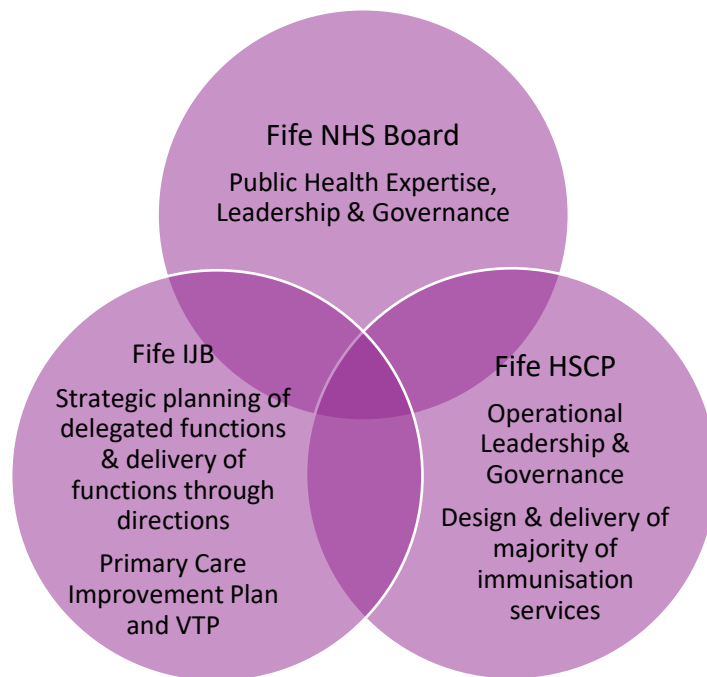


Figure 7: Planning and Governance Responsibilities

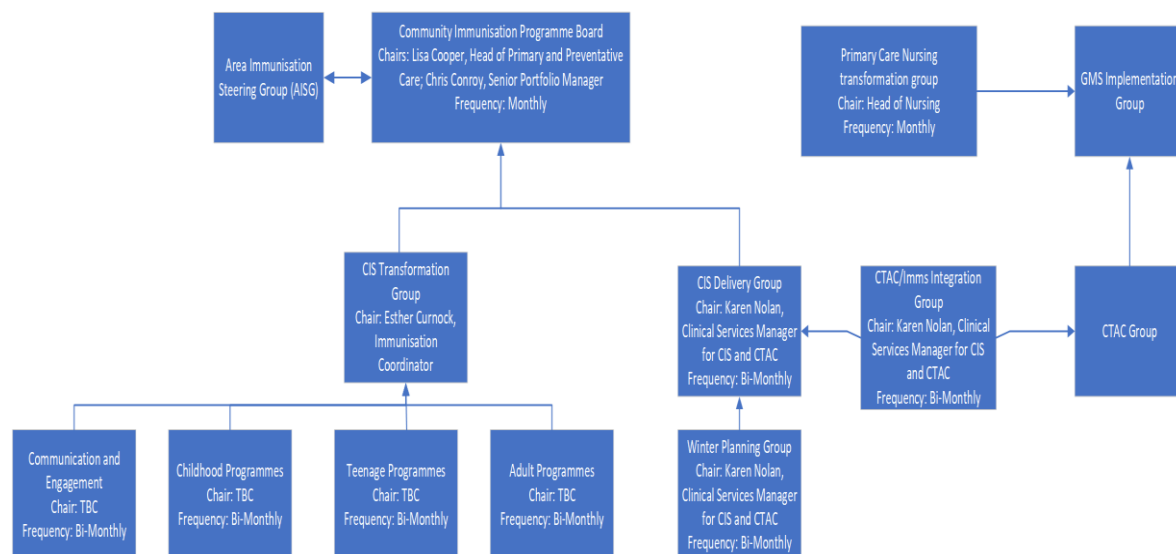


Figure 8 : CIS Structure (To improve quality of figure once group leaders identified)

The implementation and governance of this strategy will be jointly led by the Director of Public Health (Executive Lead) and the Director of the Health and Social Care Partnership (Senior Responsible Officer). This integrated approach ensures that there is appropriate accountability and governance oversight of immunisation at Board level and that the immunisation programmes meet their objectives, deliver the required outcomes and realise the anticipated benefits for the population of Fife.

The programme boards will ensure rigorous oversight and direct the identification and management of risk as a critically important factor in delivering and assuring safe delivery of immunisation services. Governance of the strategy will be addressed through the routine quality, safety and governance processes within Fife NHS Board, Fife IJB and Fife HSCP.

Monitoring, Reporting and Evaluation

Implementation of the strategy will be monitored through the Area Immunisation Steering Group (AISG) under the leadership of the Public Health Immunisation Coordinator and supported by a core senior management group to enable responsive decision making and to identify any necessary remedial actions, where required, to improve outcomes.

Nationally available immunisation data will be monitored to determine progress and areas for improvement. Improved access to local and availability of more frequent data there are opportunities for prompt assessment of improvement initiatives being delivered as part of the Strategic Framework.

A programme of audit will be agreed through the AISG for both routine and selective immunisation programmes to inform targeted interventions to improve overall performance. Regular updates on progress will be reported to the Executive Director Group and onto the appropriate public health and clinical governance committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the final year of implementation, will inform future direction and the development of future strategic plans.



DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

| | | |
|---|---|---|
| 1 | Reference Number | 2024-003 |
| 2 | Report Title | Fife Immunisation Strategic Framework 2024 - 2027 |
| 3 | Date Direction issued by IJB | 29 January 2025 |
| 4 | Date Direction Takes Effect | 29 January 2025 |
| 5 | Direction To | NHS Fife |
| 6 | Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s) | Yes - 2021-001 |
| 7 | Functions Covered by Direction | Delivery of all immunisation programmes detailed and in accordance with the Vision and underlying core principles of the Fife Immunisation Strategic Framework 2024 - 2027 |
| 8 | Full Text of Direction | <p>NHS Fife through the Director of Health and Social Care is directed to:</p> <ul style="list-style-type: none">• Protect the people of Fife from vaccine preventable disease by maximising uptake across all Immunisation Programmes related to the functions described.• Work with partners and key stakeholders involved in vaccine delivery to ensure integrated and innovative approaches to delivering vaccination programmes including the necessary transfer of financial resources to support this.• Deliver immunisation programmes in collaboration with stakeholders and partners in care which are equitable, accessible ensuring appropriate community engagement and promotion. |

- | | | |
|--|--|--|
| | | <ul style="list-style-type: none">• Deliver a workforce plan directed by national and local policy which is sustainable and dynamic in its approach across services and skill sets ensuring an engaged and highly skilled workforce. |
|--|--|--|

| | | |
|----|---|--|
| | | |
| 9 | Budget Allocated by IJB to carry out Direction | <p>Based on the current immunisation structures in place, funding of £11.2 m per annum is available to deliver the programmes.</p> <p>This is fluid as models for delivery evolve and change based on national guidance and policy decisions. Further direction will be issued following confirmation of any amendment to the above allocation.</p> |
| 10 | Performance Monitoring Arrangements | <p>A strategic framework detailing the vision, core principles, aims, priorities and performance measures is presented to define the context in which this assurance will be provided by:</p> <ul style="list-style-type: none"> » Ongoing design and delivery of excellence in community engagement » Continuous enhanced monitoring and evaluation of all immunisation programmes to ensure rigorous oversight ensuring quality improvement, reducing inequalities and ensuring equitable access and effectiveness in service delivery » Ongoing development of a sustainable, empowered and skilled workforce committed to delivering all aspects of Immunisations safely and effectively » Reporting within a defined period via the agreed committees |
| 11 | Date Direction Will Be Reviewed | January 2026 |



Fife Health & Social Care Partnership

Supporting the people of Fife together

| | |
|-----------------------------|---|
| Meeting Title: | Integration Joint Board |
| Meeting Date: | 29 January 2025 |
| Agenda Item No: | 7.1 |
| Report Title: | Finance Update |
| Responsible Officer: | Lynne Garvey, Director of Health & Social Care |
| Report Author: | Audrey Valente, Chief Finance Officer |

1 Purpose

This Report is presented to the IJB for:

- Assurance
- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- Finance Governance Board 13th January 2025
- Local Partnership Forum 14th January 2025
- Finance, Performance & Scrutiny Committee 15th January 2025

3 Report Summary

3.1 Situation

The attached report details the financial position (projected outturn) of the delegated and managed services. The forecast for Fife Health & Social Care Partnership at 31 March 2025 is currently a projected overspend of £34.863m.

A recovery plan has been agreed by IJB on 25th October and the implementation of the agreed actions are being closely monitored. Given the pressures we are facing it is unlikely that we will be able to deliver on the recovery actions, this will remain under review.

3.2 Background

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

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

3.3 Assessment

As at 30 November 2024 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £34.863m

- Currently the key areas of overspend are: –
- Hospital & Long-Term Care
- GP Prescribing
- Family Health Services
- Childrens Services
- Homecare Services
- Older People Nursing and Residential
- Older People Residential
- Adult Placements
- Occupational Therapy & ICASS
- Social Care Other

These overspends are partially offset by underspends in:-

- Community Services
- Adults Supported Living
- Social Care fieldwork teams

There is also an update in relation to savings which were approved by the IJB in March 2024 and use of Reserves brought forward from March 2024.

3.3.1 Quality / Customer Care

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

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

3.3.2 Workforce

We recognise and value our workforce and all they do every day to support and care for the people of Fife. This is underpinned by our workforce strategy focusing on how we Plan, Attract, Train, Employ and Nurture our Workforce aligned to our strategic plan.

The design Principles that we are committed to and apply to all of our change and transformation programmes are:

- Staff will be involved in changes that affect them;
- Rationale for change will be transparent;
- Reduce barriers to integrated working and help the services that work together to be a team together;
- Improve pace and scale of integration in Fife;
- Deliver safe and effective care;
- Deliver best value, best quality & outcomes;
- Be sustainable within available resource through transforming care.
- Focus not only on what we do but how we do it placing emphasis on supporting cultural change.

We will support our workforce through these changes with a focus on communication, fairness, consistency, training and health and safety.

Key partners in this work are our staff side and trade union colleagues through a co-design approach and through regular reporting and discussion at the Local Partnership Forum (LPF). The LPF advise on the delivery of staff governance and employee relations issues, inform thinking around priorities on health and social care issues; advise on workforce issues, including planning, development, and staff wellbeing; inform and test the implementation of approaches in relation to Strategic Plans, commissioning intentions, and contributing to the wider strategic organisational objectives of the IJB.

3.3.3 Financial

The medium-term financial strategy has been reviewed and updated for 2023-26.

3.3.4 Risk / Legal / Management

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

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk.

3.3.5 Equality and Diversity, including Health Inequalities

An understanding of how the recovery actions impacts on equality and diversity, including Health Inequalities is important to us and will be considered as part of our assessment process. Aligned to the IJB strategic plan the impact on localities and health inequalities is considered as part of all development work.

3.3.6 Environmental / Climate Change

There are no impacts on the environment

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

In the development of this work there has been engagement with various stakeholders as relevant to recovery actions.

Individual plans will fulfil our responsibilities to engage with the people we support, families, carers, partners Staff side, Trade Unions and our workforce on each of the programmes of work as relevant.

In addition, all of the proposals have been developed in conjunction with clinical and professional colleagues and consideration of key standards and legislative requirements. Quality and customer care is a priority for the IJB and work will continue throughout the delivery of the programmes to ensure high quality services are delivered to the people of Fife.

It is important to us to ensure that any communication is carried out in a supportive way with plain language and simple messaging.

4 Recommendation

- **Note** - IJB are asked to note the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 30th November 2024 as outlined in Appendices 1-3 of the report; and
- **Assurance** - IJB are asked to note that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix1.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at November 2024

Appendix 2 - Approved 2024-25 Savings Tracker

Appendix 3 – Fife H&SCP Reserves

6 Implications for Fife Council

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

7 Implications for NHS Fife

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

8 Implications for Third Sector

There will be full participation and engagement with the third sector in relation to those recovery actions that will impact on the sector.

9 Implications for Independent Sector

Where recovery actions will impact on the independent sector full participation, engagements and discussions will be a priority and that any new ways of operating will be co-produced.

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

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

Report Contact

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**Fife Health
& Social Care
Partnership**



**Finance Report
Projected Outturn as at 30th November
2024**



Supporting the people of Fife together



FINANCIAL MONITORING

PROVISIONAL OUTTURN AS AT NOVEMBER 2024

1. Introduction

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

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

A three-year revenue budget for delegated and managed services was approved at the IJB meeting on the 31st March 2024. A budget of £671.633m was set for 2024-25. To balance the budget savings of £39m are required in Yr1.

The revenue budget of £48.482m for acute set aside was also set for 2024-25.

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 outturn, which is a projected overspend of £34.863m is provided at Table 2 and a variance analysis provided.

3. Movement in Budget

The total budget for the delegated and managed services has increased by £19.576m since September (£55.991m since April) as shown in Table 1 below:

| | |
|---|----------------|
| Opening Budget | 671.633 |
| Adjustments between roll forward and opening budget | 11.180 |
| Family Health Services | 22.954 |
| Housing | 1.633 |
| To health retained - for Pharmacy & Palliative Care | -4.039 |
| Neurodevelopmental Disorder (NDD) outcomes | 0.450 |
| Superannuation allocation | 2.215 |
| Primary Medical Services | 1.722 |
| Mental Health | 1.960 |
| Other misc adjustments to allocations | 0.130 |
| Pay Uplift 24-25 | 9.824 |
| Adult +Child health weight | 0.668 |
| Unfunded posts | 0.675 |
| Winter | 0.350 |
| Integration Authorities: MDT | 0.237 |
| Tariff reduction reversed | 0.312 |
| Path House - Use of reserves | 0.183 |
| SLA Budget | 5.537 |
| Budget at November | 727.624 |

4. Directions

When the budget was approved in March 2024 the direction to both partners included a transfer of funding from one organisation to the other to ensure financial balance was reflected across the IJB in totality. Although the actual transfer of funding has not yet happened the information within this paper has projected that it will. Partners have reached agreement, and the invoice will be paid.

Directions cannot be provided at this time as we continue to work with our partners on this process. NHS Fife wish to review their process in relation to formally allocating to the IJB and have indicated that they will do so once the pay award has been confirmed by Scottish Government. Pay has now been allocated and the process is now under review to allow a revised direction to be issued.

5. Financial Performance Analysis of Projected Outturn as at 30th November 2024

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of £34.863m overspend. Shown in Table 2 below.

| Fife Health & Social Care Partnership | | | | | | | | | |
|--|------------------|-----------------|--|----------------------------|---------------------------|--|--------------------------|-------------------------|----------------------|
| Projected Outturn as at November 2024 | | | | | | | | | |
| Objective Summary | Budget September | Budget November | | Forecast Outturn September | Forecast Outturn November | | Variance as at September | Variance as at November | Movement in Variance |
| | £m | £m | | £m | £m | | £m | £m | £m |
| Community Services | 143.814 | 155.507 | | 141.826 | 154.680 | | (1.988) | (0.827) | 1.161 |
| Hospitals and Long-Term Care | 58.924 | 62.018 | | 70.825 | 73.734 | | 11.901 | 11.716 | (0.185) |
| GP Prescribing | 81.166 | 81.166 | | 83.238 | 85.166 | | 2.072 | 4.000 | 1.928 |
| Family Health Services | 122.155 | 125.283 | | 123.085 | 126.083 | | 0.930 | 0.800 | (0.130) |
| Children's Services | 17.259 | 18.448 | | 17.999 | 18.798 | | 0.740 | 0.350 | (0.390) |
| Homecare Services | 56.569 | 58.267 | | 60.641 | 62.915 | | 4.072 | 4.648 | 0.576 |
| Older People Nursing and Residential | 55.710 | 55.665 | | 58.592 | 61.305 | | 2.882 | 5.640 | 2.759 |
| Older People Residential and Day Care | 16.307 | 16.934 | | 18.410 | 18.923 | | 2.103 | 1.989 | (0.115) |
| Older People Fife Wide/ Hospital Discharge | 1.499 | 1.577 | | 1.510 | 1.536 | | 0.011 | (0.041) | (0.052) |
| Occupational Therapy & ICASS | 5.364 | 5.491 | | 5.797 | 6.093 | | 0.433 | 0.603 | 0.169 |
| Adults Fife Wide | 6.980 | 6.974 | | 6.937 | 7.090 | | (0.043) | 0.117 | 0.160 |
| Adult Supported Living | 29.447 | 30.992 | | 28.681 | 29.981 | | (0.766) | (1.011) | (0.245) |
| Social Care Fieldwork Teams | 21.178 | 21.223 | | 20.358 | 19.883 | | (0.820) | (1.340) | (0.520) |
| Adult Placements | 83.794 | 83.794 | | 88.675 | 90.771 | | 4.881 | 6.977 | 2.096 |
| Social Care Other | (1.345) | (0.873) | | (0.985) | 0.059 | | 0.360 | 0.932 | 0.572 |
| Business Enabling/Professional | 7.593 | 3.525 | | 7.944 | 3.857 | | 0.352 | 0.331 | (0.020) |
| Housing | 1.633 | 1.633 | | 1.623 | 1.613 | | (0.011) | (0.021) | (0.010) |
| Total Health & Social Care | 708.048 | 727.624 | | 735.156 | 762.487 | | 27.108 | 34.863 | 7.755 |

The projected outturn reflects an overspend of £34.863m is also presented by portfolio level in Table 3 below. The variance analysis included is also by portfolio.

| | Budget September | Budget November | Forecast Outturn September | Forecast Outturn November | Variance as at September | Variance as at November | Movement in Variance from September |
|----------------------------------|---------------------|--------------------|----------------------------------|---------------------------------|--------------------------------|-------------------------------|--|
| | £m | £m | £m | £m | £m | £m | £m |
| Primary Care & Preventative | 277.182 | 283.578 | 279.784 | 287.269 | 2.602 | 3.691 | 1.089 |
| Complex & Critical Care | 211.504 | 216.265 | 221.726 | 229.008 | 10.222 | 12.743 | 2.520 |
| Community Care | 197.660 | 203.143 | 211.753 | 220.451 | 14.093 | 17.308 | 3.216 |
| Professional & Business Enabling | 11.817 | 13.133 | 12.158 | 13.300 | 0.342 | 0.166 | (0.175) |
| Other | 9.885 | 15.553 | 9.735 | 16.508 | (0.151) | 0.955 | 1.105 |
| Total HSCP | 708.048 | 731.673 | 735.156 | 766.536 | 27.108 | 34.863 | 7.755 |

5.1 Primary & Preventative Care

Variance

The budget as at November is £283.578m. The projected outturn is £287.269m, an adverse variance against budget of £3.691m. Within this portfolio there are savings of £7.190m. The projected overspend includes non-achievement of savings of £0.272m. Detail can be found in Appendix 3.

The variance after non-delivery of savings is projected at £3.419m, the main variance is due to an increase in the projection on GP Prescribing which is currently projecting to overspend by £3.728m, this represents a higher % increase in volume assumed in the projection based on 6 months data received for this year. The cost per item of Prescribed Drugs seen in the first 6 months of the year has also increased beyond what was previously projected. Primary Medical Services is projecting to overspend by £0.800m due to overspends associated with 2c practices due in part to reliance on locum GPs, increased maternity/sickness across GPs and increasing Premises costs. This is partially offset by underspends in staffing across Primary & Preventative portfolio.

The movement from the September position is an adverse movement of £1.089m and relates to an increase in the Prescribing projected overspend which has increased by £1.9m from September, and is partially offset by an improvement in projections within Primary Medical Services of £0.130m due to a reduction in the spend projected for 17j practices (reduced superannuation related to locum use) and a reduction in the GP resilience team, and other small underspends across various budgets.

5.2 Integrated Complex & Critical

Variance

The budget as at November is £216.265m. The projected outturn is £229.008m, an adverse variance against budget of £12.743m. Savings of £15.000m have been allocated to Complex & Critical Care Services. The projected overspend includes non-achievement of savings of £8.406m. Detail can be found in Appendix 3.

The remaining variances excluding non-delivery of savings (£4.337m) are attributable to the following:-

Mental Health Services has a projected overspend of £4.944m, which is as a result of the continued use of locum staff and difficulties in recruitment. Psychology Services is projecting an overspend of £0.500m and work is ongoing to understand this position and

ensure all income is accounted for. This is partially offset by underspends of £1.100m across Learning Disability services due to vacant posts and difficulties in recruiting.

Adult Placements has a projected overspend of £0.796m, this is mainly due to increased packages being approved and taxi costs. This is offset by underspends by £0.245m in Community Support Service and £0.520m in Social Care Fieldwork Teams due to staffing vacancies.

The movement from the September position is an adverse movement of £2.520m. The projected delivery of two of the savings within Complex and Critical Care has reduced accounting for £1.829m of the movement. The saving for Securing a Sustainable Medical Workforce and reducing locum spend has reduced by £0.529m due to the ongoing use of locum and agency staff, and Commissioning of Packages for Adults is unlikely to materialise this financial year and has been reduced by £1.3m due to delays in the ability to externally re-commission services. There is also an adverse movement in Psychology of £0.750m, offset by additional projected underspends in Learning Disabilities of £0.340m due to continued issues with recruitment.

5.3 Integrated Community Care

Variance

The budget as at November is £203.143m. The projected outturn is £220.451m, an adverse variance against budget of £17.308m. Savings of £10.073m are included in Integrated and Community Care. The projected overspend includes non-achievement of savings of £5.400m. Detail can be found in Appendix 3.

The remaining variances excluding non-delivery of savings (£12.209m) are attributable to the following:-

Care of the Elderly is projecting to overspend by £4.441m due to the use of agency staffing and surge beds. Specialist Inpatients is projecting to overspend due to use of agency staffing of £0.520m. Underspends of £1.480m in ICASS, £0.450m in Community Nursing and £0.445m in Admin Staffing due to vacancies partly offset these overspends.

Residential Care is projecting a £1.739m overspend. This is mainly due to the use of agency staff in care homes £2.1m offset by budget from vacant posts of £1m. Catering and cleaning charges are projecting to be £0.700m overspent against budget.

Older People Nursing & Residential projected outturn is an overspend of £3.140m. This is due to a greater number of beds being utilised than budget available £7.5m overspend, offset by income of £4.4m

Homecare Services is projecting an overspend of £3.898m. This is due to overspends on Direct payments £1.189m and External Care at Home packages of £2.886m. There are also overspends on fleet charges, spot hires and mileage of £0.800m, Meals on Wheels of £0.260m and Community Alarms of £0.074m. The position is partially offset by underspends due to vacancies in Internal Homecare and capacity in the community funding of £1.5m.

The movement from the September position is an adverse movement of £3.216m. This is mainly due to the movement on projection on Nursing & Residential Care Home placements, £0.759m is due to the agreed increase in the NCHC rate which was higher than anticipated and the projected delivery of the saving on Care Home placements has been reduced by £2m to reflect the pressure on our hospitals and the need to maintain

existing bed numbers. The Homecare projection has increased by £0.576m and again is due to discharges from hospital to the community in line with our Home First policy.

5.4 Professional & Business Enabling

Variance

The budget as at November is £13.133m. The projected outturn is £13.300m, giving an underspend position of £0.175m. Savings of £2.770m are included in Professional & Business Enabling. The projected overspend includes non-achievement of savings of £0.255m. Detail can be found in Appendix 3.

6. Savings

The funding gap of £39.033m was identified as part of the budget setting process. As a result, savings proposals totalling £39m for 2024-25 were approved by the IJB on 31st March 2024.

The financial tracker included at Appendix 2, provides an update on all savings and includes a RAG status. The current reported position would suggest that there is likely to be £23.051m (59%) of savings delivered during 2024-25.

7. Reserves

Reserves brought forward at April 2024 were £4.731m

| Reserves Balances | Opening Balance @ April 2024 |
|-----------------------|------------------------------|
| Earmarked Reserves | 3.496 |
| Reserves Committed | 1.235 |
| Total Reserves | 4.731 |

Further details are shown in Appendix 3

8. Recovery Plan

A recovery plan was agreed by the IJB on 25th October. The agreed actions will be closely monitored.

The agreed plan will not fully deliver a break-even position in financial year 2024-25, there is a requirement for further dialogue with partners aligned with section 8.2.3 of the Integration Scheme.

If the recovery plan is unsuccessful and there are insufficient underspends or where there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the IJB, shall have the option to make additional one-off payments to the IJB;

A letter has been sent out from the Chair of IJB and Director of Health & Social Care Partnership indicating the financial position and requesting whether any additional payments can be made to the IJB.

All efforts will be made to reduce the overspend position, however it is likely that there will be a requirement to implement the risk share agreement which requires overspends to be funded by partners at the year-end per Section 8.2.3 of the Integration Scheme

Any remaining overspend will be funded by the Parties based on the proportion of their current year allocations to the IJB.

9. Risks and Mitigation

Given the projected out-turn of £34.863m it is likely that the risk share agreement will require to be implemented. There will be continued scrutiny of all expenditure with a view to reducing or sustaining the current projected position by the end of the financial year.

11. Key Actions / Next Steps

There will be continued close monitoring of the projected outturn position during 2024-25.

We will ensure there is robust scrutiny of any spend throughout the financial year to ensure effective financial management of the resources available to the IJB.

Delivery of savings is a key priority for the IJB and the Chief Officer will continue to monitor, scrutinise and drive forward delivery of the agreed savings. Weekly Progress Review Update meetings are taking place to ensure savings are being progressed.

Senior Leadership Team will work with their services to ensure continued opportunities are sought and that only essential spend is incurred, this is currently not reflected in the projected financial position and any improvement will reduce the overspend.

Continued scrutiny of all vacant posts through a weekly recruitment panel.

As a result of the financial challenges faced by the IJB, we have increased the frequency of meetings with both partners and The Chair and Vice Chair of the IJB. Financial sustainability is a priority, and we recognise the valuable contribution that our key stakeholders can provide.

Work is ongoing to ensure Reserves are utilised, particularly the Community Living Fund which will require to be returned to Scottish Government if not spent in full.

Audrey Valente
Chief Finance Officer
15th January 2025

Savings Tracker 2024-25

Appendix 2

| Theme | Tracked Approved Savings HSCP - Approved 2024-25 | Total Savings target £m | Forecast delivery £m | Not yet Achieved £m | Rag Status In year Delivery | Rag Status Project Lifetime |
|---------------------------|---|-------------------------|----------------------|---------------------|-----------------------------|-----------------------------|
| Previously Agreed Savings | Nurse Supplementary Staffing | 2.000 | 2.000 | 0.000 | Green | Green |
| Previously Agreed Savings | Securing a sustainable Medical Workforce and reducing locum spend | 1.500 | 0.347 | 1.153 | Red | Green |
| Previously Agreed Savings | Community Rehabilitation & Care | 1.000 | 0.000 | 1.000 | Red | Green |
| | Substitute for Community Rehabilitation & Care | | 0.704 | -0.704 | Amber | Green |
| Previously Agreed Savings | Modernising Administration Services | 0.500 | 0.500 | 0.000 | Green | Green |
| Previously Agreed Savings | Integrated Management Teams | 1.000 | 1.000 | 0.000 | Green | Green |
| Previously Agreed Savings | Medicines Efficiencies programme 2023-25 | 1.000 | 1.000 | 0.000 | Green | Green |
| Previously Agreed Savings | Maximising Core Budget (Alcohol and Drugs) | 0.200 | 0.200 | 0.000 | Green | Green |
| Previously Agreed Savings | Transforming Centralised Scheduling | 0.413 | 0.263 | 0.150 | Amber | Amber |
| Previously Agreed Savings | Digital Sensor Technology - transform overnight care | 3.000 | 0.300 | 2.700 | Red | Amber |
| Previously Agreed Savings | Single Handed Care | 1.500 | 0.750 | 0.750 | Red | Green |
| Previously Agreed Savings | Re-imagining the Voluntary Sector | 1.000 | 1.000 | 0.000 | Green | Green |
| Previously Agreed Savings | Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS) | 0.100 | 0.100 | 0.000 | Green | Green |
| Previously Agreed Savings | Use of Underspends - temp in 2023-24 | 2.000 | 1.000 | 1.000 | Amber | Amber |
| Income Generation | Supported Living Rents | 0.400 | 0.400 | 0.000 | Green | Green |
| Income Generation | Meals on Wheels | 0.050 | 0.050 | 0.000 | Green | Green |
| Income Generation | Community alarms | 0.050 | 0.050 | 0.000 | Green | Green |
| Efficiency | Miscellaneous portfolio budgets | 0.900 | 0.900 | 0.000 | Green | Green |
| Efficiency | Improved commissioning of adults care packages | 2.400 | 0.400 | 2.000 | Red | Green |
| Efficiency | Maximising Core Budgets | 1.000 | 0.813 | 0.187 | Amber | Amber |
| Efficiency | Reduce agency spend across care homes | 0.800 | 0.800 | 0.000 | Green | Green |
| Efficiency | Cleaning operations in care homes | 0.500 | 0.250 | 0.250 | Amber | Amber |
| Efficiency | Reduce spend on Homecare Travel Costs | 0.160 | 0.160 | 0.000 | Green | Green |
| Efficiency | Commissioning Centre of Excellence | 0.150 | 0.082 | 0.068 | Amber | Green |
| Efficiency | Further expansion and ambition of medicines efficiencies programme | 4.300 | 4.028 | 0.272 | Green | Green |
| Efficiency | Group Homes | 0.100 | 0.050 | 0.050 | Amber | Green |
| Efficiency | Health Visiting Service Workforce planning | 0.230 | 0.230 | 0.000 | Green | Green |
| Efficiency | Urgent Care Services Fife (UCSF) - Conveyance of Clinicians and Patients, and safe transport of medicines and equipment | 0.180 | 0.180 | 0.000 | Green | Green |
| Efficiency | More efficient use of specialist beds | 0.140 | 0.140 | 0.000 | Green | Green |
| Efficiency | Skill Mix and Digital Referral within the Discharge Hub | 0.050 | 0.050 | 0.000 | Green | Green |
| Efficiency | Previously Approved Underspend Savings | 1.110 | 1.110 | 0.000 | Green | Green |
| Service Redesign | Community Support Services | 0.150 | 0.150 | 0.000 | Green | Green |
| Service Redesign | Remodelling of Mental Health Services | 6.000 | 2.344 | 3.656 | Red | Green |

| | | | | | | |
|------------------|---|---------------|---------------|---------------|------------|-------|
| Service Redesign | Nutrition & Dietetics | 0.250 | 0.250 | 0.000 | Green | Green |
| Commissioning | Packages of Care - Equity of Allocation | 0.700 | 0.700 | 0.000 | Green | Green |
| Commissioning | Reprovision of Care Home Beds | 2.500 | 0.000 | 2.500 | Red | Amber |
| Reserves | Use of Reserves | 1.700 | 0.750 | 0.950 | Red | Red |
| | TOTAL | 39.033 | 23.051 | 15.982 | 59% | |

Appendix 3

| Reserves Balances | Opening Balance @ April 2024 | Allocated in year | Closing Balance at March 2025 |
|--------------------------|-------------------------------------|--------------------------|--------------------------------------|
| Earmarked Reserves | 3.496 | | 3.496 |
| Reserves Committed | 1.235 | | 1.235 |
| Total Reserves | 4.731 | | 4.731 |

| Earmarked Reserves | Opening Balance April 2024 | Additions/Allocated in Year | Closing Balance at March 2025 |
|------------------------------|-----------------------------------|------------------------------------|--------------------------------------|
| | £m | £m | £m |
| GP Premises | 0.183 | -0.183 | 0.000 |
| Mental Health R&R | 1.222 | | 1.222 |
| Community Living Change Plan | 1.144 | | 1.144 |
| Anti-Poverty | 0.047 | | 0.047 |
| FVCV | 0.900 | | 0.900 |
| Total Earmarked | 3.496 | -0.183 | 3.313 |

| Reserves Committed | Opening Balance April 2024 | Additions/Allocated in Year | Closing Balance at March 2025 |
|--|-----------------------------------|------------------------------------|--------------------------------------|
| | £m | £m | £m |
| Community Alarms - Analogue to Digital | 1.235 | | 1.235 |
| Uncommitted Balance | 1.235 | 0.000 | 1.235 |

All reserves are expected to be used in full within 2024-25.



Fife Health & Social Care Partnership

Supporting the people of Fife together

| | |
|-----------------------------|--|
| Meeting Title: | Integration Joint Board |
| Meeting Date: | 29 January 2025 |
| Agenda Item No: | 7.2 |
| Report Title: | IJB Performance Report December 2024 – Executive Summary |
| Responsible Officer: | Audrey Valente, Chief Finance Officer |
| Report Author: | William Penrice, Service Manager (Strategic Planning and Performance) |

1 Purpose

This Report is presented to the IJB for:

- Assurance
- 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.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 7 People who use health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

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

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

2 Route to the Meeting

This is a regular report to the Board.

The full December 2024 Performance Report was discussed at the Finance, Performance and Scrutiny Committee of 15th January 2025. The Committee noted the progress and welcomed further development in the aesthetics of the report and development of new/different indicators.

3 Report Summary

3.1 Situation

The monitoring of Performance is part of the governance arrangements for the Health and Social Care Partnership.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integrated Joint Board. The Fife H&SCP board has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The Fife H&SCP board is responsible for the operational oversight of Integrated Services, and through the Director of Health and Social Care, will be responsible for the operational management of these services.

3.3 Assessment

The attached report provides an overview of progress and performance in relation to the following:

- National Health and Social Care Outcomes
- Health and Social Care – Local Management Information
- Health and Social Care – Management Information

The report is largely laid out in the format of previous reports. The committee will be aware of the intent to further change the formatting of the regular performance reports and to update the content, specifically the indicators reported. Initial progress on this is outlined later in this report.

The performance platform used by the HSCP has been under development for some time and includes the procurement of new systems such as LiquidLogic and introduction of Microsoft Power BI dashboards, some of these systems are still bedding in.

A key element is a staging area which has been created to manage monthly indicator data in the longer term. This includes all data which the Partnership relies on regularly or is required to submit to the Scottish Government. The use of a staging area significantly increases our ability to retain key performance metrics from multiple sources in different organisations long term and to automate the collation of metrics and their use in reporting. Reports can include bespoke reports in document or slide format

and for online content. Automation will be used alongside manual collation as required with automation replacing manual approaches as possible.

The approach for high level performance reporting will complement the use of dashboards and other types of reporting and analysis for use in operational management.

Consideration has been given to improving the visuals, information presented and scope of HSCP Performance Indicators. It is hoped that this will make it easier to interpret a wider range of performance information, including recent and longer-term trends and offer some indication of likely performance over the next 6 months. These visuals can be developed within the partnership and give us greater control over how information will look than is possible with off the shelf products.

An example visual is shown in figure 1 and how this might be used in practice in figure 2. While these show the up-to-date information, they are presented initially for discussion. Targets and trajectories can be overlain on these, and these can be fully automated into documents for reporting. It is proposed to begin using the new approach in the new performance (financial) year along with an increased scope of performance indicators.

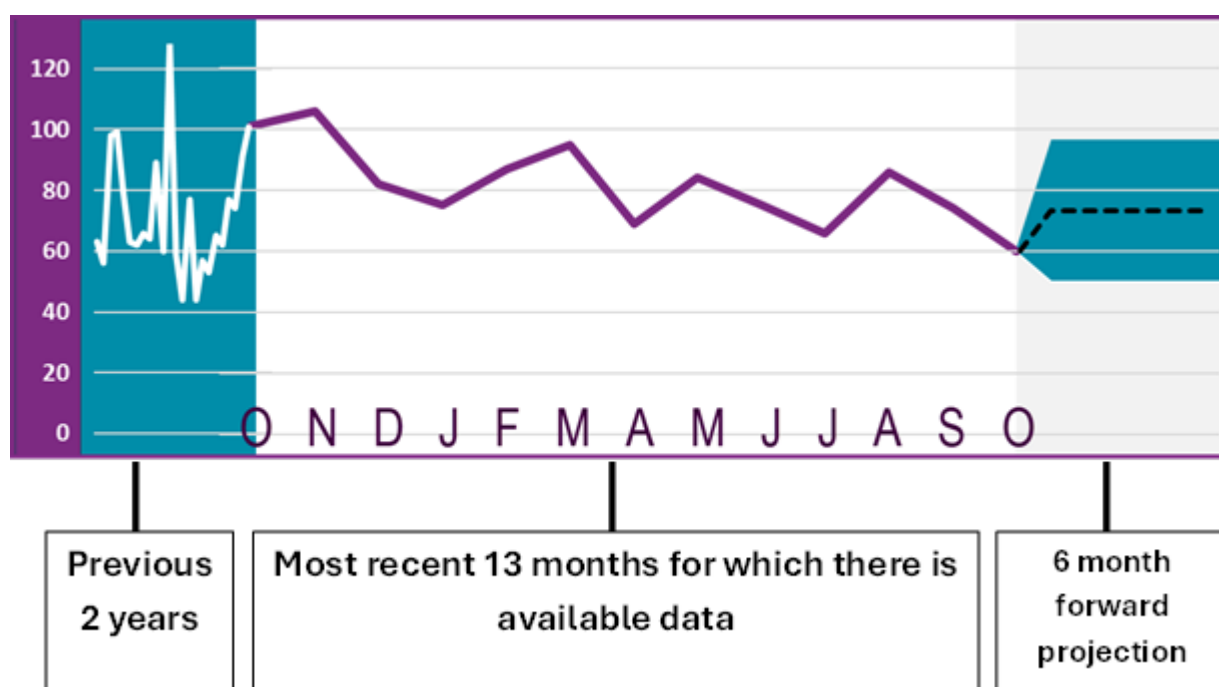


Figure 1. Proposed 'Standard' graphic for performance reporting.

This graphic shows a range of current, historic and projected performance information and targets and trajectories will be overlain.

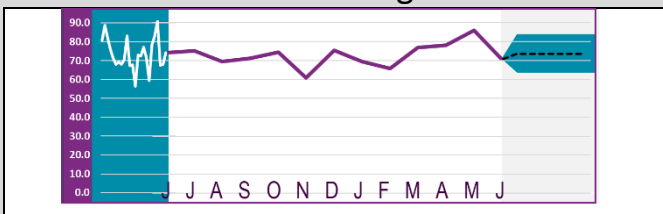
| | | | | | | | | | | | | | | | | |
|---|--|--|---------|------|-------|----------|------|----------|-------------|--------|--|---------------|--|---------|-----------|-------|
| 1 | Assessment Beds - Average Length of stay upon discharge (days) | Ref 2 | | | | | | | | | | | | | | |
|  | | <table border="1"> <tr> <td>Units -</td> <td>Days</td> <td rowspan="2">Green</td> </tr> <tr> <td>Current-</td> <td>60</td> </tr> <tr> <td>Target -</td> <td>---</td> <td>Black</td> </tr> <tr> <td></td> <td>No target set</td> <td></td> </tr> <tr> <td>Trend -</td> <td>Improving</td> <td>Green</td> </tr> </table> | Units - | Days | Green | Current- | 60 | Target - | --- | Black | | No target set | | Trend - | Improving | Green |
| Units - | Days | Green | | | | | | | | | | | | | | |
| Current- | 60 | | | | | | | | | | | | | | | |
| Target - | --- | Black | | | | | | | | | | | | | | |
| | No target set | | | | | | | | | | | | | | | |
| Trend - | Improving | Green | | | | | | | | | | | | | | |
| Notes - | | | | | | | | | | | | | | | | |
| 2 | H&SCP Staff Absence (Fife Council Employees) | Ref 14 | | | | | | | | | | | | | | |
|  | | <table border="1"> <tr> <td>Units -</td> <td>%</td> <td rowspan="2">Green</td> </tr> <tr> <td>Current-</td> <td>11.8</td> </tr> <tr> <td>Target -</td> <td>---</td> <td>Black</td> </tr> <tr> <td></td> <td>No target set</td> <td></td> </tr> <tr> <td>Trend -</td> <td>Stable</td> <td>Green</td> </tr> </table> | Units - | % | Green | Current- | 11.8 | Target - | --- | Black | | No target set | | Trend - | Stable | Green |
| Units - | % | Green | | | | | | | | | | | | | | |
| Current- | 11.8 | | | | | | | | | | | | | | | |
| Target - | --- | Black | | | | | | | | | | | | | | |
| | No target set | | | | | | | | | | | | | | | |
| Trend - | Stable | Green | | | | | | | | | | | | | | |
| Notes - | | | | | | | | | | | | | | | | |
| 3 | H&SCP Staff Absence (NHS Employees) | Ref 15 | | | | | | | | | | | | | | |
|  | | <table border="1"> <tr> <td>Units -</td> <td>%</td> <td rowspan="2">Green</td> </tr> <tr> <td>Current-</td> <td>11.8</td> </tr> <tr> <td>Target -</td> <td>---</td> <td>Black</td> </tr> <tr> <td></td> <td>No target set</td> <td></td> </tr> <tr> <td>Trend -</td> <td>Stable</td> <td>Green</td> </tr> </table> | Units - | % | Green | Current- | 11.8 | Target - | --- | Black | | No target set | | Trend - | Stable | Green |
| Units - | % | Green | | | | | | | | | | | | | | |
| Current- | 11.8 | | | | | | | | | | | | | | | |
| Target - | --- | Black | | | | | | | | | | | | | | |
| | No target set | | | | | | | | | | | | | | | |
| Trend - | Stable | Green | | | | | | | | | | | | | | |
| Notes - | | | | | | | | | | | | | | | | |
| 4 | Public Health & Wellbeing CAHMS % within 18 weeks waiting | Ref 22 | | | | | | | | | | | | | | |
|  | | <table border="1"> <tr> <td>Units -</td> <td>%</td> <td rowspan="2">Green</td> </tr> <tr> <td>Current-</td> <td>70.8</td> </tr> <tr> <td>Target -</td> <td>73% (local)</td> <td>Red</td> </tr> <tr> <td></td> <td>Below target</td> <td></td> </tr> <tr> <td>Trend -</td> <td>Stable</td> <td>Green</td> </tr> </table> | Units - | % | Green | Current- | 70.8 | Target - | 73% (local) | Red | | Below target | | Trend - | Stable | Green |
| Units - | % | Green | | | | | | | | | | | | | | |
| Current- | 70.8 | | | | | | | | | | | | | | | |
| Target - | 73% (local) | Red | | | | | | | | | | | | | | |
| | Below target | | | | | | | | | | | | | | | |
| Trend - | Stable | Green | | | | | | | | | | | | | | |
| Notes - National target 90% | | | | | | | | | | | | | | | | |
| 5 | Public Health & Wellbeing Psychological Therapies % within 18 weeks waiting | Ref 23 | | | | | | | | | | | | | | |
|  | | <table border="1"> <tr> <td>Units -</td> <td>%</td> <td rowspan="2">Green</td> </tr> <tr> <td>Current-</td> <td>67.8</td> </tr> <tr> <td>Target -</td> <td>73% (local)</td> <td>Yellow</td> </tr> <tr> <td></td> <td>Below target</td> <td></td> </tr> <tr> <td>Trend -</td> <td>Stable</td> <td>Green</td> </tr> </table> | Units - | % | Green | Current- | 67.8 | Target - | 73% (local) | Yellow | | Below target | | Trend - | Stable | Green |
| Units - | % | Green | | | | | | | | | | | | | | |
| Current- | 67.8 | | | | | | | | | | | | | | | |
| Target - | 73% (local) | Yellow | | | | | | | | | | | | | | |
| | Below target | | | | | | | | | | | | | | | |
| Trend - | Stable | Green | | | | | | | | | | | | | | |
| Notes - Has recently dropped back below target. National target 90% | | | | | | | | | | | | | | | | |

Figure 2. Example of how the visuals can be used in performance reporting.

3.3.1 Quality / Customer Care

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

3.3.2 Workforce

The performance report contains management information relating to the Partnership's workforce however, any management action and impact on workforce would be taken forward by the relevant Head of Service.

3.3.3 Financial

No financial impact to report.

3.3.4 Risk / Legal / Management

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

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

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

3.3.7 Other Impact N/A

3.3.8 Communication, Involvement, Engagement and Consultation

No consultation is required.

4 Recommendation

The report is submitted to **assure** the Integration Joint Board that the full report has been discussed at the relevant committee, the areas which require improvement are under development and are subject to continual scrutiny by Head of Service.

5 List of Appendices

Appendix 1 – IJB Executive Performance Report 2024 v1.0

6 Implications for Fife Council

None

7 Implications for NHS Fife

None

8 Implications for Third Sector

None

9 Implications for Independent Sector

None

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

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

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Fife Health & Social Care Partnership



Performance Report Executive Summary

December 2024

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Executive Summary

Introduction

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

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

Summary of Performance

The performance picture across the Partnership continues to be variable and reflects the complex mix of services, seasonal variation and the current challenging national landscape for health and social care.

Assessment Unit average length of stay for November 2024 is 22% less than November 2023. Although the 12-month rolling average is 7% greater, one person's stay was 654 days which had a significant impact. START average length of stay is 39 days, 2 days below the target.

Demand for new care at homes services has increased to the highest number of people waiting in 22 months. Older people Care at Home externally commissioned services have continued to decrease however, internal services have been rising since January to the highest level recorded since June 2021.

The number of Technology Enabled Care has reached the highest number of clients recorded since we started analysing in April 2021.

Delayed discharge (number of bed days lost) within an acute and community hospital is sitting at an average of 51 bed days lost, 19% above the target with Mental Health at 14 bed days lost, 40% above the target.

Waiting times (18 weeks RTT) for CAMHS (92.5%) has reached above the 90% target for 3 consecutive months in a row. Psychological Therapies (82.9%) is still below the 90% target however, this is the highest achieved since September 2021. Drug and Alcohol waiting times (94.5%) is above the 90% target for the 2nd consecutive quarter.

Smoking cessation is consistently below the target trajectory and was last achieved in January 2022. Cumulative quits from April 24 to Jul 24 are currently 61.8% of the target required. Immunisations for 6in1 at 12months (94.0%) is above the target with MMR2 at 5 years (85.7%) below the required target.

Health and social care (Fife Council Employees) absence rates have fallen to 11.8%, similar at 0.2% more than October last year. Health and social care (NHS Fife Employees) absence rate has increased to 7.80% in October, 0.43% more than last year. 58% of complaints were responded to within the statutory timescale, 6% higher than the 12-month average for November, however this is still below the 80% target required.

National Health & Social Care Outcomes

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

We submit data to Public Health Scotland who collate these from all areas of Scotland. This process takes several months, and sometimes longer and individual partnerships do not have access locally to all of the information as it requires data to be collated from several health boards. This is because some Fife residents will receive services in adjoining areas.

Rather than report information, which is many months old in every performance report we have removed the national MSG indicators with a view to providing an annual update every 12 months.

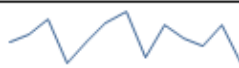

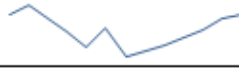
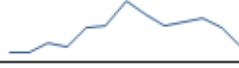



Proxy MSG Indicators

It is advantageous to develop local indicators, which while not being MSG indicators, nonetheless give a good indication of likely performance using more readily available information. For instance, rather than any Emergency Admissions by Fife residents to any hospital, we can provide a good, more up to date figure by reporting on admissions to hospitals in Fife.

These are distinct from the local indicators on the performance report scorecard later in the report, which are not MSG indicators and relate to indicators we have chosen to look at locally.

These proxy indicators provide a more up to date picture of performance than the nationally collated MSG Indicators. They are similar but are generally confined to visits to locations within Fife.

Additional proxy indicators for MSG indicators will be developed.

| Proxy MSG Indicator | Most recent update | Current value (for month) | Percentage Change from same month last year Nov 23 to Nov 24 | Change over 13 months |
|---------------------------------------|--------------------|---------------------------|--|---|
| Emergency Admissions (VHK) | Nov-24 | 2963 | - 0.3% |  |
| Emergency Admissions from A&E (VHK) | Nov-24 | 1821 | + 0.7% |  |
| A&E Conversion Rate (VHK) | Nov-24 | 33.4% | 0% |  |
| A&E Attendances (all sites) | Nov-24 | 7123 | + 0.2% |  |
| A&E Attendances (VHK) | Nov-24 | 5460 | + 0.01% |  |
| A&E % seen within 4 hours (All sites) | Nov-24 | 72.8% | - 1.3% |  |
| A&E % seen within 4 hours (VHK) | Nov-24 | 64.5% | - 2.0% |  |

Performance Report Scorecard - November 2024

| Performance Section | Performance Indicator | Current Target | Reporting Period | Current Performance | Performance against Target | 13-month Trend | Summary |
|---------------------|--|----------------|------------------|---------------------|----------------------------|----------------|---|
| Internal Indicators | Assessment Beds - Length of stay upon discharge | 42 Days | Nov-24 | 83 | | | An average of 83 days in November, 41 days more than target, however 23 days less than this time last year. |
| | STAR Beds Length of stay upon discharge | 42 Days | Nov-24 | 53 | | | Average length of stay is 53 days. It is 26% more than target, however 7% less than 12-months to November. |
| | START Length of stay upon discharge | 42 Days | Nov-24 | 39 | | | The average of 39 days in November 2024 is under the Target of 42 days and is 10% less than 12-month average. |
| | Nursing & Residential Long Term Care Population | | Nov-24 | 2,583 | N/A | | There were 2,583 individuals residing at month end in Long Term Care, the highest population recorded in 4 years. |
| | Demand for new Care at Home Services Number of waiting | | Nov-24 | 174 | N/A | | There were 174 people waiting at month end, equating to 1294 hours, the highest in 22 months. |
| | Demand for new Care at Home Services Number of hours | | Nov-24 | 1,294 | N/A | | |
| | Older People - Weekly hrs Externally Commissioned Care at Home | | Nov-24 | 18,551 | N/A | | Weekly hours 18,551, this is 7% lower than the 12-month average to November. |
| | Weekly Hrs Care at Home Internal Services | | Nov-24 | 12,574 | N/A | | Last week in November 12,574 hours were provided, 15.7% higher than November 2023. |
| | Adults - Weekly hrs Externally Commissioned packages of Care | | Nov-24 | 6,028 | N/A | | Last week in November 6,028 hours were provided to 361 adults for Care at Home |
| | Adults - Weekly Hrs Externally Commissioned Supported Living | | Nov-24 | 45,398 | N/A | | Last week in November 45,398 hours were provided to 712 adults under Supported Living arrangements. |
| | Technology Enabled Care - Total Number Provided in Month | | Nov-24 | 8,926 | N/A | | In November 2024 there were 8,926 clients, 18% more than November 2023 and the largest since recording in April 2021. |
| | Technology Enabled Care Total Number New Services in Month | | Nov-24 | 163 | N/A | | |

Key:

| | |
|---|--|
| Current performance does not meet target | |
| Current performance 5% negative to target | |
| Current performance meets/exceeds target | |


Performance Report Scorecard - November 2024


| Performance Section | Performance Indicator | Current Target | Reporting Period | Current Performance | Performance against Target | 13-month/2 year Trend | Summary |
|---|---|--------------------|----------------------|---------------------|----------------------------|--|--|
| Health Board Indicators | Operational Performance Acute Delayed Discharges | 43 | Nov-24 | 51 | | | Acute/Community DD is currently 51 average daily bed days lost (19% above target), however this is 4% lower than 12-month average to November. |
| | Operational Performance Mental Health Delayed Discharges | 10 | Nov-24 | 14 | | | MH DD for November is currently 14 (40% above target), 21% more than 12-month Average to November. |
| | Public Health & Wellbeing CAMHS Waiting Time | 90% | Oct-24 | 92.5% | | | Performance meets the target at 92.5%, 18.2% higher than Oct-23. |
| | Public Health & Wellbeing Psychological Therapies Waiting Time | 90% | Oct-24 | 82.9% | | | Performance is currently 82.9%, this is highest since October 2021 |
| | Public Health & Wellbeing Mental Health Readmissions (28 days) | | Jun-24 (3mth Ave) | 5.1% | N/A | | The 3mth average in June is 5.1%, this is 0.2% higher than 3mth average in Jun-23 |
| | Public Health & Wellbeing Smoking Cessation | 473 | Jul-24 | 97 | | | Performance against trajectory for the whole year is 61.8% of the annual target. |
| | Public Health & Wellbeing Drug & Alcohol Treatment Waiting Times | 90% | Jun-24 | 94.5% | | | Performance improved with 94.5% in qtr 2, this is 4.5% above target. |
| | Public Health & Wellbeing Childhood Immunisation (6in1) | 95% | Quarter 2 24/25 | 94.0% | | | 6in1 Performance is 94.0%, 1% below target, 0.2% lower than this time last year. |
| | Public Health & Wellbeing Childhood Immunisation (MMR2) | 92% | Quarter 2 24/25 | 85.7% | | | MMR2 Performance has remained the same since Mar-24 at 85.7%. |
| | Public Health & Wellbeing Infant Feeding 6-8week review | | Jun-24 | 36.9% | N/A | | % exclusively breastfed is 36.9%, 3.7% higher than Jun-23 and 4.5% higher than 12-month average for June |
| Public Health & Wellbeing Developmental Concerns 27-30months | | Quarter 1 24/25 | 19.4% | N/A | | Percentage of 1 or more concerns has increased to 19.4%, 2.0% greater than Mar-24 and the highest since December 2022. | |
| Management Information | H&SCP Staff Absence (Fife Council Employees) | | Oct-24 | 11.8% | N/A | | 11.8% absence rate, 0.2% more than this time last year. |
| | H&SCP Staff Absence (NHS Employees) | 4% | Oct-24 | 7.8% | N/A | | October 2024 staff absence rate is 7.80%, 0.43% higher than October 2023, and 0.18% higher than the rolling 12-month average to October 2024. |
| | Complaints to H&SCP responded to within statutory target | 80% | Nov-24 | 65.0% | | | 65% of complaints responded to within timescale, 9% higher than this time last year. |
| | Information Requests to H&SCP responded to within statutory target | 80% | Oct-24 | 86.0% | | | 86% were responded to within timescale, 6% above target, 3% lower than last October. |

| | | |
|------|---|--|
| Key: | Current performance does not meet target | |
| | Current performance 5% negative to target | |
| | Current performance meets/exceeds target | |

Local Performance Summary Information

Local Performance Indicators

| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|--|-----------------------|---------------|---------------------|--|
| Assessment Unit - Assessment Beds | 42 Days | - | 83 days | Nov-24  |
| <p>This model supports people to leave hospital and finalise their assessment within a Care Home.</p> <p>The Average Length of Stay upon Discharge for individuals in November was 83 days. This is 22% less than November 2023 (106 days), however the rolling 12-month average to November 2024 is 7% greater.</p> <p>One person's stay upon discharge was 654 days which had a significant impact on the overall average for November.</p> <p>There has been a significant reduction in the use of assessment beds over this period. Weekly meetings have been set up to ensure that commissioned assessment beds do not go beyond 50. Fortnightly meetings are also held with key stakeholders in the Hospital Social Work Teams and Contracts to look at all commissioned assessment beds and lengths of stay. Actions to bring bed days down are taken forward by the appropriate team member.</p> | | | | |

| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|--|-----------------------|---------------|---------------------|--|
| Short Term Re-ablement beds (STAR) | 42 Days | Jul-24 | 53 days | Nov-24  |
| <p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home.</p> <p>Average Length of Stay on discharge in November was recorded at 53 days. Although 26% above service expectation of 42 days, this is 7% less than average for 12 months to November (57 days), and 57% less than average for 12 months to November 23 (122 days)</p> <p>STAR beds continue to provide a vital service to service users who require reablement prior to going home. Over 50% of service users using STAR units consistently achieve this outcome. However, there has been some challenges which have necessitated a review of the STAR Bed Model. The review is currently being undertaken, once complete the outcomes will be determined but units offering the ethos of this service will be maintained. Over the medium-term, there is no strong trajectory for this indicator.</p> | | | | |

| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|-----------|-----------------------|---------------|---------------------|--------------|
|-----------|-----------------------|---------------|---------------------|--------------|

Short Term Assessment & Review

Team (START)

42 Days

Nov-24

45 Days

Nov-24



The START service is delivered by Fife Health & Social Care partnership Home Care service. The average length of stay within Start can fluctuate on a number of factors. Services are normally provided for 6 week (42 days target) but this can extended depending on someone's needs/abilities.



An average of 39 days was recorded for START in November 2024, this is the average period of support for individuals who have finished utilising the service. It is 15 days (29%) less than November 2023. The 12-month average for the year ending November is 31% less than the previous 12-month average and the lowest recorded for November in the past 4 years.


The chart below illustrates that the Target of 42 days in service as an average has consistently been met since May 2024.


The START service is delivered by Fife Health & Social Care partnership Home Care service. The data is measured on the number of individuals whose service has stopped in the month and the average of days calculated for all.

The demand for services has hugely increased and we require to push people through the START process quicker to enable spaces to be created to meet the increase in demand, therefore the average number of days is decreasing and meeting the target.

Health Board Indicators

| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|---|-----------------------|---------------|---------------------|--|
| Number of Bed Days Lost to delays: | | | | |
| Acute/Community | 43 | Jun-23 | 51 | Nov-24  |
| Mental Health/Learning Disabilities | 10 | Jul-24 | 14 | Nov-24  |
| <p>Reduce the number of Acute/Community hospital bed days lost due to patients in delay, excluding code 9, to 46 days. Reduce the number of Mental Health hospital bed days lost due to patients in delay, excluding code 9, to 10 days.</p> <p>Bed Days lost to 'Standard' delays: in Acute & Community, the average daily number decreased to 51.2 in Nov-24 (from 60.0 in Oct-24) with 96% of these delays being attributable to Community. This is above the local trajectory of 45 (which increased in Oct-24) though remains within control limits. In MH/LD services, the average daily number decreased to 13.6 in Nov-24 (from 14.3 in Oct-24). This is above the monthly target of 10 but remains within control limits.</p> <p>Bed Days lost to 'Code 9' delays: in Acute & Community, the average daily number remained at 27.7 (as it was in Oct-24). At Nov-24 Census, there were 81 patients in delay (48 Standard delays; 33 Code 9 delays), a decrease from 96 seen in Oct-24. For MH/LD services, the average daily number in Nov-24 was 18 (an increase of 7 since Sep-24). The most recent monthly publication from Public Health Scotland, for data up to end of Aug-24, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100,000 Population aged 18+) with 24 delays for Fife against a Scottish average of 33.</p> <p>There has been significant progress in reducing Bed Days Lost (BDL) associated with standard delays, with a decrease from 60.0 in October 2024 to 51.2 in November. This positive trend indicating we are still on track to achieve the target of 39 by March 2025. However, this will be closely monitored over the coming months due the fact that several significant challenges continue to impact on flow.</p> <p>We anticipate the Health and Social Care system will continue to be under pressures, with a high volume of emergency attendances, which strains capacity and resources. This includes anticipated rise in winter infection outbreaks—such as respiratory and gastrointestinal illnesses—which will result in the temporary closure of wards. Compounding these issues is the presence of many patients with complex needs who require Guardianship process, which adds further complexity to patient management.</p> <p>Despite these challenges, we have maintained a strong discharge profile, even amidst a significant increase in referrals across both social care and social work sectors. Efforts to streamline care pathways have been effective in reducing unnecessary hospital stays, leading to a greater number of patients being discharged in alignment with their Patient Day of Discharge (PDDS). Moreover, standard delays are being managed within an improvement trajectory, and the continuous collaboration with the Red Cross has enabled the establishment of alternative pathways for assessment beds.</p> <p>The Day of Care audit was recently undertaken to provide a comprehensive assessment of key markers aligned to the mental health inpatient population, including delayed discharge which will be analysed alongside existing data and collation processes. Challenges continue to exist in sourcing appropriate packages of care and environments to support discharge due to the complexity of needs for individuals across the mental health and learning disabilities services and the limited financial resources. Daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. Monthly multi-agency review groups are in place to consider Complex Delays, DSR and the Guardianship process alongside weekly multi-disciplinary, solution focused, verification/flow meetings.</p> | | | | |


| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|---|-----------------------|---------------|---------------------|--|
| CAMHS 18 weeks referral to treatment time (RTT) | 90% | Oct-24 | 92.5% | Oct-24  |
| <p>At least 90% of Children and Adolescent Mental Health Service (CAMHS) clients will wait no longer than 18 weeks from referral to treatment.</p> <p>Monthly performance decreased from 93.2% in Sep-24 to 92.5% in Oct-24 which remains above local trajectory. In Oct-24 no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks decreased to 1 in Oct-24 from 5 month prior.</p> <p>The percentage of those waiting less than 18 weeks increased in Oct-24 to 98.1%. The number of referrals received in Oct-24 was 183, a decrease from Sep-24 and lower than same month in 2023.</p> <p>The overall waiting list decreased to 54 the lowest number in the last 24 months. Benchmarking for the quarter ending Jun-24 shows NHS Fife lie in the mid-range of all mainland boards, 71.9% against Scotland average of 84.1%.</p> <p>The average trend over the past year shows a decrease in the total number of referrals, with the number of accepted referrals holding steady.</p> <p>The service has identified and adopted many positive strategies to reach this point of success and the waits over 18 weeks continue to decline with less than 10% of cases waiting over 18 weeks for five consecutive months, June to October 2024.</p> <p>To ensure we sustain the progress made on both the reduction in waiting list and meeting RTT for three months, it is imperative that vacancies are filled, and capacity is not further reduced.</p> | | | | |

| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|--|-----------------------|---------------|---------------------|--|
| Psychological Therapies 18 weeks referral to treatment time (RTT) | 90% | - | 82.9% | Oct-24  |
| <p>90% of patients to commence Psychological Therapies based treatment within 18 weeks of referral</p> <p>In Oct-24 537 patients started therapy, this was less than the 650 in Jul-24, but in line with usual fluctuations associated with clinicians' caseloads. Patient seen within 18 weeks remained static (445) compared to Sep (449), but the ratio between this figure and the total seen means that the percentage of patients seen within 18 weeks was higher than the previous month, at 82.9%, which is above local target for 2024/25.</p> <p>The overall waiting list has increased to 2309 from 2268 in previous month, with the number waiting over 18 weeks increasing to 933 and the number over 52 weeks increasing to 179. Referrals for all ages decreased by 22 (892) from month prior.</p> <p>The % of referrals that were rejected in Oct-24 was 11.1% which is less than the previous 2 months of >13%.</p> <p>NHS Fife was in the low-range of NHS Boards as of the last quarterly PHS for the QE Jun-24 and was below the Scottish average (67.8% compared to 80.4%).</p> | | | | |


More first appointments for therapy were offered in the 12 months to October 2024, compared to previous 12 months. This is one indicator that access to Psychological Therapies continues to improve. Performance on the waiting times target hit the local trajectory in August and has been above it for the past two months. However, there has been no reduction in the number of patients waiting over 52 weeks since July 2024, with October showing an increase in these waits.



Referral rates for adults with complex problems remains higher than capacity for provision of highly specialist PTs. It is too early to say whether this month's increase in those waiting over 52 weeks is a substantive indicator of the impact of this capacity gap. The service continues to monitor this.

Service redesign and evaluation is on-going. In addition, the Psychology Service is working closely with colleagues from the Scottish Government's PT implementation support team with a focus upon more detailed trajectory modelling. The service continues to progress improvements in line with the SG Psychological Therapies and Interventions specification.

| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|--|-----------------------|---------------|---------------------|--|
| Smoking Cessation | 473 | N/A | 97 | Jul-24  |
| <p>We will deliver a minimum of 473 successful 12-week smoking quits in the 40% most deprived areas of Fife.</p> | | | | |
| <p>There were 22 successful quits in Jul-24, which is 17 short of the monthly targets but 7 more than that achieved in Jul-23. Achievement against trajectory is 61.8% (Jul-23 was 56.7%). For all quit attempts, the quit success rate in 'Specialist' services is higher than for other services: and total quit success rate (22%) was better than in Jul-23 (18%).</p> | | | | |
| <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending Jun-23 (Q1), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 47.8% against a Scottish average of 66.1%.</p> | | | | |
| <p>The LDP standard for Fife is 473 successful quits for 40% (MDQ), this is a combined standard for pharmacy, specialist, and maternity services. There remains no movement on the national review of all board's standards which was expected to begin in 2024.</p> | | | | |
| <p>Fife have been invited to take part in a working group led by Scottish Government to Embed Prevention for Nicotine Dependency in Pregnancy. The aim & ambition of the group is to create an action plan on a Once for Scotland basis that will support pregnant smokers. We are pleased to contribute to this national group and in turn use the opportunity to improve access and successful quits for pregnant smokers and their friends/family. We have a dedicated clinic in both QMH & VHK maternity units weekly.</p> | | | | |
| <p>Following the presentation of the Stop Smoking Service deep dive paper and SBAR we have progressed recommendations and increased our outreach & promotional events/stalls to continue to raise awareness of the support available in our most deprived areas. We are promoting clear and consistent messaging directly to FHSCP services and other key external partners at locality level.</p> | | | | |
| <p>Specialist clinic provision across Fife has changed to meet the demand and needs of people seeking support & in response to feedback. We have increased the outreach schedule to 12 sessions, alongside the 38 static clinics in NHS & community sites per week. These clinics continue to offer an individualised approach of support including telephone and video sessions.</p> | | | | |

In the last quarter we have delivered training events to colleagues across FHSCP networks on Vaping & Young People, Cost of Smoking and IMPACT. These have been well received and supported colleagues to have a greater understanding of how to refer to the service. We are waiting to finalise the new data report for smoking cessation, data presented is for March 2024.

| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|--|-----------------------|---------------|---------------------|---|
| Drug and Alcohol Waiting Times (21-day Referral to Treatment) | 90% | Jun-24 | 94.5% Jun-24 |  |
| 90% of patients to commence Drug or Alcohol treatment within 3 weeks from referral. | | | | |
| <p>Performance in quarter 1 ending Jun-24 was 94.5% this is second consecutive quarter that Fife have achieved above the 90% target. This is a 1.4% increase on the previous quarter. This puts the 12-month average at 89% compared to the previous 12-month average of 93%.</p> <p>The Drug and Alcohol waiting times target applies to all Tier 3 (specialist support) alcohol and drug treatment and support services in Fife and includes NHS Addiction Service and Compass Social Work Team and commissioned third sector organisations FIRST, DAPL and FASS. All organisations are expected to respond to 90% of referrals and complete an initial assessment within a 21- day target. Performance is reported on an aggregate basis - for both alcohol and drug referrals - to Public Health Scotland and published quarterly.</p> <p>A considerable amount of work has been undertaken to resolve inputting errors as well as training around the process of updating DAISy to ensure that the data produced is genuine. A large proportion of long waits were false and caused by user error which misrepresented the true performance of services as can be seen by the percentage that's now being achieved.</p> | | | | |


| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|---|-----------------------|---------------|---------------------|---|
| Childhood Immunisation: | | | | |
| 6in1 | 95% | Mar-24 | 94.0% Mar-24 |  |
| MMR2 | 92% | - | 85.7% Mar-24 |  |
| NHS Boards are expected to meet the World Health Organisation (WHO) target of 95% uptake of childhood vaccinations. | | | | |
| <p>6-in-1 at 12 months of age: Preliminary data (for QE Sep-24) shows that NHS Fife uptake decreased slightly from 94.5% in the last quarter to 94.0% in the most recent quarter, which is below target and just below the average of 94.5% (based on the last 18 quarters). PCV, Rotavirus & MenB also saw decreases on previous quarter. NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 96.4%.</p> <p>MMR at 5 years of age: Preliminary data (for QE Sep-24) shows that NHS Fife uptake, at 85.7%, was the same as the previous two quarters. This continues to be below target, below the average of 88.4% and remains the lowest quarterly uptake for NHS Fife since 2017. Hib/MenC, 4-in-1 & MMR1 saw small increases in uptake compared to the previous quarter. NHS Fife was in the lower range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 91.0%.</p> | | | | |


Whilst it is disappointing to note the lower uptake of MMR2, 2025 will bring a refreshed approach to addressing this concern. On a positive note, it is encouraging to observe a minimal decrease in the 6-in-1 vaccination data.

We will be refocusing on our Quality Improvement (QI) initiatives, particularly on MMR2 uptake, with an emphasis on improving engagement and reducing DNA rates. As part of this effort, we are eager to trial new approaches, including working within preschool nursery settings and evaluating the effectiveness of a text reminder service.

Our delivery plans will also focus on identifying children under 5 with incomplete MMR records, inviting them to arrange appointments, and potentially offering additional clinics during school holidays. The transition to a locality-based service will enable more targeted efforts in areas with low uptake. Alongside this, we plan to review the venues currently used for infant clinics to ensure accessibility and suitability.

Management Performance Indicators

| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|--|-----------------------|---------------|---------------------|--|
| Complaints | 80% | Mar-21 | 58% | Nov-24  |
| <p>80% of Complaints responded to within statutory timescales.</p> <p>During November 2024 the Partnership closed 17 complaints. This included 11 complaints closed by Social Care, and 6 complaints closed by NHS Fife. Of these, 15 (88%) were identified as Stage 1 complaints, and 2 (12%) were classified as Stage 2 complaints. In November 2024, 65% of complaints were responded to within the statutory timescales.</p> <p>Performance for the period January to November 2024 was 54% with 68% of stage 1 complaints being responded to on time and 25% of stage 2 complaints being responded to on time. Whilst this is well below the target of 80% this is an increase in the same period for 2023 when it was 47% with 60% of stage 1 complaints being responded to on time and 16% of stage 2 complaints being responded to on time.</p> <p>A review of the Council processes and movement to co-ordination via the Escalation and resolution team has produced improved figures. NHS Fife have focussed on reducing the number of long outstanding cases and these have come down significantly with the current stage 2 figures improving overall from 2022 and 2023. Even though response times may exceed the targets, there are reduced numbers of complaints being upheld by the SPSO which suggests that the quality of responses and communication with the complainant remain positive.</p> | | | | |

| Indicator | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|--|-----------------------|---------------|---------------------|--|
| Information Requests | 80% | Oct-24 | 86% | Oct-24  |
| <p>80% of Information Requests responded to within statutory timescales.</p> <p>During October 2024, the Health and Social Care Partnership closed 29 information requests, of these 25 (86%) were responded to within required timescales. In comparison, during October 2023 HSCP closed 27 information requests of which 89% within target time. Average for 2024 January to October equates to 87% compared to 76% for January to October 2023.</p> <p>In 2024 the number of requests closed on time has only been slightly below target in January (74%) and March (76%). All other months have been above the target of 80% and in some months this figure has been well above the target, May (94%), June (97%), July (96%) and August (90%).</p> <p>The FOI process continues to be monitored closely to maintain standards and compliance rates.</p> | | | | |



Fife Health & Social Care Partnership

Supporting the people of Fife together

| | |
|-----------------------------|---|
| Meeting Title: | Integration Joint Board |
| Meeting Date: | 29 January 2025 |
| Agenda Item No: | 8.1 |
| Report Title: | Mainstreaming the Equality Duty and Equality Outcomes Progress Report – January 2025 |
| Responsible Officer: | Audrey Valente, Chief Finance Officer |
| Report Author: | Avril Sweeney, Risk Compliance Manager |

1 Purpose

This Report is presented to the Board for:

- **Decision-** The report is submitted to the Integration Joint Board for final review and approval, to ensure that the Partnership is meeting its requirements within the Equality Act 2010.

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

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

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

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

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

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 – 23 December 2024

Quality and Communities Committee – 10 January 2025

Finance, Performance and Scrutiny Committee – 15 January 2025

3 Report Summary

3.1 Situation

In April 2023, Fife Integration Joint Board approved and published its Mainstreaming the Equality Duty and Equality Outcomes Progress Report in accordance with the Equality Act 2010. To continue to meet the obligations of the Act, the Integration Joint Board must comply with a number of duties that are set out below.

3.2 Background

The Equality Act 2010 includes a public sector equality duty (Section 149) which requires public bodies, including Integration Joint Boards, in the exercise of their functions, to have due regards to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a relevant protected characteristic and those who do not.

These are often referred to as “general” duties. In addition, there are also “specific” duties for some public bodies, including Integration Joint Boards, as set out in the table below.

| Duty | Equality Act reference | Summary of Requirements | Frequency | Last published |
|--|-------------------------------|--|--------------------------|-----------------------|
| Report on mainstreaming the equality duty | Section 3 | Publish a report on the progress made to make the general equality duty integral to the exercise of functions | At least every two years | April 2023 |
| Equality Outcomes | Section 4(1) and (2) | Publish a set of equality outcomes having involved protected characteristic groups/individuals and used available evidence | At least every 4 years | April 2023 |
| Progress against equality outcomes | Section 4(4) and (5) | Publish a report on the progress made to achieve the equality outcomes | At least every 2 years | April 2023 |
| Equality Impact Assessments | Section 5 | Conduct equality impact assessments for new/revised policies and publish these | Ongoing | Ongoing on website |

The Public Sector Equality Duty covers these protected characteristics:

- Age
- Disability
- Sex
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sexual Orientation
- Marriage and Civil Partnership

In addition, the Fairer Scotland Duty, Part 1 of the Equality Act 2010, came into force in Scotland in April 2018. It places a legal responsibility on public bodies to actively consider (“pay due regard to”) how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. To fulfill their obligations under the Duty, public bodies must be able to meet the following key requirements:

- Actively consider how they can reduce inequalities of outcome in any major strategic decisions they make; and
- Publish a written assessment (Equality Impact Assessment) showing how they have done this.

3.3 Assessment

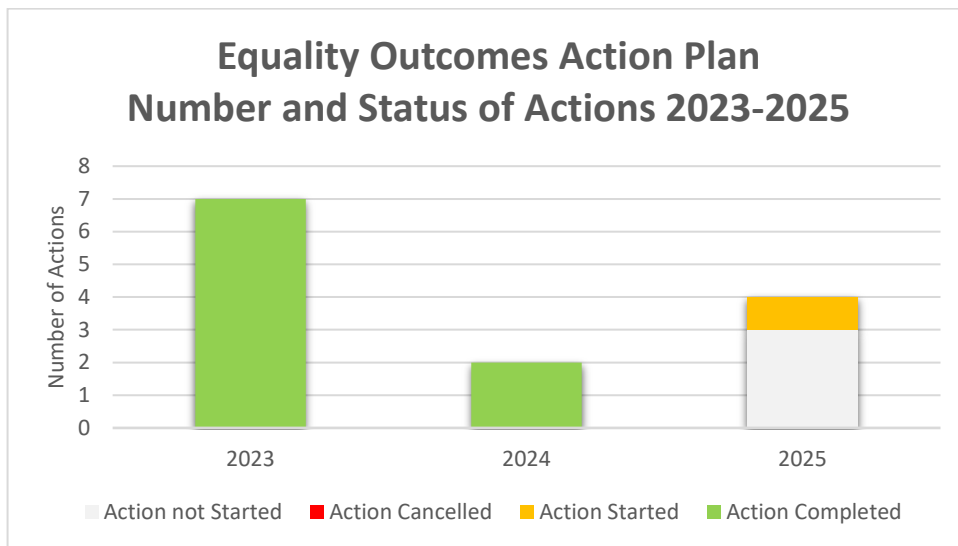
Fife Health and Social Care Partnership last published its Mainstreaming the Equality Duty and Equality Outcomes Progress Report in 2023, when it also set out new equality outcomes as part of the Strategic Plan 2023 - 2026.

The report at Appendix 1 provides the most recent information on Mainstreaming the Equality Duty and provides a progress update on the five equality outcomes published in 2023.

We integrated our approach to the development of the new set of outcomes with the work to develop the Strategic Plan 2023 to 2026. Together with support from the Equality and Human Rights Commission and through the IJB Equality Peer Support Network, comprising representatives from a number of Scottish IJB’s, we are working to ensure continued compliance in this area going forward.

Progress with the Equality Outcomes Action Plan developed in 2023 is included at Appendix 2. All actions are regularly assessed, and the Action Plan is updated using RAG (Red, Amber, Green) criteria. This is the current status of actions in the Action Plan.

| | 2023 | 2024 | 2025 |
|--------------------|------|------|------|
| Action not Started | 0 | 0 | 3 |
| Action Cancelled | 0 | 0 | 0 |
| Action Started | 0 | 0 | 1 |
| Action Completed | 7 | 2 | 0 |



During 2023 processes were developed and strengthened through the Strategic Planning Group and the Performance Reporting Framework to ensure implementation of the Partnership’s new equality outcomes. This included specific actions to support individuals who are care experienced and care leavers (particularly children), carers, and the Armed Forces Community. All processes were refreshed to include wider use of Equality Impact Assessments (EQIA’s), and where relevant, Child Rights and Wellbeing Impact Assessments (CRWIA).

Our Equality Impact Assessment Template now includes areas to support individuals with care experiences (particularly children), carers, and the Armed Forces Community. We have also incorporated a Children’s Rights and Wellbeing Impact Assessment (CRWIA) into our Equality Impact Assessment Template

CRWIA is a process which helps identify, research, analyse and record the anticipated impact of any proposed law, policy or measure on children's human rights and wellbeing. CRWIA follows accepted impact assessment practice and should take place as early as possible in the policy development cycle.

The impacts can be direct or indirect; short, medium or long-term; and positive, negative or neutral. The CRWIA provides a template to help assess the impact of the policy/measure on the Articles of the United Nations Convention on the Rights of the Child (UNCRC) and consider how implementation of the policy/measure can help progress the realisation of children's rights, and safeguard, support and promote the wellbeing of children and young people in Scotland.

Completed and approved assessments are published on the Partnership’s website here: www.fifehealthandsocialcare.org/publications.

3.3.1 Quality / Customer Care

The Partnership must understand the needs of those who use services so that it can deliver accessible, fair and effective health and social care services.

3.3.2 Workforce

This report does not cover the Equality Act, Specific Duties, in terms of the health and social care workforce. These are the responsibility of the partner bodies. Any impact on the Partnership's workforce will be managed through the Partnership's Workforce Strategy.

3.3.3 Financial

No direct impact. Financial activities are managed through the Medium-Term Financial Strategy.

3.3.4 Risk / Legal / Management

The report supports compliance with the Equalities Act 2010.

3.3.5 Equality and Human Rights, including children's rights and health inequalities

An impact assessment has not been completed because this report is for information only, but an impact assessment was carried out for the development of the Strategic Plan, which included the development of the new equalities' outcomes.

3.3.6 Environmental / Climate Change

No direct impacts.

3.3.7 Other Impact

No other impacts.

3.3.8 Communication, Involvement, Engagement and Consultation

Not specific to this report but consultation on the revised equalities outcomes has taken place as part of the development of the Strategic Plan.

4.4 Recommendation

- **Decision** – The Integration Joint Board is asked to discuss the report and provide final approval.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Mainstreaming the Equality Duty and Equality Outcomes Progress Report – January 2025.

Appendix 2 – Equality Outcomes Action Plan.

6 Implications for Fife Council

N/A, Fife Council has separate responsibilities under the Equality Act 2010.

7 Implications for NHS Fife

N/A, NHS Fife has separate responsibilities under the Equality Act 2010.

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

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

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

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Fife Health & Social Care Partnership



Supporting the people of Fife together



Mainstreaming the Equality Duty and Equality Outcomes Progress Report

January 2025

Mainstreaming the Equality Duty and Equality Outcomes Report

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Supporting the people of Fife together



Introduction

This report sets out the approach of Fife Integration Joint Board (IJB) in making the public sector equality duty integral to its functions. This includes the IJB's progress towards mainstreaming equality and an update on the IJB's Equality Outcomes for 2023 to 2026.

Legislative Context

Equality Act 2010

The Equality Act 2010 includes a public sector equality duty (Section 149) which requires public bodies, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act 2010.
- advance equality of opportunity between persons who share a protected characteristic and persons who do not.
- foster good relations between persons who share a protected characteristic and those who do not.

Some public authorities, including Fife Integration Joint Board, are also required to publish reports on the progress they have made integrating the general equality duty into the exercise of their functions, to better perform that duty. These progress reports are usually published every two years.

The public sector equality duty covers these protected characteristics:

- Age
- Disability
- Sex
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sexual Orientation
- Marriage and Civil Partnership

Fairer Scotland Duty

The Fairer Scotland Duty (the Duty) came into force in 2018 and places a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

The Duty defines "socio-economic disadvantage" as living on low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socio-economic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. Examples of socio-economic disadvantage include low wealth, material deprivation, and area deprivation (experienced by communities of place and communities of interest).

The Fairer Scotland Duty is intended to reduce the inequalities of outcome caused by socio-economic disadvantage. Inequalities of outcome is defined as any measurable differences between those who have experienced socio-economic disadvantage and the rest of the population, for example in relation to health and life expectancy or educational attainment. Socio-economically disadvantaged households have a greater risk of experiencing negative outcomes.

The coronavirus pandemic and the cost-of-living crisis continue to have a significant impact on people already experiencing disadvantage including minority ethnic communities, disabled people, older and younger people, and women.

NHS Fife, Fife Council and Fife Integration Joint Board have all amended their Equality Impact Assessment Templates to reflect the Fairer Scotland Duty, and equality impact assessments are undertaken and published in line with the Duty.

Mainstreaming Equality

Mainstreaming equality means integrating equality into the day-to-day activities of an organisation and ensuring compliance with the requirements of equality legislation.

This approach has several benefits for organisations including:

- equality becomes part of the structures, behaviours and culture of the organisation.
- the organisation knows and can demonstrate how, in carrying out its functions, it is promoting equality.
- mainstreaming equality contributes to continuous improvement and better performance.

The Mainstreaming the Equality Duty Report 2023 summarised the actions that had been taken towards integrating the general equality duty into the day-to-day working of Fife Integration Joint Board and provided an update on progress towards achieving the equality outcomes established for 2019 to 2023.

Every three years a Fife Strategic Assessment is produced to support the ongoing development of the Plan for Fife 2017 to 2027. The 2024 Assessment is an evidence-based snapshot of the current circumstances across Fife, in the context of many contributing factors. It is intended to provide insight and constructive challenge to encourage us to think about problems and opportunities in new ways. Fife continues to face key challenges including:

- ongoing impact of the cost-of-living crisis, for example employment opportunities, energy costs, and weekly family budgets.
- increased demand for public services when funding is reducing
- poverty
- inequality
- national housing emergency
- healthy life expectancy across Fife is decreasing, particularly for women
- digital exclusion
- Population growth has stalled, the population is ageing
- Older people likely to live longer in poorer health and risk exclusion
- Mental wellbeing is declining

Fife IJB set equality outcomes for 2023 – 2026 and these outcomes have been reviewed against the key messages contained in the 2024 Assessment. This Mainstreaming the Equality Duty and Equality Outcomes Progress Report – January 2025 provides updates on progress made towards these outcomes.

Fife Integration Joint Board

Fife Integration Joint Board (IJB) was established on 1st April 2016 and is responsible for the planning and delivery of integration arrangements and delegated functions in Fife. The IJB issues formal Directions to the partners, Fife Council and NHS Fife, setting out the services to be delivered by these partner bodies. The partners then provide assurance to the IJB that the services have been delivered. The IJB retains responsibility for strategic planning, operational oversight, and performance management of these health and social care services:

- all adult and older people Social Work Services.
- community health services, for example district nursing, physiotherapy, and mental health services.
- children's community health services, such as health visiting.
- housing services which provide support services to vulnerable adults, and disability adaptations.
- the planning of some services provided in hospital, for example medical care of the elderly.

The IJB includes representatives from Fife Council and NHS Fife, it also has several professional advisors and other specialists. The IJB is commonly referred to as Fife Health and Social Care Partnership. This is the public facing aspect of the Integration Joint Board and is essentially the employees from both organisations working in partnership, along with colleagues in the independent and third sectors, to deliver health and social care services.

The IJB meets its equality duties both through its own actions and those of the wider Partnership.

Strategic Plan 2023 to 2026

Every Integration Joint Board in Scotland must have a Strategic Plan that sets out the vision and future direction of their health and social care services. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland. Strategic Plans are reviewed regularly to make sure that they are still relevant to the needs of the area and the people who live there.

Fife's Strategic Plan incorporates the aims outlined in the Plan for Fife 2017 to 2027 which includes actions to reduce levels of preventable ill health, and premature mortality across all communities, particularly around obesity, alcohol and smoking.

The Strategic Plan 2023 to 2026 sets out the Partnership's agreed vision, mission, values, and strategic priorities over this timescale.

Vision

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

Mission

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

Values

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

Strategic Priorities



Further information about the Strategic Plan 2023 to 2026 is available on our website: www.fifehealthandsocialcare.org/publications.

Locality Planning

An important part of Fife health and social care integration was the creation of localities, bringing decision making about health and social care local priorities closer to communities. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area.

Localities provide one route, under integration, for communities and professionals (including GPs, acute clinicians, social workers, nurses, Allied Health Professionals, pharmacists, and others) to take an active role in, and provide leadership for, local planning of health and social care service provision. Promoting equality and improving the health and wellbeing outcomes for the people in Fife is at the heart of locality planning.

Participation and Engagement

Participation is central to the work of the Health and Social Care Partnership with the people of Fife. We are committed to listening to people and taking views into account to achieve the best possible outcomes for everyone.

The Participation and Engagement Strategy 2022 to 2025 sets out the principles, and approaches for participation work across all adult health and social care services in Fife. This Strategy will help us not just to listen, but also to act on the thoughts and feelings of the public on health and social care services, and to use feedback as part of ongoing quality and service improvement. The Participation Team provide an important service in helping Teams and Services across the Health and Social Care Partnership to develop their participation practice.

Fife HSCP is committed to the elimination of discrimination and promotion of equality and human rights. This will be embedded into public engagement and participation activities fulfilling the public sector duty under the Equalities Act 2010 by the following: -

- Engagement activities will be planned to remove barriers by being flexible, accessible, and inclusive.
- Working collaboratively with stakeholders.
- Adhering to reflective practice to continually seek improvement in public participation including learning from the experience of others.
- Ensuring engagement is appropriate, proportionate, and effective to the participation and engagement activity.
- Employing a variety of innovative methods along with tried and tested methods to ensure maximum participation.

- Working in collaboration with stakeholders to ensure the appropriate people, communities and organisations are involved.

Carers

Changes to the way that services are delivered can impact on individuals, and the people who care for them. For example, reductions in service provision for an individual can have a negative impact on the carers' health and wellbeing, financial situation, work role, family relationships or other commitments.

Under the Equality Act 2010, carers are considered as 'associated' with someone who is protected by the law because of their age or disability. This means that carers have the right to be treated fairly, and are protected from being discriminated against, harassed, or treated differently because of their responsibilities as a carer.

All carers are included in the Partnership's Carers Strategy 2023 to 2026 and the supporting delivery plan, guidance, and procedures. This approach ensures that recognition of carers human rights, priorities and requirements, and potential impacts on their health and wellbeing, as well as their capacity to undertake their caring role, are considered in all planning and decision-making.

Communication

The IJB's Communication Strategy outlines key communication aims that enable us integrate equality and diversity including:

- keeping people, communities and organisations up to date and supported to participate in the planning and delivery of our services - particularly to share their views and ideas. This can include stakeholders who are directly or indirectly affected, may have an interest or concern or may be impacted in the future.
- ensuring people know how to access services (both provided and purchased/contracted) including those who are harder to reach, so they can make better informed choices and decisions about how they can be supported to meet their health and social care needs or that of others.
- keeping our staff and partners updated, promoting integrated working and providing mechanisms to share feedback and learnings.
- promoting our shared culture and 'Team Fife' approach – on integration, our shared identity, values and behaviours.

Equality Impact Assessments (EQIA)

An equality impact assessment is an evidence-based approach that assesses the potential impact on equality of a new strategy, policy, or decision. It provides a positive opportunity to:

- Take effective action on equality.
- Develop better policies and practices, based on evidence.
- Be more transparent and accountable.

Fife Integration Joint Board uses EQIAs in governance processes and reporting templates. This helps us to understand the potential impacts of our decisions, whether our services are meeting everyone's needs, and where any changes may be required. Fife Council and NHS Fife also use EQIA's, further information is available here:

- www.fife.gov.uk/kb/docs/articles/council-and-democracy/equality,-diversity-and-human-rights/equality-impact-assessments
- www.nhsfife.org/about-us/equality-and-human-rights/equality-impact-assessment-egia

During 2023, Fife IJB updated and improved their processes to ensure compliance with the Equality Act 2010 following an audit from the EHRC. An EQIA Template was developed along with guidance and good practice examples. The EHRC produced Good Practice Examples for their 8 Step Checklist and Fife IJB processes were highlighted for two of these: - 'Collect equality evidence' and 'Document decisions and how due regard formed part of that decision'.

The EQIA Template now also includes areas to support individuals with care experiences (particularly children), carers and the Armed Forces Community. A children's rights and wellbeing impact assessment has also been incorporated into the Template.

Equality Outcomes 2023 to 2026

Fife Integration Joint Board is committed to promoting dignity, equality and independence for the people of Fife. Our Strategic Plan and collection of supporting strategies will ensure that we continue to work effectively with partners, local communities, individuals, their families and carers, to challenge sources of inequality such as discrimination, harassment and victimisation, and to promote equality of opportunity for all.



These are our equality outcomes for 2023 to 2026.

1. Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.
2. Individuals with lived experience of inequality and exclusion will have more opportunities to get involved and share their views, concerns, and suggestions for improvement across the Partnership.
3. Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic, leading to improved health outcomes for individuals, their families and carers.
4. Greater diversity and an inclusive workforce culture, with employees from all backgrounds and cultures reporting that they feel increasingly valued.
5. Improved understanding and better relations between individuals and groups who share a protected characteristic, and those who do not.

All the activities supporting the Strategic Plan are reviewed annually and aligned to the relevant equality outcomes.

Progress towards achieving our Equality Outcomes

Each year an Annual Performance Report is produced outlining the work carried out to support the outcomes of the Strategic Plan. These are available on our website here: www.fifehealthandsocialcare.org/about-us/publications. The tables below provide an update on progress made towards achieving the equality outcomes. These are some examples; this is not a complete list of all activities.

Equality Outcome 1

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

Fife Alcohol and Drug Partnership – reduce harm and improve lives

Fife ADP have commissioned and worked with partners in schools to review substance use education provided to children and young people; commissioned youth friendly services to outreach to young people offering support for those affected by substance use; and provided support to children and families affected by substance use.

To reduce the risk an overdose awareness a take home naloxone training programme has been extended to communities and one stops have been created in some localities.

The ADP has been focused on embedding and evidencing Medication Assisted Treatment (MAT) Standards into the system of care, creating pathways to treatment and support and improving access to residential rehabilitation. Services have been extended to engage with people when they are in Accident and Emergency Departments (A&E), hospital wards, custody suites and prisons. A MAT standards performance framework has been built that measures real impact and improvements in the lives of people in Fife.

More has been Invested in our recovery community service ensuring that people affected by alcohol and drugs have access to activities with others, preventing isolation and promoting wellbeing. Started work on integrating care and support with mental health services, primary care, and housing to ensure people's care is coordinated and serves all of their needs. Created a dedicated independent advocacy service which supports people's rights and helps their voices to be heard.

Fife ADP have commissioned whole family support for families with young children in partnership with our treatment services. Invested in the development of family inclusive practise training. Invested in a family support and carers' service specifically for adult family members or those viewed as family.

Reimagining the Third Sector

The reimagining project was launched in October 2021 and represented a clear commitment from the Partnership to strengthening their approach to commissioning and monitoring third sector services. The project sought to work with third sector partners to identify key changes which would strengthen collaboration and a culture of learning, reflection, and support, ultimately improving health and wellbeing outcomes for the people of Fife.

Grant funded services are vital to the achievement of the Strategic Plan, enabling people to live independent and healthier lives. To ensure that resources are used effectively, it is imperative that money is spent where it is needed most, in line with the strategic priorities and identified local needs.

The Reimagining Third Sector Commissioning Project was prompted due to a growing recognition within the Partnership of the need to review the approach to grant funding. Because of this, partnerships are strengthened with the third sector and create conditions which supports them to thrive, collaborate and respond flexibly to enable people to achieve the best outcomes. There is improved information available to strategic and locality planning groups, on the range, quality and impact of services provided by the third sector. A range of people are routinely involved in codesign and monitoring of services including people with lived experience, unpaid carers, communities, providers, and professionals.

To date we have actively been engaging with 72 organisations who deliver over 124 different services to support people in Fife.

Progress and Activities

Key achievements to date include:

- Developing and mapping the range of services provided by our third sector through grant funding, and an understanding of how they operated throughout the pandemic.
- Gaining insights and identifying where meaningful changes can happen through a range of consultation methods.
- Changes to the Service Level Agreement template ensuring a clear focus on delivering outcomes, driving up quality, and enabling key service activities to be clearly recorded.
- Development of a dashboard to enhance information about grant funded providers.
- Linking investment to activities and outcomes to enable collaborative conversations about how these outcomes can best be met with the resources we have.

This is a good example of a workstream that has now transitioned into business as usual activities in several areas.

Occupational Therapy collaboration with Scottish Autism

This project involved locating a Specialist Occupational Therapist (OT) within a third sector organisation providing services to neurodivergent adults in Fife.

There is evidence that OTs can significantly improve outcomes for individuals when they can provide early intervention. Locating this service within accessible community settings was an invaluable way of ensuring easy access for neurodivergent adults.

AT-Autism conducted an external evaluation of the project and an evaluation report by OT which evaluated the project from an NHS Fife perspective were published in 2023.

The main findings from AT-Autism were that the project had shown significant impact and showed strong evidence of effectiveness in meeting its stated aims to: reduce stress for individuals, improve their wellbeing and quality of life, and reduced demand on NHS Fife.

Some examples of the work completed within the project included:

- Launching new groups for autistic adults within community spaces (e.g. YMCA Cupar and the Lochgelly Centre). These groups were different from other supports offered by healthcare staff in NHS Fife as the pilot was to coproduce sessions with the autistic individuals themselves.
- Supporting individuals to apply for benefits (Adult Disability Payment) and concession bus passes by providing a letter of recommendation, following the OT assessment.
- Referring individuals for specialist support by other third sector and/or NHS services.
- Liaising with key people and services who were most proximal to the individual, and aiming to achieve the best outcomes for each person receiving support (e.g. management within workplaces, care agencies and support staff, parents/carers, other family)

Performance Framework

The Fife HSCP identified the need to include equalities within the performance framework as part of developing a robust system of performance reporting and improvement. Initial effort has focussed on developing management information from the new LiquidLogic system which will in due course encompass most social care information. Business information is being delivered through a range of dashboards for operational management. This information is now being consolidated into a platform alongside information from NHS systems to create a single point for all key indicators. As part of this a review of key performance indicators has been undertaken. The approach will allow standard reporting with automated analysis and the first of this reporting will be mainstreamed for the Integrated Joint Board and committees from April 2025. The next stage will integrate this information with demographic and other information to better understand people, places and service delivery. This will be used for equalities approaches, delivering better services to all parts of the community and monitoring impact.

While still under development the approach is already delivering a large number of dashboards and access to key data. This included identifying vulnerable people we deliver services to during a crisis in early 2024 when a gas supply was compromised.

Hospital Discharges

The Hospital Discharge Team have encountered many changes over the last few years benefitting the wider Health and Social Care Partnership and our acute colleagues in NHS Fife. The Team receives upwards of 50 referrals per week from within the hospital sites across Fife. In 2022, the time between 'point of referral' to 'point of discharge' was averaging four days; in 2023 this was halved to an average of two days with many individuals being discharged on the same day. This improvement has been aided by several things:

- the introduction of Predicted Date of Discharge (PDD's) across all sites,
- the Assessment Practitioners are now based within the hospital sites.

PDD's are set as close to the person's hospital admission as possible. This ensures that all health and social care teams are working towards a predicted date when the person will be fit for discharge home. This enables better planning and allocation of resources and is also useful for family members and carers. The Assessment Practitioners located within the hospital sites across Fife has meant closer working relationships, being able to support assessments at an earlier stage, along with ensuring the right care and support is in place to meet the PDD.

Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established seven locality groups which are aligned to the Fife Council local area committees. The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes.

Key developments in 2023 – 2024

- Locality Planning Groups (multi agency) met every quarter to take forward the Locality Delivery Plans for 2023 - 2024.
- The Community Chest Fund (supporting unpaid carers) was launched in June 2023 and supported over 50 applications, allocating over £350k.
- Levenmouth Locality Planning Group secured £91k funding from Levenmouth Area Committee to test a mental health triage car.
- Cowdenbeath and Kirkcaldy Locality Planning Groups identified that supporting people affected by drug/alcohol harm and death would be a priority. Subsequently the multi-agency working groups collaborated with lived experience group to establish KY2 and KY5 one stop shops.
- A test of change is underway in the Levenmouth locality which aims to reduce the number of preventable hospital admissions and identify themes of frequent attenders at the emergency department.
- The Locality Annual Report was presented to Fife Integration Joint Board in February 2024. The recommendation to move to a two-year planning cycle was approved.

During the 2023 the Locality Wider Stakeholder Events took a different approach to the previous year. Lightning talks were presented to provide an overview of locality work achieved in the area and to showcase work underway in other localities. A short life working group was established to create case studies and data statements to encourage discussions between stakeholders. Core group members were asked to invite operational members from their team to attend to ensure we had the “local knowledge” in the room. At each event, attendees were asked to discuss and analyse case studies to identify potential themes for 2024. Positive feedback was received from our Wider Stakeholder events in 2023, people said:

‘The events were engaging’ ‘We were able to contribute on the day’

Equality Outcome 2

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

Peace of Mind

Peace of Mind are a Social Enterprise Company, grant funded by Fife Health and Social Care Partnership, to establish new, self-sustaining friendship groups across Fife for adults with disabilities. Initially, the groups were for people who had left Fife Community Support Service, to ensure that longstanding friendships were maintained. Membership has now opened up and is available for any adult who may benefit from being a member.

Peace of Mind groups now operate in Cupar, Crossgates, Dunfermline, Glenrothes and Kirkcaldy, supporting approximately 50 adults. Members of the groups have taken part in a range of leisure activities including swimming, bowling, cinema, carpet bowling, gym sessions and crazy golf which have helped them to bond as groups and to get to know the Peace of Mind staff. The group from Glenrothes have also travelled to Edinburgh by train to visit a museum, which was enjoyed by all who attended.

One lady was supported to volunteer in a café in her local community and has developed the confidence to do this without support. It is hoped that many more such opportunities will develop as Peace of Mind become more established in Fife.

The groups have developed a closed Facebook page which provides a safe, private, online space where group members and carers can share their ideas, news, and interest in forthcoming events.

Peace of Mind, in conjunction with Fife HSCP, organised their first Celebration Event - to which all the groups were invited. The day started with a bowling competition then following a bite to eat, had a disco and karaoke at the CISWO (Coal Industry Social Welfare Organisation) in Glenrothes. At the event, people were asked what they liked about Peace of Mind - this is some of the answers given:

"trying different things"

"I enjoyed going to The Fringe festival ... but it was too hot."

"Having a laugh"

"Things we do with the group".

Easy Read – Making Information Accessible

The Partnership's Easy Read - Making Information Accessible Training was refreshed and relaunched in January 2023.

The training now consists of a video that can be watched at a time convenient to the learner, rather than travel to and attend a full day face-to-face training session. The video provides helpful information on how to make information accessible enabling service users to make informed choices and feel included in their care. There are also links to resources and the opportunity to contact Speech and Language Therapy to gain access to Photosymbols (a photo library for easy read resources featuring actors with learning disabilities). In addition, staff can access a drop-in session with Speech and Language Therapy staff where they can discuss any issues or concerns, they have regarding their own easy read attempts.

The training is available for all health and social care staff, including independent and third sector colleagues and has been promoted through our existing networks.

In a collaborative project with Fife Council, employees from HSCP are involved in testing which began in July 2024 on Simply Readable, a tool that can produce easy read translations. Simply Readable also has the functionality to produce language translations. The translations can be produced quickly and at a minimal cost. Other tools are also available and are also being tested/considered.

Benefits to individuals are speed, consistency, and increased access to information, for example the SCOTCom Survey which was translated into multiple languages using the new tool so that a wider range of people could participate. The languages requested and translated included: Arabic, Chinese, Dari, Filipino Pashto, Polish and Ukrainian.

Scottish Community Orientated Medicine Programme

During 2024 NHS Fife and the University of St Andrews announced the development of a new medical degree programme which would allow students to complete their clinical training and primary medical qualification here in Fife. This followed the Scottish Parliament removing a historic prohibition that had prevented the University of St Andrews from awarding its own medical qualifications.

The new Scottish Community Orientated Medicine Programme, or ScotCOM as it is better known, is intended to provide a unique approach to medical education and prepare doctors-in-training for the challenges associated with providing modern healthcare.

The five-year programme will see medical students train to provide specialist care in a range of settings, with a focus on community-based clinical teaching to help provide students with a comprehensive understanding of primary care services, whilst ensuring exposure and understanding of hospital-based care.

Ahead of the start of the ScotCOM course in 2025, people across Fife were asked to help shape the new course. An online survey was developed to capture the priorities of local people when they receive care and treatment, and the attributes they value most in the medical staff they see.

Refreshing the Carers Strategy – additional support for unpaid carers

In 2023 Fife HSCP published an updated Carers Strategy for Fife. This built on the firm foundations that have been established over the past five years and sought to create even greater opportunities to support unpaid carers when and where they need it.

Achievements to date include: -

- A team of ten specialists has been created within the partnership who work together to identify and support carers in their own localities.
- Invested in support to unpaid carers who have an Adult Carer Support Plan to access breaks from their caring role.
- A Carers Community Fund was established to support locally based initiatives right across Fife. This innovative fund supported 56 projects based on carers own preferences. Examples included walking, reading and arts groups for carers, local carers cafes and open events, garden projects in schools and charities, cooking skills clubs, LGBT+ support groups, men's carers support groups, kindred carers Christmas parties and short breaks opportunities through new Hutting projects.
- A specific unpaid carers Self-Directed Support Service administered and supported by two dedicated specialist staff with the ambition to provide carers in the greatest need, who meet the eligibility criteria, with options on how best to meet their individual needs for support.
- Invested to create additional opportunities for unpaid carers to access income maximisation support, advice and advocacy in the Wells, through a partnership with our third sector specialist.
- Created a new support opportunity for carers of people at risk of losing capacity by helping them to secure a Power of Attorney, including funding their legal and administration fees.
- Through a range of partners in the voluntary and third sector, supported carers who are in financial crisis with modest grants to help them recover from the significant challenges they face at this time of increased cost of living.

In 2024 the Participation and Engagement Team, in collaboration with Fife Carers Centre, has established a Carers Forum to ensure carers' voices are central to planning and decision-making processes that impact them. Additionally, in partnership with Fife Voluntary Action, the P&E Team led the development and implementation of a Fife Carer Providers Forum, which is now facilitated by Fife Voluntary Action. This forum acts as a link between the Carers Providers Forum and the Carers Forum, enabling commissioned carers' providers to engage directly with carers and ensure that services align with their needs and priorities.

Equality Outcome 3

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

Supporting safer eating and drinking for adults with learning disabilities

Speech and Language Therapy have been working collaboratively with Partnership colleagues from Dietetics and Social Care Services to create a robust training package for staff providing direct care in services for adults with a learning disability to promote safe eating and drinking. As part of a tiered model of training, they have started to roll out face to face training sessions across Fife supporting staff to understand where risks to safety can exist and how to manage these. In addition to promoting good practice around mealtime support which is important for the safety, dignity, and independence of adults with learning disabilities, this project has allowed relationships between health and social care services, which had been negatively impacted by COVID-19, to be strengthened.

The planned training programme will continue into 2024, and the team are now looking at ways to further support services where staff have completed the training to ensure that appropriate support is available both within services through supervision and from NHS colleagues when appropriate.

Fife Macmillan Improving the Cancer Journey (ICJ)

ICJ provides a one stop shop for all people affected by cancer support needs. Cancer doesn't just affect your physical wellbeing; it can impact on every aspect of your life and the lives of those around you. Knowing where to turn for support isn't always easy. Fife Health and Social Care Partnership and Macmillan Cancer Support work in partnership to provide this service to people affected by cancer throughout Fife.

Key developments in 2023 – 2024

- ICJ Link Workers are currently supporting the Wells.
- During COVID-19 only telephone and Near Me appointments were offered to individuals. However, ICJ have now returned to offering face-to-face visits in the people's homes and this has been very well received.
- ICJ are now carrying out an EQ5D questionnaire with clients – this tool is extremely useful as it opens up a conversation about what the person is 'able to do'.

Interface Care in the Community

Fife Community Respiratory Team is a small team of respiratory nurse prescribers who offer a Fife wide Interface Service for patients diagnosed with complex respiratory conditions who have frequent respiratory exacerbations and hospital admissions. The Service works with patients to help them improve their health-related quality of life and enable patients and their support network to manage their condition in the later stages of the disease, until end of life. The Service works in partnership with patients to develop individualised anticipatory care plan (ACPs) using a person centred, holistic case-management approach.

The Team is currently working closely with the Acute Respiratory Nurse Team, Managed Clinical Network (MCN) and Scottish Ambulance Service (SAS) with test of change projects to reduce 20% of respiratory hospital admissions and facilitate a 20% increase of respiratory discharges from hospital into the community. The early data is very promising and suggests a significant reduction in hospital admissions in patients under the care of the community Respiratory Nurse service in comparison to the previous six months. Similarly, the data shows a significant reduction in duration of the bed days of the hospital admission. The SAS pilot has recently been expanded from one post code to include Fife wide referrals originating from the SAS dispatcher to Fife Community Respiratory Team.

Special Schools

The Pupil Support Nurse (PSN) Team have continued to support colleagues in Education and Children's Services to meet the health needs of pupils attending Special Schools. The Team has been collaborating with the multidisciplinary team around each child, working to achieve the best outcomes for the individual young person and their families. And supporting health clinics in schools, providing assessment information for other health professionals to use in their care of the young person.

Additional activities include starting a PSN lead Sleep Clinic in Special Schools in response to an identified need in this cohort. Staff completed the Sleep Scotland Training to be able to facilitate this clinic.

The PSN Team support Special Schools pupils to be able to access and cooperate with health interventions, utilising therapeutic play, social stories and building trusting relationships with the pupils in the school. An illustration of how effective this work is our success in supporting national immunisation programmes, in particular coronavirus immunisations.

Desensitisation work has been hampered significantly during the last couple of years due to the PSNs limiting face to face contact due to the pandemic. Restriction in schools were not withdrawn until August 2022. This was detrimental to the PSN Teams relationship with young people and their families. It is a credit to the hard work and dedication of the team that they can foster professional and therapeutic relationships quickly and are turning this around.

Veterans First Point (V1P)

Veterans First Point Fife (V1P) is a veteran's mental health and wellbeing service based at the Rosewell Centre in Lochgelly. The V1P Service offers practical and emotional support for veterans (provided by veteran peer support workers) alongside psychological therapy (provided by clinical psychologists, a clinical associate and an assistant psychologist) for veterans who need this.

The Service went through a relatively settled period during 2022/2023, with the now established staff team being able to respond well to the steady rate of referrals. The Psychological Therapies Team was extended in 2022 to include a clinical associate in applied psychology and an assistant psychologist. This complement of therapeutic staff has allowed us to offer a more responsive therapeutic service.

The Veterans Drop In, hosted by our peer support worker, has continued to run fortnightly at the Lochore Meadows Visitors Centre and is always well attended and based on feedback, well valued by veterans. A recent pilot of a dedicated female veterans drop in was also successful and this space will continue to be provided.

The Service has formed a partnership with the Workers Educational Association (WEA) to provide online art and creative writing workshops for veterans and were pleased to have been able to offer the Rosewell Centre as a base for The Well.

The last year has seen many veteran service users experiencing financial hardship and V1P peer support workers have worked hard to signpost veterans to sources of financial advice and support to relieve some of these pressures. The regular V1P newsletter and the V1P monthly bulletin have also been a useful way of signposting veterans to practical support and advice.

The Armed Forces Covenant Duty is a new legal obligation which came into force in November 2022. The Duty places legal requirements on some organisations, including Fife Council, Fife Health and Social Care Partnership, and NHS Fife, to have due regard to the principles of the Armed Forces Covenant and the supporting statutory guidance, when planning, funding, and delivering specific functions in healthcare, education and housing. V1P Fife has been proactive in sharing information about the Act and joining with stakeholders across the partnership to consider the scope of this Duty.

Armed Forces Community

In February 2023 a multi-agency Working Group was established to support compliance with the Armed Forces Covenant Duty and to raise awareness of the support available for the Armed Forces Community across Fife. The Working Group includes colleagues from Fife Health and Social Care Partnership, Fife Council, NHS Fife, Veterans 1st Point, Leuchars Station HQ, the Defence Medical Welfare Service, Scotland Citizens Advice and Rights Fife (CARF) and the Fife Council Armed Forces and Veterans Community Champion. Over the last two years the Group have worked together on several activities:

- Established a veterans lived experience group for the Fife Armed Forces Community.
- Developed guidance materials for employees on the legal requirements of the Armed Forces Covenant Duty.
- Updated templates and processes to include specific references to the Armed Forces Community. This includes Equality Impact Assessment (EQIA) templates, and an Equality Monitoring Form used in surveys and consultations.
- Developed an area for the Armed Forces Community on the Partnership's website.
- Added information on Fife services and support to the Forces Connect App (the App provides details of local and national organisations that offer immediate help and support across a wide range of services for members of the Armed Forces Community).

Work is underway to develop e-learning modules for employees in Fife Council, NHS Fife, and the third and independent sectors. The aim of the training is to raise employee awareness of the Armed Forces Covenant, the legal requirements and responsibilities of Fife partner agencies, and the support that is currently available for members of the Armed Forces Community. Raising awareness of the challenges and hardships experienced by veterans and other members of the Armed Forces Community will enable employees to provide the right support at the right time, and will contribute to improved outcomes for individuals, their carers and their families.

Further information is available here: www.fifehealthandsocialcare.org/your-community/armed-forces-community/

Red Cross Service – Home to Assess

The Red Cross Service (Home to Assess) – Test of Change will run for a six-month trial. It will be available to patients being discharged from either Victoria Hospital in Kirkcaldy or Queen Margaret Hospital in Dunfermline who are:

- Medically fit for discharge.
- Medically optimized and requires a period of assessment (24-hour wrap around support).
- Usually resident in the Dunfermline/West Fife area.
- Have capacity, or appropriate Power of Attorney (POA) is in place.
- Do not have an existing care package that meets their current needs.
- And/or require additional time to consider their longer-term options.

Following the person's discharge from hospital, the Red Cross Service will provide wrap-around care for individuals in their own homes for up to three weeks. If required, this can include 24-hour support model that should re-enable people up to a level that requires 4 times per day support from a care provider.

The optimum approach is for individuals to return to their own homes as quickly as possible, however, some people may need extra support or time to do this. The Red Cross Service provides a 'Home to Assess' pathway that will enable more people to return home or to a homely setting as soon as all medical interventions have been concluded.

Assessments take place in the person's home, engaging the person and their family as required, allowing for a more person-centred approach and holistic assessment in a homely environment in comparison to a hospital ward. The service and support provided is customised to meet specific needs. This approach enables people to return home sooner and can provide additional time for decisions about their longer-term care needs. This can have a positive impact on their recovery, as well as their longer-term health and well-being.

The enhanced support provided by the service ensures that additional care burdens are not placed on family members or carers who may themselves have a disability or an age-related health condition.

Equality Outcome 4

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

iMatter

Our iMatter responses in 2023 were a record high for Health and Social Care Partnership

- Employee Response Rate increased from 63% in 2022 to 73% this year.
- Action Plan completion increased from 53% in 2022 to 87% this year.
- Overall Employee Experience score rose from 6.9 to 7.1.

This is a result of working collaboratively with colleagues in NHS to develop new resources, including a manager pack to support good iMatter practice and promote a proactive approach to iMatter across services. HSCP were also out and about, connecting with the workforce in a range of areas to hear their voices.

- Online support drop-in sessions for managers ahead of iMatter going live.
- Ensuring team information was correct and updated.
- Regular email reminders to managers.
- iMatter roadshows and presentations at team meetings to reach staff and support managers.
- Information leaflets for staff who aren't regularly online, explaining iMatter and why it counts.
- Action planning online sessions for managers after surveys were completed.
- Communication from the HSCP director in briefings, by email and using video messages.
- The eLearning for HSCP managers and for the first time this was added to the Fife Council system, Oracle, to make this more accessible to all managers.

HSCP are building on the learning from 2023 to maintain this success in 2024 so that staff across the Partnership continue to feel heard and valued for the amazing work they do every day.

Coach Approach

Continue to promote the 'Coach Approach' as an excellent method for managers to support their staff, by encouraging active listening and an open, enabling style of communication to empower the workforce in their practice. Coach Approach training has been running successfully for two years now and is open to all managers across the whole Partnership.

In 2023 - 2024 five two-day courses were run, bringing the total number of health and social care staff to have attended the training to 152. In a recent evaluation, 98% of those who have been on the course have said they are using their learning in practice and 96% either have, or plan to, recommend this course to colleagues. The feedback after has highlighted one of the key aims of the course: that managers do not have to have all the answers, but need to be ready to help people find their own solutions to work challenges:

'It is a refreshing method to use, to finally realise that as a manager/team leader, the onus does not always have to be on me, it is about letting people think for themselves and come up with ideas and solution'.

Student Support and Placement Feedback

Across the partnership we work together to identify available learning opportunities for students, how best to provide support to students and support colleagues to create a positive learning environment for the students. This has resulted in excellent feedback from students and a group of students who are keen to return to our area upon qualifying.

Throughout the past year in Ward 7 Queen Margaret Hospital, Dunfermline it has been noted that there is an ongoing increase in positive student feedback both directly to the staff and on the electronic feedback system Quimple. Student nurses seem from the outset very keen and excited to come work in Inpatient Stroke Rehabilitation and highlight their positive experiences and well-rounded education at all years of training.

Health Promotion Service – Good Conversations Training – Workforce Development

For a number of years, the Personal Outcomes Programme has been working with staff across health and social care and the voluntary sector. It has helped to create a shift in encounters between staff and the people they work with from; “What’s wrong with you?” to “What matters to you?” and supports people to access both internal and external resources to make the best of their life circumstances. ‘Good Conversations’ training is underpinned by the Solution Focused approach and introduces staff to the key values, tools and skills involved. The work is having positive outcomes for staff as well as the people they work with. Staff report being re-energised and motivated and that working in this way helps with morale. The approach is being used between staff for peer support, supervision, management and HR conversations and team development. It is particularly useful in difficult situations and has been used to de-escalate potential complaints.

Training is available both online and face to face to Partnership staff, which offers increased flexibility and enables more people to attend these valuable sessions.

To encourage the spread and embedding of the approach in practice there are also peer support and refreshers sessions being held regularly with groups such as Local Area Coordinators and Link Workers, volunteer and befrienders and Specialist Cancer Care Nurses. There are also champions meetings where people who use the approach get together to share good practice.

Integrated Leadership Team

In June 2024, the 3rd Integrated Leadership Team (ILT) event was held. The dynamic and highly engaging virtual event brought together over 120 leaders from across the HSCP for an afternoon focused on innovation and transformation. The event was hosted online and was designed to allow maximum participation from leaders across different employers, fostering collaboration and knowledge-sharing.

A special highlight was the presentation by the **ILT Leadership Programme participants** from the 2023-24 cohort, who shared their learning journeys and reflections on leadership in the context of health and social care and transformation.

The event provided a unique platform for leaders to connect, gain fresh insights, and be part of meaningful conversations that are shaping the future of HSCP organisations.

There is also a group on the Knowledge Hub for managers to keep connected.

Mentally Healthy Workplace Training

A training initiative was delivered to over 150 Managers and Supervisors from across the Partnership on the Mentally Healthy Workplace Training for Managers and Supervisors course designed to raise awareness about mental health in the workplace. This valuable training, developed by the NHS in collaboration with Healthy Working Lives, aims to equip managers and supervisors with the knowledge and skills needed to create supportive, mentally healthy work environments.

Integrated Leadership Team Development

The first Integrated Leadership Team Development Programme was delivered and attended by 15 partnership leaders. The programme included 3 individual coaching sessions and mentor support from our ELT Systems Leadership course. The use of Insights Discovery Profiles, which were embedded throughout the course, was rated by all participants as 'vital, brought leadership to life'.

Equality, Diversity and Inclusion Steering Group (EDISG)

The Equality, Diversity, and Inclusion Steering Group (EDISG), with representation from across the whole Partnership, including Trade Unions and Staff side colleagues, created an excellent 3 Year EDI Action Plan 2024-27 in collaboration with Fife Centre for Equalities, which was endorsed by the IJB in September 2024

This was created through a programme of engagement sessions attended by 470 staff from the whole partnership workforce and included upskilling 30 staff as facilitators to lead inclusive discussions across various workforce tiers.

The group further committed to the Equality Pathfinders Recognition Scheme, achieving Bronze Level recognition through the Equality Pathfinders scheme. In 2025 they strive to achieve Silver Level.

Partnership Wellbeing Oversight Group

The Partnership Wellbeing Oversight Group is now established and unites leaders from various portfolios within the Health and Social Care Partnership, alongside partners from NHS Fife, Fife Council and the Third and Independent Sectors, to work together to support employee wellbeing through projects and activities.

The group aims to advance work around improving employee wellbeing/preventing poor wellbeing at work across the partnership. In line with the spirit of integration, this group fosters a strong collaboration and a Team Fife culture. It aims to ensure that those working in health and social care services feel engaged and supported to continuously improve the information, support, care and treatment they provide.

The group launched the 2024-25 Workforce Wellbeing Action Plan with a strong focus on reflecting the ambition in the Employee Wellbeing Strategy for Scotland 2024, "Improving Wellbeing and Working Cultures".

The plan sets out the ambition to enhance working cultures across our health, social care and social work workforce through programmes of work that focus on the pillars of Wellbeing, Leadership and Equality.

The 5 wellbeing objectives are: -

- To support employer partners to maximise the wellbeing of the whole partnership workforce
- To support managers to meet the wellbeing needs of the workforce
- To promote learning from our workforce about what matters to them
- To work with partners to implement the recommendations from the University of Hull, Centre for Human Faculties deep dive work
- To develop effective communication and organisational developmental approaches that connect our workforce to well-being initiatives and innovation

Equality Outcome 5

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

Home First

In Fife to ensure services are discharging without delay (using Planned Discharge Date model) and providing a hospital to home transition with reablement focus and following the discharge to assess model, the Care at Home Service has placed assessment practitioners directly into the acute setting of Victoria Hospital, Kirkcaldy. They carry out initial reviews and monitor progress of those admitted into the acute hospital and follow their pathway through from the Accident & Emergency Department to ward stabilisation to discharge home.

This progression with the patient will ensure that PDD's are being met for those whose pathway is to return to their own home setting. Providing initial data information to the Care at Home's Reablement Team who upon discharge at PDD will fully assess the patient within their own homely environment and not within an acute setting. The specialised assessor will ensure accurate reflection of someone's critical care needs for home without the requirement for multiple assessors entering the acute setting daily to assess for care packages once the patient has become fit for discharge.

As Required Medication – Person Centred Reporting

The Older Adult Mental Health Inpatient Service aimed to improve pro re nata (PRN) or "As required" psychotropic medication recording and review processes to support focus on non-pharmacological activity as a first line response to the treatment of stress and distress behaviours.

The Service also aimed to provide accurate, timely and patient specific data relating to each administration; contributing to a reduction in PRN usage, improved patient centred care planning and increased non pharmacological treatments.

They implemented a Red, Amber, Green sticker process for PRN administration.

**Red indicated
Intramuscular (IM)
medication**

**Amber was used
for oral
medication**

**Green was applied to non-
pharmacological
interventions**

Due to this improvement, the Older Adult Service has experienced a 35% reduction in Oral/IM PRN administration since embarking on this process. Access to patient specific data reports has also led to improved person-centred care planning as well as an improvement in timely patient specific medication reviews. Multi-disciplinary communication has also improved, with data reports providing the necessary information to inform improved patient prescribing. Senior nurses have highlighted that the data reports have been beneficial as they reinforced often instinctive feelings about patient's behaviour patterns.

Playlist for Life

Playlist for Life is a national music and dementia charity which promotes the use of personalised playlists. These are tunes that are meaningful to an individual, and gathered together, help to create 'the soundtrack to their life'.

The Older Adult Community Mental Health Team (OACMHT) in West Fife utilised this approach to set up a project aimed at reducing pharmacological intervention and promoting the use of non-pharmacological approaches as a first line response to treatment of symptoms of stress and distress. It involved stimulating positive memories and increased communication between patients and their relatives/carers and the staff looking after them.

Speech and Language Therapy – Adult and ALD Teams

Fife Health and Social Care Partnership's Adult Acquired and Adults with a Learning Disability (ALD) Speech and Language Therapy Teams launched on Instagram and Facebook in October 2023. They have created posts and stories with targeted information about all things relating to speech and language therapy, including dysphagia (swallowing difficulty), voice, speech, and communication, signposting to useful information, feedback about the service, and more. Using these platforms has been a great way to:

- highlight how they can support people with communication and/or eating, drinking and swallowing difficulties,
- provide information to support people with effective self-management,
- improve awareness of speech and language therapy as a profession and Fife as a great place to work.

Their followers include RCSLT (Royal College of Speech and Language Therapists), RCSLT Voicebox, and RCSLT Scotland Office who help to share messages more widely.

Equalities Training

In both partner organisations equality and diversity training is mandatory for all staff, being repeatable every three years. Fife Council staff also complete How We Work Matters training every three years which has a focus on leadership and behaviours. Fife Council Managers also need to complete Corporate Mentally Health Workplaces for Managers/Supervisors and Handling Stress at Work: A Guide for Managers every three years. For recruiting managers there is training available: - Ensuring Equality when Advertising a Job, Ensuring Equality in Applications and Interviews and Ensuring Equality when Preparing for Recruitment. On Oracle, Fife Council's learning platform other training related to Equalities is available, here are some examples:

- Fife Violence Against Women Partnership – Equally Safe in Practice Together for Gender Equality
- Equal Partners in Care: Supporting Unpaid Carers
- Equal Partners in Care: Including Unpaid Carers
- Equal Partners in Care: Identifying Unpaid Carers 1A
- Equal Partners in Care: Identifying Unpaid Carers 1B
- Remaining Professional at Work for Care at Home
- An Introduction to Harassment, Victimisation and Bullying
- Disability Discrimination

Turas the NHS learning platform also contains many resources related to equalities and here are some examples:

- Equality and Human Rights Commission FAQ
- Equality Act Guidance
- What is race discrimination?
- Equality and Diversity
- Race Equality
- Manager's role in equality and diversity
- What is religion or belief discrimination
- What is gender reassignment discrimination
- Equality and human rights putting people at the centre
- LGBT Equality
- Taking Stock: race equality in Scotland
- How should I think about different groups of people?

Conclusion

The examples included in this report evidence some of the improvements and changes the Integration Joint Board has progressed over the last few years to support equality and diversity across Fife. Despite these achievements there is still more work to do, we are committed to tackling sources of inequality such as discrimination, harassment and victimisation, and to promoting equality of opportunity for all.

Additional Information

Further information about our equality outcomes, and our commitment to integrate equality into the day-to-day working of the IJB and the Fife Health and Social Care Partnership is available on our website:

www.fifehealthandsocialcare.org/about-us/equalities

Equalities - IJB Action Plan 2023 - 2026

| |
|--------------------|
| Action not Started |
| Action Cancelled |
| Action Started |
| Action Completed |

| Ref No. | Action Required | Lead | Timescale | Progress | Notes |
|----------|---|---|---------------|----------|--|
| 2023.001 | Develop a process and guidance to identify whether an Equality Impact Assessment is required for any new or current strategies, policies or practices. | Compliance Team | March 2023 | Complete | |
| 2023.002 | Develop a process and a guidance template for the review and development of IJB policies and procedures where an Equality Impact Assessment is required. | Compliance Team | March 2023 | Complete | |
| 2023.003 | Publish and promote the IJB equalities guidance documentation and templates. | Strategic Planning Team | May 2023 | Complete | SWAY produced and templates shared widely. Area in HSCP Website. |
| 2023.004 | Develop an approval process and a EQIA Register to record and manage all IJB Equality Impact Assessments. | Compliance Team | March 2023 | Complete | |
| 2023.005 | Create an Equalities library in the IJB SharePoint site to hold the completed and approved Equality Impact Assessments. | Compliance Team | May 2023 | Complete | Governance Docs - Home (sharepoint.com) SharePoint IJB Readers Role Group. |
| 2023.006 | Review the IJB Document Control Log and papers at past IJB Committees to determine which policies and practices will need to be reviewed and will require an Equality Impact Assessment carried out when next reviewed. | Compliance Team | July 2023 | Complete | |
| 2023.007 | Develop Action Plan for the 5 new equality outcomes in the Mainstreaming Report | Strategic Planning Team | July 2023 | Complete | Include section in the MS Form for the APR to highlight case studies that may be relevant to the Mainstreaming Report. |
| 2024.001 | Develop training for senior managers/IJB Members. | Compliance Team | July 2024 | Complete | Support requested from Equalities and Human Rights Commission via survey SWAY developed and sent out via Directors Weekly Briefing Mandatory training for employees is monitored Further training will be done as and when required |
| 2024.002 | Develop area for Equalities on HSCP Website | Compliance Team | October 2024 | Complete | |
| 2025.001 | Report on the progress of the 5 equality outcomes alongside the mainstreaming report | Strategic Planning Team and Compliance Team | January 2025 | Ongoing | |
| 2025.002 | Consider further questions to be added to the MS Form | Strategic Planning Team | March 2025 | | |
| 2025.003 | Continue to work with partners working on equalities and developing integrated solutions | All | December 2025 | | |
| 2025.004 | Review publicly available documents to ensure they are accessible and wide ranging as possible | Compliance Team | July 2025 | | |
| 2025.005 | Continue networking with the EHRC and the IJB Equalities Peer Support Network Group | All | December 2025 | | |
| 2026.001 | Develop new equality outcomes for the next period 2026-2029. | Strategic Planning Team | December 2026 | | |



Fife Health & Social Care Partnership

Supporting the people of Fife together

| | |
|-----------------------------|--|
| Meeting Title: | Integration Joint Board |
| Meeting Date: | 29 January 2025 |
| Agenda Item No: | 9.1 |
| Report Title: | 2023-24 Chief Social Work Officers (CSWO) Report |
| Responsible Officer: | James Ross, Head of Children and Families and Justice Services and CSWO |
| Report Author: | James Ross, Head of Children and Families and Justice Services and CSWO |

1 Purpose

This Report is presented to the IJB for:

- Assurance

This report was shared at Fife Council People and Communities Scrutiny Committee on 14th November 2024 and to Finance, Performance & Scrutiny Committee on 15th January 2025 for noting.

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

- 1 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 2 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 3 People who use health and social care services are safe from harm.
- 4 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.
- 5 Resources are used effectively and efficiently in the provision of health and social care services.

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

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

2 Route to the Meeting

This is the annual CSWO report prepared for the Scottish Government and has been shared at People and Communities Scrutiny Committee on 14th November 2024 and Finance, Performance & Scrutiny Committee on 15th January 2025.

3 Report Summary

3.1 Situation

An annual report by the Chief Social Work Officer (CSWO) has been presented annually to a committee of the Council from 2009. The current report follows a standard template issued by the Scottish Government for the purpose of ensuring comparison of these reports across Scotland. The report is designed to provide an overview of social work services within Fife and reflects the formal statutory responsibilities held by the role undertaken by the Chief Social Work Officer.

3.2 Background

All Scottish local authorities are required to appoint a professionally qualified Chief Social Work Officer (CSWO). The function of the CSWO post is to ensure the provision of effective, professional advice to local authorities, including elected members and officers in the authority's provision of social work services. The post should assist authorities in understanding social work service delivery and the role that social work plays in contributing to the achievement of local and national outcomes.

The CSWO is also responsible for providing professional governance for the delivery of social work and social care services, whether these be provided by the local authority or purchased from the voluntary or private sector.

In addition, there are a number of specific duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made by the CSWO or by a professionally qualified delegate.

From 2014 the duties of the Chief Social Work Officer have been held by the Head of Service post responsible for Children & Families and Justice services.

3.3 Assessment

3.3.1 Quality / Customer Care N/A

3.3.2 Workforce N/A

3.3.3 Financial N/A

3.3.4 Risk / Legal / Management - none arising from this report

3.3.5 Equality and Diversity, including Health Inequalities

There is no requirement for an impact assessment as the report is for noting only.

3.3.6 Environmental / Climate Change N/A

https://www.fife.gov.uk/__data/assets/pdf_file/0032/39587/ClimateActionPlan2020_summary.pdf

3.3.7 Other Impact - There is no resource implication arising from this report.

3.3.8 Communication, Involvement, Engagement and Consultation N/A

4 Recommendation

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

Members will **note** the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the authority and by the Health and Social Care Partnership.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – The 2023/24 Chief Social Work Officer Report.

6 Implications for Fife Council N/A

7 Implications for NHS Fife N/A

8 Implications for Third Sector N/A

9 Implications for Independent Sector N/A

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

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

Report Contact

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Chief Social Work Officer Report

2023 to 2024



Foreword

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The role of the CSWO is to provide professional governance, leadership, and accountability for the delivery of social work services, not only those provided directly by the Council or from within the integrated Health and Social Care Partnership (HSCP), but also those commissioned or purchased from the voluntary and private sector. The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery - including particular issues such as corporate parenting, child and adult protection and the management of high-risk offenders. There is also an obligation to ensure partnership understanding of the key role social work plays in contributing to the achievement of a wide range of national and local outcomes, for example the UNCRC.

The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk across the local authority. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value. The purpose of this report is to provide information on the statutory work undertaken on the Council's behalf during the period 1 April 2023 to 31 March 2024 as well as outline the associated challenges within the context of the current climate within public services. This reporting year has presented both ongoing opportunities and ongoing challenge.

Over this last year we have continued to strengthen the established partnerships in Fife and pursue opportunities to develop our respective and collective contributions to effecting positive change within a reform agenda. Keeping connected was a key feature of the 'pandemic' and in many ways this has become more pronounced as we begin to better understand the longer-term impact on individuals and communities, exacerbated by the changing economic climate and the increasing visibility of the impact of poverty. Despite increasing challenges, the context, and the significant uncertainty facing the sector, our social work and social care workforce, our carers and other partners across all services have remained committed to providing services that empower, support and protect local people. As ever, my appreciation goes to everyone who works in social work and social care, and those who otherwise support this important work, for all that they have done in the last year for children, young people, adults, and families.

I would like to acknowledge all the colleagues who have supported the production of this report and the associated relevant material for inclusion.

This report will be posted on the Council website and will be shared with the Chief Social Work Advisor to the Scottish Government.

Introduction and Background

In Fife, the Chief Social Work Officer (CSWO) is responsible for monitoring Social Work activity across the Council and within the Fife Health and Social Care Partnership (HSCP) to ensure that agreed targets are being met and that professional standards are maintained. As a Head of Service, the CSWO has direct operational responsibility for the management of the Children and Families and Justice Social Work Services, assuring quality of practice and adherence to national legislative and policy obligations. The role also has oversight of the practice and standards involved in the delivery of social work within Adult and Older People's Services.

The CSWO has a role to play in specific advisory bodies such as the Chief Officer Public Safety Group and in advising the Council in relation to matters affecting social work services arising from community planning and other partnership bodies. The CSWO also has access as required to the Council's Chief Executive and elected members.

The wide reach of the role of the CSWO across the entirety of the profession is nationally recognised as comprehensive and vital to the safe delivery of the social work and social care functions carried out on behalf of the local authority and across the Health and Social Care Partnership. To support the CSWO in Fife a Principal Social Work Officer (PSWO) was recruited in 2023 within the HSCP who holds delegated accountability for CSWO functions within Adult, Older Adult and social care services. The PSWO directly reports to the Director of Health and Social Care but critically provides clear accountability to the CSWO of the social work and social care functions carried out by the workforce in the Health and Social Care Partnership, identifying areas of good practice and any developing areas of concern.

Further information about Fife Council Social Work Services is available on our websites: www.fife.gov.uk and www.fifehealthandsocialcare.org.

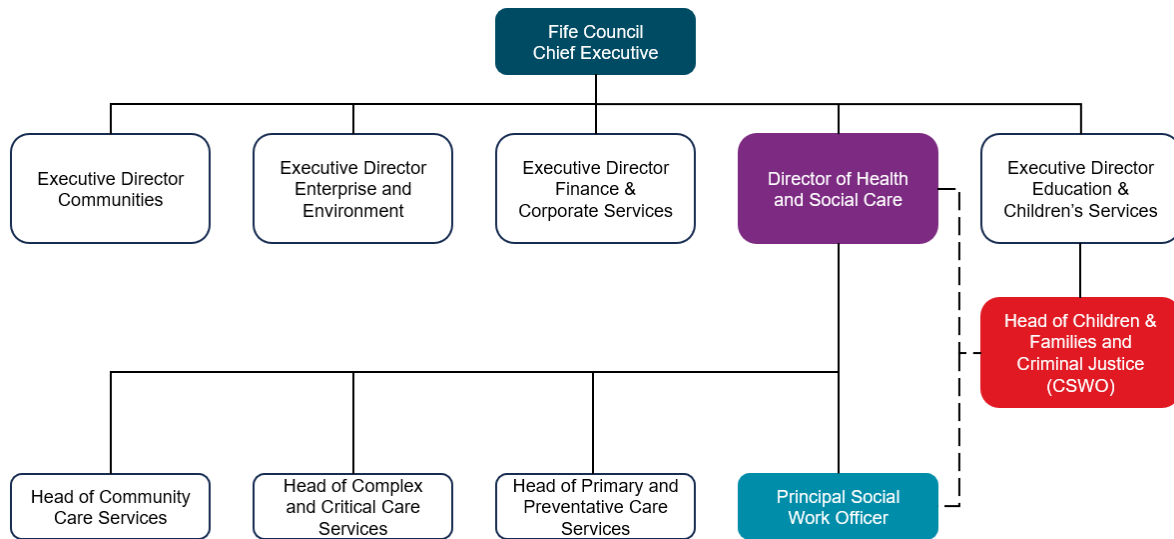
Governance and Accountability

Fife Council Political Structure

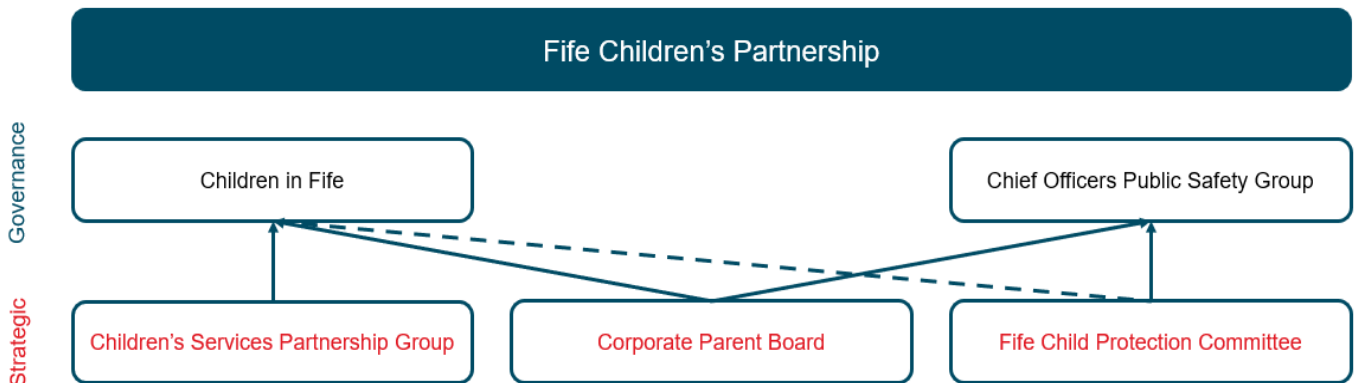
There are 22 electoral wards in Fife and each ward has three or four councillors who have been elected by the people of that ward to represent them. In total, there are 75 councillors. They are responsible for setting policy for the Council and may sit on various committees where they can vote on a range of matters from local planning to decisions on welfare or education.

| Breakdown by political groups | |
|--|-----------|
| Scottish National Party | 34 |
| Scottish Labour Party | 19 |
| Scottish Conservative and Unionist Party | 8 |
| Scottish Liberal Democrat Party | 13 |
| Independent | 1 |
| Total | 75 |

Fife Council Strategic Governance and Accountability



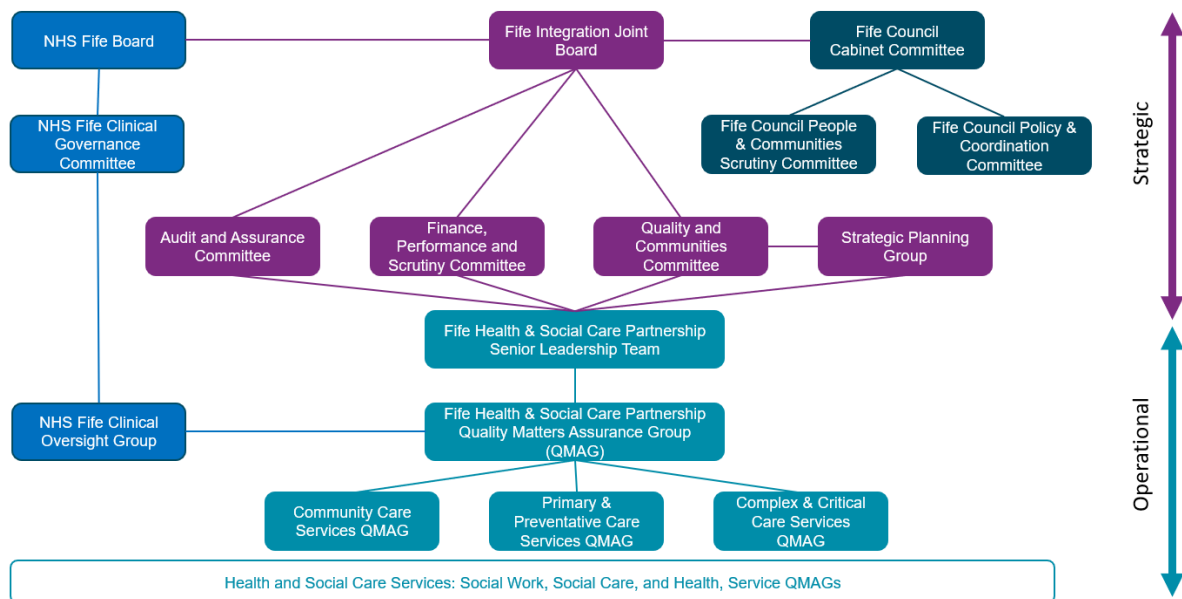
In November 2023 it was agreed that the Children and Family and Justice Social Work Service would move to the Communities Directorate and the 2024 – 2025 CSWO report will contain that diagram.



The partnership between services for Children in Fife is well established at both a strategic level and across local areas. The responsibility for the Children's Services Plan (2023-2024) is held by the Fife Partnership, represented by the Children in Fife Group. This partnership binds Fife Council, the voluntary sector, Police Scotland, Scottish Children's Reporter Administration, NHS Fife, and the Health and Social Care Partnership in common purpose. The Children in Fife Group reports to the Fife Partnership. There are four main areas of improvement:

- Health & Wellbeing
- Supporting Families
- Engagement of our Children, Young People and Families
- Equity and Equality

Fife Council Social Work Governance Arrangements: Health and Social Care



In accordance with the Public Bodies (Joint Working) Scotland Act 2014 and the agreed Scheme of Delegation, Fife's Adult and Older Adult Social Work Services, along with the provision of social care through Care at Home, Care Homes, and Adult Residential and Community Services, are delegated to Fife Health and Social Care Partnership. The above diagram reflects the governance arrangements for Fife Council functions and details how the Chief Social Work Officer aligns to this to enable the role to continue to retain oversight and accountability in the social work and social care practices within the H&SC partnership.

Service Quality and Performance

Children and Families

The following pages provide an overview of the primary functions of the Children and Families service delivery in Fife. Key challenges in service delivery across all teams in Fife has been the increasing volume and complexity of referrals into social work – likely impacted by local, national and global poverty related challenges as well as ongoing understanding of the impact of Covid on children and their families. In addition to this there are concerning trends relating to recruitment of qualified social workers, retention, and significant budget challenges. Resources remain scarce with national shortages of placements for children requiring alternative care. Staff in Fife remain hugely committed to the Promise and value-based policies, but the number of new policies and changing legislation have been a challenge on our teams. While commitment to core social work values and legislative duties are central to all the work undertaken across Fife, creativity and flexibility are required to meet the needs presented when engaging with individuals and their families.

Belonging to Fife

The Belonging to Fife strategy continues to provide the vision, governance, and direction for our work with children and their families. The strategy is underpinned by the following principles:

- Reflecting the principles of GIRFEC and The Promise – what will it take, from the whole of the team around the child, to keep this child safely at home, additional supports, scaffolding, family strengths etc.
- Keeping the needs of children at the centre of all planning.
- Whole partnership understanding that children have a right to live within their own communities, with their siblings and where possible within their own family.
- Outcomes Focused/Strength based planning reflecting the strengths and capacities of the young person and their family while recognising and managing any risk.
- A whole system approach is required as Keeping The Promise necessitates a commitment from all services: Education, Health, Police Scotland and third sector providers.

The strategy effectively directs all the practice within the Children and Family Social Work service and 2023 – 2024 has seen a further embedding of a strong focus on earlier and more effective intervention utilising whole family strengths and whole family support through a developing ‘no wrong door’ approach.

Early Intervention

The Children and Families Contact Centre operates as the “front door” for the service and continues to manage all initial referrals from partners and families. The Multi-Agency Improvement Team (MAIT) using Whole Family Wellbeing Funding, supported earlier and more effective screening of referrals received from Health and Education colleagues. This was captured in partnership work supporting a refresh of GIRFEC allowed for agreement of a new process for referring into the social work service by confirming the need for consistency in referral information, assessment and the use of chronologies across the partnership. This new development is part of a range of initiatives to support transformational change in respect to systems, processes and practice. The focus on earlier intervention within communities was piloted through a ‘Community Social Work’ approach in Kirkcaldy and Cowdenbeath and the learning from this work is contributing to wider whole system change, as part of Fife Council reform, in respect of a No Wrong Door approach to supporting people and their families with a focus on People and Place.

Family Support Service

| Open Involvements | FSS Central | FSS East | FSS West | Total |
|-------------------|-------------|----------|----------|-------|
| April 2021 | 153 | 117 | 154 | 424 |
| April 2022 | 186 | 115 | 193 | 494 |
| April 2023 | 154 | 114 | 172 | 440 |
| April 2024 | 136 | 97 | 162 | 395 |

The Scottish Government's focus on Whole Family Support has provided the opportunity to further develop and enhance family support services, considering areas of improvement through self-assessment using the "How Good is Our Family Support" Framework. In Fife we have enhanced our offer to further develop and enhance family support services, with the intent to shift resources to support prevention and earlier intervention.

The service has benefited from opportunities to test out different ways of working and offering intervention at an earlier stage: senior practitioners based in schools, re-introducing parenting programmes, clear focus on co-production as well as developing capacity to consider data more efficiently to inform improvement activity.

In terms of the work of the family support service we identified that:

- Education is the highest referring agency followed by Health and Social Work which is broadly the same as the previous year.
- The highest number of referrals relate to primary aged children which is the same as previous year.
- Emotional wellbeing and behaviour are the main areas indicating an improvement in outcomes delivered by a whole family strength-based approach. Parenting skills and family relationships are in the main the key areas for support in terms of referrals to the service.
- Tools used to evaluate the impact of the service for example the outcome star are more embedded but timescales for reviewing progress is an area for improvement.
- Feedback on communication with the service and referral processes was **Very Good or Good** and was the case for the previous year of reporting. However further effort will be required across services to increase the number of respondents to surveys supporting continuous improvement.
- The workforce is equipped to deliver flexible and adaptable services which is making a difference to children, young people, and families.

Whole Family Wellbeing

The partnership as a whole has continued to benefit from additional funds from the Scottish Government and the social work service has particularly found value from a focus on the workforce through multi -agency practice development sessions; early intervention in Schools involving Social Work Senior Practitioners; additional post within our Emergency Support Team; creation of specialist home maker posts, embedding of a range of evidence based group work, for example, Incredible Years and Mellow programmes; and further development of commissioned services evidencing impact though an earlier intervention approach to supporting families.

Children and Families Area Teams

| | Total Open Involvements | S. 22 (vol) | Number of LAC | CPR | Pending Cases: Initial Assessment | Total |
|-------------------|-------------------------|-------------|---------------|------------|-----------------------------------|-------------|
| 31/03/2021 | 3093 | 2096 | 847 | 150 | 278 | 3371 |
| 31/03/2022 | 3172 | 2268 | 778 | 126 | 477 | 3649 |
| 31/03/2023 | 3004 | 2172 | 742 | 90 | 512 | 3516 |
| 31/03/2024 | 3102 | 2321 | 742 | 139 | 448 | 3550 |

During the reporting period, we have recorded an ongoing stabilisation in the number of open cases within our Area Teams since the impact of Covid noted in the 2020 data. The last year has evidenced an ongoing commitment and ability to respond to the Setting the Bar report and average caseloads within our 13 front line teams have been significantly reduced and this number sustained at between 12 and 17 children per worker. The development of two permanence teams has allowed staff to focus on both earlier and crisis intervention for children at the edge of care.

Relationship based, trauma-informed practice is central to how we engage with children and their families, and the partnership appointment of a Promise Lead has allowed these principles to be better shared and developed across the partnership. In addition to our Area Teams, we have several Fife-Wide and specialist Teams, and these include:

- Children affected by Disability Team
- Child Protection Team
- Close Support Team
- Emergency Support Team
- Multi-systemic Therapy Team
- 2 x Permanence Teams
- Young People's Team
- Reviewing Service
- Corporate Parenting/Quality Assurance Team
- Residential Services
- 2 x Fostering/adoption Teams
- Kinship Team
- 3 family Support Teams

Child Protection

| | CPR |
|-------------------|------------|
| 31/03/2021 | 150 |
| 31/03/2022 | 126 |
| 31/03/2023 | 90 |
| 31/03/2024 | 139 |

The number of children and young people subject to child protection registration in Fife has increased in the last year and evaluation of this indicated that there was a whole system 'reset' after Covid which took time to become apparent. The impact of the New National Child Protection Guidance continues to be evaluated and it may be that further work around new processes (in Fife) for IRD is also impacting overall numbers of children registered.

The Child Protection team have completed SCIM training during the reporting period and data shared mid 2023 stated that all child interviews now follow this new methodology. Reports considering the quality of SCIM interviews, the difference between this methodology and JII and the impact on children have been shared within the Social Work Service and with the Child Protection Committee ensuring we are keeping children and their needs at the centre of our improvement activity.

The council was accepted as a pathfinder for Bairns Hoose and work continues across the partnership to ensure that together we continue to reflect on our intervention and keep the needs and risks to children at the centre of planning.

Looked After Children

| | residential | CSO at home | Foster Care | Kinship |
|-------------------|--------------------|--------------------|--------------------|----------------|
| 31/03/2021 | 63 | 143 | 388 | 724 |
| 31/03/2022 | 38 | 148 | 352 | 746 |
| 31/03/2023 | 49 | 160 | 340 | 730 |
| 31/03/2024 | 63 | 157 | 306 | 746 |

As of March 31st, 2024, there were 742 looked after children in Fife. The overall size of our Looked After population has remained at or below the Scottish average. The graph above provides a breakdown of the placement type and balance of care. Many of our children in kinship placements are no longer looked after. The service is rightly proud of being able to shift the balance of care - reduce residential and foster care and increase Kinship care - and maintain this for the last 5 years. Our self-evaluation activity evidences that this reflects a change in culture across the service, the impact of a highly motivated and well-resourced Kinship Service and a commitment to the Belonging to Fife Strategy and the Promise.

Residential Care

The number of children and young people in high-cost residential placements (HCRP) have increased during the reporting period. Analysis indicates that this reflects a number of areas of change. Firstly, an internal children's house was closed for refurbishment reducing internal placement numbers, secondly the service responded to Care Inspectorate concerns relating to matching processes resulting in a further reduction in the use of internal resources whilst effective improvement work was undertaken and thirdly there was a re-evaluation of the use of internal resources to respond to identified changing need, for example the need to be able to provide a singleton placement.

We are aware that 2024-2025 will be a year of additional challenge as nationally there is a recognition that there are fewer available placements and there is an impact on capacity relating both to cross border placements and our commitment to supporting unaccompanied children and young people (UASC). Added into this will be the potential impact of the Care and Justice Bill and changes to the age of 'children' who may need to access secure care.

All of our children's homes have improvement planning at the centre of their team plans and opportunities for specialist training has been enhanced over the last year alongside additional staffing being agreed and additional senior practitioners in post to support reflective and child centred practice.

Fostering

Despite our ongoing strenuous efforts to recruit, we have seen an overall decline in our number of foster carers. Nevertheless, our data does evidence a declining trend in the use of foster care which can be explained by the increasing use of kinship care but also by effective family strength-based intervention and flexible and immediate support to families at the time of the crisis.

Our scope to further reduce the number of purchased fostering placements is limited by the reality that approximately 89% of those placements are permanent care arrangements for children and young people. There has been a reduction from our 2021 data which reflects, children 'aging out' of the system but also reflects some placement breakdowns and changing birth family circumstances which have supported positive rehabilitation.

The Fostering Team continues to be ambitious and ensure that carers and supervising social workers are trauma informed and able to support and sustain foster care placements. Fife is unique in that it has a dedicated therapeutic service (Springfield) for looked after children providing direct support and assistance to foster carers, the child and the professional network. This service offers expertise from social work practitioners, psychotherapy, clinical psychology and play therapy. The reach of this service has recently extended to supporting kinship families and family relationships.

Kinship Care

The drive to increase the number of kinship carers has been central to our Belonging to Fife strategy and reflects the national commitment to valuing family-based care which is supported both by policy and legislation.

The increase in kinship care arrangements coupled with legislative and financial changes has led to a significant reduction in unpaid kinship care arrangements and a reduction in the use of family support arrangements.

Fife were successful in a funding bid from CORRA which was centred on understanding 'the system' and partners attitudes to Kinship Care and everyone's contribution to improving outcomes for children and young people in Kinship Care arrangements. Findings from an independent review of Kinship Care in 2022-2023

suggested a number of partnership improvements which are being taken forward across the partnership, led and reviewed by the multi-agency Kinship Steering Group.

Home-Based Compulsory Supervision Orders (CSOs)

Our Belonging to Fife strategy promotes the use of home-based CSOs. However, likely as a consequence of our Child Wellbeing Pathway and the use of a Child’s Plan, we have not seen an increase in the number of children ‘looked after’ at home. It is difficult to benchmark this data against other local authorities due to the specific local nature of the Child Wellbeing Pathway in Fife.

We continue to monitor our rates of referral to the Children’s Reporter, ensuring that our Social Workers are referring in a timely manner when compulsory measures of care need to be considered. However, this needs to be carefully balanced through professional assessment and judgement in line with the minimum intervention principle.

Fife’s Children’s Hearing Improvement Partnership, CHIP, continues to consider referral rates from all services and offers challenge to partners relating to early and effective intervention and the appropriate use of legislative powers.

Aftercare

| | Supported Lodgings Carers | Supported Lodgings Placements | Continuing Care Placements | Supported Lodgings UASC | House Project |
|------------|---------------------------|-------------------------------|----------------------------|-------------------------|---------------|
| March 2021 | 55 | 43 | 59 | 6 | 8 |
| March 2022 | 55 | 51 | 56 | 10 | 10 |
| March 2023 | 53 | 53 | 48 | 17 | 8 |
| March 2024 | 57 | 44 | 54 | 19 | 7 |

There has been an ongoing increase in the number of carers recruited to offer a supported lodgings provision and staff in this part of the service continue to be highly active in recruiting more carers. The Government’s ambition to support UASC is having a significant impact on placement availability as these vulnerable and displaced young people become looked after by supported lodgings carers to ensure they have a family and community care setting personalised to meet their needs.

However, the impact on capacity affects both children moving on from care in Fife and children coming into care in Fife as additional demand is exceeding placement availability.

In common with colleagues across Scotland, the social work service works hard to provide care and homes for UASC. The challenges of this work are well known but in the last year Fife has been able to maintain a commitment to home these displaced and vulnerable young people largely within supported lodgings care although we had

a number, we were able to secure within Kinship arrangements and 2 younger children in fostering arrangements. The service successfully recruited 2 additional workers based in the Young People's Team whose work will primarily be to support this cohort of young people, building expertise in relation to their specific needs.

The service has benefited from the recruitment of a senior mental health nurse who is also based in the Young People's Team which has allowed easier and more timely access to support for some of our young people whose mental health needs or experience of trauma requires support. This post is funded through our partners in Health and is a joint initiative from Adult Mental Health and CAMHs with the worker being supervised in a matrix manner with Social Work and health participation.

Fostering, Permanence, Kinship and Supported Lodgings Panel

A full-time Panel Chair was appointed in September 2021 and a second in January 2024. The Panel Chairs provides consistency across all four panels and have oversight on all matters relating to: recruitment, training and appraisal of panel members. In the last year, a total of 144 Panels were arranged, this included: 68 Fostering Panels; 31 Permanence Panels; 34 Kinship Panels and 11 Supported Lodgings Panels.

Strategic Commissioning

Fife families continue to benefit from a wide range of third sector provision both at an early intervention and intensive level from the numerous partners providing support across the council. As such, the Third sector remain key partners in terms of the delivery of family support and there has been a review of the strategic commissioning model to take account of changes in Directorate arrangements undertaken towards the end of the reporting period and currently embedding. The focus going forward will be to develop a more integrated community-based approach aligned to redesign activity across Children & Families and the wider Council. The main drivers for change relate to the need for services to be local, accessible, evidence based, coordinated and co-produced. A whole system approach to commissioning has been informed by whole family wellbeing and the How Good is Our Family Support framework, as well as consideration of national developments to ensure best practice underpins the current commissioning strategy in Fife.

Additional/Enhanced Resources and Improvement Work 2023/2024

- Partnership working with The House Project has provided supported tenancies for 8 young people in cohort 1, 10 YP in cohort 2 and 8 YP in cohort 3. There are 7 YP in cohort 4 currently awaiting a tenancy.
- Creation of additional social worker and social work assistant capacity to support children in crisis either in our residential homes or edge of care, through outreach support, enhanced close support and social workers within the residential estate.
- Review of the residential service to respond to identified need for a singleton house to support more vulnerable young people

- Change of use of residential homes to dynamically respond to changes in profile of need to ensure we are utilising our physical resources for their best purpose
- Creation of additional posts for the Emergency Support Team and Close Support Team through Whole Family Wellbeing fund to enhance capacity to creatively support children to remain at home or in their local community
- Positive evaluation of the impact of school social worker posts utilising an earlier intervention model and enhancing understanding within Education of the Social Work role
- Positive evaluation of the impact of new home maker posts in supporting young parents and consideration of expanding their offer through additional capacity
- Review of the Quality Assurance team to allow effective and timely evaluation and audit activity to support and improve practice
- Creation of a partnership post to lead both The Promise and Corporate Parenting, supported by additional social work funded posts, has allowed the service to dedicate resources to progressing and prioritising these strategic responsibilities
- Permanence Teams becoming established allowing a focus on improving support for children who will not return to family care
- Creation of a children affected by disability transitions worker post to improve family experience of transition between C&F service to adults
- Additional posts funded by partners to enhance the offer from the kinship team with a focus on supporting school attendance and promoting health and wellbeing
- Completion of consultation and evaluation of kinship care in Fife and families lived experience with an action plan developed and implemented 2023-2024
- Review and sharing of the positive impact of the additional CAMHs nursing post recruited for the Young People's team to specifically support care leavers access to this type of support for their emotional wellbeing
- Evaluation and learning from 'This is Us' groupwork with mothers who have had their children removed from their care, to support understanding of this trauma and enable learning from conversations around change

Adult and Older Adult Social Work and Social Care

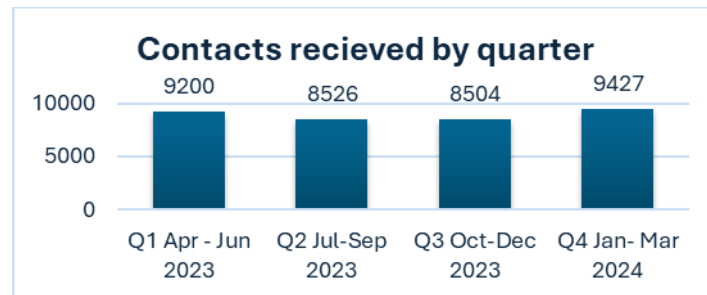
Over the past year, the PSWO has been working with services to embed care governance across the existing Clinical and Care Governance process in the HSCP. This has culminated in the Social Work and Social Care Professional Assurance Framework, supporting services to develop quality assurance processes that enable them to evidence their practices in alignment with legislative requirements and supporting continuous improvement activities.

Throughout this report there are clear examples of effective collaboration and partnership working, creating positive outcomes for those who use our services. Some highlights include; streamlining hospital discharge processes; enhancing our approach to reablement; strengthening our approach to Early Intervention and prevention by supporting the development of the Wells, the initiation of the Social Work Compass

Team; Improving pathways for support for individuals leaving prison with health and care needs, and using SDS to facilitate creative and cost effective breaks.

Early Intervention

The Adult and Older People Social Work Contact Centre (SWCC) provides a single point of access for new Social Work Service inquiries from both service users and professionals. From April 2023-March 2024, **35,657** referrals were made to the Social Work Contact Centre, the vast majority relating to referrals for assessment of need with significant and increasing contacts relating to Adult Support & Protection (ASP).



The Contact Centre plays a key role in promoting early intervention and supporting independence through collaboration with The Well, which offers light-touch support and information to help people connect with local resources. The Wells are staffed by a range of Health & Social Care workers including Social Work staff. In 2023-24, The Well saw:

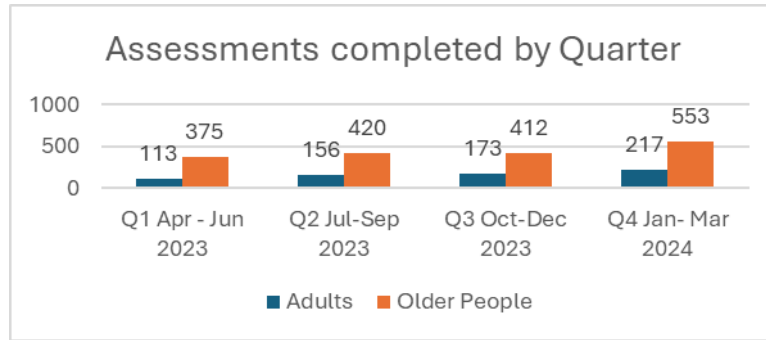
- **1,654 referrals** (a 38% increase from the previous year), mainly related to community support, mental health, and financial support.
- 2,037 Good Conversations (referrals/drop-ins), a 43% increase.
- 99% of referrals were contacted within 3 days.

Most referrals (67%) came from Social Work, with **950** from the Social Work Contact Centre (22% increase) and **157** from other social work teams. Over the next year the SWCC will be developing a bespoke audit tool and service user engagement approach to assist us in understanding the impact of our interventions at the front door to social work services.

Adult and Older Adult Social Work Locality Teams

Services are provided across twelve teams, six covering Older Adults (over 65) and six covering Adults (from 16 – 65). Each of the teams are led by a social work qualified Team Manager and consist of senior practitioners, social workers, and social work assistants. There are 3 social work qualified Service Managers that lead locality teams. The Principal Social Work Officer provides professional advice and guidance to the teams and professional supervision to all Service Managers.

Between 1st April 2023 and 31st March 2024, **659** Personal Outcomes Support Assessments (POSAs) were completed by the Adults Service and **1760** by the Older People Service (total 2419). The average caseload in Adult Social Work Teams ranges between 30-40 with Older People's Teams averaging 20-30 cases.



In 2023-24 the Adults Service supervised 176 Local Authority Welfare Guardianship orders and 537 private welfare guardianships. To ensure good practice is embedded the service has updated Fife Council Supervision of Proxy Guidance to reflect MWC’s best practice guidance and is developing a governance and oversight group to ensure effective and ongoing monitoring.

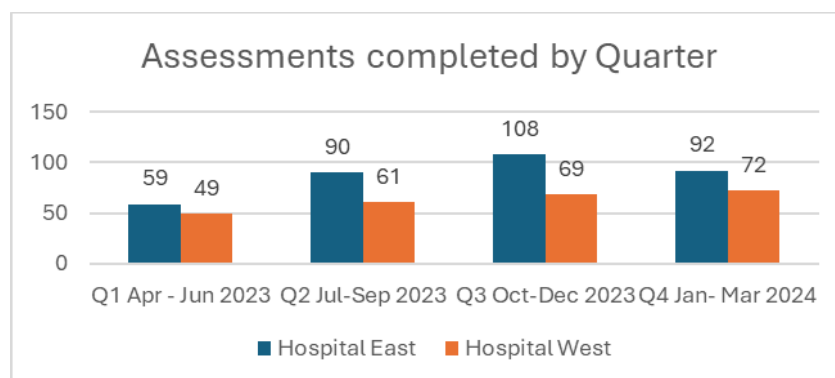
Feedback from service users on our use of “Just Checking” and “Near Me” to support increased independence has been positive.

Key challenges experienced by the service include managing transitions between services and securing appropriate resources for individuals with complex needs. An ongoing commitment to collaboration between Children and Families and Adult Services aims to address this through a "team around the person" approach, building on learning from the national GIRFE pathfinder work. Improving service user and carer feedback will be central to all practice developments and this is a priority for all services in the coming year.

Social Work Hospital Discharge Team

The Hospital Social Work Team has grown over the year and is responsible for facilitating safe and effective transitions from hospital, ensuring that individuals receive the necessary support to live independently.

The team have completed **600 assessments** over the reporting period, with an observed increase in complexity of need and requirement for nursing care.



The team utilise Assessment Beds within care homes as interim arrangements for individuals who require additional support to return home, or who may require a move

into a care home, from hospital. Fife have 100 assessment beds which are routinely full of individuals awaiting long term support assessments. The team have 2 Mental Health Officers and a solicitor in place to support situations involving individuals lacking capacity to consent to discharge plan discussions and this has enhanced the team's ability to expedite medical report requests, contributing to more efficient discharge planning. Hospital discharges are overseen by a multi professional group that meets weekly to oversee the timely approach to discharge. Going forward, the Hospital Team are developing an audit tool and performance indicators to monitor practices, such as service user and carer feedback, and adherence to legislative functions.

Mental Health Officer Team

The dedicated Mental Health Officer (MHO) Team take forward MHO functions in line with AWI and MH Acts. The demand for MHO services is significant and rising, with increasing requests for assessments and a notable rise in Emergency and Short-Term Detentions and out of hours detentions where MHOs are not present, all of which pose challenges to the service. Fife have experienced an increase in private AWI Guardianships, with the resulting increased requirement for MHO services placing demand on the team.

The MHO team are strengthening relationships with other social work teams, offering shadowing opportunities, and engagement with new staff to enhance understanding of MHO role and to encourage training.

Despite pressures, the MHO team demonstrates key strengths in performance and professionalism, consistently meeting statutory timescales and handling high demand with a skilled and dedicated workforce. The introduction of Social Work Assistants (SWAs) has enhanced the team's capacity by supporting practical tasks, enabling MHOs to focus on statutory duties and improving discharge planning. Strong partnerships with NHS Mental Health Services and increased collaboration with other teams have further strengthened service delivery and communication.

Compass Team

Compass is a holistic, intensive care management social work service for individuals affected by long-term alcohol and drug use. The service launched in September 2023 and has received **86** referrals, with most cases currently allocated and active. Despite full staffing, the service is at capacity with a waiting list. The team is co-located with the NHS Addictions Service, and works closely with the hospital liaison teams, third sector, housing and health colleagues. The focus on collaboration supports a "team around the person" approach which helps to deliver more personalised experiences and improve outcomes for people supported by the service.

The Compass Team are regular attenders at local support groups for people who use substances across Fife and have received multiple messages of positive feedback for adults with lived experience and their families over the past 11 months. Going forward, the team will incorporate critical information from substance use risk assessments, formulation, and information based on the SURE (Substance Use Recovery

Evaluation) structured assessment tool and develop a programme of audit activity to support quality assurance oversight.

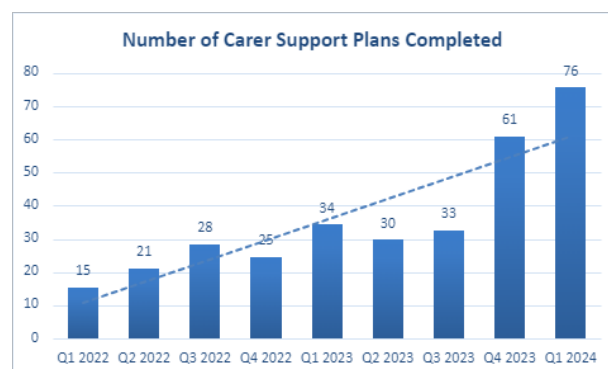
Self Directed Support Team

The Self-Directed Support Team (SDS Team) have a critical role in ensuring that people experience high quality social care in line with the duties, principles and values of the SDS Act. They offer a creative Short Breaks Service to maximise use of budget to purchase respite and also serve as a support to locality teams for information and guidance. All social work assessments are carried forward in line with SDS statutory requirements and are quality assured through our Social Work Annual Audit.

In 2023-24, the Self-Directed Support team introduced prepaid cards for Option 1, reducing administrative burdens for service users and improving financial monitoring. The team offers effective induction and 1:1 support sessions for new staff, which have received positive feedback, and collaborate with organisations like SDS Options (Fife) and ENABLE to ensure clear and consistent access to independent information for service users. The team are also leading our drive in supporting people to access the Independent Living Fund (ILF) to maximise funding available to support independence.

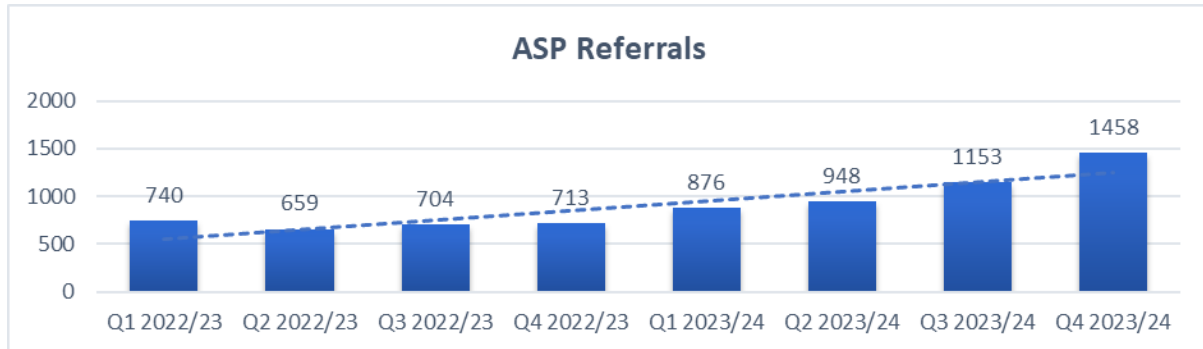
Carers Support

Fife HSCP work in partnership with a wide range of third sector commissioned partners to identify and support carers in line with the Carers (Scotland) Act 2016. It is because of this wide range of accessible points for a carer that the HSCP is unable at present to report on the total number of carers supported or the number of Carers Support Plans completed. We are developing ways to collect this information across the wide range of third sector commissioned partners to better understand the impact and quality of our support to carers. The graph below shows the number of Adult Carer Support Plans completed within the HSCP reflecting an increase in Support Plans completed which we attribute to the introduction of 10 Social Work Assistants whose role it is to identify and reach out to unpaid carers.



Adult Support & Protection

Locality Social Work Services lead the coordination and response to all adult support and protection (ASP) activities. During 2023/24, ASP referrals in Fife rose by 57% (from 2,816 to 4,435). These referrals involved 3,371 adults.



Multiple factors could contribute to the increase in referrals, including economic challenges, the impact of COVID-19, social care sector issues, awareness campaigns, and improved identification of harm.

Partnership working under ASP remains a strength, with awareness raising activity, and shared learning from significant events. Fife took a multi-agency approach to enhancing our ability to consider system learning by commissioning training from SCiE for key partners in our ASPC. This work has resulted in improved mutual understanding of role and responsibility, shared decision-making platforms, and reflects the values of all partners in the ASP process.

Accommodation with Care & Housing Support Service

The Accommodation with Care and Housing Support Service provides support to **259** adults with learning disabilities, physical disabilities, and to adults with other support needs. All services are regulated and maintain quality assurance processes that reflect adherence to the Health and Social Care, and the My Health, My Care, My Home Standards, and contribute to National Wellbeing Outcomes. The service undertakes regular self-evaluation activity which includes feedback from people using services.

Shared Lives Fife team are effectively gathering feedback through surveys and a consultation group, leading to improvements like updates to the carer handbook and efforts to raise awareness of the service. The whole service actively supports recruitment, hosting apprenticeships, with three young people being offered permanent positions at the conclusion of their placements with the service this year.

Fife Community Support Service (Adult Resources Day Services)

The service aims to progress people's life skills, develop, and maintain friendships, enhance confidence and promote independence through the provision of a range of activities which promote physical and mental wellbeing, both within the wider community and from four hubs located in Kirkcaldy, Cowdenbeath, Leven and Cupar. In 2023-2024 the service supported **199** adults to access day activities.

The service promotes careers in care, providing opportunities to two school students to shadow social care workers through the Foundation Apprenticeship (FA) in Social Services and Health care scheme, and in hosting two four-week placements through the Princes Trust Scheme.

Care at Home

The Care at Home service supports individuals in the community to maintain their independence. The service consistently supports around **950** individuals across Fife with a staff team of approximately 800. The service works within a finite budget which requires a tight adherence to the critical eligibility criteria is applied to direct the resource available.

The service faces significant challenges, including increased demand, persistent sickness levels and staff retention issues, like other areas in the country. Developments are underway to consistently capture and systematically analyse feedback from service users to drive service improvements.

Reablement (START)

The Short-Term Assessment & Review Team (START) take forward a reablement approach to Care at Home support and during the reporting period they received **2655 referrals**. Referrals are primarily from hospital settings and instigated at discharge, however the ability for those in the community to be referred into START commenced in early 2024 which is a welcome addition to the support we can offer to people requiring care at home services. The reablement approach allowing the workforce to build people's independence to its maximum ability, giving satisfaction to the service user and the workforce as they see this ongoing progress.

Fife's Care Homes

Older People's Service provides **338** residences across eight residential facilities with 229 staff. These Care Homes offer residential, respite, and STAR (reablement) care service. Each care home is committed to continuous improvement, and all homes have improvement planning in place based on Care Inspectorate and rights based standards. The service is aligning their quality improvement practices with the Professional Assurance Framework and the care governance programme in place. The service demonstrates strong performance, with high levels of satisfaction from service users and families received, supported by effective feedback systems and oversight from a quality assurance team.

Future plans include leading the development of the care home replacement program, reviewing staffing structures to align skill levels with care needs, and enhancing the service training plan for social care staff. A newly appointed Business Change Manager will help develop a Quality Improvement and Involvement Plan, with regular reviews and stakeholder feedback driving continuous improvements.

Community Alarms

The Community Alarm Service is a key service in supporting people to remain independent in the community. The service currently supports approximately **8500** service users and 33 sheltered housing complexes. The service embraces technology in care and have installed 3000 digital alarms during the reporting period to support the change over from analogue to digital. Waiting times for the installation of a community alarm were significant in April 2023, with a 20 week waiting list for an alarm. By the end of March 2024 this wait time has been reduced to 5 days through targeted actions by the team and the service have put in place mechanisms to review service user feedback which will be reported on annually.

The service is also involved in a Dunfermline falls prevention test for change that is seeking to reduce falls for service users and are actively working to reduce their waiting list for Nightlink overnight support service.

Deaf Communication Service

The Deaf Communication Service (DCS) supports Fife's Deaf and hard-of-hearing community through various activities including:

Translation Services: Provides weekly BSL translations of Fife Council news and key documents (including Adult Protection), making information accessible for Deaf staff and service users.

Assessments: Collaborates with NHS Fife to run specialist clinics and conducts workplace, home, and care home assessments for those with hearing loss.

BSL Classes & Training: Delivers Deaf Awareness sessions, along with tailored Level 1 and 2 BSL classes for Fife Council employees and the public. Developed bespoke one-on-one sessions, including in languages like Ukrainian Sign Language.

Support & Advice: Offers communication support, specialised social work, and one-on-one assistance, with almost 2,000 BSL interpreter jobs in 2023/24. Additionally, DCS advises on equipment loans and accessibility for BSL users.

The team comprise of one senior development worker and three development workers and this group are the lead team for carrying forward Fife's BSL Local Plan and the See Hear Strategy. Accessible meetings will be setup twice yearly to enable people who are users of BSL to give feedback on how the implementation of the plan is impacting on their lives and discuss areas where further improvement is required in Fife. Progression reports will be produced and presented to relevant governance groups of all Stakeholders, including the Health and Social Care Partnership's Clinical and Care Governance Committee.

Justice Services

The strategic landscape for community justice social work over this period has continued to be influenced by the national 'Vision for Justice', and the revised 'National Strategy for Community Justice'.

At a local level, Fife's Justice Service Annual Performance and Improvement Plan 2023-24 identifies areas for priority in the Service over a 12 month period. The areas detailed below provide an overview of these priorities, whilst showcasing the range of

creative and innovative practice taking place in Fife Justice Service. All of these services continue to be delivered against a backdrop of challenges including financial pressures and recruitment of qualified staff to manage increasing complex casework.

Our priorities during this year have been:

- Maximisation of diversion as an early intervention strategy
- Development of robust community based disposals
- Ensuring those involved in services are supported in a trauma informed way
- Developing the leadership and engagement with Community Justice partners
- Improving service user involvement in the design and delivery of services

Early Intervention Service

Our Bail Supervision service continues to operate in the Dunfermline and Kirkcaldy Sheriff Courts. The service offers the Court a robust and credible alternative to remand, whilst supporting the early identification of risk and needs. Our bail supervision service is deeply welfare orientated and the team takes a proactive, community-based approach to deliver holistic support. Integral to our bail supervision service is recognising the critical role of stable accommodation, and the service works in close collaboration with housing services to ensure that from the point of assessment, individuals have access to safe and secure housing. The service has also been pioneering a range of therapeutic interventions designed to address emotional regulation and negative thinking patterns. From traditional psychological approaches to a variety of holistic therapies, the service offers a broad spectrum of support aimed at fostering mental and emotional well-being.

Historically, facilitating bail supervision assessments for external Courts (including Dundee Court where many individuals from Northeast Fife appear) have proved more of a challenge, due to the disparity of bail supervision services nationally. However, with the new National Guidance for Bail Supervision, alongside bail incentivisation monies, it is hoped this will result in greater consistency of service provision nationally.

The Early Intervention Service also encompass other early interventions such as Diversion and Structured Deferred Sentence for all males open to Fife Justice. This has proven to be a very successful model which has resulted in the team working in a pro-active, welfare-oriented way with those who are deemed to require lower-level intervention and supervision by Justice Social Work. Developing and delivering on offence focused work for such short timescale interventions such as Structured Deferred Sentences and Diversions has also been a primary focus for our service.

Linking in with our Safer Communities Service a 12-week Road Traffic Safety Programme was developed which can delivered on one-to-one basis. The programme combines education with practical interactions such as road safety videos and discussions to promote responsible driving behaviour. The service is acutely aware with ascending prison numbers, the demand for bail supervision workstreams is ever increasing, and the workload of the team will require to be monitored to ensure we have the correct resources in place.

Community Payback Orders

Offence focused intervention continues to be integral to the delivery of Justice Social Work services, regardless of whether that engagement is mandated through Community Payback Order, Statutory Licence, Structured Deferment or Diversion from Prosecution. Specific offence focussed work occurs on a one-to-one basis and often involves work around understanding and controlling strong feelings, handling conflict, improving relationships, and managing impulsive behaviour. Service users are supported to collaboratively develop individual plans, informed by structured assessment tools, to identify priority areas of need which are then reviewed dependant on progress and outcomes.

In order to promote rehabilitation, it is essential that Justice services are person-centred, and trauma informed. Nearly all our social workers (and many social work assistants) have completed Enhanced Trauma Level training or are registered to do so in 2024. Our staff employ a trauma informed approach, considering wellbeing and individual responsivity to support others to recognise the links between wellbeing and risk. Employment, leisure, and community connections are key elements of this and remain an important component of ongoing assessment and intervention.

Over this reporting period, the Service has collaborated with Fife Leisure Trust to offer Justice Service Users the opportunity to attend a block of supported gym sessions, with a 6-month gym pass provided after the sessions have ended. This initiative promotes exercise and wellbeing for all, with an emphasis on the physical, emotional, psychological, and social benefits of exercise. As this project moves into its next phase, we intend to measure and evaluate the impact of this initiative via quantitative and qualitative data.

Unpaid Work

During the COVID 19 Pandemic, individuals made subject to Court mandated Unpaid Work Requirements had the timescale for completion extended by 12 months. As of October 2022, the extended timeframe ceased, however our experience was that sentencers continued to impose Orders with the extended timescales, which was in turn having a detrimental impact on the motivation of individuals to complete their Court Order and having a negative impact on service delivery. Communication between local Sheriffs and community justice partners is critical in decision making and the ability to effectively deliver community sentences.

We provided structured inputs to both Courts in Fife to develop a shared understanding of service availability and delivery processes, in addition to new UPW initiatives, which has hopefully led to greater confidence in community sentencing and better outcomes for individuals.

We have a successful social media page which we regularly use to raise awareness of local unpaid work projects of particular interest to the community. These posts receive positive feedback and help to increase public knowledge around the benefits of community sentences. We also work closely with the Council's communication team to further raise awareness both internally and externally regarding unpaid work projects and the positive impact of the work undertaken.

Groupwork Services

Our Groupwork Services team continue to deliver the Moving Forward: Making Changes (MF:MC) programme for men over the age of 18 who have committed sexual offences. The MF:MC programme has recently been redesigned to reflect a developing evidence base, advice from SAPOR, and evaluation recommendations and the revised programme will be called MF:2C. Four members of staff from our Groupwork team attended MF2C training in March 2024, with other staff attending the training throughout 2024. The service plans to deliver our first MF2C programme in October 2024.

Fife Justice Social Work continue to deliver the Caledonian Programmes for men who commit domestic abuse offences. The programme is delivered through effective collaboration between supervising social workers and staff in our Groupwork team. These are intense and demanding interventions which require a high level of commitment and reflection from participants as they are supported to better understand the connection between their thoughts, feelings and behaviours, and to develop safer, more effective strategies in complex and challenging situations. We are in the process of improving how we gather feedback from men who attend the Caledonian Programme and their partners, and this has already outlined some very positive case studies.

The Groupwork team have also developed a Healthy Relationships Workbook which can be used to undertake focused work with perpetrators on a 1:1 basis. The workbook can be used as part of any community-based sentence (including Diversion and Structured Deferred Sentence) where there are concerns around the development of healthy relationships. Service wide training is being provided by the Groupwork team and the initiative increases the reach of our early intervention and preventative work.

Our Groupwork Services Team were delighted to be shortlisted as finalists in the 2023 Scottish Social Service Awards under the 'Excellence in Justice' category.

Women's Services

Many of our female service users have experienced complex trauma and associated mental health issues. Our Women's Justice Teams have a dedicated NHS Team comprising of a Mental Health Nurse, Clinical Psychologist and Assistant Psychologist. The benefits of this holistic approach have been significant in addressing underlying needs for women involved in the justice system. The NHS team provides direct service user support, consultation, and training for the wider team. The team are in the midst of an evaluation of their partnership -using both quantitative and qualitative data to evaluate the multidisciplinary and multi-agency support the team provides. The result from this evaluation, including feedback from those who use our services, will support our continued commitment to learning and development.

As well as clinical work, the NHS Team also supports our Women's Justice Teams with Service improvement. The teams have recently taken part in a Trauma Informed Practice Audit, using the Quality Standards for Fife, developed by Fife Trauma Training Collaborative. It has been a rewarding process to reflect on our achievements as a Service around the work we are doing to provide trauma-informed service delivery and support. It has also been helpful to understand where there might be scope for

improvement and further development across the Service. Following on from the audit, the team aims to implement an action plan which will support the continued development towards having a trauma informed Service, as well as sharing the process of completing the audit with the wider Service and beyond.

There have been several new initiatives regarding unpaid work for women - the focus of which is to provide unpaid work opportunities which are community based, person-centred, and trauma informed. This includes a weekly sewing group which is based in Greener Kirkcaldy, which is a local community resource. At present, the group is making bonding hearts for babies in the local neonatal unit. The team have also created an excellent partnership with the Scottish Deer Centre based in the East of Fife, and Lochore Meadows Country Park based in the West of Fife. Every week the women alternate between these two locations to undertake UPW tasks at the projects.

Throughcare Pre and Post Release Support Service

The challenges faced by people leaving custody have long been recognised, and these have been exacerbated in recent times by the impact of the Covid pandemic and the cost-of-living crisis. Our Throughcare teams have always offered guidance and support to service users (in addition to statutory supervision of licences). However, it was determined that this required to be bolstered to ensure people were consistently receiving focused and individualised welfare support, which would hopefully increase the likelihood of positive engagement whilst reducing overall levels of risk. Two additional Social Work Assistants were recruited to support delivery of the service, which was officially launched in April 2023.

Since April 2023, 80 men have received or are receiving support across the two Throughcare teams. The support offered covers a range of issues relating to the individual's welfare needs under six main areas including accommodation, finances, health, substance use, support networks and education / employment. Our recent review of the Service has informed us that 12 men have required support beyond the first review stage at 12 weeks post release, and that support has lasted between 5 weeks and 8 months, depending on individual needs.

The teams are continually measuring progress by recording levels of need in the 6 key areas at the outset of support, and again when the intensive post release support comes to an end. Finances and accommodation are among the needs most frequently identified and also where greatest improvements have been seen (improvements in 69% and 65% of cases respectively). The team are aiming to refine outcome tools in the second year of the service to make it more sensitive to improvements which may be more incremental than are reflected by the current tool.

Resources

With a 'flatline' budget for Justice Social Work Services nationally, the challenge is how we continue to deliver high quality services as staffing costs steadily increase. As a Service, actions were taken to reduce costs wherever possible, however how the Service manages capacity, demand and pressures within budget constraints remains a significant challenge.

Over this reporting period, we have continued to utilise the COVID 19 consequential funding to recruit staff, however the recruitment of experienced staff and retention of staff generally, remains a challenge. Increasing the duration of fixed term contracts to 2027 has supported with this to some degree, however, the temporary nature of the funding is inevitably linked to higher staff turnover as staff seek the security of permanent posts.

As a Service, we have continued to drive forward with a number of new initiatives, which evidences our commitment to improving performance, the quality of our services, and outcomes for those who use our services. In the previous reporting period, we had created a dedicated Service Manager post which has responsibility for Performance, Quality Assurance and Quality Improvement. In February 2024, we created a third Service Manager post which has responsibility for operations, including unpaid work delivery. This structure change reflects our renewed commitment to service improvement, and improving outcomes for those who use our services.

Quality Assurance and Development

Children and Family Social Work

Throughout the reporting period we continued to evaluate how best to utilise our Quality Assurance and Development officers to maximise value and dynamically respond to areas of improvement identified to ensure we were supporting our improvement agenda. The work included:

- Undertaking audit activity to monitor compliance with policy, legislation and practice standards.
- Supporting improvement activity through joint working and ongoing review of action plans in partnership with the Senior Management Team.
- Supporting and developing the work of the Corporate Parenting Board and The Promise – working with the Promise Lead and the Children’s Services Partnership and Corporate Parenting Board.
- Leading the work relating to our people with Lived Experience Groups: Embrace.
- Supporting the use of MOMO to ensure we are hearing from children.

The Quality Assurance and Development Officers work closely with our Reviewing Team and Panel chairs and there is a circularity of learning from practice embedded across these three key areas.

The service continues to commit to quarterly performance and data reporting using a self-evaluation improvement agenda to support continuous improvement. This has been impacted by the new electronic management system which has created a data gap of several months, but this is being addressed as a priority within the council.

Training, learning and development

During 2023-24, HR Workforce Development Team continued to work collaboratively with Children's, Justice and Adults' Social Work and Social Care Services, and multi-agency partners, to provide effective and meaningful workforce development opportunities to all workforce colleagues. Respective Training Needs Analysis took place across Children's, Justice and Adult services, whereby specific workforce development plans have been developed – this link to Fife Council 'Learning Lounge' gives an overview of the range of Learning & Development plans that are in place and include ongoing activity from 2023 onwards.

This work is underpinned by discussions with workforce / service providers, related stakeholders, and informed by national and local strategic priorities, including Fife Health and Social Care Partnership's Strategy and Action Plan, Children's Services and Justice Services Plan and correlates with a number of national developments, including the Health and Care (Staffing) (Scotland) Act 2019, the Trauma Informed Practice agenda, national H&SCP agenda, The Promise and Whole Family Wellbeing, Newly Qualified Social Worker (NQSW) supported year activity and SSSC registration changes.

There is an annual budget from the CSWO which provides consistent investment for the provision of workforce development and training. This allows for structured development activity and attendance at relevant conferences and national events. The funding available is used innovatively to ensure priorities are met with the acknowledgement that there is an increasing demand on budgets given the national development and legislative expectations at play. Specifically, resource provision to support future NQSW SY, Whole Family Wellbeing, Trauma Informed Practice and provision for SSSC Registration requirements across services will result in added financial pressures.

The development opportunities provided comprise of a range of e-learning, webinars and 'in person' training. It is booked via our Oracle system which is a council wide system.

Alongside the 'business as usual' training provision, which is significant across services, specific training priorities emerged and have been action during this period. This is not an exhaustive list but looks to reflect national priorities:

- The provision of Trauma Informed Practice training, which is provided via e-learning for levels 1 & 2 and 'in person' commissioned training for level 3 for social workers across all services.
- NQSW Supported Year activity has now been further developed and embedded within operational teams, with focussed support and planning from the workforce development team.
- A range of SQA (Scottish Qualifications Authority) activity is in place to ensure registration needs are met across services, in line with the revised SSSC registration requirements and CPL requirements.

- Multi Agency Practice Development sessions, related to Whole family Wellbeing approach and areas of process and practice linked to social work.
- Leadership agenda: Availability of a range of leadership and management opportunities, including access to Coach Approach workshops Solihull approach to reflective supervision, SVQ Level 4 leadership and management awards, Post grad supervision and management modules, in house First Line Managers programme
Specific offering for H&SCP social work – provision of leadership course in adult services - Leading, Managing and Caring – in collaboration with Fife College Care Academy.
- Social work pathways- the work began in 2023-24 and continues in terms of supporting social work assistants across the service to undertake the Advanced SW Degree, with a view to transitioning to a Graduate Apprenticeship programme in the future.
- Specific training provided for Justice Services underpinned by emerging practice issues: Gambling Awareness courses, Court skills,

We have used course evaluations, stakeholder feedback, and in some cases, financial records to assess the impact, value for money and potential outcomes of the training and development opportunities that have taken place. In essence, we would look for the training which takes place to ensure that the workforce become competent and confident in their respective areas of practice. The feedback we receive indicates that participants in a variety of development activities feel more confident and competent in undertaking their respective roles

Children and Families

We have worked alongside our colleagues in Workforce Development to create a 'People Plan' for the Service. There are key areas within the plan which prioritises the recruitment and retention of staff, investment in our Senior Practitioner cohort, and the growth of our management team by identifying a range of training and development opportunities.

We also offer a range of practitioner groups which are invaluable at highlighting and addressing key issues impacting on the workforce. Through shared decision-making forums such as the practitioner groups, staff can raise issues which the management team may not have been aware of. Being part of creative and effective problem solving also ensures that staff feel part of the decision-making process for the service and that their voices are heard.

The service has been committed to developing opportunities for social work assistants to train as social workers and have funded 8 staff to undertake their social work degree. We continue to be highly committed to offering post qualifying opportunities as practice educators, MHOs as well as qualifications in permanence planning and child protection.

Adult and older adult Social Work and Social Care

The HSCP is committed to continuous learning and development across all services. For example, the Adults and Older People Social Work teams hold monthly protected learning days for staff. This year, 20 social work staff completed post-qualifying courses such as ASP, Dementia Postgraduate, Leadership and Management, MHO, Practice Educator, and Advanced Social Work courses. The introduction of a new supervision approach, which prioritises learning and development, has been well-received. Additionally, the service provided placements for 18 social work students in 2022-23, many of whom joined the workforce in permanent roles.

Various apprenticeships and internship programs—such as the Princes Trust, Foundation Apprenticeship in Social Services and Healthcare scheme, and the Life Chances scheme—offer prospective employees hands-on experience and help grow the social care workforce. Within our Accommodation with Care and Support Service, three young people were offered permanent positions following their placements.

Our Self-Directed Support Team, Adult Protection Team, and Deaf Communications Team also provide a range of learning and development opportunities for both new and existing staff through webinars, courses, and learning materials, including induction packs.

Justice

Ongoing professional development has been an area of priority for the Service over this reporting period. Ensuring staff have the appropriate learning and experience to support service users is an ongoing priority for the Service. Working in conjunction with HR Workforce Development and Strategy, a training plan was created, including core training required as a baseline for those working in Justice Services.

We have supported staff to work towards their Diploma in Higher Education Social Care (Scotland) via the Open University, staff to work towards their social work degree via the Advanced Degree pathway and to undertake their Mental Health Officer training.

We have continued to have worked closely with colleagues in Workforce Development and University establishments to offer high quality social work placements for students on a regular basis. We have supported Social Workers to embark on their Professional Development Award in Practice Learning. As a Service, we value the many contributions that social work students can bring and see this approach as being a valuable recruitment strategy, with many students applying for qualified social worker posts with the Service upon completion of their course.

In respect of training, we provide a bespoke package of training and learning which is renewed on an annual basis in consultation with staff across the Service. We also deliver a 'New to Justice' Forum, themed learning sessions and have a dedicated Justice Learning Platform for the Service.

Challenges and Improvements

Workforce

The temporary CSWO 2023/2024 undertook a listening tour across all areas of social work to hear directly from workers about what was going well and areas of concern within the work force. Whilst there were some service specific issues there were key professional messages which spanned the workforce:

Areas for improvement

- A need for better connections and collaboration across all areas of the profession
- Concerns relating to recruitment difficulties and the impact on teams of vacancies
- Concerns regarding the new electronic recording system and lack of training available
- Workspace availability

Strengths

- Quality supervision and good support from managers
- Strong supportive teams who value their passionate and committed members
- A commitment to being allowed to be creative in intervention and practice
- Manageable caseloads was raised by staff in Children and Families social work front line teams who reported average caseloads of around 15 as a maximum

Staff overwhelmingly shared their appreciation about being given an opportunity to speak directly to the CSWO and to be 'heard'. The CSWO being appointed for 2024 onwards will be repeating this exercise and ensuring that staff are given real opportunities for views to be shared and responded to. It appears that Covid interrupted established forums for meeting staff, and it was positive to reestablish these during 2023-24.

Children and Families and Justice

Within Children and Families, our highest priority is to protect children who have suffered harm or may be at risk of suffering harm. When those children cannot live at home safely, our focus is on providing the best quality of care away from home. To achieve this goal, we work in partnership with other agencies, ensuring that families receive an integrated and co-ordinated response that seeks to meet the range of complex needs that families experience.

Ensuring the views, wishes and contributions of children, young people and their families are reflected in service development, design and delivery is a key priority for us in the forthcoming 12 months.

The challenges facing the Children and Families workforce have been well-documented and subject to national coverage – those challenges remain very relevant in Fife and include:

- The legacy of the COVID-19 pandemic for vulnerable and disadvantaged families.
- Poverty and the cost-of-living crisis.
- Retaining and recruiting qualified and experienced social workers.
- Austerity measures facing local authorities.
- The shortage of resource relating to residential and foster care placements.
- Responding to and implementing the, at times, overwhelming tide of new policy and legislation.
- The impact of increasing numbers of UASC requiring care.

Despite the context described above, we continue to report:

- A reduction in the number of children and young people subject to statutory measures of care.
- A reduction in the number of children and young people being placed in high-cost residential placements and.
- An increase in the number of children living in Kinship arrangements.

The lack of suitable foster or residential placements for children or young people who require to be looked after away from home is a significant challenge and is worthy of further description. This challenge is particularly evident relating to children aged 10-14 years – the pool of foster carers offering a home to children within this age range is diminishing and this has resulted in several children being placed in residential care. We have employed a range of strategies in attempt to attract carers willing to care for older children – to date, these have been met with limited success. A new recruitment and retention strategy for foster carers is written and will be implemented later in 2023/24 with an increased focus around offering fostering for teenagers requiring care. This will predominantly be centred around advertising on Facebook as local evidence tells us this has yielded the most success. There is an increased offering of training and support to foster carers who do or would offer care within the older age group. An increased focus on scaffolding foster placements for the older age group with intensive support being offered from our Emergency Support Team and the Springfield Service who continue to offer consultation for carers.

With Children and Families Social Work, Fife mirrors the national picture as set out in the “Setting the Bar” report (Social Work Scotland 2022). This report identifies a challenge with social work retention and recruitment, an increase in the complexity and volume of referrals and an ever-changing policy and legislative landscape. Workload pressure is further impacted by changing demographics, the geography of Fife, the hybrid working environment, pressures/capacity issues in partner resources and poverty, this all reflects the national picture.

Practitioner groups are invaluable at highlighting and addressing key issues impacting on the workforce. Through shared decision-making forums such as the practitioner groups, staff can raise issues which the management team may not have been aware

of. Being part of creative and effective problem solving also ensures that staff feel part of the decision-making process for the service and that their voices are heard.

We have responded to these challenges by:

- reconfiguring the staffing structure
- reducing caseloads within front line teams and reviewing these regularly
- front loading services to deal with initial referral demands
- developing a social work qualification pathway for social work assistants
- introducing quality assurance posts
- reviewing and updating supervision and personal development planning
- training and development around leadership
- creating additional permanent posts across teams using re-investment money sufficient to staff 2 permanence teams
- utilising whole family wellbeing money to enhance support at both an early intervention level but also increased posts to offer intensive wrap around support
- ensuring our recruitment campaigns highlight the ability to work flexibly

Within Justice specifically, priorities continue to be clearly focussed on a social justice, rights-based approach, valuing individuals whilst ensuring public protection at the acute end in relation to managing individuals who present significant risk.

Fife Justice Service continues to utilise the COVID-19 consequential funding in terms of additional staffing to meet the increasing demands as a result of COVID-19 related court closures. Despite there not being the backlog of cases originally forecast by the Scottish Government, there has been a steady increase of business, moving back to pre-COVID levels. Increasing the duration of fixed term contracts to 2027 has supported the recruitment and retention of staff in the service.

With a 'flatline' budget for Justice Social Work Services nationally, the challenge to continue delivering good quality services is significant as staffing costs increase. As a Service, actions have already been enacted to reduce any costs wherever possible, however it is a concerning position as we move forward.

Adult and older adult Social Work and Social Care

The service is committed to continuous learning and development, with monthly protected learning days, and strong participation in post-qualifying courses such as MHO, ASP, and Practice Educator. The teams provided placements for 18 social work students in 2022-2023, many of whom have joined the service, linking closely with our preparations for supporting the NQSW year. A new supervision approach, focusing on learning and staff wellbeing, has been tested and positively received and will be formally adopted soon.

Like other areas nationwide, our HSCP continues to face recruitment and retention challenges. Services, particularly Care at Home, have been affected by high vacancy and sickness absence rates. In response, the service has introduced changes to work patterns, revised its induction process, and launched various recruitment initiatives.

Recruiting and training Mental Health Officers (MHOs) also remains a challenge. Locally, we have responded by offering shadowing opportunities, engaging new staff to enhance understanding of the MHO role, and encouraging participation in training programs. This year, two staff members completed the MHO PGD course and a further 2 are enrolled for 2024-25.

Staff wellbeing remains a central focus. This year, we have enhanced the social work supervision policy to prioritise wellbeing and development, conducted wellbeing assessments in care homes, and addressed workload pressures by reviewing capacity in line with the Health and Care Staffing Act. Wellbeing has been promoted in weekly staff briefings, and resources such as Access Therapies Fife have been highlighted. Additionally, we launched Menopause Cafes to support staff. Leadership development courses have helped foster positive working environments, and collaboration among teams ensures staff feel valued and supported. Many teams use SWAY to celebrate successes and share learning. Feedback indicates that while challenges remain, the belief that their work makes a difference is a key motivator for staff. Next year, we will focus on developing processes to capture feedback through staff supervision and exit surveys.

In 2023-24, EDISG launched webinars and events supporting the “What Kind of Fife do you want to Live in?” discussions, which helped Fife achieve Bronze status in the Equality Award scheme. The group is also advancing toward Silver and Gold awards and will take forward anti-racism actions as part of future work.

The service has been equally challenged and across all teams in Fife there has been an increasing volume and complexity of referrals. Workforce capacity to meet demand has been a challenge with demand continuing to stretch our resources. This has placed significant pressure on finances, and while the budget for services has not reduced this complexity has required services to strictly adhere to eligibility criteria, increasing the threshold for accessing resources, making creativity and flexibility a requirement when seeking to meet the needs presented by the people we engage with. This has in turn impacted on social work professionals who have to balance these organisational demands alongside the professional values requirement to be person centred and rights focussed.

Social Care Service provision within the HSCP and with voluntary, third and independent sector colleagues enables the delivery of high quality and supportive services to the people we work with. Fife’s Care at Home Teams, Care Homes, and Adult Resources, provide support and short breaks to those individuals and families living at home or in one of our Care or Residential Homes. Feedback received from people accessing the short breaks service is consistently positive.

It is however recognised that demand outweighs capacity and there are waiting lists within our services for young people transitioning from childcare or school provision and for adults awaiting care services following hospital discharge. Our Adult social work services have experienced an increasing demand to assess and provide packages of care to enable hospital discharge and the capacity of the social workers in teams has been stretched to its limit to meet this need. The ability to recruit and retain the necessary care at home and care home support required for individuals has

been increasingly challenging, with resources stretched and not able to cover all the need identified.

Looking Ahead

Across all of Fife Council Social Work, there have been many positive and encouraging developments during the last year and these have included: a focus on developing trauma informed service delivery and listening to the voices of those with lived experience.

A key emphasis in the delivery of Social Work Services going forward into 2024/25 remains in line with those identified last year as we continue to recover from the impact of the coronavirus pandemic and what is meant by a new normal - this will remain a significant piece of work over the few next years, which will require flexibility and close collaboration with our partners to address:

- Increased complexity in need and demand for specialist services
- Overall increase in psychological and social support needs across all areas of society impacted by loneliness, wellbeing, and mental health as well as physical health.
- The very real impact of poverty and increasing poverty in our communities

These challenges must be considered against a backdrop of:

- Staff resilience.
- Recruitment and retention of staff.
- Managing capacity, demand and pressures across services within increasing budget constraints.
- Demographic and socio-economic pressures including food and fuel poverty and loss of income.
- Service transformation and the implementation of new legislation and policy including the National Care Service.
- National lack of capacity in resources to meet the needs of those with complex and challenging behaviours

The uncertainty relating to the future delivery of social work requires our workforce to be agile, flexible and resilient whilst always retaining a focus on meeting local needs in our communities by engaging with individuals and families to drive forward improvement.

We will continue to take forward the key priorities identified across Justice and Children's Services and the Health and Social Care Partnership.

Children and Families Services, we will continue to manage our integration into a Communities Directorate maximising the opportunities created by this and developing a No Wrong Door approach to improve support at the earliest point for families. Our children's specific priorities are established in the Children's Services Plan, Child Protection Committee and Corporate Parenting Plans which set out long-term aspirations and priorities for children, young people and their families. These include:

- Our approach to implementing The Promise
- Hearing and responding to the voices of our children and their families.

- An increased focus on preventative and whole family support through whole service redesign
- Continuing to address the balance of care and ensure families are supported and scaffolded early and effective use of kinship as a support
- Continue to engage with staff applying visible and compassionate leadership support which is underpinned by a revised workforce development strategy aimed at upskilling, succession planning and paying diligence to the emotional needs of the workforce
- Ongoing investment in developing internal residential resources to ensure a home in Fife for all children and young people
- Developing a Youth Intervention Service to ensure Fife is creative and innovative in realising the ambition of the Care and Justice Act.

Justice Services our priorities include:

- In the year ahead, we intend to implement our 3-year Outcome Improvement Plan, which will act as a 'roadmap' for overall Service improvement.
- We will maximise the use of diversion as an early intervention strategy, while promoting its use as an appropriate response to offending behaviour.
- There will be an increased focus on the availability of robust, community-based interventions to ensure people are supported in the most appropriate and effective setting.
- We will ensure that those given community sentences are supervised and supported through the provision of robust, high quality, trauma informed services and programmes.
- There will be a focus on improved partnership working to strengthen the leadership, engagement and impact of local and community justice partners, both in respect of raising awareness of community justice and improving outcomes.
- We will increase opportunities for Service User Involvement in the design, delivery and development of our Services. We intend to do this by creating a specific post which will be aligned to this work, and by utilising evidence, research and best practice in this area.

Adult and older people social work and social care services our priorities include:

- Workforce Resilience: Exploring further how we can support our workforce to show the value we place in their contribution to services and our community, embedding a supervision framework, recognising and promoting best practices, and creating spaces for colleagues to come together and reflect.
- Transitions: Strengthening how we support people entering our services using a "team around the person" approach, GIRFE principles, and multi-agency meetings to enhance person centred support.
- Professional Assurance Framework: Embedding tools and processes to gather meaningful data for improvement, with a focus on service user, carer, and workforce feedback through surveys and supervision.
- Prevention & Early Intervention: Enhancing collaboration with community-led services and ensuring staff confidence in having transparent, open conversations about meeting needs, and our eligibility criteria.

- Crisis Response and Mental Health: Taking action to ensure people requiring intervention through AWI are regularly reviewed and that those needing emergency detention under the MH Act have an MHO involved in their detention.
- Carer Support: Including quality assurance in our collection of the number of carer support plans offered so we know the impact of our interventions on the lives of carers.



Fife Health & Social Care Partnership

Supporting the people of Fife together

| | |
|-----------------------------|--|
| Meeting Title: | Integration Joint Board |
| Meeting Date: | 29 January 2025 |
| Agenda Item No: | 9.2 |
| Report Title: | Fife Dental and Oral Health Improvement Annual Report 2024 |
| Responsible Officer: | Lisa Cooper, Head of Service, Primary & Preventative Care |
| Report Author: | Emma O'Keefe, Consultant in Dental Public Health Lorenzo lafrate, Specialty Trainee in Dental Public Health |

1 Purpose

This Report is presented to the IJB for:

- Assurance.

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

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

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

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration

2 Route to the Meeting

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

- Dental Senior Management Team, 28 November 2024
 - Agreement with main challenges/priorities
 - Some minor clarifications
- Senior Leadership Team (Business), 23 December 2024
 - Assurance granted
- Quality and Communities Committee, 10 January 2025
 - Assurance granted

3 Report Summary

3.1 Situation

This paper presents the annual Dental and Oral Health Improvement Annual report 2024 (Appendix 1). This report provides an overview of the current situation regarding dental services and oral health improvement programmes in Fife.

It highlights a number of issues particularly in primary care dental services and child dental health, and provides assurance that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.

3.2 Background

Oral health is more than just having healthy teeth in a healthy mouth; it is integral to general health and wellbeing and is a determinant of quality of life. Poor oral health can impact significantly on work, school and other daily activities. The relationship between oral health and general health is well documented, with oral diseases and non-communicable chronic disease sharing many common risk factors.

Scottish Government published the Oral Health Improvement Plan in 2018 with a number of recommendations, including reform of the dental contract. The [new dental contract](#) was introduced on 1 November 2023. It remains too early to measure the full impact of the new contract on the [provision of NHS dentistry](#).

3.3 Assessment

This report summarises the key achievements and challenges and the impact recruitment and retention has had on dental services as the need and demand for the services remains high.

The Public Dental Service as a managed service is delivered within Primary and Preventative Care Services of the Health and Social Care Partnership with operational responsibility delegated through the Director of Health and Social Care under the scheme of Integration. The Public Dental Service (PDS) hosts a variety of services articulated within the report including the Dental Access Line, Oral Health Improvement Programmes and the Emergency Dental Service.

General Dental Services comprises of dental professionals operating in an independent contractor model. Dental practices are mixed economy and operate as independent businesses. NHS Fife has no oversight or governance over private dental care and no statutory powers to influence the balance of NHS versus private dental care.

Workforce

The workforce challenges that Fife is experiencing are in line with the national picture due to recruitment and retention issues, resulting in the contraction or centralisation of services, particularly with the Dental Body Corporates (DBC), who remain significant players in Fife. This means that patients are not receiving full courses of NHS treatment as urgent dental care is being prioritised. This means patients have to travel significant distances to access care at alternative locations occasionally out with the Board area. The NHS Dental Regulations within which NHS Fife and other Health Boards have to operate make it hard to influence access to NHS dentistry.

There have also been specific challenges in recruiting dental nurses and frontline reception staff in the PDS. This can result in the need to redistribute staff and could lead to clinic closures. It also impacts on the delivery of oral health improvement programmes. These issues, coupled with challenges with access to General Dental Service (GDS), put additional demand on the

PDS and the Emergency Dental Service (EDS). Data show that Fife EDS weekend service has carried out 3296 individual treatments so far in 2024, compared to 2434 in all of 2023.

Recruitment and retention issues across the dental workforce impact on the ability of patients to register for NHS dental care, with inequalities in access persisting. This is evidenced by an increase in calls to NHS Fife's Dental Advice Line. Unlike General Medical Services, NHS Fife is not required to provide routine NHS dental care to the population of Fife but proactively attempts to support this.

Access

Challenges with workforce contribute to issues accessing NHS dental care. As of November 2024, there are 53 general dental practices in Fife, 5 of which are orthodontic practices, are listed with NHS Fife meaning they deliver NHS dental care to Fife residents, to varying degrees. There are 192 dentists listed to provide NHS dental care in independent dental practice in Fife, including PDS dentists; no data are available on the number of whole-time equivalents.

There have been substantial NHS dental patient de-registrations in Fife, with approximately 25000 to date in 2024 and approximately 5500 pending. Whilst it is challenging to improve access locally, options have been explored within the limited remit of NHS Fife. This includes a significant mapping project across Fife resulting in Dunfermline, Glenrothes, and Kirkcaldy being designated as Scottish Dental Access Initiative (SDAI) grant areas. There have already been several expressions of interest which are being progressed. More targeted approaches are being considered in these areas, and there is support from NHS Fife Communications Team and representatives of the local GDS workforce to consider innovative approaches to recruitment and retention of dentists in Fife.

Trends in children's oral health

The [NDIP 2024 report](#) focused on the oral health of Primary 1 children. Fife had the highest decay prevalence for all NHS Board areas in Scotland for the second consecutive year. 64.7% of P1 children in Fife had no obvious decay experience in 2023/24, compared to the last survey of P1 children in 2020 where 73.7% of children were free from obvious decay. The Scotland figure for this year is 73.2%.

The 2024 report highlights that in Fife 27.6% of P1 children inspected had untreated decay and only 9.8% of children with obvious dental decay experience had received dental

treatment to restore the tooth, compared to a Scottish figure of 11%, which is a consequence of the difficulty accessing dental care. NHS Fife has a follow-up process in place to ensure those children who are inspected and seen to have severe dental disease or dental abscesses can access dental services. The PDS continues to deliver the oral health improvement programmes and has extended the toothbrushing programme for children for those with the greatest oral health needs.

3.3.1 Quality / Customer Care

This report is part of the governance arrangements for dental services and oral health improvement programmes in NHS Fife which aim to ensure that dental services and oral health improvement programmes are working to high standards to deliver person-centred and value-based care and outcomes that matter to the person.

3.3.2 Workforce

As detailed in the report recruitment and retention of dentists and dental care professionals are challenging. The General Dental Council (GDC) (the UK dental regulatory body) conducted a UK-wide workforce survey for dentists (n = 23,925) and dental care professionals, the results of which were published in July and October 2024 respectively. 2,660 Scottish dentists responded, with 20.6% of respondents providing fully NHS-based dental care. 5.4% were fully private, with 10.5% providing at least 75% of care privately, 20.9% an even NHS-private split, and 39.7% predominantly NHS. 63% stated they worked more than 30 hours per week with 36.3% reporting working less than 30 hours. 0.7% preferred not to say.

3.3.3 Financial

Fife is one of three NHS Boards who 'host' national/regional oral health improvement programme personnel and receive funding allocated by the Chief Dental Officer's Office at Scottish Government. There is a predicted underfunding in the region of £22,627 for Fife for 2024/2025 which creates a cost pressure for the Department of Public Health. Further clarity is being sought from Scottish Government.

3.3.4 Risk / Legal / Management

Risks are considered for inclusion on the Primary Care Risk Register.

The senior dental team ensure that all queries/letters are answered in a timely manner and offer help/advice where required. The Public Dental Service, as an employed service, complies with

NHS Fife risk management process.

3.3.5 Equality and Human Rights, including children's rights and health inequalities

The registration data show that more people from more deprived areas are registered with an NHS dentist compared to less deprived areas but this does not translate into access or participation in NHS dental care. In general, there is an inverse care law, in that less deprived populations are accessing dental services more than the population from more deprived areas. The piloted model of care in PDS (Appendix 1 - Section 5.5) was preferentially accessed by those from more deprived areas, showing a positive impact on inequalities in access.

The national oral health improvement programmes take a targeted approach to reducing inequalities while ensuring oral health improves across the populations. The SDAI mapping work aligns with many of the principles of value-based health and care.

An impact assessment has not been completed because this report provides an update for assurance with no significant new or revised policies or strategies.

3.3.6 Environmental / Climate Change

There is a challenge within dentistry and oral improvement where sustainable healthcare and consideration for the environmental impact is secondary to patient safety and delivering optimal care, due to the use of single use plastics. Work is ongoing to look at different ways of working, how to use technology where appropriate for Near Me appointments and focusing on prevention and self-care to reduce the need for dental treatment. Childsmile has launched a scheme 'Recycle & Smile' which is being rolled out. Within the

Public Dental Service work is going on with procurement and also the use of medical gases. Digital radiographs have now been installed, reducing the need for traditional film-based radiography. A virtual tour video is now available on the NHS Fife website, reducing the need for travel for visit appointments, time off school, and work for the patient and parent. Clinic discharge letters are now emailed securely to NHS practices and referrals received into the Public Dental Service are no longer being printed.

3.3.7 Other Impact

As detailed.

3.3.8 Communication, Involvement, Engagement and Consultation

The report is based on evidence from a variety of nationally

produced data and locally held management data. Patient complaints and queries relating to dentistry are responded to in a timely manner and learning from key themes helps engage with the relevant practices/DBC's to explore access to NHS dentistry issues. A dental update is contained within the briefings for elected members.

NHS Fife's and HSCP Dental Senior Management Team meet three monthly with the Office of the Chief Dental Officer. This allows key issues and challenges to be reported on and communicated to Scottish Government.

The most recent Public Health and Wellbeing Committee Development session was on the theme of oral health. Members of the Dental Senior Management Team presented to colleagues on dentistry and oral health within Fife, highlighting some of the successes and challenges and what the dental senior management team is doing to encourage success and address challenges within its remit.

4 Recommendation

The IJB is asked to:

- **Note the Information** in regards to the Fife Dental and Oral Health Improvement Annual Report.
- Agree a moderate level of **assurance** that the senior management and professional leadership team ensure oversight and management in regards to quality of dental care and access in line with the powers available to them in accordance with dental regulations.

While an overall level of moderate assurance is given it is important to distinguish what is within NHS Fife and Fife HSCP control and what is outwith. Work carried out on supporting access, improving patient pathways, and oral health improvement, can be considered within the remit of NHS Fife and Fife HSCP. However, contractual and regulatory arrangements and workforce challenges within GDS are areas where NHS Fife and Fife HSCP have no remit.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Dental and Oral Health Improvement Annual Report 2024

6 Implications for Fife Council

Not applicable

7 Implications for NHS Fife

Challenges with recruitment and retention in both GDS and PDS and access to NHS dentistry as well as the recent NDIP findings may continue to pressurise the Public Dental Service, which is a managed service with the Health and Social Care Partnership.

8 Implications for Third Sector

Oral health improvement teams regularly engage with third sector organisations to reach underserved communities and these stakeholders will continue to play an important role in supporting us to reduce inequality in access to dental care.

9 Implications for Independent Sector

GDS comprises independent contractors who may provide a mixture of NHS and private dental care.

10 Directions Required to Fife Council, NHS Fife or Both

| Direction To: | | |
|----------------------|----------------------------------|----------|
| 1 | No Direction Required | x |
| 2 | Fife Council | |
| 3 | NHS Fife | |
| 4 | Fife Council and NHS Fife | |

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DENTAL AND ORAL HEALTH IMPROVEMENT ANNUAL REPORT 2024

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NHS FIFE DENTAL AND ORAL HEALTH IMPROVEMENT ANNUAL REPORT

1. INTRODUCTION

- 1.1 The purpose of this report is to provide NHS Fife and Fife IJB via the Public Health and Wellbeing Committee and Qualities and Community Committee with a summary of the delivery of dental services and oral health improvement programmes in Fife.
- 1.2 The report highlights a number of issues particularly in primary care dental services, and the recent findings from the National Dental Inspection Programme (NDIP) for children's oral health, with continued increases in obvious dental decay and untreated caries. It also highlights ongoing issues with recruitment and retention within the dental workforce. Regarding General Dental Services, this report provides assurance that NHS Fife is following due process with the limited power and authority available as determined by the Dental Regulations. It also provides details of specific measures taken to address some of these challenges within the remit of the Board, including work done to improve patient pathways.
- 1.3 Assurance is given that impact on NHS dental services is continually monitored and will be reported through the Annual Delivery Plan and according governance routes.

2. DENTAL SERVICES

- 2.1 Delivery of Dentistry and oral health improvement straddles primary and secondary care within NHS Fife. Primary care dentistry comprises of independent dental practices known as General Dental Services (GDS) and the Board Managed Public Dental Service (PDS) which through the Scheme of Integration in line with Public Body Act (2014) is a delegated service with responsibility for effective operational delivery sitting within Fife's Health and Social Care Partnership (HSCP).
- 2.2 Primary care dentistry is usually the first point of contact for patients seeking dental care. The majority of dental care is provided by independent general dental practitioners (GDPs) working on behalf of local NHS boards, to deliver General Dental Services (GDS) governed by National regulations. Fife's HSCP's key role in terms of primary care dental services is to provide a salaried dental service and deliver national oral health improvement programmes through Fife's Public Dental Service (PDS). The PDS provide an alternative service to independent GDPs to help meet the oral health needs of the local population. The aim of oral health services is to improve the oral health of the population, reduce inequalities and work in partnership with patients and their carers and guardians.
- 2.3 Dental services are included in the Primary Care (PC) strategy and the Prevention and Early Intervention Strategy (2023-2026) which are enabling strategies which underpin the HSCP's Strategic Plan (2023-2026) and aligns with NHS Fife's Population Health and Wellbeing Strategy (2023-2026). The 3 priorities for the PC strategy are recovery,

quality and sustainability and these share the deliverables of the 3-year plan aligned to Primary care dental services.

- 2.4 Unlike General Medical Services, the NHS Boards do not have a duty to, via legislation, ensure every member of the public is able to register with a NHS dental practitioner. This therefore limits the powers available to boards to influence delivery of GDS. The PC strategy recognises this but focuses on effective partnership with GDPs and dental body corporate to drive forward sustained improvements for access to NHS dentistry.
- 2.5 As of November 2024, there are 192 dentists listed to provide NHS dental care in independent dental practice in Fife, including PDS dentists; no data are available on the number of whole-time equivalents. This has been relatively stable since 2019 (range 176-192 NHS dentistry including Public Dental Service dentists. There are 53 independent dental practices listed with NHS Fife, of which five are orthodontic practices and one is mainly a referral practice for oral surgery. Within Fife, there are 10 practices owned by Dental Body Corporates* (DBC), with one corporate owning 8 practices. There are 10 vocational training practices, 7 of which have vocational trainees in them. There are 10 vocational trainees working in these 7 practices; vocational trainees are newly qualified dentists.

***Dental body corporates** are corporations entitled to practice dentistry in the UK. Originally they were limited in number by the Dentists Act 1984, but their status has changed following the 2005 Amendment to the Act. Any corporate body can now carry out the business of dentistry provided that it can satisfy the conditions of board membership set out in the amended Dentists Act. One intended objective of the amendment was to require a majority of the directors of a DBC to be registered dentists or registered Dental Care Professionals (DCPs), or a combination of dentists and DCPs

- 2.6 Listed dentists are contracted to provide NHS dental services in Scotland set out within the NHS (General Dental Services) (Scotland) Regulations 2010 as amended. A new Statement of Dental Remuneration was introduced by the Scottish Government, on 1 November 2023 and determines the fees associated with each item of treatment for general dental practitioners and payments for adults and children registered; dentists may also receive centrally-funded allowances and grants.
- 2.7 The 2023 contract still means patients registered with an NHS dentist can receive the full range of NHS treatment ranging from simple examinations to complex restorative and advanced surgical treatments. Patient charges increased in November 2023; these are necessary to ensure that dentists are able to continue to provide NHS dental services and reflect the increase in costs of delivering the care required for patients. Adult patients unless exempt from charges, contribute 80% of the total fee, up to a maximum of £384 (www.psd.scot.nhs.uk/dentists/treatment-costs.html). Since April 2021, dental care for child/young adult patients (those under 26 years) is free. The Scottish National Party (SNP) manifesto (2021) is that everyone in Scotland will be entitled to free NHS dental care.
- 2.8 The PDS provides dental care for over 20,000 listed NHS patients and also offers referral services for dental anxiety, oral surgery, special needs, paediatric dentistry and dental General Anaesthetics. The PDS operates the Dental Advice Line to address the

urgent and emergency care needs of unregistered patients and manages the Emergency Dental Service that operates weekend emergency clinics and the next day rota.

- 2.9 Ongoing challenges with accessing dental care in independent dental practice has meant that the PDS continues to take on additional responsibility for unregistered patients requiring urgent dental care due to the challenges of accessing dental care in independent dental practice, therefore impacting on core services. The number of calls to the Dental Advice Line continues to rise. There were 19,955 calls in 2023; in 2024, there were 24,000 up to September. This represents an increase of 23% up to September 2024 compared to all of 2023.
- 2.10 Hospital Orthodontic Service and Oral Maxillo-Facial Surgery are part of the wider dental and medical workforce and are managed under Acute Services. Some patients still continue to present at the Emergency Department (ED) and for assurance, work continues to ensure only those that need to present at ED attend and others are triaged and appropriately signposted to NHS 24 (from 6pm – 8am during the week, and on weekends and public holidays). Fife receive reports overnight to allow patients to be seen for Next Day Care (on weekdays), with NHS24 booking patients for the Emergency Dental Service at the weekend in line with the principles of right place, right person, right time.

3. ORAL HEALTH IMPROVEMENT PROGRAMMES

- 3.1 Oral health is integral to general health and supports individuals participating in society to achieve their potential; yet oral diseases are the most widespread non-communicable diseases. The national oral health improvement programmes are evidence-based interventions for vulnerable groups which provide cost effective opportunities to improve the health of individuals and work in collaboration with partner organisations and third sector. There are currently 5 national programmes. A review of governance arrangements at national level is ongoing with regard to the oral health improvement programmes.
- 3.2 Fife is one of three NHS Boards who 'host' national/regional oral health improvement programme personnel and receive funding allocated by the Chief Dental Officer's Office at Scottish Government. There is a predicted underfunding in the region of £22,627 Fife for 2024/2025 which creates a cost pressure for the Department of Public Health.
- 3.3 NHS Fife Public Dental Service has oversight of the programmes and liaises with dental practices, partner organisations and the third sector to deliver the oral health improvement programmes. The programmes provide oral health improvement to all age groups, from Childsmile for children, to Caring for Smiles for older adults, and Open Wide, for those adults aged 16-64 with additional support needs. This life-course approach is in alignment with priorities in the Prevention and Early Intervention Strategy to "develop a life course approach which values and improves the health and wellbeing

of both current and future generations”. Key data for the activity within Fife for 2024 is detailed below:

- 3.4 **Childsmile**:- There are currently 206 early years establishments partaking in the toothbrushing programme (70% of all educational establishments in Fife). The supervised toothbrushing programme is also targeted in 45 primary schools (32% of schools). This includes Special Schools. Fluoride varnish applications are taking place in 45 targeted primary schools in Fife, including 5 stand-alone Additional Supports Needs schools.
- 3.4.1 To ensure appropriate targeting of resources based on intelligence, one school in Fife has commenced roll out of the toothbrushing programme to Primary 3 children with the gradual roll out of the programme to the whole school and in time, implementation to all priority schools Fife wide. This maps to many of the priorities in the Prevention and Early Intervention Strategy, including adopting a life course approach, taking targeted and anticipatory approaches, and deploying resources effectively to deliver value-based care.
- 3.4.2 To support those children with the greatest need and help target resources, partnership working is underway with colleagues in education. Childsmile staff visit schools to apply fluoride varnish in a targeted fashion. Those children being referred three consecutive times into the Childsmile programme from these visits owing to increased oral health needs are followed up by education staff via the Child Health and Wellbeing pathway. Education staff will follow these children up via the Child Health and Wellbeing pathway.
- 3.4.3 Other examples of good work at the local level include the writing of a children’s book by a Public Dental Service Dental Nurse. The book is titled “*Harry’s Healthy Teeth*”. It has been delivered to all nurseries as an educational tool and will also be utilised by Dental Health Support Workers in Fife for oral health education purposes.
- 3.4 **Caring for Smiles**:- 89 care homes are covered by the PDS, compared to 67 in last year’s report. Currently 4 care homes are covered by enhanced skills practitioner GDPs. Enhanced skills GDPs are general dentists who have undergone further training in domiciliary care. Fife has not had any interest from GDPs to undertake enhanced skills training in 2024. Since November 2022 PDS staff have delivered accredited Caring for Smiles Foundation Level 1 training to 212 staff across 26 care homes. Non-accredited training has been completed with Fife Council Care at Home team and third sector organisations to allow them to trial the Right Decision Oral Health app*, which is currently underway. PDS staff also deliver training as part of Year 1 student nurse training for adult and mental health courses. Training is also delivered as part of Medicine of the Elderly Care home study days to care staff across Fife, and bespoke training is delivered to the palliative care team across NHS Fife.

*The Right Decisions service is the national decision support service for Scotland's health and social care. It is designed to enable staff and citizens to make safe, quick, evidence-based decisions to help deliver value-based care.

- 3.5 **Open Wide:** Open Wide is Scotland's national oral health improvement programme for adults with additional care needs. It covers the age range between Childsmile and Caring for smiles, so is aimed at adults aged from 16-64 years who need support with their daily oral care. Adults with additional care needs often face challenges to maintaining good oral health as a result of a physical, cognitive, medical or mental health condition.
- 3.5.1 Re-mapping of services across Fife is underway and training sessions have been scheduled for group homes that support this population of patients. Group homes can sometimes be called shared homes and are a structured and supervised 6 residence providing assisted living for a relatively small number of people. Many of the care homes in Fife also support this population and therefore receive the Caring for Smiles accredited foundation training.
- 3.6 **Smile for Life:-** The PDS is working in partnership with Fife Alcohol Support Service and Fife Community Drug Service colleagues, as part of the ADAPT substance recovery project. It aims to take hard-to-reach services to those in need. The PDS continues to work to increase the reach of this programme, with events now occurring monthly at KY cafes in four areas in Fife including Methil, Cowdenbeath, and Templehall in Kirkcaldy where addiction-related deaths are high, there has been an increase in provision since last annual report. Clinical input is made available when possible, with basic domiciliary care provided for service users such as dressings, prescriptions, and mouth cancer checks.
- 3.6.1 Service users are encouraged to attend dental services when they feel ready to attend regular appointments. Our team have spent time building relationships and developing trust with service users to ensure engagement with services. There is also dental involvement in the Restoration cafes for those in recovery on a monthly basis.
- 3.6.2 Women's groups for those with substance misuse have commenced and visits to these groups have been facilitated, providing support to encourage engagement with dental services and staff inform of how to access dental care pathways.
- 3.6.3 A priority pathway into dental services providing targeted care is available for those accessing homeless accommodation or support through third sector organisations. Urgent dental care appointments are available within 24 hours. Toothbrushing packs and Dental Advice Line details are provided to all homeless accommodations units across Fife on a 3-monthly basis; this provision has been extended to food banks.
- 3.7 **Oral Cancer Awareness Campaign:-** Mouth cancer is one of the most common cancers worldwide. The incidence rate of the disease is rising and is expected to continue doing so. Many of these cancers can be attributed to modifiable lifestyle factors and are potentially preventable.
- 3.7.1 In light of this, the PDS has established a year-long partnership with Dunfermline Athletic Football Club from August 2024. Supporters will see 2 new informational boards installed trackside at KDM Group End Park, as well as posters and take-home "self-check" cards displayed around the stadium concourses.

- 3.7.2 During the summer, a short film developed to raise awareness, was played at the club's fan zone throughout the World Cup.
- 3.7.3 To coincide with Mouth Cancer Awareness month in November, a public awareness day was held at the home match on 16th November. This involved players and staff receiving mouth cancer checks, buckets collecting for the charity 'Let's Talk About Mouth Cancer', as well as various competitions. All information is shared via the club's social media platforms, as well as NHS Fife communications: ([Dental mouth cancer | NHS Fife](#))

3.8 **Water fluoridation**

- 3.8.1 Water fluoridation is a topic that continues to generate interest. Evidence shows it is clinically effective, cost effective and a safe public health measure that can contribute to reducing health inequalities. Scottish Government, while supporting water fluoridation, is mindful of public opinion and continues to focus on investment in oral health improvement programmes. Two NHS Boards had a question in their health and wellbeing surveys asking the public about their views on the topic; this data is currently being analysed. Data from the Health and Wellbeing Survey regarding young people's (S1 to S6) view of water fluoridation in Fife showed that 12% of respondents strongly agreed to the question "I am open to the possibility of water fluoridation in my local area?". 18% agreed with the statement, 15.7% responded neutrally, 4.7% disagreed, and 4.5% strongly disagreed. 45% of respondents stated they were unsure what water fluoridation was.

4. **WORKFORCE**

- 4.1 Within General Dental Services (GDS) in Fife, there continues to be challenges with the recruitment of dentists and dental care professionals.
- 4.2 The General Dental Council (GDC) (the UK dental regulatory body) conducted a UK-wide workforce survey for dentists (n = 23,925) and dental care professionals, the results of which were published in July and October 2024 respectively. 2,660 Scottish dentists responded, with 20.6% of respondents providing fully NHS-based dental care. 5.4% were fully private, with 10.5% providing at least 75% of care privately, 20.9% an even NHS-private split, and 39.7% predominantly NHS. 63% stated they worked more than 30 hours per week with 36.3% reporting working less than 30 hours. 0.7% preferred not to say. For the entire UK, 15.1% reported providing NHS dental care only. 19.2% were fully private, with 13.7% providing at least 75% of care privately, 21.3% an even NHS-private split, and 27.3% predominantly NHS. Dentists working in Scotland had the highest proportion of respondents working in clinical NHS practice. Data are only available at the national level.
- 4.3 Work is ongoing between UK ministers and the GDC to improve the process of overseas registrations of dentists in a way that helps bolster workforce but provides assurance on educational quality and patient safety.
- 4.4 Within the PDS, there have also been specific challenges in recruiting dental nurses and frontline reception staff. This necessitates the redistribution of staffing and there is a risk

that clinics may close if they cannot be staffed safely. There are also insufficient numbers of Extended Duty Dental Nurses and Dental Health Support Workers; this has impacts on the delivery of oral health improvement programmes and limits efforts to address oral health issues, such as the recent NDIP findings. Workforce planning is in place to seek to reduce the risk.

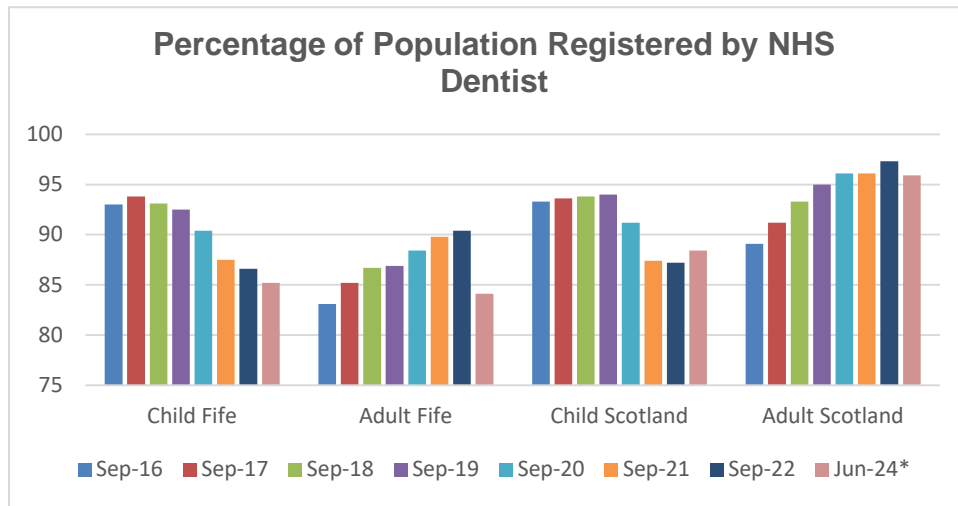
- 4.4.1 The PDS has successfully appointed to several key dentist positions over the past year. This includes a Specialist in Paediatric Dentistry, a Special Care Dentist, a Dental Officer (for the increasing demand in emergency care), and a Specialist in Oral Surgery (recognising that referrals for oral surgery represent the greatest number into the PDS). This improves the patient journey and experience within Fife, helping to increase the provision of care within NHS Fife itself. It also reduces the reliance on specialist care referrals to other sites, such as Dundee Dental Hospital or the Edinburgh Dental Institute. Two Dental Core Trainees (DCTs) have also been appointed. DCTs are fully qualified dentists who gain experience and provide support in different fields of dentistry.
- 4.5 The NHS Education for Scotland Dental Workforce Report 2024 was recently published. Nationally, the number of dentists that were registered with the GDC has stabilized over the past few years following a period of increasing numbers of registrants. The number of GDS-PDS dentists fell between September 2020 and September 2022, owing to large decreases in the number of dentists entering the workforce in 2020 and large increases in the number of dentists leaving the workforce. Between September 2022 and September 2023, this number was stable.
- 4.5.1 Dental Nurse certifications fell between 2022 and 2023. Dental Nurses play a critical role in the delivery of dental care. They have a specialised training pathway that is separate from general nurses.
- 4.5.2 There was a reduced intake of Oral Health Science (OHS) students in 2021 owing to the COVID-19 pandemic and demand for places on these programmes has fallen slightly since 2015. Individuals who successfully complete OHS degrees become dental hygienists and therapists, and through skill mix, can provide certain clinical oral health treatments to adults and children within their scope of practice. Courses at Edinburgh Dental Institute training these types of dental care professionals have now ceased, and this will likely have an impact on intakes going forward.

5. ACCESS

- 5.1 The latest data on patient registration and participation in NHS dentistry is at 30 June 2024. Public Health Scotland now report these data quarterly. Registration rates are still relatively high, owing to the introduction of lifelong registration in 2010. Some dental practices continue to choose to deregister NHS patients and move to a more private business model, offering patients to buy into a private care plan or pay for private dental care. It has had a slight impact on new patient registrations particularly amongst children in the younger age groups.

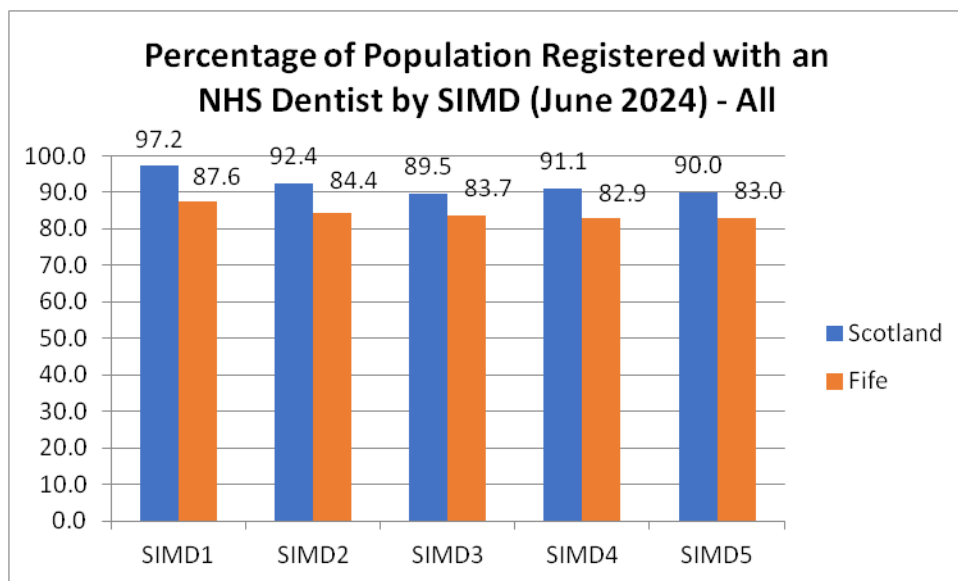
5.2 Registration

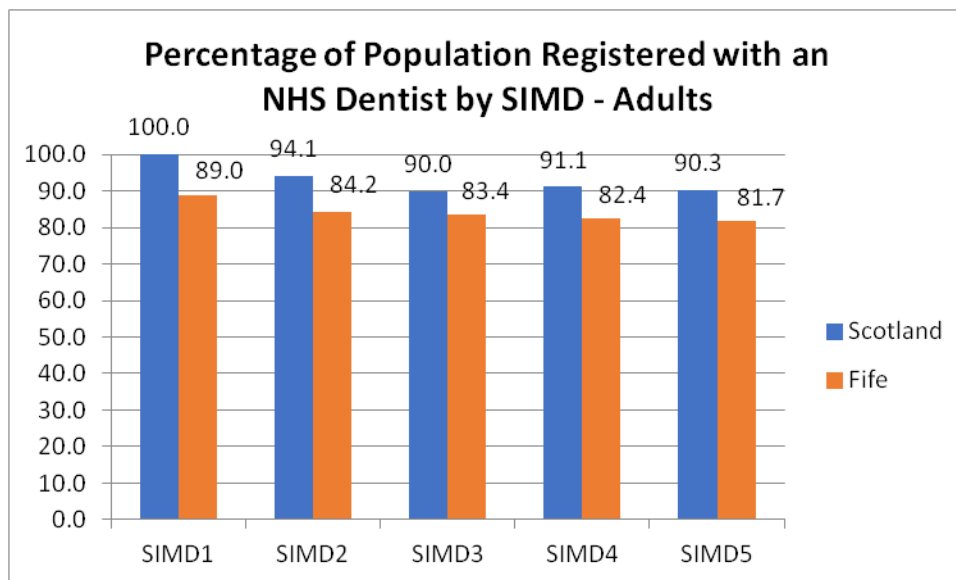
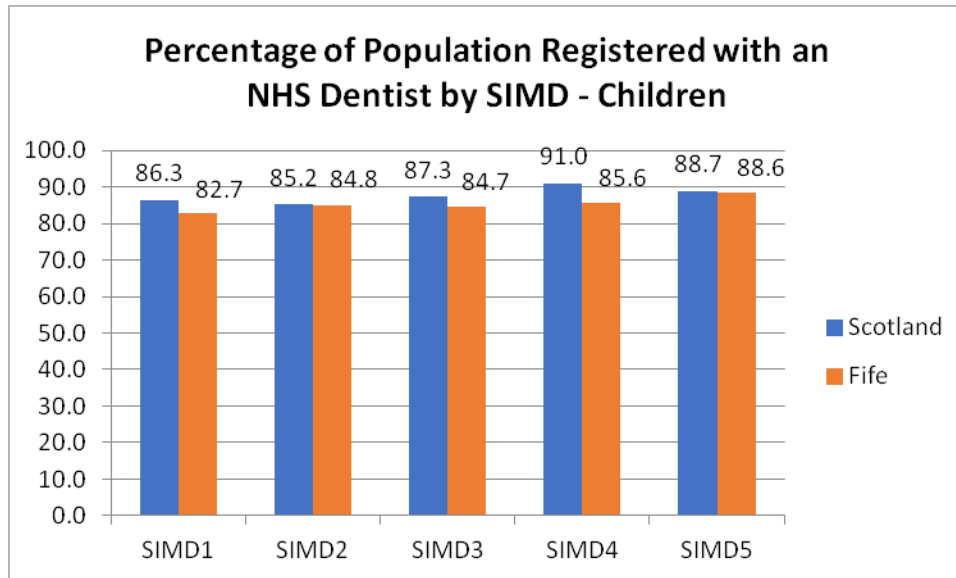
- Registration and participation data in NHS dentistry can provide an indication of the current level of patient access to services.
- Dental registrations are defined as registration with an NHS dentist. In 2010, lifelong registration was introduced, meaning that patients remain registered with their dentist unless actively de-registered (Public Health Scotland)
- No data are available about people seeking and using private dental care, whether that is privately registered or membership of private dental schemes.



*- The frequency and date of reporting these data changed at the end of 2023.

[NHS dental data monitoring report - Quarter Ending June 2024 - NHS dental data monitoring report - Publications - Public Health Scotland](#)



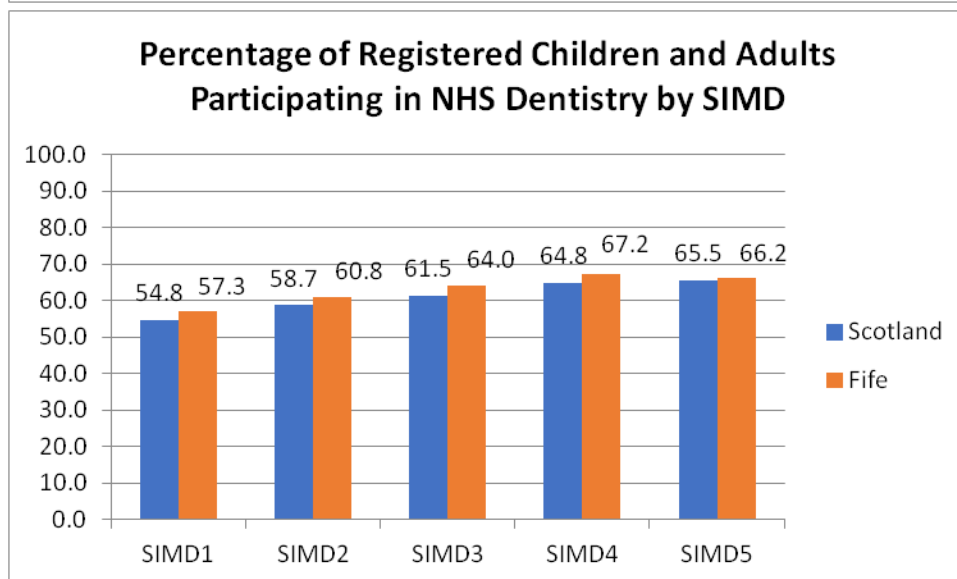
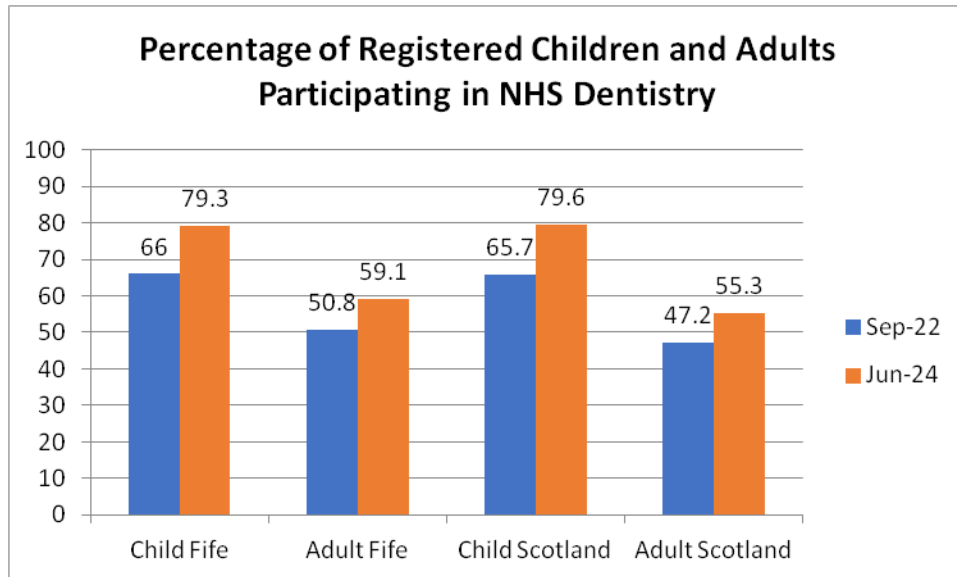


[NHS dental data monitoring report - Quarter Ending June 2024 - NHS dental data monitoring report - Publications - Public Health Scotland](#)

- For children in Scotland, 86.3% of children living in most deprived areas (SIMD1) were registered with NHS dentist compared to 88.7% in the least deprived areas (SIMD5). For Fife, 82.7% of children living in most deprived areas (SIMD1) were registered with NHS dentist compared to 88.6% in least deprived areas (SIMD5).
- For adults in Scotland, 100%* of adults living in most deprived areas (SIMD1) were registered with NHS dentist compared to 90.3% in least deprived areas (SIMD5). For Fife, 89% of adults living in most deprived areas (SIMD1) were registered with NHS dentist compared to 81.7% in least deprived areas (SIMD5).
- These variations are due to affordability of private dentistry.

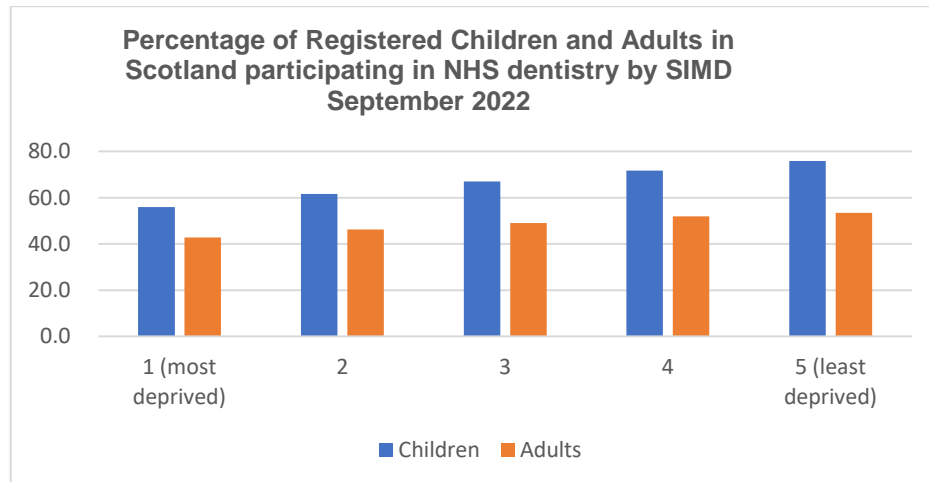
5.3 Contact with a dentist (participation)

- Participation is defined as the percentage of patients registered with an NHS dentist seen for examination or treatment in the two years prior. Since registration is lifelong, it is important to consider this when looking at registration figures.
- As at 30th June 2024, the percentage of registered patients (adults and children) in Fife participating in GDS was 63.0%, compared to 59.5% in Scotland. The age-specific participation rates were, 59.1% for adults and 79.3% for children in Fife. This compares to 55.3% of adults and 79.6% of children in Scotland. This compares to 66.0% of children and 50.8% of adults in Fife as at 30th September 2022 (Public Health Scotland, 2024).



- Inequalities in participation rates persist, with children and adults from the most deprived areas less likely to have seen their dentist than those from less deprived areas. 57.3% of people in Fife from SIMD1 areas participating in NHS dentistry compared to 66.2% of people from SIMD5 areas. For Scotland, 54.8% of people from SIMD1 areas participated in NHS dentistry compared to 65.5% of people from SIMD5.

- Board-level participation rates by SIMD were not available in 2022, however children and adults from the most deprived areas in Scotland were less likely to have seen their dentist within the last two years (55.9% compared to 75.8% for children and 42.7% compared for 53.5% of adults).



5.4 Whilst it is challenging to improve access locally, many options have been explored. This includes carrying out a significant mapping exercise across Fife to re-direct dental services based on local needs and intelligence. This work, carried out by NHS Fife and the HSCP’s senior dental professionals and managers, has resulted in Dunfermline, Glenrothes, and Kirkcaldy within Fife Health Board being designated as Scottish Dental Access Initiative (SDAI) grant areas. SDAI grants, supported by the Scottish Government, aim to encourage the provision of NHS care in areas of unmet need. The SDAI grant funding is available to contractors who intend to:

- Establish a new NHS Dental Practice.
- Expand an existing Dental Practice e.g. the addition of a new surgery.
- Purchase and maintain an existing Dental Practice and NHS patient registration list.

5.4.1 At the time of writing, there have been three expressions of interest: a new practice enquiry from a practice owner in NHS Highland; a new practice enquiry in Dunfermline; and a request for grants to support the addition of an extra surgery in New Row. This maps to priorities outlined in the Fife Health and Social Care Partnership Prevention and Early Intervention Strategy to “assess existing service provision and identify current requirements”, “ensuring equitable and inclusive access to care” and is an example of a targeted approach which aims to encourage access and maximise opportunities for individuals and their families. It also aligns with commitments in the Fife Primary Care Strategy to improve access to NHS dental services, and key planning priorities in the NHS Scotland Annual Delivery Plan.

5.5 NHS Fife Public Dental Service previously piloted a novel model of care to support access to NHS dentistry. This consisted of evening clinics with targeted treatments to offer more than simply emergency treatment to patients struggling to access care in Fife. Data showed this pilot was utilised more by those patients from the most deprived areas

than those from the least deprived areas. This has now been introduced into daytime clinics. However, this model of care is not suggested to be a sustainable model of care in the long term.

- 5.6 The time between receipt of referral into the PDS and appointments being provided for Anxious Adults and Oral Surgery is beginning to decrease. Pressures arising from the pandemic and the challenges with access to GDS have meant that waiting lists were significant. The Public Dental Service ran a six-week waiting list incentive on Saturdays to reduce oral surgery waiting list numbers. This ran over 5 morning clinics between October and December 2023 seeing 25 additional patients.
- 5.7 The PDS continues to organise and manage the Fife Emergency Dental Service, which is becoming more stable. The PDS has taken proactive steps to ensure emergency rotas are sufficiently staffed through timely communication with dental practitioners. The Christmas period for 24/25 fully staffed. The dental advice line received 24000 calls up to September 2024, a 23% increase in demand compared to 23%.

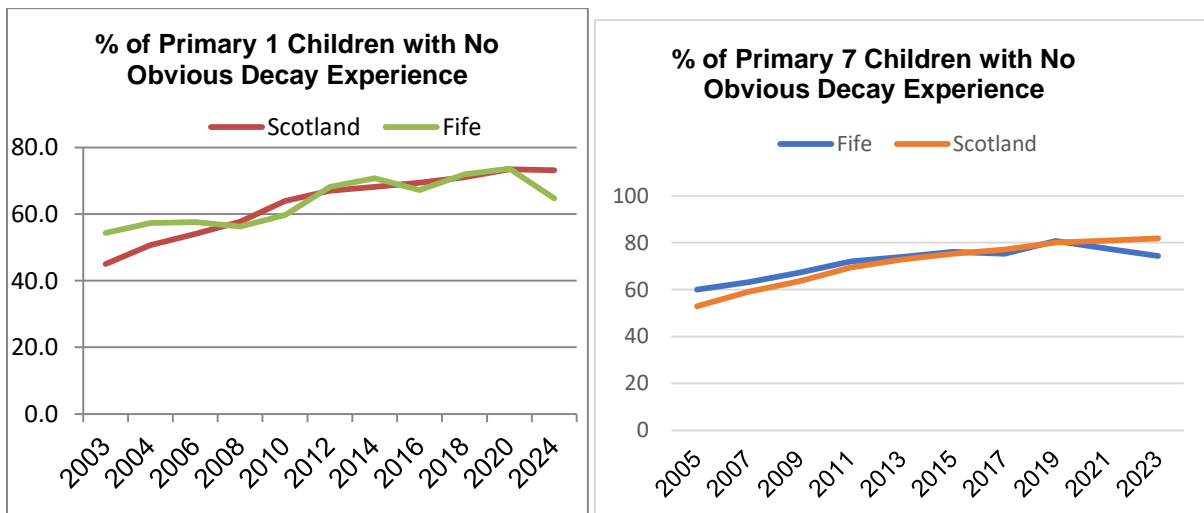
6. TRENDS IN CHILDREN'S ORAL HEALTH

- 6.1 The National Dental Inspection Programme (NDIP) surveys are conducted each year in Scotland's local authority schools and provide information on trends in children's oral health. NDIP invites every Primary 1 (P1) and Primary 7 (P7) child in local authority schools to have a basic dental inspection carried out; a representative sample of these children receive a detailed dental inspection (P1 or P7 in alternate years). These inspections are a core component of the public health function of the NHS community dental service across Scotland and are detailed in the Health Act and Education Act. The main aim of the inspections is to inform parents/carers of their child's oral health and convey the degree of urgency of a dental appointment for the child. The results are also used in the planning and evaluation of local and national oral health initiatives to ensure the appropriate use of resources.
- 6.2 The NDIP 2024 report shows that nearly three quarters (73.2%) of Scottish Primary 1 children showed no obvious dental decay experience. However, the results for Fife, in 2024, show a reduction in the number of Primary 1 children with no obvious dental decay experience (64.7%) compared to the 2020 Primary 1 figure of 73.7%*. In 2024, a sample of 389 children took part in the survey. This sample size is approximately 10% of P1 children in local authority primary schools and due to the sample size the confidence interval is large and care is required with the interpretation of the data. Figures for 2024 showed that P1 children in Fife had the highest decay prevalence for all NHS Board areas in Scotland for the second consecutive year. NHS Fife has a follow-up process in place to ensure those children who are inspected and seen to have severe dental disease or abscesses are able to access dental services. We continue to work closely with dental practices and Education Services to make sure oral health improvement initiatives, such as Childsmile, are firmly embedded. Such initiatives are key deliverables as part of Fife's wider PC Strategy with the strategic priority of improving quality and reducing inequalities and improving outcomes underpinning this. Reporting will come forward accordingly. Steps are being taken to engage with education colleagues to adapt the delivery of the children's oral health

improvement programme in Fife to help improve child oral health.

*Note that the 2022 Primary 1 report focused only on the Basic Inspection owing to issues related to the pandemic

- 6.3 While oral health improvement programmes as summarised in Section 3 play a critical role in preventing oral disease in children, access to NHS dentistry continues to be a challenge period and has had a negative impact on the treatment of dental decay. The 2024 report highlights that in Fife 27.6% of P1 children inspected had untreated decay and only 9.8% of children with obvious dental decay experience had had dental treatment to restore the tooth, compared to a Scottish figure of 11%, again highlighting the problems with accessing dental care.
- 6.4 Inequalities remain in Scotland, with 60.1% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 83.6% in the least deprived areas (SIMD 5) in the 2024 report.



7. PATIENT PATHWAYS

- 7.1 In light of the challenges with workforce, patient access, and child oral health, the dental management team has taken numerous steps where possible within the Board's remit to improve the patient journey in Fife.
- 7.2 The successful recruitment of key clinical dental personnel will aid in improving the patient journey in Fife, sustaining the provision of specialist level paediatric, oral surgery, and special care dentistry within NHS Fife.
- 7.3 NHS Fife has established a programme of Continuing Professional Development events for dentists and dental care professionals on a range of topics, with a strong focus on improving patient pathways, patient referrals, and appropriate management of conditions in primary care. This is open to General Dental Services, the Public Dental Service, and Hospital Dental Services. There have been two events in February and October 2024, with the next planned for early 2025. These sessions have been well-attended and well-received, with participant feedback guiding development of the educational programme. The next session is planned for early 2025. These sessions will also serve to build

relationships between dental professionals

- 7.4 Dental general anesthesia (GA) still accounts for the highest amount of inpatient and day-case hospital activity for elective surgery in children in the UK. General anesthesia is not without risk and causes anxiety and stress to both the child and family. The procedure is a burden on resources and the environment and results in time off school (and time off work for the child's parents/carers) and remains a major public health problem, despite dental caries being a largely preventable, non-communicable disease.
- 7.4.1 An animated video for children and parents who will be attending Fife Community Dental Centre for treatment under general anesthetic has been developed ([Public Dental Service | NHS Fife](#)). This is being used in preparing children and their parents/carers for general anesthetic. This will allow better accessibility as, for some, attending the centre for a dental visit can be unachievable due to location, cost and time away from work. An information booklet will be given at assessment to support the video content.
- 7.4.3 Virtual tours of FCDC, the location of general anesthetic procedures, are now available on the NHS Fife website⁽⁰⁰⁰⁾ at: [Public Dental Service | NHS Fife](#). This decreases travel for another appointment and time off school and work for parents/carers. It can also help to increase familiarisation with the clinical environment for patients and parents/carers.
- 7.4.4 Dental GA waiting lists have improved significantly. Currently, urgent cases are seen within 2 weeks; "soon" are seen within 5 weeks and routine cases seen within 10 weeks. In 2024, there are 100 on GA waiting lists across all categories. This is a significant improvement from 2022, where there were 326 children waiting across all categories.
- 7.5 The closure of dental services resulted in a backlog and the pressures are still being felt. People registered with NHS dentists are having to wait longer for routine assessments. Those unregistered with a dentist are finding it very challenging to register with an NHS dentist. The Dental Advice Line, managed by the PDS, contacts all dental practices fortnightly to ask if the practice is in a position to register NHS patients (children and adults). Currently, there are 4 practices accepting patients onto waiting lists for registration (New Row, Kincardine, Oakley and Canmore Lochgelly), 4 registering under 16s (Templehall, Pro dental, High Valleyfield and Rosyth Dental care) and 1 practice that will register those under 26 (in Tayport). Fife HSCP continues to work with independent contractors to understand the challenges to registration and will work collaboratively to support any improvements needed to improve access across Fife.
- 7.6 To help improve the patient journey and promote efficient and appropriate use of resource, NHS Fife's Public Dental Service worked with Hospital Dental Service colleagues to create a new referral guidance document for dental practitioners. This helps practitioners determine the correct indications for referral from primary care.

8. COMMUNICATION

- 8.1 To help facilitate achievement of key priorities, mitigate against current issues, and foresee potential future challenges, the Fife Dental Senior Management Team are

proactive in communicating and engaging with key stakeholders. This helps not only to support improvements in oral health and the delivery of oral health services, but to emphasise the importance of health within general health.

- 8.2 The most recent Public Health and Wellbeing Group committee Development session was on the theme of oral health. Members of the Dental Senior Management Team presented to colleagues on dentistry and oral health within Fife, highlighting some of the successes and challenges and what the Dental Senior Management Team is doing to encourage success and mitigate against issues. The session was well-received and generated interest and support in the importance of oral health in Fife. The Dental Senior Management Team also provide input to other pieces of communication, such as providing information for Elected Members' Briefings and promptly responding to requests for information in situations such as media queries.
- 8.3 NHS Fife's and the HSCP's senior dental professionals and managers continue to meet weekly as a senior leadership team to respond to the challenges faced by dental services during the pandemic. The benefit of this meeting is the triangulation of information for monitoring purposes and to agree action where necessary. Exceptional reporting has been introduced to proactively support practices to ensure they have plans in place to deliver high quality, safe and appropriate dentistry.
- 8.4 NHS Fife's and HSCP Dental Senior Management Team meet three monthly with the Office of the Chief Dental Officer. This allows key issues and challenges to be reported on and communicated to Scottish Government.

9 GOVERNANCE ARRANGEMENTS AND KEY CHALLENGES

- 9.1 Primary care dental services comprise of independent general dental practices and the PDS. For the coordination and quality assurance of the primary care dental services, the reporting mechanism is through Primary Care Governance and Strategic Oversight Group (PCGSOG) co-chaired by the Medical Director for NHS Fife and Director of Health and Social Care Partnership. Aspects of oral health also feature within the Annual Delivery Plan. Scottish Government wrote to NHS Board Chief Executives in November 2023 and advised that they will be updating their guidance in relation to increasing access to dentistry in the Delivery Plan for 2024/25 as it is a core commitment of the First Minister's Policy Prospectus. Key groups have been re-established post Covid-19 pandemic, including:
- Primary Care Strategic implementation Group chaired by the Head of Primary and Preventative Care Services, this reports to the PCGSOG and HSCP Strategic Planning group
 - Fife's Performance and Governance Group, chaired by the Primary Care Manager
 - The Area Dental Committee, which is a statutory committee that reports up through the Area Clinical Forum
 - Emergency Dental Service Working Group, with a representative GDP and will report to the Area Dental Committee and Primary Care Strategic Oversight Group.

9.2 NHS Fife and Fife HSCP's governance and assurance processes ensure risks relating to dentistry are on the appropriate risk register.

9.3 The established governance structures in place across Primary Care Dentistry within Fife, linked to national dental structures, will continue to manage key challenges across dentistry, which have been detailed below:

9.4 Workforce challenges

9.4.1 Recruitment and retention of dentists and dental care professionals continues to be a challenge in Fife and throughout Scotland and the UK. Ongoing work with Ministers and the General Dental Council (GDC) (the UK dental regulatory body) to look at ways to improve the process for the recruitment of overseas dentists while maintaining patient safety. The GDC and NHS Education for Scotland recently published their respective workforce surveys.

9.4.1.1 The continued significant presence Dental Body Corporates (DBC's) and associated business models is leading to the de-stabilisation of dental services across Scotland and also across Fife due to recruitment and retention challenges and the mergers of DBC practices. DBC's are finding recruitment particularly challenging and are centralising services or carrying out mass de-registration of NHS patients. There have been approximately 25000 to date in 2024, the majority being mass de-registrations from roughly 5 practices, with another 5500 pending for a practice in Banbeath. This results in patients having to make decisions about their options which include moving to the new practice or looking for a new NHS dentist or converting to a private care plan. This has the potential to reduce access for patients at a time of cost of living crisis and further increase inequalities. There have also been 4 DBC's mothballed in 2024. This includes 2 in Glenrothes, 1 Kinghorn and 1 in Leven. Patients can also be de-registered by individual practitioners within a practice.

9.4.1.2 Due to recruitment and retention difficulties and issues with accessing NHS dentistry the Public Dental Service (PDS) is having to see more unscheduled care patients. This has the potential to impact on the patients listed with the PDS; the Chief Dental Officer is clear that the PDS is not to be an 'access' service and NHS Fife has weekly exceptional reporting for those practices and Dental Body Corporates where there are ongoing challenges with access. Fife Dental Advice Line is now receiving more than 2000 calls per month.

9.4.1.3 Fife's Emergency Dental Service operates two sessions at the weekend and is a co-operative of dentists listed in NHS Fife. There are two key challenges; one relating to a significant increase in the number of patients accessing the service and secondly, issues staffing the service due to dentist vacancies in practices which reduces the pool of dentists able to be rostered into the service. Exact figures on the number and breakdown of patients seen in the EDS are not yet available for 2024. Data show that Fife Emergency Dental Service has carried out 3296 individual treatments so far in 2024, compared to 2434 in all of 2023. The vast majority of patients seen in EDS are registered with a general dental practitioner.

10. PLANS FOR 2025/2026

- 10.1 Work in collaboration with practices and Scottish Government to increase dental access in specific areas in Fife covered by Scottish Government's Scottish Dental Access Initiative (SDAI) revised letter- Dunfermline, Glenrothes and Kirkcaldy ([Microsoft Word - PCA\(D\)\(2024\)3 - Amendment No. 165 to the SDR - 29 October 2024](#)). There have already been 3 expressions of interest.
- 10.2 Monitor and assess the access to NHS dental services in NHS Fife through national data and local management data to understand the situation and ensure urgent dental care is available for patients requiring care (as detailed in Year 1-3 of the Primary Care Strategic Action Plan).
- 10.3 Advocate for and facilitate an improved patient journey and experience by maintaining and promoting efficient referral pathways between GDS, PDS and secondary care, and by taking an innovative and proactive approach to the delivery of care.
- 10.4 Ensure oversight of the delivery of the national oral health improvement programmes with a continued focus on recovery, improvement and reduction in inequalities across Fife and report through the national monitoring processes which have recently been established nationally (as detailed in years 2-3 of the Primary Care Strategic Action Plan).
- 10.5 As part of the Scottish Government's commitment to reduce inequalities, use the recent NDIP data to target resources. The aim is to expand components of Childsmile, such as the supervised toothbrushing programmes to include more school years.
- 10.6 Continue to develop and provide dental education sessions to encourage evidence-based practice.
- 10.7 In summary, during 2025/26, the Dental Senior Management Team will:
 - Continue to work collaboratively to recover and ensure ongoing improvement in access to and build sustainability in NHS dentistry
 - Continue to develop a quality and assurance programme for dentistry to provide a clear mechanism to identify risk, to assess and manage risk.
 - Continue to take proactive approaches to alleviate issues related to access, including supporting uptake of SDAI.
 - Continue work to improve oral health and address inequalities in oral health.

EMMA O'KEEFE

Consultant in Dental Public Health

LORENZO IAFRATE

Specialty Trainee in Dental Public Health



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED

**MINUTE OF THE STRATEGIC PLANNING GROUP
HELD VIRTUALLY ON THURSDAY 7TH NOVEMBER 2024 AT 2.00 PM**

| | |
|--------------------------------------|---|
| <p>Present:</p> | <p>Roy Lawrence, Principal Lead for Organisational Development & Culture (Chair) Cllr Dave Dempsey Cllr Sam Steele Morna Fleming, Carer Representative Lesley Gauld, Team Manager, Strategic Planning Vicki Birrell, Team Manager, Strategic Planning Lisa Cooper, Head of Primary & Preventative Care Jillian Torrens, Head of Complex & Critical Care Nicola Broad, Team Manager, Strategic Planning Jacquie Stringer, Service Manager, Locality/Community Led Support Lynne Garvey, Director of Health & Social Care Jennifer Rezendes, Principal Social Work Officer Paul Dundas, Independent Sector Representative</p> |
| <p>Apologies for Absence:</p> | <p>William Penrice, Service Manager, Performance Management & Quality Assurance Cllr Rosemary Liewald Claire Dobson, Director of Acute Services Fiona Forrest, Director of Pharmacy and Medicines Helen Hellewell, Associate Medical Director Paul Short, Service Manager, Housing Services Lynn Barker, Associate Director of Nursing Audrey Valente, Chief Finance Officer Ian Dall, Service User Representative Kenny Murphy, Third Sector Representative</p> |
| <p>In Attendance:</p> | <p>ShirleyAnne Miller, Service Manager, Strategic Planning, Performance & Commissioning Debra Priest, Business Manager, Children's Services Rachel Heagney, Head of Improvement, Transformation & PMO Arlene Wood, Non-Executive NHS Fife Board Member Gillian Muir, Management Support Officer (Minutes)</p> |

| NO. | TITLE | ACTION |
|-----|---|--------|
| 1. | <p>WELCOME AND INTRODUCTIONS</p> <p>Roy Lawrence welcomed everyone to the meeting and apologies were noted as above.</p> | |

| NO. | TITLE | ACTION |
|----------|--|-----------------------------------|
| 1. | <p>WELCOME AND INTRODUCTIONS (continued)</p> <p>Roy Lawrence extended a thank you to Fiona McKay for the work she had done to establish and progress the Strategic Planning Group and recognised Fiona's contribution to not only the Strategic Planning Group but to the Partnership as a whole. The Strategic Planning Group wished Fiona well in her retirement.</p> <p>Roy Lawrence introduced and welcomed Arlene Wood to the Strategic Planning Group as she takes up the chair of the Group from March 2025. Round table introductions were made.</p> | |
| 2. | <p>MINUTE OF LAST MEETING – 5TH SEPTEMBER 2024 AND ACTION LOG</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> <p>Roy Lawrence highlighted that the updates requested with regards to the PMO Oversight Group Minute from the last meeting of 2nd July had been picked up within the minute of the Strategic Planning Group of 5th September.</p> <p>Action Log -</p> <ul style="list-style-type: none"> • Local Housing Strategy – to be picked up out with the meeting with Housing Services for any further update. • Strategy Working Groups – Dementia Strategy Group – Jillian Torrens to pick up query at the first Strategy Group meeting being held later in the month and will advise following this. | <p>LG</p> <p>JT</p> |
| 3. a. | <p>STRATEGIES</p> <p><u>Mental Health & Wellbeing Strategy</u></p> <p>Jillian Torrens presented the first draft of the Mental Health & Wellbeing Strategy for discussion and comment noting this was a working document plan for the next four years for Fife and a population wide document with a real emphasis on working with localities, partners, individuals and populations to deliver the strategy together.</p> <p>Jillian Torrens highlighted the five priorities identified in the plan and that the strategy had also been structured around demographics of Fife's population, mental health in Fife now and in the future, recapping on the previous strategy looking at areas of the strategy that have been successful and areas that need to be taken forward as well as referencing the national situation and the national policy documents and guidance.</p> <p>Jillian Torrens also noted that it is hoped to develop a theme within strategy which looks at related strategies such as suicide and dementia.</p> <p>The discussion was opened to members who provided their comments and feedback on the report.</p> | |

| NO. | TITLE | ACTION |
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| 3. | <p>STRATEGIES (continued)</p> <p><u>Mental Health & Wellbeing Strategy</u> (continued)</p> <p>Members were keen to understand the figures around the number of people who experience mental health problems with a figure of 1 in 4 people being quoted.</p> <p>Officers will continue to develop the Strategy and agreed to bring back a further updated document to the Strategic Planning Group in March 2025.</p> | JT |
| 4. a | <p>ANNUAL REPORTS</p> <p><u>Year Two Workforce Annual Report & Year Three Workforce Plan</u></p> <p>The Strategic Planning Group considered a report presented by Roy Lawrence incorporating the Workforce Year 2 Annual Report 2023-24; Year 3 Action Plan 2024-25 and Annual Whistleblowing Report 2023-24, provided for discussion and assurance that the Partnership's performance is delivering progress in a range of areas related to its ability to Plan for, Attract, Employ, Train and Nurture its existing and future workforce.</p> <p>The Strategic Planning Group noted the inclusion of the first Annual Whistleblowing Report 2023-24 which sets out the policies, procedures, specific arrangements to meet whistleblowing standards, training, and support for staff.</p> <p>Roy Lawrence extended a thank you to those who had worked collaboratively with a common purpose on behalf of the Partnership and IJB to not only create the reports being presented, but also the work undertaken daily to ensure the Partnership is supporting its values and empowering the workforce.</p> <p>Roy Lawrence advised that a development session with the Integration Joint Board is to be progressed to allow the Board to comment and shape the Workforce Plan for 2025-28.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included had any thought been given to incorporate unpaid carers in Fife to the document; the level of leavers to new starts; demographics of workforce; the levels of pupils completing foundation apprenticeship course in Social Services and is there scope to look at 'attract back' in relation to attracting back former employees that may wish to return.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ol style="list-style-type: none"> 1. Took assurance that the Partnership's performance is delivering real progress in a range of areas related to its ability to Plan for, Attract, Employ, Train and Nurture its existing and future workforce. 2. Discussed the activity within the report and appendices taking assurance that the activity still reflects the current workforce challenges faced. | |

| NO. | TITLE | ACTION |
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| 4. | <p>ANNUAL REPORTS (continued)</p> <p><u>Year Two Workforce Annual Report & Year Three Workforce Plan</u> (continued)</p> <p>3. Supported the progression of the SBAR and appendices to the IJB and Committees in November and December 2024.</p> | |
| 5. | <p>STRATEGY FLASH REPORTS</p> <p>a <u>Children's Services Plan</u></p> <p>Debra Priest provided an overview of the flash report submitted and progress of work undertaken to date on the four priorities of work identified:</p> <ul style="list-style-type: none"> • Closing the Equity Gap • Supporting Wellbeing • Children's Rights • Delivering the Promise <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included: had children's rights been discussed in relation to the child's right to be a child and their potential acting as young carer; how did this fit into a wider whole system children and young people plan for Fife in terms of Education, Health, Local Authority etc?</p> <p>Members noted the considerable work being undertaken in relation to this</p> <p>b <u>Armed Forces Covenant Duty</u></p> <p>ShirleyAnne Millar provided an overview of the flash report submitted and progress of work undertaken to date.</p> <p>Areas highlighted within the report included:</p> <ul style="list-style-type: none"> • Working Group • Forces Connect App • Website • E-Learning Modules <p>Discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included: have we met our duty the Armed Forces Covenant; have we removed disadvantage or reduced it; have the processes in place improved access to services; have we delivered in-year plan and how do we hope this work impacts within the Partnership</p> | |

| NO. | TITLE | ACTION |
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| 6. | <p>PROGRAMME MANAGEMENT OFFICE (PMO) OVERSIGHT GROUP</p> <p><u>Minute of last Meeting 29th August 2024</u></p> <p>The minute of the last meeting was submitted to the Strategic Planning Group for its information only and for members to note its contents.</p> <p>The Strategic Planning Group raised queries in relation to the two new risks on the Transformation Portfolio Dashboard with regards to the Home First Programme and the Transforming Business Administration Programme.</p> <p>Agreed The Strategic Planning Group would consider what they would like to see going forward from the Project Management Office and if the minutes were sufficient or if there was something else, they wished to see.</p> <p>Noted the Programme Management Office and Project work are due to feature in a future IJB Development Session.</p> | |
| 7. | <p>ANY OTHER BUSINESS</p> <p>No other business was offered.</p> | |
| 8. | <p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> • Wednesday 5th March 2025 at 2.00 pm via MS Teams | |

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Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 8TH NOVEMBER 2024, 1000hrs - MS TEAMS

- Present:** Sinead Braiden, NHS Board Member (Chair) (SB)
Councillor Rosemary Liewald
Councillor Sam Steele
Councillor Lynn Mowatt
Paul Dundas, Independent Sector Lead (PD)
Morna Fleming, Carer's Representative (MF)
Colin Grieve, Non-Executive Board Member (CG)
Amanda Wong, Director of Allied Health Professionals (AW)
- Attending:** Dr Helen Hellewell, Deputy Medical Director (HH)
Lynne Garvey, Head of Community Care Services (LG)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Fiona McKay, Interim Director of HSCP (FMcK)
Jennifer Rezendes, Principal Social Work Officer (JR)
Jillian Torrens, Head of Complex and Critical Care (JT)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)
Cathy Gilvear, Head of Quality, Clinical & Care Governance (CG)
Vanessa Salmond, Head of Corporate Services (VS)
Avril Sweeney, Risk Compliance Manager (AS)
Dafydd McIntosh, Organisational Development & Culture Specialist (DMcI)
Lesley Gauld, Team Manager Strategic Planning (LG)
Lyndsey Dunn, Community Flow, Clinical Services Manager (LD)
Jacquie Stringer, Service Manager (Locality/Community Led Support) (JS)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Councillor Margaret Kennedy
Ian Dall, Service User Rep, Chair of the PEN (ID)
Kenny Murphy, Third Sector Representative (KM)
Alistair Grant, Non-Executive Board Member (AG)
Lynn Barker, Director of Nursing (LB)
Hazel Close, Deputy Director of Pharmacy and Medicines (HC)
James Ross, Chief Social Work Officer (JR)

| No | Item | Action |
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| 1 | <p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>SB welcomed everyone to the 08 November HSCP Quality & Communities Committee meeting.</p> | |
| 2 | <p>ACTIVE OR EMERGING ISSUES</p> | |
| | <p>No emerging issues were Reported.</p> | |
| 3 | <p>DECLARATION OF MEMBERS' INTEREST</p> <p>No declarations of interest were received.</p> | |
| 4 | <p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p> | |
| 5 | <p>MINUTES OF PREVIOUS MEETINGS HELD ON 04 SEPTEMBER 2024</p> <p>The previous minutes from the Q&CC meeting on 04 September 2024 were reviewed and no alterations or corrections were requested.</p> <p>The minutes were taken as an accurate record of the meeting.</p> | |
| 6 | <p>ACTION LOG</p> | |
| | <p>The Action Log from the meeting held on 04 September 2024 was reviewed.</p> <p>The Action Log is currently complete and up to date.</p> | |
| 7 | <p>GOVERNANCE & OUTCOMES</p> | |
| 7.1 | <p>Quality Matters Assurance</p> <p>This Report was brought to Committee by Helen Hellewell in Lynn Barker's absence. The report is brought for Assurance and Discussion.</p> <p>HH introduced the Report which was based on the QMAG meeting which took place on 31.10.24. She advised the Mental Welfare Commission is considered in further detail later on in the Agenda. HH wished to draw attention to further work taking place around drug and alcohol deaths and deaths due to suicide. The reports detail work undertaken to improve matters for people and help prevent occurrences in the future. She spoke of discussions relating to the Mr E Report from the MWC, HSCP are looking to ensure such an occurrence will not happen within Fife. A relating report will be brought to Q&CC in the future. Good work taking place in Cowdenbeath relating to tissue viability was highlighted.</p> | |

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| | <p>HH welcomed questions. SB thanked those involved for the work around QMAG.</p> <p>ClIr Liewald wished to add, the ADP Drop-In has relocated to new premises within Cowdenbeath. The move has demonstrated a good example of transitional work with the relocation of all drop-in services, including triage & prescribing and tissue viability.</p> <p>The Committee was Assured by the Paper.</p> | |
| <p>7.2</p> | <p>Quality and Communities Committee Strategic Risk Register</p> <p>This report is brought to Committee by Audrey Valente and was presented by Avril Sweeney. The report comes for Assurance and Discussion.</p> <p>AS introduced the report and advised it sets out the IJB's Strategic Risks which may pose a threat to the Partnership in achieving its objectives in relation to clinical and care governance and quality of care. She stated, the Risk Register last came to Q&CC in May 2024. The report comes 6-monthly and Deep Dive Risk reviews are presented on individual risks, in between. AS stated, the Risks were last reviewed in Oct '24 and continue to be managed by the Risk Owners. She explained the meaning of the Risk Scores and highlighted the increase in scores for Primary Care Services and Demographic Changing Landscapes. This is due to the current significant financial pressures. Both have been subject to a deep dive risk review during the last year. AV outlined the operational risks and advised they are regularly monitored at the QMAG and actively managed by Service Managers. Any concerns are escalated to SLT and to a Strategic level, if necessary. Questions were invited.</p> <p>MF commented she was finding the Paper difficult to read due to the small print. She was concerned though 'Demographic Changing Landscape' is being monitored closely, she was unsure what action is being taken. She asked what 'monitored closely' means.</p> <p>FMcK responded to MF's question by explaining 'Demographic Changing Landscapes' has been on the Register since 2017 and is a long-term plan around how strategic needs are assessed - how things come through the system. She advised how previous strategic plans and strategic needs assessments give information which is important to be on the radar. Strategies, such as the Prevention and Early Intervention Strategy, has influence and the Strategic Needs Assessment is reviewed regularly through the Strategic Plan Annual Report, identifying 'blips' is all part of an ongoing process. She added, it would be remiss for it not to be included and pointed out the Register focuses on Quality and Communities.</p> <p>CG advised, a quality report is in development to be at the newly convened meeting relating to the Recovery Plan. This will monitor</p> | |

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| | <p>any unintended impact on quality of care by considering reported incidents.</p> <p>Cllr Liewald stated she felt confident the risks are monitored and there is flexibility to apply acceleration where appropriate. She has taken assurance and has confidence HSCP are doing what is required with flexibility and assurance behind it.</p> <p>CG agreed some of the risks have been in place for a long time and felt perhaps a SMART action is required, such as a monitoring group to consider financial matters going forward, giving further assurance. He agreed with Cllr Liewald and felt assured through feedback at Committee meetings.</p> <p>SB suggested AS take away for consideration.</p> <p>The Committee were Assured by the report.</p> | AS |
| 8 | STRATEGIC PLANNING & DELIVERY | |
| 8.1 | <p>Winter Planning 2024/25</p> <p>This report is brought to Committee by Lynne Garvey. It comes for Discussion and Assurance. Lyndsey Dunn joined the meeting to present.</p> <p>LD introduced herself as the Clinical Services Manager for the Integrated Discharge Teams, Community Nursing and Specialist Services, HSCP.</p> <p>LD spoke of the significant demand on Services with an unprecedented rise in referrals across all services. She explained, data shows considerable increase since the same timeframe 2023. LD outlined the key services such as the Red Cross Service, Home to Assess model, Discharge to Assess and the Enhanced Immediate ICT Team, which is currently being redesigned for those in need of extra support and assistance. The Integration of Services across community hubs was described, where people have quick access to services when required.</p> <p>LD advised a discharge profile was set last year at approximately 100/weekly discharges. This is lower than the Scottish average and places Fife within 25% of the best performing local authority areas. However, she acknowledged, current financial challenges may pose difficulties in maintaining the current level of performance, moving forward. She did, however, want to give assurance all services are operating well and are meeting the demands of this winter.</p> <p>LG thanked LD for an excellent overview. She highlighted the work is performed in collaboration with some of Urgent Care and support from external providers and Acute. She highlighted the huge improvement from several years ago when Fife was amongst the worst performing Boards and there have been great strides to turn this around, particularly relating to Care at Home. The immediate risk is the lack of funds to</p> | |

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| | <p>commission and move people through the system as currently taking place. LG advised this Risk is considered in the Recovery Plan.</p> <p>PD gave thanks for the plan and report. He commented on the plan for ongoing recruitment of ANPs to increase the levels of ACP within Care Homes. He was pleased to note a growing number of ACPs at the weekly Verification meetings of the Optimisation of Care Home Pathways, into and out of hospital. He asked if 'what the starting point was and where was reached by the end of winter' could be included in the Winter Review for 2024/25. Also, the benefits brought to the whole system, once the system is reviewed.</p> <p>Cllr Liewald was very pleased to read the Paper and was particularly pleased to see the redesign of the Telecare Service and the Community Heart Failure Clinic and the Spiritual Service at Community level. She advised Early Discharge and the work with Red Cross, who have a very good reputation, is receiving excellent feedback. There was discussion around possible funding.</p> <p>MF gave thanks for the report and commended the glossary at the front of the report which makes for much easier reading. She queried the situation with unpaid carers under the age of 65yrs, receiving Covid vaccinations. LC advised the Vaccination Programme is delivered in line with Direction from GCVI and Chief Medical Officer, and she explained the under 65yrs carers would not be eligible. LC offered to link MF with the HSCP Immunisation Co-ordinator to discuss further off-line.</p> <p>LG stated she is delighted with the direction of Anticipatory Care Planning and wanted to highlight the focus on Prevention. She felt there has been great strides made, particularly with Care Home residents where emphasis is being placed upon the Rights of people and their carers. LG also informed the meeting of an initiative where an unpaid carer is working with the Front Door Team for a period of one year.</p> <p>The Committee took Assurance from the Paper.</p> | |
| <p>8.2</p> | <p>Locality Planning – Community Chest Fund</p> <p>This report is brought to Committee by Fiona McKay and comes for Assurance.</p> <p>FMcK advised of a Localities Event which had taken place earlier in the week with good attendance. FMcK advised the Community Chest Fund is a dedicated fund to support projects which can aid unpaid carers. The report gives an overview of how the Fund has functioned during its first and second term. FMcK introduced Jacquie Stringer, Service Manager (Locality/Community Led Support), who works closely with the project.</p> <p>JS offered assurance to the Committee the Community Chest Fund is being appropriately monitored and evaluated. She advised there has been 54 applications for financial assistance approved during the first</p> | |

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| | <p>two rounds of funding. Each project has up to 2 years to spend their funding, but equally there has been some projects who have struggled to engage with unpaid Carers. These projects have been assisted by the Locality Planning Group, Fife Carers and Local Development Officers to have as far a reach as they possibly can.</p> <p>JS stated, projects have been innovative, ranging from very small projects, such as a group of unpaid carers asking for walking boots, up to supporting kinship carers and also schools for young carers. She advised MF has been Chair of the panel who have governed and overseen the applications to ensure a fair process is in use. The evaluation is not a big piece of work for these projects, as it is understood this may be a barrier, however, it is important to have appropriate evaluation in place. If a group has been unable to spend the funding within 2 years, the funding will be put back into the pot.</p> <p>JS felt the Community Chest Fund has been a good success and the meeting was opened up for questions.</p> <p>MF was very happy to see the report brought to Q&CC and was pleased to take part at the recent event and present re the CCF. She described her experience of being on the panel and stressed only projects which would benefit unpaid carers were supported. She was disappointed some very good ideas did not come to fruition due to failing to attract people to take up the option. She would like to continue to support and spoke, in particular, of kinship carers, the Young Carers Group and of the 'Supporting Memories' project.</p> <p>MF wished to commend the Partnership for allocating the funding to support the work.</p> <p>The Committee took Assurance from the report.</p> | |
| 8.3 | <p>Smoking Cessation Deep Dive</p> <p>This report is brought to Committee by Lisa Cooper which comes for Assurance and Discussion.</p> <p>LC welcomed the opportunity to bring the report forward to Committee. She advised, the project is led by Health Promotion, a delegated service within the Partnership.</p> <p>LC advised, a Deep Dive had recently been commissioned into the Smoking Cession Programme to understand delivery and numbers around uptake and successful quit rates. She outlined the 3 separate strands within the programme, which are Specialist Service (at hospital and community venues), Maternity Service and Community Pharmacy Service, involving all Community Pharmacies across Fife. Specific details around the improvement actions in place and the next steps were</p> | |

described. The health implications and financial cost to individuals and NHS were discussed.

LC advised, Scottish Government have published the Tobacco and Vaping Framework, with an aim to achieve 'Tobacco Free Scotland' by 2034. Priority groups are identified which will be used for Fife to be measured against. A plan is in place to enable Fife to achieve this goal. LC spoke of an Event planned for January '25 involving all stakeholders to assess the current situation in Fife and plan to reach a Tobacco Free Scotland by 2034.

MF thanked LC for the report and had concern regarding vaping and the ability for children to obtain vapes. She referred to Fife being at the top of national scales for drug deaths, dental problems in children, etc. She queried what were the effects of people in poverty spending money on vapes and cigarettes. She asked why the relevant medication is not available and is there an alternative option.

LC advised the Scottish Government Framework and Direction did not involve vaping as it is a relatively new problem, however, has now been amended to include vaping. LC spoke of evidence being gathered around the health consequences of vaping. A multi-agency event is to take place looking at the entire Framework, including vaping, along with smoking. She went on to say prevalence in SINDs, does not have answers but is very concerning, whole early intervention/prevention approach required, and will be encompassed within the Strategy, which has recently been signed off.

LC queried medication not being available and she will endeavour to discover why, and what is the alternative. She spoke of the focus of the Improvement Plan.

Cllr Liewald was supportive of the report. She also queried where young people are obtaining vapes/cigarettes. She stated, she has been advised, local corner shops are selling to underage. There was discussion around concerns of addiction and children being excused from class to vape under the pretence of using rest room.

Cllr Liewald was curious around the data collected from the School Nurse Service who give children the opportunity to attend a referral pathway. She believed children go straight onto vapes, they are not used to wean off cigarettes. Discussed at some length where media is influencing trends young people follow. Agreed action required by Government to ban single use vapes.

LC spoke of a multi-agency approach being required to set up measures for Strategy to prevent, support and aid stopping.

SB asked to see the report back in 6 months. Will be added to workplan.

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| 9 | LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS | |
| 9.1 | <p>Workforce Strategy Action Plan Year 2 Report 2023-24</p> <p>Reports within the Appendices Include Year 2 Report 2023-24 Summary Report of Medium-Term Actions 2023/24 Year 3 Workforce Action Plan 2024-25 Annual Whistleblowing Report April 23-March 24</p> <p>This report is brought to Committee by Roy Lawrence and comes for Assurance, Discussion and Decision.</p> <p>RL introduced the report which was recently presented at the Strategic Planning Group. He summarised the collaborative activity which has taken place to reach the current position, detailed within the Year 2 Report 2023-24 and the Medium-Term summary of Actions.</p> <p>The Year 3 Workforce Action Plan, which has been designed by 50 people from across the systems, details the actions for the year ahead. RL acknowledged the very fast pace of change and advised the Y3 Action Plan will be a dynamic document. He introduced the Partnership's first Annual Whistleblowing Report which sets out the whistleblowing standards as previously discussed at IJB in early 2023.</p> <p>RL was confident all Internal Audit recommendations are met by the work and data in place and spoke of the various workstreams operating to ensure this happens.</p> <p>Cllr Liewald queried foundation apprenticeship feedback. RL gave an update advising, there had been little connection in the first year, thus there was work with schools taking a more local approach. RL introduced Dafydd McIntosh, Organisational Development & Culture Specialist to give further detail.</p> <p>DMcI told of connecting with both workplaces and pupils to explore if the workplace was not understanding the purpose of the courses or the pupils lacked information. Since then, work has taken place to create a database storing all information, ensuring every pupil always has a workplace and ensuring the workplace is in locality of the school attended. Approximately 50 pupils are signed up with mentors available to all pupils and events organised with current students to tell of their experience.</p> <p>There was a good deal of discussion around attracting employers into the project. Career events taking place were discussed and DMcI spoke of specific events which will be attended by pupils who have identified Health & Social Care as a career of choice.</p> <p>SB confirmed the Committee were content for the report to be submitted to IJB.</p> | |

9.2

Pharmaceutical Care Services Report 2023-2024

This report is brought to Committee by **Aileen Boags** and comes for **Assurance**.

AB introduced the report stating, in line with Pharmacy Regulations, Pharmacy are legally obliged to publish the Report, which is used to identify any unmet need within the Pharmaceutical Care Services.

The Paper reports on Pharmaceutical Services provided by Community Pharmacy during 2023-2024 across 86 sites in Fife. AB described excellent assistance received from the HSCP Participation and Engagement Team to enable a very robust public engagement process to take place. Feedback was received through 270 responses, which supported the statements included within the report. This was very encouraging, and it is hoped, to develop the public engagement exercise to enrich the report as it moves forward.

AB highlighted several areas of the report – the biggest change in the Pharmaceutical landscape was between Jun-Nov when one of the large multiples exited the UK market, all contracts in Fife were taken over by other contractors and service provision continued and actually increased.

The demographics across Fife are covered in Section 1 and Section 2 describes all the CP services which AB summarised. Data relating to Pharmacy First was explained. She wished to highlighted data relating to Smoking Cessation 75% of quit attempts were within Pharmacy settings and 53% came from the 40% most deprived data zones.

Moving forward, the report will transition into a plan which will both reflect and show what can be achieved in the future.

Questions were invited.

CG referred to his time as Chair of the Pharmacy Practice Committee for Fife where applications to open Pharmacies came through the Committee. He described the system used and felt it was very archaic and asked why the tender process used for General Practice is not used, which would be a fairer process.

LC responded by stating Fife HSCP are duty bound by national legislation, she felt it was a fair question and agreed but currently does not have the power to influence.

MF queried medicines care and review and was concerned public engagement suggests 52% are aware of this service. She asked what is being done to ensure people know about the service and have medicines reviewed on a regular basis. AB advised, the public engagement showed some work is required to ensure the public are aware of all CP services. She explained a full review of a person's medicines would lie with Pharmacotherapy or General Practice. A refresh of this specific part of the service is expected in the coming year, making it clearer what the service is as it is not a full review of people's medicines.

SB confirmed the Committee were Assured by the report.

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| <p>9.3</p> | <p>MAPPA Report</p> <p>This report is brought to Committee by Jillian Torrens for Assurance.</p> <p>JT introduced the MAPPA (Multi Agency Public Protection Arrangements) Report which is brought to Committee to give Assurance around the local MAPPA arrangements and the management of people subjected to MAPPA support.</p> <p>JT explained, MAPPA supports 3 categories of people – sex offenders, restricted patients and individuals who are assessed as a potential risk to cause serious harm. Under National Guidance, Fife HSCP is a responsible authority, with both Fife Council and NHS Fife included as responsible authorities. There is National Guidance which informs and supports practice locally and the report gives detail of the guidance set out nationally. JT advised there are 12 MAPPA regions across Scotland, 3 levels of management in terms of how people are supported, levels 1-3 with 3 being the highest, most risky level.</p> <p>JT advised there are 569 people in Fife supported via MAPPA arrangements, with 400 living within the community. 399 are managed at Level 1, deemed to be routine management and 1 individual managed at Level 2. The Management Oversight Group and the Strategic Oversight Group are reported into and oversee governance. A local MAPPA co-ordinator sits on all MAPPA groups with great knowledge and extensive expertise supporting practice locally.</p> <p>JT spoke of the APPA Co-ordinator passed away recently, being a huge loss to the Service.</p> <p>JT wished to thank Jackie Drummond, Associate Medical Director for compiling the report. Questions were invited.</p> <p>MF requested as a matter of general practice, all reports presented include a glossary of abbreviations and acronyms. JT stated this shall be included in future reports and was happy to pick up a call off line with MF if required.</p> <p>SB commented this is the first time the MAPPA report has come to Q&CC. She was interested to read the numbers and queried if Fife, because there is no prison, and people are managed in the community, there are no individuals at Level 3. JT stated the people are managed very well in the community.</p> <p>SB confirmed the Committee took Assurance from the report.</p> | |
| <p>9.4</p> | <p>Adult Protection Report (Social Work/Social Care) 2023/24</p> <p>This report is brought to Committee by Jillian Torrens and comes for Assurance.</p> | |

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| | <p>JT introduced the report which is in relation to Adult Support and Protection activity within the past year. The report was compiled by Danielle Archibald who leads on Adult Support and Protection practice across the Partnership. JT wished to highlight the activity stats showing an increase of 57% in referrals. She outlined the various reasons and spoke of managing the demand in capacity, moving forward.</p> <p>JT advised, local procedures are set out in the report and she outlined key statistics. Audits carried out and the strengths identified were described and the areas for improvement were discussed, along with the improvement plan.</p> <p>JT spoke of the work which has taken place regarding promotion of ASP procedures and practice, training plans for health and for social work staff have been identified, with training being a standard agenda item at team meetings.</p> <p>Focus moving forward is use of a 2nd worker ensuring they are a health care worker and preferably known to the individual with good oversight of cases.</p> <p>The main risk is managing demand and capacity around the activity which is coming in from HSCP moving forward.</p> <p>PD thanked JT for the report and felt it is well laid out and demonstrates how the inter-agency partners work. PD, who is heavily involved in ASP, queried referral levels and what this will mean in terms of resource, avoiding duplication. He also felt very good interagency work is demonstrated within the report. JT spoke of the robust process in place where every new referral goes automatically to an inter-agency referral discussion at a very early stage, giving a higher level of scrutiny. Resource being targeted in the correct places is always consideration.</p> <p>Cllr Liewald mentioned the recent workshop at Cowdenbeath Locality Planning Group where Danielle presented the work taking place within ASP in a very detailed but easily understandable, organised format.</p> <p>JT advised Danielle has been attending all Locality Groups and the message is going out across the whole of Fife. Using examples is very powerful to demonstrate the work taking place and the impact on individuals, families and carers across Fife.</p> <p>SB confirmed the Committee took Assurance from the report.</p> | |
| <p>9.5</p> | <p>Mental Welfare Commission Report and Action Plan</p> <p>This report is brought to Committee by Jillian Torrens and comes for Assurance.</p> <p>JT advised the report comes for Assurance and gives an overview of MWC visits which have occurred in the past 12 months. She stated there has been 11 visits in total, predominately the visits are within Ward areas, however, within Fife there was the first visit in Scotland to a community</p> | |

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| | <p>mental health team in Scotland. The Commission intends to increase these visits in the future.</p> <p>JT advised MWC have a very well-established visit programme where they engage with staff, patients, relatives and visitors. She spoke of repeated themes, such as quality of the environment, number of beds being operated in wards, activities or purposeful engagement for patients. Care planning raised some concern and more focus is to be placed on auditing of care plans.</p> <p>Visits will continue on a mainly monthly basis. When a visit has taken place there is a draft report submitted which HSCP have a chance to respond to and an action plan is submitted to the Commission which is to be taken forward in the coming months.</p> <p>SB spoke of a visit to Stratheden Hospital with Arlene Wood and JT. She felt it had been very helpful. She commented there had been improvements made in the ward areas, whilst capital funding is awaited.</p> <p>SB confirmed the Committee were content to take Assurance from the report.</p> | |
| <p>9.6</p> | <p>Armed Forces Covenant Duty</p> <p>The report is brought to Committee by Fiona McKay and comes for Assurance and Decision.</p> <p>FMcK introduced Lesley Gauld who has carried out the majority of the work on the Armed Forces Covenant Duty. FMcK will be passing responsibility to JT from 2025.</p> <p>FMcK advised there has been a good deal of work since the previous report in November 2023. She spoke of the Armed Forces Covenant Working Group which had been established, initially as a short term group, to support implementation of the Armed Forces Covenant across Fife Partner agencies. This group is now a permanent group who's remit includes reviewing services already in place, identifying actions to support compliance and overseeing work to promote compliance and monitor progress against the Duty across partner agencies.</p> <p>A Forces Connect App which is being used across other parts of the country has been introduced in Fife. The App provides details of local and national organisations that offer immediate help and support across a wide range of services for members of the Armed Forces Community. From crisis support, to searching for a GP or a dentist, starting a business to advice on housing.</p> | |

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| | <p>The HSCP website now hosts a new area for the Armed Forces Community which offers support, information and supports the Armed Forces Covenant.</p> <p>LG wished to provide Assurance to the committee that the work is ongoing and improving compliance across the partnership. There is also a section added to EQIAs to ensure the armed forces community is considered in any decisions or policies and there are also questions added to the consultation process to identify the number of people who are part of the armed forces community across Fife.</p> <p>The Committee took Assurance from the report.</p> | |
| 10 | EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES | |
| | <p>10.1 Quality Matters Assurance Group Unconfirmed Minute from 06.09.24</p> <p>10.2 Clinical Governance Oversight Group Unconfirmed Minute from 06.09.24</p> <p>10.3 Strategic Planning Group Unconfirmed Minute from 05.09.24</p> <p>10.4 Fife Alcohol, Drugs and Therapeutics Committee Unconfirmed Minutes 21.08.24</p> <p>10.5 Equality and Human Rights Strategy Group Unconfirmed Minutes 24.08.24</p> | |
| 11 | ITEMS FOR ESCALATION No items for escalation. | |
| 12 | AOCB No other business requested. | |
| 13 | DATE OF NEXT MEETING Thursday 6th March, 1400hrs, MS Teams | |



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE TUESDAY 12TH NOVEMBER 2024 AT 2.00 PM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member (Chair)
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander
Colin Grieve NHS Non-Executive Board Member

Attending: Lynne Garvey, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Lisa Cooper, Head of Primary & Preventative Care
Jennifer Rezendes, Professional Social Work Lead
Jillian Torrens, Head of Complex & Critical Care
Vanessa Salmond, Head of Corporate Services

In attendance:

Tracy Hogg, Finance Manager HSCP
Avril Sweeney, Manager Risk Compliance
Roy Lawrence, Principal Lead, OD & Culture
Chris Conroy, Senior Portfolio Manager, Primary & Preventive Care
Dafydd McIntosh OD & Culture Specialist
Lyndsay Dunn, Clinical Services Manager
Gillian Muir, Management Support Officer (Minutes)

Apologies for Lynn Barker, Director of Nursing
Absence: Helen Hellewell, Associate Medical Director

| No. | Item | ACTION |
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| 1. | <p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p> | |

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| 2. | <p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were noted.</p> | |
| 3. | <p>MINUTE OF PREVIOUS MEETING – 11TH SEPTEMBER 2024</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> | |
| 4. | <p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p> | |
| 5. | <p>FINANCE</p> | |
| 5.1 | <p>Finance Update and Recovery Plan</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the current financial position (actuals to September 2024) highlighting a projected overspend of £27.1m and noting this was an adverse movement of £5.5m from the last reported position.</p> <p>Audrey Valente provided Committee with further detail on the five main areas contributing to the adverse movement.</p> <p>With regards to reserves Committee noted £4m remains committed and earmarked for specific national and local priorities as previously advised and noted this amount was below the policy guidance of 2%.</p> <p>Committee noted in relation to the savings position the Partnership was now reporting at September to deliver 69% of savings, a value of £27m against the £39m approved in March 2024. Work continues to progress on taking forward the recovery actions of up to £13m and officers will continue to feedback and report on progress throughout the remainder of the year.</p> <p>Committee also noted that as agreed as an IJB, a formal request to partners to ask per the Integration Scheme if any further allocations can be made available is due to be issued in the next week.</p> <p>Audrey Valente noted the financial position being challenging and not an improved position.</p> <p>The discussion was opened to Committee members and considerable discussion was had around the projected position. Members provided their thoughts and comments. A query was also raised in relation to how a budget could go down as noted in the table in appendix 1 of the paper.</p> <p><u>Decision</u></p> <p>The Committee</p> | |

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| | <ol style="list-style-type: none"> 1. Noted the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 30th September 2024 as outlined in Appendices 1-4 of the report. 2. Noted steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix1. 3. Agreed onward submission to IJB for approval of the financial monitoring position as at September 2024. | |
| <p>5.2</p> | <p>Service Level Agreements</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer and presented following discussion at a recent IJB Development Session for discussion, assurance, and consideration.</p> <p>Audrey Valente provided Committee with a background to the budget noting this was a budget which had not been delegated to the IJB thus far and was for patient care (mainly mental health patients) for out with Fife placements.</p> <p>Committee noted that there had been ongoing discussions over a couple of years with finance partners, but an agreement had never been reached as to whether this budget should be devolved.</p> <p>Committee also noted that although there would be clinical and potential financial benefits of devolving this budget there would also be a significant financial risk and concerns attached to this which would require to be considered as part of the decision-making process to ensure a balanced approach to decision making.</p> <p>Committee were advised that this further devolution of budgets had not been formally presented and approved by the IJB but if, following Committee’s discussion, it was agreed that the full budget should transfer, then Committee would be asked to agree that the decision is remitted to the IJB for a formal decision on implementation including effective date (backdated to 2023-24 or with effect from 2025-26 financial year).</p> <p>Audrey Valente advised it would be essential that a tripartite discussion be held to ensure mutual understanding and agreement on the potential impacts on the risk share agreement. As well as there being implications in relation to an increase to the year-end reported overspend position there would also require to be adjustments to the share of the overspends between partners. NHS Fife’s share would increase, and Fife Councils would decrease, reflecting partner contributions, with a few exceptions.</p> <p>Officers provided Committee with further detail of spend.</p> | |

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| | <p>The discussion was opened to Committee members where considerable discussion was had around the devolution of the budget. Members provided their comments and feedback on the report.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report and considered whether any further information was required. 2. Considered the proposal and asked the Chief Finance Officer to discuss with Partner Directors of Finance with a view to reaching agreement on treatment this year and in future years. | |
| <p>5.3</p> | <p>Homecare Overspend</p> <p>Audrey Valente shared a presentation with Committee detailing the Homecare overspend. The presentation was given following an ask from Committee for a fuller deep dive into the Homecare Services overspend to allow members to understand what the additional costs reported related to.</p> <p>Audrey Valente provided an analysis of the budget; outturn position for last year and projected outturn for this year, care at home hours and what the budget buys.</p> <p>The Committee were appreciative of the update provided.</p> <p>Committee felt that it would be helpful for Karen Marwick, Service Manager, Care at Home to attend a future Committee to provide an insight and understanding into the Care at Home Service.</p> | <p>GM</p> |
| <p>5.4</p> | <p>Finance, Performance & Scrutiny Strategic Risk Register</p> <p>The Committee considered a report from Avril Sweeney, Manager Compliance provided for assurance and discussion detailing the IJB's strategic risks that may pose a threat to the partnership in achieving its objectives in relation to financial and performance management.</p> <p>Committee noted that the risk register was last presented to Committee in May 2024 and is scheduled to come to Committee twice per year with a deep dive risk review being undertaken on the individual risks four times per year.</p> <p>Committee also noted the risks held on the risk register continue to be managed by the risk owners and were most recently reviewed in October of this year. The risks are presented in order of residual risk score, which is the score taking into account the management actions that are currently in place as well as timescales and progress with SMART actions.</p> <p>Avril Sweeny drew Committee's attention to four risks with a high residual risk score and provided Committee with an update on these noting that all four high scoring risks have been previously subject to a deep dive risk review.</p> | |

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| | <p>Committee were reminded that in addition to the risk register there are a number of risks at an operational level within the partner bodies systems and these are regularly monitored at the Finance Governance Board and as part of the budget process these risks are being actively managed by the relevant service manager and any risks or concerns are being escalated to SLT and to a strategic level if necessary.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. A query was raised with regards to the transformation change risk and whether this would incorporate all actions required to make the savings that is set out or would that be separate?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the contents of the risk register. 2. Discussed the risk register and considered whether any further information was required. | |
| 6. | PERFORMANCE | |
| 6.1 | <p>Monitoring of Directions</p> <p>The Committee considered a report presented by Vanessa Salmond, Head of Corporate Services providing an overview of both NHS Fife and Fife Council progress and performance relating to open Integration Joint Board Directions.</p> <p>Committee noted that there were two remaining open directions for this year to date which pertain to the budget as detailed in appendix 1 of the report. A further update is to be brought back to Committee in the March cycle to bring an update on where we are at year end in relation to these open directions and any other directions that are instigated in the meantime.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Considerable discussion took place with regards to the setting of directions and partners following the directions given.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance from the IJB Directions Progress Report on the delivery of the legal directions issued by the Integrated Joint Board. | |
| 6.2 | <p>Winter Planning 2024/25</p> <p>The Committee considered a report presented by Lyndsey Dunn, Clinical Services Manager providing an update on the actions being taken to address the forthcoming predicted winter pressures and to note last winter's performance despite significant pressures.</p> | |

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| | <p>Committee noted that 2023/24 was one of the most highly pressured years experienced across the Partnership with the demand on services significant and an unprecedented rise seen in referrals to the Discharge Hub. Despite this, team performance exceeded that of any other year.</p> <p>Committee noted the actions taken as detailed in the report and the key elements of approach taken to respond to and manage the increasing demands.</p> <p>Committee also noted that there had been significant investment by the Scottish Government in recent years, some of which had been recurring, which has allowed the Partnership to sustainably respond to the current delay situation and plan effectively for the Winter but has also allowed the Partnership to move forward with their strategic objective of delivering care in a home or homely setting.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report and thanked officers for the comprehensive detail.</p> <p>Items raised for discussion included queries in relation to the graphs contained within the report.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that actions being taken to address the forthcoming predicted winter pressures and noted last winter's performance despite significant pressures. | |
| 7. | SCRUTINY | |
| 7.1 | <p>Public Sector Climate Change Duties</p> <p>The Committee considered a report presented by Avril Sweeney, Compliance Manager outlining the Integration Joint Boards statutory duty to submit a climate change report to the Scottish Government by the end of November each year, noting this was the eighth report for Fife IJB covering the period 2023-2024.</p> <p>Committee members were asked to consider and agree the priorities for climate change governance, management, and strategy for the year ahead as detailed in the recommendation section of the report and submit to the Integration Joint Board for approval.</p> <p>Committee noted that the annual report is due for submission to the Scottish Government by 30th November 2024, but due to the Integration Joint Board being rescheduled to 4th December members were asked if they would be agreeable for the report to be circulated by e-mail to Integration Joint Board members to confirm their agreement of the recommendations in advance of the deadline.</p> | |

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| | <p>The discussion was opened up to Committee members who thanked officers for the comprehensive report. No additional questions were raised, and agreement was given to circulate the report via e-mail for approval.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report and provided comments. 2. Agreed the priorities highlighted in the recommendations section for the year ahead for onward submission to the Integration Joint Board. 3. Agreed for the report to be circulated to the Integration Joint Board for offline approval to allow submission of the report by the deadline of 30th November 2024. | |
| <p>7.2</p> | <p>Terms of Reference</p> <p>The Committee considered a report presented by Vanessa Salmond, Head of Corporate Services provided for review and discussion.</p> <p>Committee noted terms of reference are required to be reviewed on an annual basis to ensure these remain fit-for-purpose and should provide assurance to the Integration Joint Board that Committee is ensuring that arrangements are in place to secure best value in the use of all resources and arrangements work effectively.</p> <p>Vanessa Salmond advised of an exercise being carried out through the Audit & Assurance Committee whereby it is looking to align its terms of reference with its workplan. Committee were asked if they would be happy for this exercise to be undertaken for Finance, Performance & Scrutiny Committee with a further report to be brought to a future committee cycle.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Committee advised that they were happy to receive the terms of reference and would consider these in more detail following the exercise.</p> <p>No further questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Reviewed and discussed the current Terms of Reference as noted in Appendix 1. 2. Agreed required amendments to the Committee Terms of Reference. 3. Agreed for an exercise to be carried out to look at aligning the Committee terms of reference to its workplan. | <p>VS</p> |

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| 8 | STRATEGIES | |
| 8.1 | <p>Year Two Workforce Annual Report & Year Three Workforce Plan</p> <p>The Committee considered a report presented by Roy Lawrence, Principal Lead for OD & Culture incorporating the Workforce Year 2 Annual Report 2023-24; Year 3 Action Plan 2024-25 and Annual Whistleblowing Report 2023-24, provided for discussion and assurance that the Partnership’s performance is delivering progress in a range of areas related to its ability to Plan for, Attract, Employ, Train and Nurture its existing and future workforce.</p> <p>Roy Lawrence referenced the Workforce Deep Dive which was presented to Committee in March 2024 which recognised the significant external and internal challenges around workforce.</p> <p>Committee noted the inclusion of the first Annual Whistleblowing Report 2023-24 which sets out the policies, procedures, specific arrangements to meet whistleblowing standards, training, and support for staff.</p> <p>Roy Lawrence extended a thank you to those who had worked collaboratively with a common purpose on behalf of the Partnership and IJB to not only create the reports being presented, but also the work undertaken daily to ensure the Partnership is supporting its values and empowering the workforce.</p> <p>Roy Lawrence advised that a development session with the Integration Joint Board is to be progressed to allow the Board to comment and shape the Workforce Plan for 2025-28.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Committee provided their thanks and appreciation for the detail provided and the work being undertaken and that which is planned.</p> <p>No further questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that the Partnership’s performance is delivering real progress in a range of areas related to its ability to Plan for, Attract, Employ, Train and Nurture its existing and future workforce. 2. Discussed the activity within the report and appendices taking assurance that the activity still reflects the current workforce challenges faced. 3. Supported the progression of the SBAR and appendices to the IJB and Committees in November and December 2024. | |

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| 9. | <p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 4th December 2024.</p> | |
| 10. | <p>AOCB</p> <p>No issues were raised under AOCB.</p> | |
| 11. | <p>DATE OF NEXT MEETING</p> <ul style="list-style-type: none"> • Wednesday 15th January 2025 at 10.00 am MS Teams <p>Additional Finance, Performance & Scrutiny Committee to be scheduled for December 24 and February 25 to provide Committee with an update on the financial/savings position.</p> | VS/GM |



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 12 NOVEMBER 2024 AT 9.00 AM VIA TEAMS

PRESENT: Kenny McCallum, UNISON (**Chair**)
 Lynne Garvey, Director of Health & Social Care
 Audrey Valente, Chief Finance Officer, H&SC
 Chris Conroy, Head of Community Care Services
 Dafydd McIntosh, OD & Culture Specialist, H&SC
 Debbie Fyfe, Joint Trade Union Secretary
 Fiona McKay, Head of Strategic Planning, Performance & Commissioning
 Gemma Reid, H&SC Coordinator (**Minutes**)
 Hazel Williamson, Communications Officer, H&SC
 Jennifer Rezendes, Principal Social Work Officer, H&SC
 Karen Cassie, HR Lead Officer, Fife Council
 Lisa Cooper, Head of Primary & Preventative Care Services
 Louise Swan, Health & Safety Assistant, Fife Council
 Lyndsey Dunn, Community Flow Manager, NHS Fife
 Lynne Parsons, Employee Director, H&SC
 Melanie Jorgensen, HR Team Leader, NHS Fife
 Morag Stenhouse, H&S Adviser, Fife Council
 Paul Hayter, NHS Fife
 Roy Lawrence, Principal Lead Organisation Development & Culture
 Steven Michie, H&S Lead Officer, Fife Council
 Vanessa Salmond, Head of Corporate Governance & IJB Secretary
 Vicki Bennett, British Dietetic Association Representative
 Wendy McConville, UNISON Fife Health Branch

APOLOGIES: Ben Morrison, Specialist Podiatrist, NHS Fife
 Carol Potter, Chief Executive, NHS Fife
 Elizabeth Crighton, Organisational Development & Culture Specialist
 Helen Hellewell, Deputy Medical Director, H&SC
 Jillian Torrens, Head of Complex & Critical Care Services
 Kirsty Cairns, UNISON, NHS Fife
 Lee-Anne French, HR Business Partner, Fife Council
 Liam Mackie, UNISON Fife Health Branch
 Lynn Barker, Director of Nursing, H&SC
 Sharon Adamson, RCN
 William Nixon, H&S, NHS Fife
 Yvonne Batehup, UNISON Welfare Representative

| NO | HEADING | ACTION |
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| 1 | APOLOGIES | |
| | As above. | |

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| 2 | <p>PREVIOUS MINUTES / ACTION LOG FROM 10 SEPTEMBER 2024</p> <p>The minute and action log of the meeting held on 10th September 2024 were both approved as an accurate record.</p> | |
| 3 | <p>JOINT CHAIRS UPDATE</p> | |
| | <p>Lynne Parsons advised NHS Staffside have debated the position and are awaiting confirmation around a national process.</p> | |
| 4 | <p>CAROL POTTER & LYNNE PARSONS</p> <p>Carol Potter sent apologies and was unable to attend the meeting due to service pressures. Lynne Parsons expressed the importance of visibility and stressed that both herself and Carol were keen to be present and Carol will endeavour to join a future meeting.</p> | |
| 5 | <p>HEAD OF COMMUNITY CARE SERVICES INTRODUCTION – CHRIS CONROY</p> <p>Chris introduced himself in his new role as Head of Community Care Services from 2nd December 2024 and was welcomed by the Local Partnership Forum.</p> | |
| 6 | <p>HEALTH AND WELLBEING</p> | |
| | <p>6.1 Attendance</p> <p>Melanie Jorgensen reported a 7.53% increase in NHS sickness absence in September 2024 compared to September 2023, with short-term sickness absence increasing and long-term absence decreasing in September 2024.</p> <p>Community Care Services reported the highest absence rate at 9.15%, followed by Complex and Critical Care Services at 8.3%, Primary and Preventative Care at 5.58%, and Professional/Business Enabling at 4.16%.</p> <p>The highest number of hours lost was due to anxiety/stress/depression/other psychiatric illness, followed by injury/fracture. The highest number of absence episodes was due to anxiety/stress/depression/other psychiatric illnesses followed by cold, cough, flu - influenza.</p> <p>The highest overall absence rate was in the 16 - 19 age category however there are only a small number of staff in this age bracket. The next highest overall absence rate was within the 55- 59 age group.</p> <p>Karen Cassie reported the Fife Council Sickness Absence Overview with 27.61 working days lost for the rolling year from October 2023 to September 2024. This is made up of 22.11 days for long term absence and 5.50 days for short term absence. Karen reported that absence levels remain high and steady.</p> | |

The highest number of hours lost was due to mental health (other) followed by stress - non work related, whilst the highest number of absence episodes was due to cold, cough, flu - influenza, followed by D&V/gastrointestinal.

As at 25 October 2024, the team were supporting a total of 115 absence cases.

Chair then opened to questions from members.

Debbie Fyfe highlighted the increase in absences due to anxiety and stress and the need for pro-active support measures, questioning whether we are recognising this and implementing supportive interventions early enough.

Melanie Jorgensen agreed with Debbie and recognised the challenges. Melanie advised that the NHS has re-launched the Attendance Oversight Group and is undertaking benchmarking against other Boards, reviewing processes, and conducting discussions with Staffside colleagues. There was a meeting last week to discuss the practicalities, to ensure we have the correct supports in place and that we are contacting staff at appropriate times.

Lynne Parsons recognised the need to review and share learning between NHS and Fife Council and suggested a working group. Lynne Garvey confirmed there was a similar meeting shared by Sharon McKenzie focussing on absence rates and best practice and questioned whether a separate meeting may be required for Health & Social Care.

Debbie suggested forming a group inclusive of staff who have been absent long term and who can share their experiences around the challenges of returning to work.

Vicki Bennett confirmed case studies are discussed at the Attendance Oversight Group. Wendy McConville agreed that we need to understand the themes and difficulties in getting people back to work.

Lynne Garvey proposed an action and asked Roy Lawrence to lead on this with his team, with focus groups to be set up, engaging with staff who have been absent long term. Roy suggested that Elizabeth Crighton could link with Debbie Fyfe through the work of the Wellbeing Oversight Group.

Steven Michie highlighted the Fife Council Attendance Support Unit which is newly established and can support this work.

Roy highlighted the launch of the stress indicator tool and asked staff to publicise with their workforce. We are also looking to gather information through exit interviews.

RL/EC

Wendy McConville highlighted that we need to be mindful of imminent changes due to financial pressures and the impact this has on staff stress/anxiety.

Karen Cassie noted that engagement sessions have been held with Care at Home to look at challenges and supports around absences and sessions are to be rolled out with other Fife Council services.

6.2 Recruitment Update

There was no active discussion during the meeting. Following the meeting Karen Cassie forwarded Fife Council Health & Social Care Recruitment Report, which was to be a verbal update. This is noted below.

Over the period of 1 August to 30 September 2024, 48 job requisitions have been raised to advertise vacancies and the top 5 posts advertised were:

- Care Assistant with 9 adverts;
- Social Worker with 4 adverts;
- Home Carer, Social Work Assistant both with 3 adverts;
- Participation and Engagement Officer, with 2 adverts.

818 applications have been received over August and September, with 76% of applicants being external and 24% of applicants being existing employees. 15 applicants were hired, with an almost even split of 8 internal applicants and 7 external applicants.

The demographic of applicants continues to be largely female, with 574 applications, by comparison to 207 applications from males. 37 Candidates did not disclose their gender. Of the candidates hired, 12 are female and 3 are male.

It is typical for high numbers of applicants not to disclose their age. This was also observed in relation to candidate interest of August and September, with 75% of applicants not disclosing their age.

Of those where age was disclosed, the highest application numbers were received from candidates aged 45 – 49, closely followed by candidates in the 35 – 39 age group. Of the candidates hired, where age was disclosed, the 45 – 49 age group had the highest number of appointments with 3, followed by 55 – 59 years and 18 – 24 years where two candidates were appointed within each age group.

NHS Fife Recruitment Update is noted within the papers (pages 27-30).

6.3 Employee Relations Update

There was no active discussion during the meeting. Report noted within final papers (pages 31-34).

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| | <p>6.4 Staff Health & Wellbeing</p> <p>Elizabeth was unable to attend the meeting and therefore any questions on this report (pages 35-41) should be directed to Elizabeth via email (elizabeth.crighton@fife.gov.uk).</p> | |
| 7 | <p>HEALTH AND SAFETY</p> | |
| | <p>7.1 Mandatory Training Dashboard & Trajectory Update (incl HS&W Assurance Group Update) – Item deferred to next meeting.</p> <p>7.2 Single Handed Care Training Update</p> <p>Lynne Garvey gave her thanks to Karen Marwick who is leading on Single Handed Care, summarising that currently in Fife there is a high number of service users requiring 2 or more carers to attend due to moving & handling considerations, which has significant cost implications. Staff need to be trained in using specialist equipment to allow a sole carer to attend and this training is currently being rolled out. To date 20 service users have been assessed as suitable for single handed care, and we are reporting positive engagement with families and unpaid carers.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe highlighted issues around staff confidence and questioned if we could conduct a survey after the training to assess confidence levels. Lynne Garvey advised that Karen Marwick has a plan to mitigate this, noting that only a small percentage of staff had reported being unsure following the training, with the more confident staff to support less confident and the coordinator also supporting. Lynne confirmed that no staff members would be put at risk.</p> <p>7.3 H&S Updates – NHS & Fife Council (incl. Violence & Aggression)</p> <p>Morag Stenhouse reported an ongoing issue of being unable to drill down to services and only portfolios. Work is ongoing to bring the information up to date on Oracle.</p> <p>For the rolling year to end September 2024 Fife Council reported 1 RIDDOR which was a Moving and Handling incident resulting in an over 7-day absence. The largest cause of incidents was reported as slips, trips, falls and this is consistent throughout every report. 65% of incidents involved service users and staff.</p> <p>Violence and Aggression figures over the year have increased, mainly being reported within Care at Home and care homes. The Violent Marker System is being promoted at meetings and forums.</p> | |

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| | <p>Anne-Marie Marshall presented the NHS Fife Incident Report for September-October 2024. 259 incidents were reported, with the highest incident rate being Violence and Aggression where 188 incidents were reported. One RIDDOR reported where a staff member fell down a stairwell resulting in an over 7-day absence. The investigation found that the lighting had failed to activate.</p> <p>7 DATIX incidents reported where no SBAR was attached. This will be promoted within forums as an SBAR should be attached to Datix within 4 weeks.</p> <p>Anne-Marie noted that we are seeing a lot of incidents involving particular areas and Health & Safety teams are working with these areas to support, reporting that a Violence and Aggression adviser is actively out in wards and providing training. Musculoskeletal injuries are dropping in line with an increase in Moving and Handling training. Anne-Marie confirmed that NHS have doubled up their induction to support staff who came on board through Covid with no training.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe whilst happy to see increase in reporting of Violence and Aggression this is still under-reported. UNISON “It’s not part of the job” report shows an increase year on year. Debbie is happy to share this report which is also available on the UNISON Scotland website. Debbie questioned whether we share information on specific cases/threats across services and encouraged management to continue to promote the reporting of incidents.</p> <p>Morag Stenhouse advised that there is not a facility to share incidents of Violence and Aggression across services, however the Violent Marker System is shared across Fife Council.</p> <p>Steven Michie advised that he is refreshing guidance documentation for staff and managers and highlighted that the increased figures correlate with an increase in reporting.</p> <p>Anne-Marie asked Debbie to share the report and reported that whilst we do encourage communication around specific incidents/threats between departments, we are coming up against objections with staff feeling that this is an invasion of patients’ privacy.</p> | DF |
| 8 | FINANCE | |
| | <p>8.1 Finance Update</p> <p>Audrey Valente provided an update on the financial position based on information to September 2024. We currently have a £27.1m overspend which is a £5.5m worsening position – this is a result of packages of care</p> | |

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| | <p>increasing, a reduction in savings delivery, additional staffing spend through bank and agency, prescribing increases and funding being reduced from Scottish Government.</p> <p>In addition, there are known further financial pressures including the National Care Home Contract Rate which has a potential budget shortfall of £600,000 - £700,000.</p> <p>We have just under £5m reserves as at April 2024, however this is already committed for national and local priorities, with approximately £1m reserved for the analogue to digital transformation.</p> <p>The current reported position suggests that we are likely to deliver £27m of the £39m (69%) of savings during 2024-25.</p> <p>A Recovery Plan was brought forward to deliver a maximum of £13m in recovery actions and it was agreed at the Integration Joint Board to write to partners to request additional funding.</p> <p>Audrey highlighted that assurance has been received from partners that the pay award will be funded.</p> <p>Chair opened to questions from members – no questions raised. Report supported for onward submission to IJB.</p> <p>8.2 Bank and Agency Finance Update</p> <p>Audrey Valente summarised the main points of the report.</p> <p>The projected expenditure for NHS Bank spend is £17.128m, while for Fife Council, it is £3.481m. The NHS figures now include all bank staff, not just Bank Nursing.</p> <p>The projected expenditure for NHS agency spend is £12.874, while for Fife Council, it is £4.232m.</p> <p>The projected expenditure for the 2024-25 fiscal year is £37.715m across the Health and Social Care Partnership (HSCP) for Bank Nursing, Social Care Relief Staff, Agency Staff, and Locums.</p> <p>Chair opened to questions from members. No questions highlighted.</p> | |
| 9 | SERVICE PRESSURES & WORKFORCE UPDATE | |
| | <p>9.1 Workforce Report incorporating:-</p> <ul style="list-style-type: none"> • Workforce Year 2 Annual Report 2023-24 • Year 3 Action Plan 2024-25 • Whistleblowing Report 2023-24 <p>Roy Lawrence thanked LPF, TU & Staffside colleagues for their support with the above reports, confirming that all recommendations from the internal audit</p> | |

had been met. Roy acknowledged the increased pressure of the current financial restraints on staff wellbeing and recruitment.

Chair opened to questions from members.

No questions raised and reports supported for onward submission to IJB.

9.2 Winter Planning 2024-25

Lyndsey Dunn presented this collaborative paper reporting a significant increase on demand on services, and an unprecedented rise in referrals to the discharge hub to allow patients to return home or to a homely setting.

Lyndsey highlighted the Red Cross service which was commissioned as a Test of Change (TOC) since start of May, assessing patients in their own home following a hospital stay. This has received fantastic feedback from families and individuals.

The Enhanced Care Team model was also highlighted with the second phase of the TOC commencing on 9th September, which sees assessment practitioners in all Fife hospitals.

Lyndsey reported that Fife maintained a profile of approximately 100 weekly discharges, highlighting that Fife are in the top 25% of the best performing Local Authority areas. Lyndsey recognised that financial challenges may make this difficult to sustain.

Chair opened to questions from members.

Lynne Garvey commended Lyndsey and her team and acknowledged staff contribution.

Debbie acknowledged the vast amount of work that has gone into this paper but questioned what was meant by increased risk due to financial pressures. Lynne Garvey advised we are seeing increased throughput within the whole Health and Social Care System resulting in increased commissioning for packages of care, however this is financially unsustainable.

It was acknowledged there may be unintended consequences due to in-year recovery actions however assurance was provided that we are at maximising support provided by the voluntary and third sector. This position is being monitored and an escalation plan is in place.

Sharon Adamson asked for an update on progress made with the Red Cross model. Lyndsey highlighted the robust assessment criteria which resulted in a slow start, but we have now seen 20 patients through the model in 6 months, with one individual being supported with palliative care at their request. 18 out of 20 service users have avoided long term care.

Report supported for onward submission to IJB.

9.3 Workforce Hub Update

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| | <p>This was a verbal update provided by Lynne Garvey in the absence of Lynn Barker.</p> <p>The hub was set up to respond to the voluntary mobilisation of staff to reduce bank and agency spend. This is in the early stages, with the team initially approaching areas with a high bank and agency spend to support with rostering. Lynne confirmed mobilisation is voluntary as per agreement at the IJB. Lynn Barker has set up weekly meetings to aid communication.</p> <p>Chair opened to questions from members.</p> <p>Sharon Adamson highlighted that on the weekly Directors' bulletin there is no mention of how to opt out if staff change their mind and want to return to substantive post, advising that feedback has been received from staff who are unaware that mobilisation is voluntary. Sharon highlighted mental health areas, noting it is not appropriate for regular staffing changes in this area due to the need for positive relationships between staff and patients which takes time to build.</p> <p>Lynne Garvey confirmed that she will ensure communications from the Hub clearly state mobilisation is voluntary and noted the newsletter & Staff Q&A's will reiterate this. With regards to staffing within mental health areas, decisions will be made according to acuity.</p> <p>Debbie Fyfe requested a report for LPF on the financial impact of workforce mobilisation. Lynne Garvey advised Lynn and Ronald are developing a tracker, with Audrey Valente confirming this will be part of reporting as part of the Recovery Plan.</p> <p>Debbie highlighted that staff need to know they are making a difference and requested communications are circulated advising staff of the financial impact. Lynne Garvey confirmed she has sent an update, and a regular newsletter will be sent from Lynn's team.</p> <p>Vicki Bennett highlighted that she has been involved in workforce mobilisation meetings where there is lots of communication and discussion around the ability to un-volunteer. In regard to skillset, there is a matrix so nobody will be put in an area they are not suitably qualified for.</p> | <p>LG</p> <p>LB</p> |
| 10 | ITEMS FOR BRIEFING STAFF | |
| | No items highlighted. | |
| 11 | AOCB | |
| | <p>Debbie Fyfe congratulated Jennifer Rezendes on her new post and gave her thanks for all the support she has provided to the Partnership and the Local Partnership Forum.</p> <p>Steven Michie highlighted the increase in employee accidents at this time of year and asked managers to ensure they are reviewing risk assessments to ensure staff are fully equipped for the winter weather.</p> | |

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| | <p>Lisa Cooper requested that managers promote flu and covid vaccinations across their workforce. Debbie asked Lisa for comms around how to access the vaccination service and advised she will circulate via email.</p> <p>Kenny McCallum concluded the meeting by acknowledging that this was Lynne Garvey's first Local Partnership Forum as Director and gave his thanks to Fiona McKay for her contribution to the LPF as interim Director.</p> | LC |
| 15 | DATE OF NEXT MEETING | |
| | Tuesday 14 January 2025 – 09:00-11:00 hours | |



CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 15 NOVEMBER 2024 AT 10.00 AM (TEAMS MEETING)

Present: Dave Dempsey (Chair), Fife Council (DD)
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)
David Alexander, Fife Council (DA)

Attending: Audrey Valente, Chief Finance Officer (Fife H&SCP) (AV)
Tracy Hogg, Finance Business Partner (TH)
Vanessa Salmond, Head of Corporate Services (VS)
Jocelyn Lyall, Chief Internal Auditor (NHS Fife) (JL)
Avril Sweeney, Risk Compliance Manager (H&SCP) (AS)
Amy Hughes, External Auditor (AH)
Isabella Middlemass, Management Support Officer (Note Taker)

Apologies: Lynne Garvey, Director of Health & Social Care Partnership (LG)
Chris Brown, External Auditor (CB)
Sinead Braiden, NHS Non-Executive Board Member (SB)

| | | ACTION |
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| 1. | WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above | |
| 2. | MINUTES OF PREVIOUS MEETING The minutes of the previous meeting were approved. Chris Brown proposed that the Directions are reviewed more frequently than bi-annually and a deadline should be set. Audrey advised members that this will be added to the Finance, Performance and Scrutiny Committee workplan. | AV |
| 3. | ACTION LOG Action note approved. | |
| 4. | INTERNAL AUDIT PROGRESS REPORT Jocelyn Lyall presented the Internal Audit Progress report to brief the Audit and Assurance Committee on the progress of the annual internal plan for 24/25 for awareness and discussion. Jocelyn explained with regards to the follow up report they are reviewing the way the system will work going forward. Jocelyn will give an update on this and the next full report will be presented at the Audit and Assurance Committee in January. | JL |

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| | <p>David Alexander asked how many suppliers change each year. Jocelyn took an action to ask the officers and will bring this back to David.</p> <p>Recommendation: Members were asked to consider and note the attached progress Report at Appendix 1 and note the summary of the relevant reports at Appendix 2. – Members considered and noted the reports.</p> | |
| <p>5.</p> | <p>RISK MANAGEMENT UPDATE REPORT</p> <p>Avril Sweeney presented this report to the board for assurance, discussion and decision.</p> <p>The report provided 6 monthly updates on progress with implementing the IJB Risk Management Policy and Strategy Delivery Plan following the annual report that was brought to Committee in May of this year.</p> <p>The report highlighted that out of the 10 actions 7 have been completed. 1 relates to the development of a risk maturity model which is included within this report. 2 actions ongoing are the development of application of risk appetite throughout business processes which are due in March.</p> <p>The report outlines the current performance measures that are in place which includes the deep dive risk reviews and the risk scoring trajectory. Work around the risk maturity model will also be relevant to this action.</p> <p>Members of the Audit and Assurance Committee are asked to discuss the updated report on risk management activity and consider whether any further information is required. Members are also asked to discuss whether any further performance measures would be helpful and to take assurance from the work ongoing to improve management of risk.</p> <p>Members are also asked to consider the draft Risk Maturity Model shown at Appendix 2 and consider whether this meets the needs of the IJB and if it should be approved as a further tool to support the risk management process</p> <p>Discussion took place around the model and it was suggested that Audrey Valente and Avril Sweeney will take this to SLT and to the extended leadership team and bring back to this committee as a way forward</p> <p>Recommendation: Members considered and noted the reports.</p> | <p>AV/AS</p> |
| <p>6.</p> | <p>IJB STRATEGIC RISK REGISTER</p> <p>Avril Sweeney presented this report to the board for assurance and discussion.</p> <p>This risk register last came to Committee in June 2024. These risks have most recently been reviewed in October. To highlight the score for the demographic changing landscapes risk has increased from 16 to 20. This is reflecting the current significant financial pressures and also the governance risk. Risk 24 has increased from 9 – 12 and this is to reflect concerns around directions and the collective understanding of these with legal advice being sought in that area.</p> | |

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| | <p>Discussion took place around members being assured that risks continue to be managed and lessons learned from the deep dive helping to support the management of risks but need greater attention given to the deep dives. Concerns around target scores being achievable were raised as target dates are approaching. Avril will put out particular focus on the risk owners on looking at the target score and the target date at reviews in January 2025. The chair will bring this to the attention of the full IJB.</p> <p>Recommendation: Members assured risks continue to be managed.</p> | |
| <p>7.</p> | <p>DRAFT COMMITTEE WORKPLAN MAPPING</p> <p>Vanessa Salmond presented this report to the board for assurance, discussion and decision.</p> <p>This report is to assure alignment of the workplan and that current committee business is being conducted as per the workplan against the terms of reference of the Committee.</p> <p>In one particular area Vanessa asked the Committee to make a decision whether training/awareness/compliance with legislation on ethics/fraud and corruption are fit for purpose and would welcome views on how we take the action we are required to take this forward.</p> <p>Discussion took place and the Committee agreed that Audrey, Vanessa and Jocelyn take an action away from today and bring a paper back to this Committee on describing repetition for example upon risks that is repeated in numerous parts of the terms of reference and put a proposal together on taking this forward and review the terms of reference and refresh them.</p> <p>Recommendation: Members of the Audit and Assurance Committee were asked to discuss the attached mapping at Appendix 1 and determine if any additional actions were required to be added to the Committee Workplan. Committee invited Vanessa to take action away to answer this question.</p> | <p>VS</p> |
| <p>8.</p> | <p>LESSONS LEARNED FINANCIAL MOVEMENT REVIEW REPORT – ACTION PLAN</p> <p>Audrey Valente presented this report to the board for assurance and discussion.</p> <p>The Lessons Learned Financial Movement Review Report was brought to Committee in July and that was shared with internal and external audit at that time. External audit reviewed the evidence of the route cause analysis work and they came back and said that it met their expectations of what route cause analysis piece of work would be and internal audit said that the report was appropriate and apportioned to the corrective actions we were going to take. It was agreed at that point and time that an action plan would be prepared to provide all the additional measures and additional controls that were put in place and at Appendix one. The action plan comes under 6 main objectives and showing what we are going to do and how we are doing it who will be responsible for that, timescales for when it will be done, what we have put in place so far and how we know we have actually achieved those objectives. The report asks for the Committee to review and scrutinise the action plan</p> | |

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| | <p>Discussion took place around monitoring the delivery of lessons learned and bring back evidence and share outcomes achieved.</p> <p>Recommendation: Members of the Audit and Assurance Committee were asked to note the content of this report; and review and scrutinise the action plan to provide assurance to the IJB that the actions were being effectively implemented and monitored. Decision to bring back to this meeting periodically for updates.</p> | |
| 9. | <p>DRAFT 2024 A&AC WORKPLAN</p> <p>The purpose of the workplan is for discussion and noting. Done.</p> | |
| 12. | <p>ITEMS FOR REFLECTION & HIGHLIGHTING TO IJB</p> <p>None.</p> | |
| 13. | <p>AOCB</p> <p>FINANCIAL GOVERNANCE – INTEGRATION SCHEME AND IJB FINANCIAL REGULATIONS</p> <p>Audrey Valente presented this report to the board for assurance and discussion.</p> <p>There had been informal discussions to try and gain an understanding of the financial regulations integration scheme and the chair had set a question set focusing on the Fife HSCP Integration Scheme and IJB Financial Regulation to the Chief Finance Officer.</p> <p>Audrey was set the task to complete this and provided responses and felt that to gain a mutual understanding of all these documents is to take this to a development session where all can go through the questions and identify our next steps.</p> <p>A full discussion was had around the question set and it was felt that further discussions need to be had with not just this Committee but a development session would be the best way to get agreed answers and would bring other views into this debate.</p> <p>Recommendation: Members of the Audit and Assurance Committee were asked to discuss question set and responses provided in Appendix 1 and agree a collective response to the questionnaire and ascertain if any further action is required. Decision to take to Development Session</p> | |
| 14. | <p>DATE OF NEXT MEETING</p> <p>Friday 17th January 2025 – 10.00 am – 12.00 noon.</p> | |